



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-01 Lopez – Lead Hazards

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Lopez asked for information on the Lead Hazards Reduction Grant.

The Chicago Department of Public Health, Lead Poisoning Prevention and Healthy Homes Program received a three year grant award of \$3.9M for a Lead Hazard Reduction Demonstration Program from the U.S. Department of Housing and Urban Development (HUD) covering December 15, 2014 through December 14, 2017 to abate lead hazards from housing units.

The Lead Poisoning Prevention and Healthy Homes program is responsible for keeping Chicago children safe from lead poisoning by identifying and assuring that lead hazards are removed from dwellings where children reside. It is also responsible to improving the quality of life of families through reduced exposure to home health risks and safety hazards. This involves home inspections, enforcement of lead hazard violations through mitigation plans with property owner(s) or court action, and public health nursing case management to evaluate children with elevated blood lead levels for medical needs. In addition, the program is responsible for activities that prevent lead exposures. These activities include providing public education on risk reduction for lead exposure and safety hazards and nutrition information as well as collecting, analyzing and reviewing lead related data to identify high risk communities that require the greatest support.

Since the inception of the grant:

- **162** housing units have been inspected
- **122** housing units have been abated
- **\$1,488,928** has been expended

As always, please let me know if you have any further questions.



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Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-02 Waguespack – Overview of Needle Exchange

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Waguespack asked for an overview of CDPH-supported syringe exchange programs.

The largest decline in the number of new HIV diagnoses occurred among persons who inject drugs (PWID). From 2010 to 2014, the percentage of PWID cases dropped from 8.5% to 3.0% of HIV diagnoses. The CDPH HIV Prevention Program currently supports two (2) community partners to implement city-wide HIV prevention efforts for people who inject drugs (PWID) or other substances: the Chicago Recovery Alliance (\$328,611/year) and the University of Illinois at Chicago Community Outreach Intervention Project (\$231,768/year). As Federal grant funds can't be used for syringe exchange programs, all dollars are corporate.

Under this funding, these agencies provide access to syringe exchange and syringe disposal; overdose prevention supplies and trainings; connections to substance use disorder treatment, including medication-assisted therapy; HIV testing; linkage to antiretroviral therapy for those who are HIV-infected and to pre-exposure prophylaxis for those who are HIV-negative; linkage to STI prevention and treatment; condom distribution; health education for PWID and their partners; hepatitis testing and linkage to treatment or vaccination; and linkage to TB testing and treatment.

In addition to providing these services, syringe exchange programs provide safe locations for other marginalized populations, including transgender individuals to exchange syringes being used for silicon or hormone injections, individuals who exchange sex for money or other goods, and individuals who use non-injection substances.

The syringe exchange programs provide services throughout the City of Chicago and, with funding from the Illinois Department of Public Health, into the Chicago suburbs.

As always, please let me know if you have any further questions.



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To: The Honorable Carrie Austin
Chair, Committee on Budget & Government Operations

From: Julie Morita, M.D.
Commissioner
Chicago Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-03 Ervin - Status of CDPH MOC's

The information below is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Ervin asked for a status update on contract negotiations between CDPH and Medicaid Managed Care Organizations (MCOs). Currently there are 12 MCOs in Illinois. CDPH has focused our negotiations on the five MCOs with the highest number of families enrolled in a Medicaid managed care program. To ensure the final contracts meet the needs of CDPH and are most fair to our clients, we are working with both the City's Law Department as well as an outside law firm with expertise in this area to negotiate terms. Provider service contracts require significant modifications, as CDPH is a unique service provider, not a conventional primary care provider.

Below, please find updates on contract status for each of the five MCOs in question. In addition, we have initiated negotiations with an additional four MCOs but do not expect those to be completed until later in 2017.

MCO/Health Plan	Total Number of Enrollees, Sept. 2016	Contract Status, Oct. 2016	Estimated Completion Date
Aetna Better Health Inc. <i>2 contracts</i>	146,119	Contract 1: Revisions sent to Aetna, 9/27/16; one remaining point pending decision, 10/27/16 Contract 2: CDPH revisions under review by external council, 10/24/16	Q1, 2017

Blue Cross Blue Shield <i>2 contracts</i>	287,196	Contracts 1 and 2: Revisions sent to BCBS, 8/28/2016; CDPH reached out to determine status, mid-October	Q1, 2017
County Care	144,494	Final draft under review with County Officials, 10/31/2016	Q1, 2017
Family Health Network	252,146	Revisions sent to Family Health Network, 8/18/2016; conference call to be scheduled to discuss remaining edits, early November	Q1, 2017
Meridian Health Plan	220,204	Meridian submitted initial contract, under review by external counsel, 10/6/2016	Q2, 2017

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Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-04

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Scott Waguespack asked for information related to the Crisis Intervention Project.

The Crisis Intervention Project is a collaboration between the Chicago Department of Public Health (CDPH) and the Chicago Police Department (CPD).

The CPD's Crisis Intervention Training (CIT) program certifies specialty trained officers to respond to calls when individuals appear to have mental health concerns. CDPH's Crisis Intervention Project supports a community-based mental health provider, Human Resource Development Institute, Inc., to conduct triage services for three CPD districts (2, 3, and 7) that record relatively high numbers of mental health-related service calls and police transports to emergency care. When police encounter and transport a resident in a mental health crisis to the ED at St. Bernard Hospital, HRDI staff will provide mental health triage services to assess and facilitate appropriate mental health services. The clinician ensures that residents are linked to mental health treatment and ongoing services.

The program launched in June 2015, and from January through September 2016, 358 individuals were assessed at St. Bernard Hospital.

As always, please let me know if you have any further questions.



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To: The Honorable Carrie M. Austin Chairman,
Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 1, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-05 Waguespack - Total Lead Inspections

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Waguespack asked how many homes were identified this year as needing lead testing?

Year to date, 1,324 homes have been identified as needing lead testing (lead inspection).

As always, please let me know if you have further questions.



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Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-06 Cappleman - Client Wait times for CDPH Mental Health Clinics

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Cappleman asked for information regarding client wait times for appointments at CDPH mental health clinics for both new and existing clients. Please see below for wait times by clinic, per the Alderman's request:

Greater Grand, North River, Greater Lawn, Englewood, and Lawndale

New Clients

Walk-in clients are seen same day. Appointments scheduled via phone are scheduled for the same day if before 3pm; if not, the next day

Established Clients

Walk-in clients and appointments made via phone clients are seen same day.

Due to capacity at Roseland, new clients either walk in or appointments made via phone are seen within 4 weeks. Established clients are seen same day regardless if they are a walk-in or make an appointment via phone.



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Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-07 Thompson - PlayStreets

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Thompson asked for an analysis of CDPH's 2016 PlayStreets program.

For summer of 2016, CDPH's community-based partners hosted 150 individual Playstreets events in 33 wards. Overall, 15,097 children and 8,642 adults attended this year's events. Please see the attached report for specific details regarding event partners, attendance, ward and police district.

As always, please let me know if you have any further questions.

PlayStreets Summer 2016 Events

Date	Start	End	Community Area	Block	Hosting Partner	Ward	Police Dist	Total #	Adult #	Youth #
Fri, Jul 08	11:00 AM	2:00 PM	Washington Park	250 - 300 E 54th St	Chicago Youth Programs	3	2	70	10	60
Fri, Jul 15	11:00 AM	2:00 PM	Washington Park	250 - 300 E 54th St	Chicago Youth Programs	3	2	75	25	50
Fri, Jul 22	11:00 AM	2:00 PM	Washington Park	250 - 300 E 54th St	Chicago Youth Programs	3	2	55	10	45
Fri, Jul 29	11:00 AM	2:00 PM	Washington Park	250 - 300 E 54th St	Chicago Youth Programs	3	2	60	15	45
Fri, Aug 05	11:00 AM	2:00 PM	Washington Park	250 - 300 E 54th St	Chicago Youth Programs	3	2	24	4	20
Fri, Aug 12	11:00 AM	2:00 PM	Washington Park	250 - 300 E 54th St	Chicago Youth Programs	3	2	45	10	35
Fri, Aug 19	11:00 AM	2:00 PM	Washington Park	250 - 300 E 54th St	Chicago Youth Programs	3	2	37	7	30
Sat, Jun 18	10:00 AM	2:00 PM	Kenwood	1300 - 1350 E 49th St	Hyde Park Kenwood Legends	4	2	69	9	60
Sat, Jul 09	10:00 AM	2:00 PM	Douglas	3100 - 3200 S Calumet	Hyde Park Kenwood Legends	4	2	50	20	30
Sat, Jul 09	12:00 PM	3:00 PM	Oakland	3700 - 3730 S Langley	The Community Builders	4	2	70	10	60
Tue, Jul 12	1:00 PM	4:00 PM	Oakland	740 - 800 E Oakwood	The Community Builders	4	2	400	50	350
Sat, Jul 16	10:00 AM	2:00 PM	Kenwood	1300 - 1350 E 49th St	Hyde Park Kenwood Legends	4	2	50	20	30
Tue, Jul 19	12:00 PM	3:00 PM	Oakland	3800 - 3830 S Vincennes	The Community Builders	4	2	60	15	45
Sat, Jul 23	10:00 AM	2:00 PM	Hyde Park	1400 - 1428 E 54th St	Hyde Park Kenwood Legends	4	2	50	20	30
Tue, Jul 26	5:00 PM	8:00 PM	Oakland	3800 - 3830 S Vincennes	The Community Builders	4	2	90	20	70
Sat, Jul 30	10:00 AM	2:00 PM	Kenwood	4400 - 4500 S Berkley Ave	Hyde Park Kenwood Legends	4	2	80	30	50
Sat, Jul 30	12:00 PM	3:00 PM	Oakland	3700 - 3730 S Langley	The Community Builders	4	2	40	10	30
Wed, Aug 03	3:00 PM	6:00 PM	Grand Boulevard	3800 - 3900 S Evans	The Community Builders	4	2	100	15	85
Wed, Aug 10	12:00 PM	3:00 PM	Grand Boulevard	4720 - 4800 S Evans	The Community Builders	4	2	120	30	90
Sat, Sep 03	10:00 AM	2:30 PM	Grand Boulevard	4700-4800 S Forstville Ave	Hyde Park Kenwood Legends	4	2	100	40	60
Sat, Sep 10	10:00 AM	2:00 AM	Kenwood	1100 - 1200 E 46th St	Hyde Park Kenwood Legends	4	2	50	20	30
Sat, Sep 10	3:00 PM	7:00 PM	Grand Boulevard	750 - 800 E 40th St	Hyde Park Kenwood Legends	4	2	75	25	50
Fri, Sep 02	4:00 PM	7:00 PM	Woodlawn	1400 - 1500 E 70th St	Woodlawn Public Safety Alliance	5	3	115	25	90
Sat, Jul 02	3:30 PM	6:30 PM	Englewood	7120 - 7200 S Peoria	Demoiselle 2 Femme	6	7	78	16	62
Sat, Jul 09	3:30 PM	6:30 PM	Englewood	7120 - 7200 S Peoria	Demoiselle 2 Femme	6	7	154	30	124
Sat, Aug 06	3:30 PM	6:30 PM	Englewood	7120 - 7200 S Peoria	Demoiselle 2 Femme	6	7	101	15	86
Sat, Aug 20	3:30 PM	6:30 PM	Englewood	7120 - 7200 S Peoria	Demoiselle 2 Femme	6	7	80	10	70
Sat, Aug 27	3:30 PM	6:30 PM	Englewood	7120 - 7200 S Peoria	Demoiselle 2 Femme	6	7	102	19	83
Sat, Sep 03	3:30 PM	6:30 PM	Englewood	7120 - 7200 S Peoria	Demoiselle 2 Femme	6	7	176	45	131
Sat, Sep 10	3:30 PM	6:30 PM	Englewood	7120 - 7200 S Peoria	Demoiselle 2 Femme	6	7	70	6	64
Sat, Jul 09	3:00 PM	6:00 PM	South Chicago	8500 - 8600 S Kingston	Claretian Associates	7	4	125	25	100
Thu, Jul 14	2:00 PM	5:00 PM	South Chicago	7900 - 8000 S Manistee	Claretian Associates	7	4	75	25	50
Sat, Jul 23	12:00 PM	3:00 PM	Chatham	9160 - 9200 S Langley	Impact Family Center	8	6	90	60	30
Thu, Jun 16	11:00 AM	2:00 PM	South Chicago	9100 - 9200 S Exchange	Claretian Associates	10	4	315	14	301
Thu, Jun 30	11:00 AM	2:00 PM	South Chicago	8800 - 8900 S Burley	Claretian Associates	10	4	350	150	200
Thu, Jul 28	11:00 AM	2:00 PM	South Chicago	8800 - 8900 S Burley	Claretian Associates	10	4	125	25	100
Thu, Aug 11	11:00 AM	2:00 PM	South Chicago	9000 - 9100 S Houston	Claretian Associates	10	4	175	50	125
Thu, Aug 18	11:00 AM	2:00 PM	South Chicago	9100 - 9200 S Brandon	Claretian Associates	10	4	75	25	50
Sat, Jun 04	10:00 AM	4:00 PM	South Lawndale	2875 West 19th Street	Gads Hill	12	10	80	20	60
Tue, Jun 21	3:00 PM	6:00 PM	Brighton Park	3800 - 3900 S Washtenaw	Brighton Park Neighborhood Council	12	9	200	45	155
Thu, Jul 07	11:00 AM	2:00 PM	Brighton Park	3000 - 3100 W 39th Pl	SGA Youth and Family Services	12	9	60	20	40
Wed, Jul 20	11:00 AM	2:00 PM	Brighton Park	3800 - 3830 S Washtenaw	SGA Youth and Family Services	12	9	60	15	45
Fri, Jul 22	9:00 AM	#####	Brighton Park	3000 - 3100 W 39th Pl	Brighton Park Neighborhood Council	12	9	210	100	110
Fri, Jul 29	9:00 AM	#####	Brighton Park	4800 - 4900 S Rockwell	Brighton Park Neighborhood Council	12	9	140	80	60
Sat, Aug 06	9:00 AM	#####	Brighton Park	2730- 2750 W 41st St	Brighton Park Neighborhood Council	12	9	500	300	200
Mon, Aug 15	11:00 AM	2:00 PM	Brighton Park	3000 - 3030 W 44th St	SGA Youth and Family Services	12	9	100	30	70
Sat, Sep 03	11:00 AM	2:00 PM	Brighton Park	4600 - 4700 S Rockwell	SGA Youth and Family Services	12	9	79	25	54
Sat, Sep 10	10:00 AM	1:00 PM	Brighton Park	3000 - 3100 W 39th Pl	SGA Youth and Family Services	12	9	60	16	44
Wed, Jun 29	3:00 PM	6:00 PM	Brighton Park	3500 - 3600 S Washtenaw	Brighton Park Neighborhood Council	15	9	170	90	80

Tue, Jul 26	10:00 AM	1:00 PM	Brighton Park	4300 - 4400 S Richmond	Brighton Park Neighborhood Council	15	9	180	80	100
Fri, Sep 02	10:00 PM	1:00 PM	Brighton Park	2600 - 2630 W 43rd St	Brighton Park Neighborhood Council	15	9	230	100	130
Fri, Jun 24	1:00 PM	4:00 PM	Chicago Lawn	6000 - 6100 S Richmond	Southwest Organizing Project	16	8	60	35	25
Fri, Jul 01	1:00 PM	4:00 PM	Chicago Lawn	6200 - 6300 S Fairfield	Southwest Organizing Project	16	8	90	30	60
Fri, Jul 15	1:00 PM	4:00 PM	Chicago Lawn	6200 - 6250 S Rockwell	Southwest Organizing Project	16	8	45	10	35
Fri, Jul 29	1:00 PM	4:00 PM	Chicago Lawn	6000 - 6100 S Talman	Southwest Organizing Project	16	8	50	20	30
Fri, Aug 05	1:00 PM	4:00 PM	Chicago Lawn	6000 - 6100 S Rockwell	Southwest Organizing Project	16	8	35	4	31
Thu, Sep 29	3:00 PM	6:00 PM	Chicago Lawn	6000 S Rockwell St	Southwest Organizing Project	16	8	60	8	52
Fri, Jul 08	1:00 PM	4:00 PM	Chicago Lawn	6500 - 6600 S Richmond	Southwest Organizing Project	17	8	30	5	25
Wed, Jun 15	11:00 AM	2:00 PM	Morgan Park	1850 - 1870 W Montvale	Impact Family Center	19	22	130	8	122
Tue, Aug 02	4:00 PM	7:00 PM	Morgan Park	11100 - 10900 S Esmond St	IMPACT Family Center	19	22	140	50	90
Tue, Aug 23	4:00 PM	7:00 PM	Beverly	10320 - 10400 S Charles	Impact Family Center	19	22	140	50	90
Fri, Jul 08	2:00 PM	5:00 PM	Woodlawn	6600 S ML King Dr (Lot)	Woodlawn Public Safety Alliance	20	3	70	10	60
Fri, Jul 15	4:00 PM	7:00 PM	Woodlawn	6300 - 6400 S Ellis	Woodlawn Public Safety Alliance	20	3	74	39	35
Fri, Jul 22	4:00 PM	7:00 PM	Woodlawn	6500 - 6600 S Champlain	Woodlawn Public Safety Alliance	20	3	83	27	56
Fri, Jul 29	4:00 PM	7:00 PM	Woodlawn	6200 - 6300 S Rhodes	Woodlawn Public Safety Alliance	20	3	56	23	33
Fri, Aug 19	4:00 PM	7:00 PM	Woodlawn	6100 - 6200 S Evans	Woodlawn Public Safety Alliance	20	3	150	60	90
Fri, Aug 26	4:00 PM	7:00 PM	Woodlawn	6000 - 6100 S Eberhart	Woodlawn Public Safety Alliance	20	3	190	65	125
Sat, Aug 27	1:00 PM	3:00 PM	Woodlawn	6300 - 6400 S Kimbark	Woodlawn Public Safety Alliance	20	3	300	125	175
Tue, Aug 30	4:00 PM	7:00 PM	Woodlawn	1400-1550 E 65th street	Woodlawn Public Safety Alliance	20	3	76	20	56
Fri, May 27	4:30 PM	7:30 PM	Washington Heights	9500 S Winston (Lot)	Impact Family Center	21	22	75	25	50
Fri, Aug 26	11:00 AM	2:00 PM	Washington Heights	10500 - 10600 S Morgan	Impact Family Center	21	22	130	50	80
Sat, Jun 25	10:00 AM	4:00 PM	South Lawndale	4225 W 25th St	Gads Hill Center	22	10	120	70	50
Sun, Jul 31	11:00 AM	3:00 PM	South Lawndale	2657 S Lawndale	New Life Community	22	10	550	250	300
Thu, Jun 30	3:30 PM	6:30 PM	North Lawndale	2929 W 19th St	Carole Robertson Center	24	10	220	60	160
Thu, Jul 07	1:00 PM	4:00 PM	North Lawndale	3415 W 13th Pl	Chicago Youth Centers	24	10	124	35	89
Thu, Jul 14	4:00 PM	7:00 PM	North Lawndale	3700 W Grenshaw	LAMP	24	10	175	50	125
Fri, Jul 15	1:00 PM	4:00 PM	North Lawndale	3415 W 13th Pl	Chicago Youth Centers	24	10	73	18	55
Fri, Jul 29	1:00 PM	4:00 PM	North Lawndale	3415 W. 13th Pl	Chicago Youth Centers	24	10	108	26	82
Thu, Aug 04	4:00 PM	7:00 PM	North Lawndale	4200 W. 19th Street	LAMP	24	10	150	50	100
Thu, Aug 11	4:00 PM	8:00 PM	North Lawndale	3300 W Ogden	LAMP	24	10	160	40	120
Fri, Aug 19	1:00 PM	4:00 PM	North Lawndale	3415 W 13th Pl	Chicago Youth Centers	24	10	106	37	69
Thu, Aug 25	2:00 PM	5:00 PM	North Lawndale	1500 S Drake	LAMP	24	10	102	19	83
Thu, Sep 15	1:00 PM	4:00 PM	North Lawndale	3415 W. 13th Pl	Chicago Youth Centers	24	10	100	23	77
Thu, Sep 15	3:00 PM	6:00 PM	North Lawndale	2100 S. Ridgeway	Carole Robertson Center for Learning	24	10	110	40	70
Tue, Aug 02	5:00 PM	8:00 PM	South Lawndale	1412 S Blue Island	Gads Hill	25	10	500	200	300
Thu, Aug 18	12:00 PM	6:00 PM	Lower West Side	1900 W Cullerton	Gads Hill Center	25	31	175	25	150
Fri, Aug 26	4:00 PM	7:00 PM	Lower West Side	1746 S Miller	Gads Hill Center	25	10	220	70	150
Sat, Aug 13	11:00 AM	5:00 PM	Humboldt Park	1410 N. Springfield St	New Life Community	26	25	213	102	111
Fri, Jun 10	4:00 PM	7:00 PM	Near North	N Cleveland Ave and W Hobbie St	MeanStreets - Open Door	27	18	122	39	83
Thu, Jun 16	3:30 PM	5:30 PM	Near West Side	1600 - 50 W Maypole	Hope Institute Learning Academy - Gads Hil	27	13	125	40	85
Fri, Jun 17	4:00 PM	7:00 PM	Near North Side	1100 N. Cleveland, Chicago, IL 60610	MeanStreets - Open Door	27	18	123	19	104
Thu, Jun 30	10:00 AM	2:00 PM	Near North Side	1300-98 N Larrabee St (between Scott St	Project Edu Plus	27	18	90	25	65
Fri, Jul 08	12:00 PM	3:00 PM	Near North	Hill and Sedgwick	MeanStreets - Open Door	27	18	153	23	130
Sat, Jul 23	12:00 PM	6:00 PM	East Garfield Park	2900 W Warren	GPCC	27	18	280	100	180
Wed, Jul 27	12:00 PM	4:00 PM	Near North Side	1300-98 N Larrabee St (between Scott St	Project Edu Plus	27	18	170	20	150
Wed, Aug 03	12:00 PM	4:00 PM	North Center	2905 N. Leavitt	Mary Crane	27	19	175	90	85
Fri, Aug 05	12:00 PM	3:00 PM	Near North	370 W Hill St	MeanStreets - Open Door	27	18	98	12	86
Thu, Aug 11	10:00 AM	2:00 PM	Near North Side	1300-98 N Larrabee St (between Scott St	Project Edu Plus	27	18	191	25	166
Fri, Aug 26	12:00 PM	4:00 PM	Near North Side	1300-98 N Larrabee St (between Scott St	Project Edu Plus	27	18	210	50	160
Sat, Aug 27	10:00 AM	7:00 PM	West Garfield Park	2800 W Walnut	GPCC	27	13	350	150	200

Mon, Aug 29	12:00 PM	3:00 PM	Near North Side	1029 N Cleveland	MeanStreets - Open Door	27	18	60	10	50
Sat, Sep 03	4:00 PM	7:00 PM	Near North Side	370 W Hill	MeanStreets - Open Door	27	18	103	18	85
Sat, Sep 10	10:00 AM	2:00 PM	Near North Side	1300-98 N Larrabee St	Project Edu Plus	27	18	210	50	160
Fri, Jun 24	1:00 PM	5:00 PM	East Garfield Park	220 - 300 St. Louis Ave	GPCC	28	11	210	75	135
Fri, Jul 08	4:00 PM	8:00 PM	East Garfield Park	3300 W Monroe	GPCC	28	11	240	65	175
Sat, Jul 16	12:00 PM	5:00 PM	West Garfield Park	4400 W. Fulton	GPCC	28	11	325	125	200
Fri, Aug 05	12:00 PM	4:00 PM	West Garfield Park	316 N Pulaski	Mary Crane	28	11	165	80	85
Sat, Aug 06	10:00 AM	2:00 PM	East Garfield Park	3000 W 5th Ave	GPCC	28	11	275	100	175
Tue, Aug 09	11:00 AM	2:00 PM	Austin	4800 W Ohio	Westside Health Authority	28	11	225	50	175
Sat, Aug 20	12:00 PM	6:00 PM	West Garfield Park	4400 W Fulton	GPCC	28	11	275	100	175
Sun, Sep 04	11:00 AM	3:00 PM	North Lawndale	2757 S Karlov Ave	New Life Community	28	10	213	102	111
Sat, Jul 23	12:00 PM	4:00 PM	Montclare	2501 N. Nordica Ave	New Life Community	29	25	190	70	120
Sat, Jul 09	10:00 AM	2:00 PM	Belmont Cragin	5400 W Schubert Ave	NW Housing	30	25	250	100	150
Sat, Jul 30	2:00 PM	6:00 PM	Belmont Cragin	5200 W Drummond Pl	NW Housing	30	25	225	75	150
Sat, Aug 27	10:00 AM	2:00 PM	Belmont Cragin	3000 N Mango Ave	NW Housing	30	25	200	75	125
Sat, Jun 25	10:00 AM	2:00 PM	Belmont Cragin	5300 W Oakdale	NW Housing	31	25	175	50	125
Tue, Jul 12	4:00 PM	8:00 PM	Belmont Cragin	2800 - 2859 N LECLAIRE AVE	NW Housing	31	25	325	150	175
Sat, Jul 16	10:00 AM	2:00 PM	Belmont Cragin	2600 N Lockwood	NW Housing	31	25	250	100	150
Sat, Jul 30	10:00 AM	2:00 PM	Belmont Cragin	6300 W Barry	NW Housing	31	25	200	75	125
Sat, Aug 13	10:00 AM	2:00 PM	Belmont Cragin	2700 N LeClaire	NW Housing	31	25	1000	500	500
Sat, Sep 17	10:00 AM	2:00 PM	Belmont Cragin	2700 N LeClaire	NW Housing	31	25	250	100	150
Fri, Jul 15	5:00 PM	8:00 PM	Albany Park	3542 W Sunnyside Ave	New Life Community	33	17	200	75	125
Thu, Jul 07	11:00 AM	2:00 PM	Roseland	10940 - 11000 S State	Impact Family Center	34	5	105	15	90
Thu, Jul 07	2:00 PM	5:00 PM	Roseland	10700 - 10800 S Eberhart	SGA Youth and Family Services	34	22	94	34	60
Sat, Jul 16	11:00 AM	2:00 PM	West Pullman	12300 - 12400 S Normal	Impact Family Center	34	5	60	15	45
Thu, Aug 18	3:00 PM	6:00 PM	Morgan Park	800 - 830 W 113th St	Impact Family Center	34	22	90	30	60
Fri, Aug 26	2:00 PM	5:00 PM	Roseland	420 W 111th St	SGA Youth and Family Services	34	22	56	17	39
Sat, Jun 25	12:00 PM	3:00 PM	Belmont Cragin	2900 N Nagle	Onward	36	25	150	70	80
Fri, Jul 01	3:00 PM	6:00 PM	Belmont Cragin	Lorel and Belden	NW Housing	36	25	250	100	150
Fri, Sep 16	10:00 AM	2:00 PM	Belmont Cragin	2100 N McVicker	NW Housing	36	25	150	60	90
Sat, Jun 25	11:00 AM	2:00 PM	Austin	1100 N Lorel	Westside Health Authority	37	15	125	100	25
Mon, Jun 27	11:00 AM	2:00 PM	Austin	4800 W Rice St	Westside Health Authority	37	15	125	100	25
Thu, Jun 30	12:00 PM	4:00 PM	Austin	1120 N. Lamon	Mary Crane	37	15	125	50	75
Sat, Jul 16	11:00 AM	2:00 PM	Austin	900 block of N Lockwood	Westside Health Authority	37	15	135	35	100
Fri, Jul 22	11:00 AM	2:00 PM	Austin	1100 N Long	Westside Health Authority	37	15	150	50	100
Sat, Aug 06	1:00 PM	4:00 PM	Austin	5400 W Kamerling	Westside Health Authority	37	15	225	50	175
Sat, Aug 06	10:00 AM	2:00 PM	Belmont Cragin	3800 N Pontiac	NW Housing	38	25	200	100	100
Tue, Jun 28	9:00 AM	1:00 PM	Rogers Park	1600-99 W Thome	Centro Romero	40	24	124	109	15
Mon, Jul 11	10:00 AM	2:00 PM	Rogers Park	1630 N Paulina	Centro Romero	40	24	174	45	129
Thu, Jul 28	10:00 AM	2:00 PM	Rogers Park	1600-99 W Thome	Centro Romero	40	24	140	30	110
Mon, Aug 01	10:00 AM	2:00 PM	Rogers Park	1700-99 W Thome	Centro Romero	40	24	140	30	110
Sat, Jun 25	11:00 AM	4:00 PM	Uptown	800 W Sunnyside	Voices of the People	46	23	250	100	150
Sat, Jul 30	12:00 PM	5:00 PM	Uptown	4400 N Magnolia	Voices of the People	46	23	400	100	300
Wed, Jun 29	4:30 PM	7:30 PM	Uptown	942 Ainslie St (between Margate and Ma	CMAA	48	20	175	50	125
Thu, Jul 07	4:30 PM	7:30 PM	Uptown	4900 - 99 N Winthrop Ave	CMAA	48	18	88	3	85
Wed, Jul 27	4:30 PM	7:30 PM	Uptown	960 W Ainslie	CMAA	48	20	165	40	125
Wed, Aug 10	5:00 PM	8:00 PM	Uptown	960 W Ainslie	CMAA	48	20	178	50	128
Thu, Aug 25	4:30 PM	7:30 PM	Uptown	4900-4950 N Kenmore (between Ainslie :	CMAA	48	20	160	47	113
Mon, Aug 08	10:00 AM	2:00 PM	Rogers Park	6942 N Paulina	Centro Romero	49	24	220	60	160
Fri, Aug 19	12:00 PM	4:00 PM	Rogers Park	1545 N Morse	Mary Crane	49	24	105	40	65



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-08 Tunney - Mechanical Noise

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Tunney asked for an overview of the Environmental Permitting and Inspection's response to mechanical noise and response action that can be taken.

The City of Chicago Ordinance related to stationary mechanical noise is 8-32-090 and includes, but is not limited to, air handling units and refrigeration units. The Ordinance limits the decibels from stationary mechanical noise between the hours of 8 PM and 8 AM. The limit is 70 decibels when measured at a distance of 10 feet or more from the source, and 55 decibels when measured at a distance of 100 feet or more from the source.

When a complaint is received for noise between the Ordinance hours, an Inspector can evaluate the noise during normal daytime hours to determine the sound levels. If measured daytime levels are in exceedance of the ordinance limits, the Inspector can meet with the building owner or business where the noise is generated and discuss the situation. Typically, the building owner or business will be instructed to have the mechanical source evaluated and serviced, and the noise is reduced and brought in to compliance.

Alternatively, if daytime readings indicate there might be a violation, the Inspector can request a shift change in order to return for an early morning or late night inspection. If the stationary mechanical source exceeds the Ordinance limits between 8 PM and 8 AM, a Notice of Violation can be issued. If the respondent pleads or is found liable at Administrative Hearings, they will be assessed a \$300 fine. Then, CDPH will typically request the business or building owner to submit a noise abatement plan to bring the equipment into compliance.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-09

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Lopez asked for information on HIV/AIDS grant funding level trends over 2014-2016. Please see the table below, which lays out CDPH HIV Program funding.

	2014	2015	2016
HIV Prevention (CDC + Corporate)	\$12,838,830	\$12,433,830	\$14,356,880
HIV Care (HRSA)	\$27,772,053	\$27,496,572	\$27,728,112
Housing (HUD + CDBG)	\$8,010,498	\$8,180,465	\$6,890,042
Total	\$48,621,381	\$48,110,867	\$48,977,050

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-10

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Reboyras asked for a list of CDPH HIV/AIDS investments for 2015, 2016, and proposed 2017 by community area. Please see the attachment which lays out CDPH HIV/AIDS investments by community area.

As always, please let me know if you have any further questions.

Chicago Department of Public Health
HIV/AIDS Funding

Community Area	2015 Funding	2016 Funding	2017 Projected Funding
Albany Park	\$ 226,346	\$ 307,194	\$ 307,194
Archer Heights	\$ 188,889	\$ 207,736	\$ 207,736
Armour Square	\$ 188,771	\$ 207,736	\$ 207,736
Ashburn	\$ 188,771	\$ 207,736	\$ 207,736
Auburn Gresham	\$ 900,729	\$ 902,641	\$ 902,641
Austin	\$ 1,239,849	\$ 1,232,052	\$ 1,232,052
Avalon Park	\$ 189,313	\$ 233,408	\$ 233,408
Avondale	\$ 215,001	\$ 233,408	\$ 233,408
Belmont Cragin	\$ 423,268	\$ 436,618	\$ 436,618
Beverly	\$ 188,966	\$ 207,736	\$ 207,736
Bridgeport	\$ 188,904	\$ 207,624	\$ 207,624
Brighton Park	\$ 188,894	\$ 252,604	\$ 252,604
Burnside	\$ 188,837	\$ 207,736	\$ 207,736
Calumet Heights	\$ 188,843	\$ 207,736	\$ 207,736
Chatham	\$ 311,789	\$ 327,780	\$ 327,780
Chicago Lawn	\$ 188,935	\$ 252,942	\$ 252,942
Clearing	\$ 188,925	\$ 207,736	\$ 207,736
Douglas	\$ 335,143	\$ 417,340	\$ 417,340
Dunning	\$ 214,980	\$ 233,408	\$ 233,408
East Garfield Park	\$ 1,529,818	\$ 1,493,586	\$ 1,493,586
East Side	\$ 188,863	\$ 207,736	\$ 207,736
Edgewater	\$ 554,007	\$ 622,982	\$ 622,982
Edison Park	\$ 188,646	\$ 207,736	\$ 207,736
Englewood	\$ 392,515	\$ 1,308,667	\$ 1,308,667
Forest Glen	\$ 188,658	\$ 207,736	\$ 207,736
Fuller Park	\$ 188,786	\$ 207,736	\$ 207,736
Gage Park	\$ 188,920	\$ 207,736	\$ 207,736
Garfield Ridge	\$ 188,881	\$ 207,736	\$ 207,736
Grand Boulevard	\$ 188,791	\$ 207,736	\$ 207,736
Greater Grand Crossing	\$ 188,950	\$ 207,736	\$ 207,736
Hegewisch	\$ 188,879	\$ 207,736	\$ 207,736
Hermosa	\$ 188,699	\$ 207,736	\$ 207,736
Humboldt Park	\$ 1,920,669	\$ 2,057,985	\$ 2,057,985
Hyde Park	\$ 1,201,825	\$ 1,648,750	\$ 1,648,750
Irving Park	\$ 209,624	\$ 228,185	\$ 228,185
Jefferson Park	\$ 214,950	\$ 233,408	\$ 233,408
Kenwood	\$ 256,228	\$ 385,734	\$ 385,734
Lake View	\$ 277,399	\$ 353,313	\$ 353,313
Lincoln Park	\$ 214,929	\$ 233,408	\$ 233,408
Lincoln Square	\$ 188,616	\$ 207,736	\$ 207,736
Logan Square	\$ 209,655	\$ 228,185	\$ 228,185
Loop	\$ 188,760	\$ 207,736	\$ 207,736
Lower West Side	\$ 269,641	\$ 331,566	\$ 331,566
McKinley Park	\$ 224,221	\$ 287,085	\$ 287,085
Montclare	\$ 194,039	\$ 213,005	\$ 213,005
Morgan Park	\$ 203,431	\$ 221,843	\$ 221,843
Mount Greenwood	\$ 188,976	\$ 207,743	\$ 207,743
Near North Side	\$ 381,301	\$ 395,747	\$ 395,747
Near South Side	\$ 188,773	\$ 207,736	\$ 207,736

Near West Side	\$ 1,888,400	\$ 1,867,041	\$ 1,867,041
New City	\$ 188,909	\$ 207,736	\$ 207,736
North Center	\$ 277,393	\$ 353,313	\$ 353,313
North Lawndale	\$ 1,134,653	\$ 1,075,712	\$ 1,075,712
North Park	\$ 188,663	\$ 207,736	\$ 207,736
Norwood Park	\$ 188,645	\$ 207,736	\$ 207,736
Oakland	\$ 188,778	\$ 207,736	\$ 207,736
Ohare	\$ 188,986	\$ 207,736	\$ 207,736
Portage Park	\$ 188,673	\$ 207,736	\$ 207,736
Pullman	\$ 188,853	\$ 207,736	\$ 207,736
Riverdale	\$ 188,873	\$ 207,736	\$ 207,736
Rogers Park	\$ 926,325	\$ 924,101	\$ 924,101
Roseland	\$ 791,018	\$ 732,351	\$ 732,351
South Chicago	\$ 224,154	\$ 242,218	\$ 242,218
South Deering	\$ 188,858	\$ 207,736	\$ 207,736
South Lawndale	\$ 358,131	\$ 417,957	\$ 417,957
South Shore	\$ 798,113	\$ 1,037,653	\$ 1,037,653
Uptown	\$ 2,175,323	\$ 2,323,429	\$ 2,323,429
Washington Heights	\$ 188,971	\$ 207,736	\$ 207,736
Washington Park	\$ 338,543	\$ 335,109	\$ 335,109
West Elsdon	\$ 188,914	\$ 207,736	\$ 207,736
West Englewood	\$ 219,445	\$ 237,516	\$ 237,516
West Garfield Park	\$ 715,187	\$ 722,349	\$ 722,349
West Lawn	\$ 188,930	\$ 207,736	\$ 207,736
West Pullman	\$ 203,318	\$ 221,843	\$ 221,843
West Ridge	\$ 188,606	\$ 207,736	\$ 207,736
West Town	\$ 188,719	\$ 207,736	\$ 207,736
Woodlawn	\$ 351,846	\$ 353,622	\$ 353,622



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin
Chair, Committee on Budget & Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-11 Tunney - HIV and STI Positions Moves

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Tunney asked for information on CDPH HIV and STI positions moving between corporate and grant funding between 2016 and 2017, including funding amounts. Three positions will move from corporate to grant funding between 2016 and 2017:

Communicable Disease Control Investigator II

Communicable Disease Control Investigator II

Public Health Administrator III – LGBT Health

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D., Commissioner
Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

ID#: 41-12

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Tunney asked for information on HIV/AIDS grant funding level trends over 2014-2016. Please see the table below, which lays out CDPH HIV Program funding.

	2014	2015	2016
HIV Prevention (CDC + Corporate)	\$12,838,830	\$12,433,830	\$14,356,880
HIV Care (HRSA)	\$27,772,053	\$27,496,572	\$27,728,112
Housing (HUD + CDBG)	\$8,010,498	\$8,180,465	\$6,890,042
Total	\$48,621,381	\$48,110,867	\$48,977,050

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-14 ReCAST

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Lopez asked for information related to the plans for Resiliency in Communities After Stress & Trauma (ReCAST) and the anticipated communities of engagement.

ReCAST will institute community-based participatory activities for high risk youth and families addressing trauma related to civil unrest and its roots in marginalized communities. ReCAST will conduct training and capacity building to make Chicago a trauma-informed city, set policy and protocols that have a trauma lens and promote access to trauma-informed behavioral health practices and services.

ReCAST will serve over 15,000 individuals during year one and reach over one million lives over the course of the five years. Project activities are expected to increase the number of trauma-informed organizations, strengthen youth and community engagement, decrease school discipline referrals, increase the receipt of behavioral health services and increase police officer referrals for mental health needs.

Though specific communities of engagement have yet to be selected, we are currently in the process of reviewing data that includes high hardship and low child opportunity indexes to assist in the selection process. The selection will also consider overlapping communities where additional support for the expansion of Becoming A Man (DFSS) and Promoting Resilience in Schools (CPS) exist.

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-15 Garza - CDPH Delegate Agency Selection Criteria

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Garza requested an overview of how CDPH delegate agencies are selected. This is a competitive multi-step process that is guided by funder priorities and requirements, local data and resources, and agencies' demonstrated capacity to provide the proposed services. The narrative below provides a high-level overview of the steps CDPH utilizes in this process.

Step 1: Creating the RFP - CDPH works with the Departments of Law and Procurement to create a request for proposal (RFP) that meets all funder and City requirements.

Step 2a: RFP Release - The RFP is released and agencies apply for the services they are interested in applying for.

Step 2b: While creating the RFP, CDPH also creates the evaluation tool that RFP reviewers will use to review and score each application.

Step 3: Selecting Successful Applicants - Volunteers from CDPH, other City Departments and community members are recruited to serve as reviewers. CDPH aims for a diverse group of individuals with applicable expertise to serve on review panels.

Step 4: Announcement of Funding Decisions - Successful applicants are notified of their award amounts and the next steps for executing a contract. Applicants that are not successful are also notified, and they may request their scores and reviewer comments.

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-16 Reboyras - CDPH Funding investments in Humboldt Park

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Reboyras asked for a breakdown of CDPH funding investments in Humboldt Park. As described during the hearing, CDPH uses data to guide the allocation of resources. As such, Humboldt Park has seen an increase in resources over the years. An overview of these resources from 2012-2016 (YTD) is provided in the table below.

	2016
HIV Prevention	\$2,988,354
HIV Care	\$1,354,258
Housing Opportunities for Persons with AIDS (HOPWA)	\$268,360
High Risk Primary Health Care	\$ -
Mental Health	\$62,500
Fiesta Boricua Event	\$2,000
Total	\$4,675,472



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-17 Waguespack – Food Protection Predictive Model

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Waguespack asked for an overview of CDPH's food protection predictive model for inspections.

A key to food safety during any food inspection is finding any critical violations that may exist. These violations, which normally pertain to improper control of food, are most likely to start or spread foodborne illnesses. Just one critical violation will result in a failure rating, and must be remedied by the establishment immediately.

Quickly locating restaurants with critical violations is a priority for CDPH. Given the large number of inspections that Sanitarians have to complete, the time and effort it takes to discover critical violations can mean prolonged exposure of patrons to potential disease, illness, and unsanitary conditions at some food establishments. This is why we have incorporated a predictive model that helps us determine the likelihood of an establishment to have a critical violation during a food inspection. We use the following predictors, which are obtained from several data sources:

- Establishments that had previous critical or serious violations (prior history)
- Three-day average high temperature (extreme temperatures lead to violations)
- Nearby garbage and sanitation complaints (correlates with sanitation issues inside)

- The type of facility being inspected
- Nearby burglaries (correlates with sanitation issues inside)
- Whether the establishment has a tobacco license or has an incidental alcohol consumption license (fewer critical violations for fear of losing other licenses)
- Length of time since last inspection (increased time since last inspection correlates to greater risk for critical violations)
- The length of time the establishment has been operating (more established business tend to have fewer critical violations)
- Inspector assigned

When factoring all of these items together, the model is able to increase the likelihood that our Sanitarians will find critical violations during an inspection. This information is one additional tool we use to assist in prioritizing food establishment inspections. Prioritizing in this way, we are inspecting, and operators are correcting, critical violations sooner. This reduces the time that food establishments are operating with critical violations.

Comparing violation and closure rates for the first quarter of the year prior to using the predictive model and after, we found an increase in critical and serious violations and the number of closures doubled in the first quarter. The total year end numbers remained consistent because those inspected later in the year had fewer critical violations.

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-18 Burnett - Heroin and other Opioids

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Burnett asked for information on the City's engagement on heroin and other opioids.

Mayor Emanuel and CDPH have made opioid and heroin addiction a priority. Nationally, the number of deaths from prescription opioid overdoses tripled between 2001 and 2014—and for heroin, deaths rose six-fold. The opioid epidemic has hit Chicago and the surrounding areas hard. As of 2011, this area was second only to the Boston area in heroin-related emergency department visits per capita. The Cook County Medical Examiner's figures show that in 2015, there were at least 403 opioid-related overdose deaths in Chicago. Increasingly, overdose deaths are coming from heroin laced with fentanyl, a powerful synthetic opioid. The Chicago Fire Department responded to 2,734 suspected overdoses in 2015.

A disproportionate share of the overdoses and deaths have happened on Chicago's west side, near the so-called "heroin highway" where trafficking is prominent. Indeed, many community areas could be classified as opioid treatment deserts where the need is greater than the availability of services. Such areas would likely include Austin, East and West Garfield Park, the Near West Side, Humboldt Park, and West Englewood, among others.

That is why over the past month, the Mayor has announced a series of efforts to combat heroin and opioid addiction throughout Chicago, informed by the final report of the Chicago and Cook

County Task Force on Heroin, which he convened with Chairman Ed Burke and Cook County Commissioner Richard Boykin. These efforts include proposing to increase the City's annual investment in addiction treatment by 50 percent—approximately \$700,000. These new dollars will be focused on opioid addiction treatment on the west side. The Mayor's new initiatives also include a \$250,000 investment to increase the availability of naloxone, an overdose reversal medication that saves lives, as well as a privately funded \$350,000 citywide campaign to educate residents and healthcare providers. In addition, knowing that drug companies have helped fuel the opioid epidemic through deceptive marketing of prescription painkillers, the Mayor has proposed creating a new license for pharmaceutical representatives to ensure more transparency and accountability. And on October 27, the Mayor convened a regional summit on heroin and opioid addiction with Cook County and the collar counties to improve coordination across jurisdictional lines.

These recent efforts build upon measures the City has already been undertaking to fight the epidemic of heroin and other opioids:

- In 2016, the Chicago Department of Public Health (CDPH) has invested \$1.75 million on prevention and treatment of substance use disorders, partnering with the Public Health Institute of Metropolitan Chicago to manage the investments.
- The City of Chicago reached an agreement with the drug company Pfizer in July 2016 to commit the company to strict standards for the marketing and promotion of prescription opioids.
- In 2015, CDPH educated healthcare providers by sending a letter on appropriate opioid prescribing practices to 11,000 physicians in the city.
- In 2014, the City of Chicago filed a lawsuit against five opioid manufacturers who misrepresented opioid benefits while minimizing health risks, leading to more addiction, overdoses, and deaths.
- CDPH annually participates in National Prevention Week and coordinates the Recovery Walk.
- CPD fights heroin trafficking through citywide policing efforts, including through the Narcotics Unit.
- CPD has drop-off boxes at all police stations where residents can deposit expired prescriptions and other drugs.
- CPD and HIDTA, in collaboration with the University of Chicago's Crime Lab and Health Lab, have begun implementing a diversion pilot program allowing some individuals involved in low-level narcotics offenses to access treatment in lieu of an arrest.
- In 2015, the Chicago Department of Family and Support Services (DFSS) conducted outreach missions to buildings suspected of housing unlicensed heroin treatment facilities where residents, many from Puerto Rico, were staying and receiving sub-standard care. The Department of Buildings inspected these facilities as well.
- DFSS invests in clinical treatment and wraparound services for residents who are homeless or formerly homeless. Many of these residents face substance use disorders, including opioid use disorder.
- The Chicago Fire Department (CFD) is armed with naloxone to reverse suspected overdoses. Seventy-five ambulances, 72 fire companies, and all eight paramedic field

chiefs who are on duty 24/7 carry naloxone. CFD also maintains data on overdose Emergency Medical Services calls and transports in order to help the City assess hot spots and evaluate the overdose problem.

I have attached the final report of the Chicago and Cook County Task Force on Heroin for your convenience.

As always, please let me know if you have any further questions.

Chicago- Cook Task Force on Heroin

Final Report

October 6, 2016

EXECUTIVE SUMMARY

In light of the growing heroin epidemic nationwide, Mayor Rahm Emanuel, Cook County President Toni Preckwinkle, Chicago Alderman Ed Burke, and Cook County Commissioner Richard Boykin launched the Chicago-Cook Task Force on Heroin. The task force has aimed to identify reforms that can be undertaken at a local level to improve prevention and response to heroin use and addiction. The task force has examined the issue from several angles: (1) education of community members, (2) education of healthcare professionals, (3) data, (4) treatment, (5) trafficking, and (6) overdose reversal. After months of research and deliberation, the task force proposes recommendations in each area to enhance heroin policies and programs in Chicago and Cook County. Those recommendations include:

Education of Community Members

1. Work with pharmacies to develop and disseminate information to patients about accessing naloxone, the risks of opioid use, and contacting a potential help line.
2. Create a county-wide public awareness campaign related to the prevention, treatment, and de-stigmatization of opioid addiction. Elements could include:
 - a. Engaging community organizations, faith-based groups, and the general public on navigating the treatment process and on the benefits of medication-assisted treatment and naloxone.
 - b. Utilizing digital ads and social media to combat online misinformation about opioids and directing patients to evidence-based services and naloxone providers.
 - c. Increasing public knowledge of drop-off centers where excess or expired prescription medication can be disposed.
 - d. Providing workshops to educate parents and caretakers of all ages on identifying and addressing opioid use, including on proper disposal of medication.
 - e. Educating individuals with opioid use disorder on strategies for harm reduction and navigating the treatment process.
3. Create and implement an education program for criminal justice professionals to de-stigmatize medication-assisted treatment.
4. Review current prevention programs in Chicago and Cook County public schools and police departments to identify ways to expand social emotional learning and evidence-based practices.

Education of Healthcare Professionals

1. Develop and disseminate a toolkit for health care providers, prescribers, pharmacists, and first responders to use to communicate with patients about opioids and obtain a history of substance use disorder.
2. Promote the Centers for Disease Control and Prevention (CDC) guidelines on opioid prescribing to all clinicians in Cook County.
3. Create "Safe Prescribing" recognition for hospitals and clinics that utilize safe opioid prescribing practices.
4. Encourage hospitals, clinics, and physicians to use the Illinois Prescription Drug Monitoring Program (PDMP) and to connect PDMP data to electronic health records; work with vendors to develop tools that seamlessly integrate such data.
5. Encourage pharmacies to train staff to be able to provide naloxone without a prescription.

Data

1. Create a working group of stakeholders to share data and recommend improved methods of data collection and dissemination across departments and organizations.
2. Encourage the data working group to capture and evaluate data from a variety of City and County sources to identify any gaps in current emergency and pre-emptive naloxone deployment protocols and strategy, and recommend locations where naloxone should be placed and distributed.
3. Ensure more middle and high schools in Chicago participate regularly in the Illinois Youth Survey and ensure the survey contains sufficient questions on opioid use.
4. Identify treatment deserts in Chicago to help assure that new resources are allocated in communities with the greatest need.

Treatment

1. Create a coordinated intake and referral line to help individuals, primary care facilities, and emergency departments navigate the system of treatment providers and match patients to the appropriate level of addiction treatment services within their insurance network.
2. Ensure pharmacies and/or drug companies create additional drop-off centers across Chicago and Cook County for expired and unused medication.
3. Increase funding for access to medication-assisted treatment in Chicago, particularly in neighborhoods where the need for services exceeds the availability of services.
4. Provide technical assistance to health centers in Chicago to create, expand, and/or enhance medication-assisted treatment programs, including centers that recently received a Health Resources and Services Administration (HRSA) grant for implementing such programs.
5. Incorporate the CDC guidelines on opioid prescribing into the employee benefits of the City of Chicago, Cook County, and sister agencies.
6. Foster collaboration between Cook County and community providers to develop and implement a seamless system of transitional care post-detention and post-incarceration by connecting patients with long-term services.
7. Conduct regular outreach missions to locations in Chicago where individuals are housed in unlicensed, sub-standard treatment programs; inspect the buildings and connect the individuals to adequate shelter and appropriate services when feasible; frequently update the list of locations.
8. Advocate for Medicaid coverage for certified recovery support specialists; encourage the state to create a licensure for them and encourage an active network of recovery coaches to model successful long-term treatment.
9. Advocate for the federal Medicaid Coverage for Addiction Recovery Expansion Act (S.2605), which would let states expand access to care by having Medicaid cover facilities with more than 16 beds.
10. Advocate for Medicaid coverage of treatment services for patients in pre-trial detention.
11. Advocate at the federal level to ease restrictions on methadone to allow expanded prescribing.
12. Advocate at the federal level to further ease restrictions on physicians prescribing buprenorphine.
13. Advocate for significantly increased funding of the federal Comprehensive Addiction and Recovery Act (CARA) to expand treatment capacity and other measures to fight the opioid crisis.

Trafficking

1. Encourage law enforcement representatives to regularly update service providers on trafficking patterns and market trends in order to prepare for future upticks in drug usage or the introduction of new drugs.
2. Expand CPD and HIDTA's diversion pilot program allowing some individuals involved in low-level narcotics offenses to access treatment in lieu of an arrest.
3. Develop innovative anti-trafficking prosecution strategies in partnership with federal and state prosecutors.

Overdose Reversal

1. Expand naloxone deployment to entire CFD fleet, ensuring that all Basic Life Support (BLS) vehicles and command vehicles, in addition to the existing Advanced Life Support (ALS) vehicles, will have naloxone available.
2. Facilitate widespread access to affordable naloxone by encouraging pharmaceutical companies to lower the cost of their products, identify new forms of funding to purchase additional supplies, and increase purchasing power by combining government purchase of naloxone across the county.
3. Provide naloxone upon release from jail, medical detox, treatment programs for substance use disorder, and other settings where patients are likely to have decreased opioid tolerance and be vulnerable to overdose.
4. Encourage treatment providers that receive City or County funding to provide naloxone to patients upon release from treatment programs for substance use disorder.
5. Review current regulatory obstacles to prescribing naloxone and training patients on how to use it; advocate for any needed streamlining to simplify the process for physicians.
6. Provide information to all City of Chicago and Cook County employees about opportunities to receive off-duty naloxone deployment training and how to recognize signs of an overdose.
7. Ensure all drug education programs to which the Cook County Circuit Court refers a defendant include a naloxone education component.

TASK FORCE MEMBERS

City of Chicago

- Chairman Ed Burke, 14th Ward
- Alderman Pat Dowell, 3rd Ward
- Alderman Leslie Hairston, 5th Ward
- Alderman George A. Cardenas, 12th Ward
- Alderman Willie B. Cochran, 20th Ward
- Alderman Ariel E. Reboyras, 30th Ward
- Alderman Emma A. Mitts, 37th Ward
- Julie Morita, MD, Commissioner, Chicago Department of Public Health
- Jesse Lava, MPP, Director of Policy, Chicago Department of Public Health
- Chief Anthony Riccio, Organized Crime Bureau, Chicago Police Department
- Mary Sheridan, Assistant Deputy Fire Commissioner, Chicago Fire Department
- Leslee Stein-Spencer, RN, MS, Director of Medical Administration and Regulatory Compliance, Chicago Fire Department
- Dionne Tate, Deputy Director, Police and Fire Dispatch, OEMC
- Marty Doyle, Director of Training for 911 Operations
- Jane E. Notz, JD, First Assistant Corporation Counsel, Chicago Department of Law
- Matt Fischler, Former Director of Policy Planning, Mayor's Office
- Helena Swanson-Nystrom, Former Policy Associate, Mayor's Office

Cook County

- Commissioner Richard Boykin, 1st District
- Lori Roper, JD, Attorney Supervisor, Specialty Courts, Law Office of the Cook County Public Defender
- Amy Campanelli, JD, Cook County Public Defender
- Beverly Butler, Office of the Cook County Chief Judge
- Garvin Ambrose, Chief of Staff, Office of the Cook County State's Attorney
- Philip Roy, Policy Advisor, Office of the Cook County State's Attorney
- Katie Dunne, Assistant to the Sheriff, Office of the Cook County Sheriff
- Brian White, First Deputy Chief of Police, Cook County Sheriff's Police Department
- Letitia Close, Chief of Staff to the CEO, Cook County Health and Hospitals System
- Rebecca Janowitz, JD, MPA, Special Assistant for Legal Affairs, Cook County Justice Advisory Council
- Patrick Carey, Former Special Assistant, Governmental and Legislative Affairs, Office of President Preckwinkle
- Emilie Junge, JD, Member, Board of Directors, Cook County Health and Hospitals System
- Steven Aks, DO, FACMT, FACEP, Director, the Toxikon Consortium; Attending Physician, Department of Emergency Medicine, Cook County Health and Hospitals System

Over approximately four months, the Chicago-Cook Task Force on Heroin met three times in public sessions where expert witnesses gave testimony and presented evidence. These experts included physicians, academics, advocates, and service providers. The task force also met three times privately to discuss the evidence it had heard and create recommendations. Testifying organizations and individuals included:

- Steven Aks, DO, FACMT, FACEP, Director, the Toxikon Consortium; Attending Physician, Department of Emergency Medicine, Cook County Health and Hospitals System

- Dan Bigg, Director, Chicago Recovery Alliance
- Eddy Borrayo, MSW, CADC, MI/SA II, Executive Director, Rincon Family Services
- Tom Britton, DrPH, President and CEO, Gateway Foundation
- Stephen Cina, MD, Former Chief Medical Examiner, Cook County
- Ruth Coffman, MPP, MDiv, Executive Director, University of Chicago Urban Health Lab
- Melody Heaps, MA, President, MMH & Associates; Founder and Former President, Treatment Alternatives for Safe Communities (TASC) of Illinois
- Juan Hernandez, Chief, Chicago Fire Department
- Richard Jorgenson, MD, FACS, Coroner, DuPage County
- Emilie Junge, JD, Member, Board of Directors, Cook County Health and Hospitals System
- Steve and Pam Kamenicky, Volunteers, Chicago Recovery Alliance
- Kathie Kane-Willis, MA, Director, Illinois Consortium on Drug Policy, Roosevelt University
- Sara Moscato Howe, MS, CHES, CEO, Illinois Alcoholism and Drug Dependence Association
- Kate Mahoney, MSW, LCSW, Executive Director, PEER Services
- R.J. McMahon, MBA, Executive Director, Robert Crown Centers for Health Education
- Julie Morita, MD, Commissioner, Chicago Department of Public Health
- Suzanne Carlberg Racich, PhD, Assistant Professor, DePaul University; Volunteer, Chicago Recovery Alliance
- Anthony Riccio, Chief of Bureau of Organized Crime, Chicago Police Department
- Pamela Rodriguez, MS, President and CEO, TASC of Illinois
- Nicholas Roti, Executive Director, High-Intensity Drug Trafficking Area (HIDTA) Chicago
- Elizabeth Salisbury-Afshar, MD, Medical Director, Heartland Health Outreach
- Mary Sheridan, Assistant Deputy Fire Commissioner, EMS Operations, Chicago Fire Department

Additional experts contributed to the task force's work by offering guidance through meetings, phone calls, and emails. These contributors included Dr. Dan Lustig of Haymarket Center, Maya Doe-Simkins of Heartland Alliance, Marco Jacome of Healthcare Alternative Systems, Richard Weisskopf of the Illinois Department of Human Services, and numerous others.

ISSUE BACKGROUND

Heroin is an opioid, a class of drugs stemming from the opium poppy.¹ Examples of prescription opioids are hydrocodone (like Vicodin), oxycodone (like OxyContin and Percocet), morphine (like Kadian and Avinza), and codeine.² Opioids reduce the intensity of pain by targeting receptors in the brain, spinal cord, and other organs. Such drugs can produce euphoric states, along with side effects such as constipation and nausea.³ Although prescription opioids can be beneficial in circumstances such as cancer, the period following surgery, and short-term instances of severe pain,⁴ they can also be addictive and are frequently used for non-medical purposes. Signs of addiction—medically recognized as opioid use disorder—include failure to fulfill major life obligations, unsuccessful efforts to cut down use, and spending significant time

¹ Although opioids and opiates are technically different, we will refer to both in this report as opioids to avoid confusion.

² National Institute on Drug Abuse (2014). Prescription Drug Abuse: What Are Opioids? <https://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/what-are-opioids>

³ National Institute on Drug Abuse (2014). Prescription Drug Abuse: How Do Opioids Affect the Brain and Body? <https://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/how-do-opioids-affect-brain-body>

⁴ See, for instance, Dowell, D. et al (2016). "CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016." Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, March 18, 2016 / 65(1); 1–49. <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.

on activities to obtain or use opioids.⁵ High doses can depress the respiratory system and lead to a coma or death, especially when used in combination with other drugs, including sedatives such as alcohol.⁶

Opioid overdoses have shot up in recent years. Between 2001 and 2014, deaths in the United States from prescription opioids more than tripled—and deaths from heroin rose six-fold.⁷ Indeed, opioids are involved in at least half of this nation's lethal drug overdoses.⁸ In a national survey of drug use and health, the National Institutes of Health reported that the overall user rate for heroin was 2% for those age 18 years and older,⁹ and the U.S. Department of Health and Human Services found that the number of persons with heroin dependence or abuse¹⁰ was 467,000 in 2012 (twice what it was a decade earlier) and 2.1 million for pain relievers.¹¹ In all, the United States had an estimated 8,257 heroin deaths and 16,235 prescription opioid deaths in 2013.¹²

One cause of the rise in opioid use disorder and overdose has been excessive prescribing by physicians, some of whom have been misled by drug company representatives downplaying the risks of opioids.¹³ Federal data says 79.5% of individuals who reported starting heroin use in recent years had previously abused pain medication—suggesting painkillers are a gateway to greater abuse.¹⁴ Another cause of the uptick has been drug traffickers' increasingly aggressive and creative efforts to get people hooked.¹⁵ Heroin is cheaper and often easier to obtain than prescription painkillers. And when individuals with a painkiller addiction cannot access prescription opioids, they often turn to heroin.¹⁶

Although treatment for opioid use disorder is available, the stigma surrounding drug addiction remains strong, discouraging many from seeking treatment. In fact, negative attitudes about addiction surpass those about mental illness.¹⁷

⁵ Substance Abuse and Mental Health Services Administration (2015). Substance Use Disorders: Opioid Use Disorder. <http://www.samhsa.gov/disorders/substance-use>.

⁶ World Health Organization (2014). Information Sheet on Opioid Overdose. http://www.who.int/substance_abuse/information-sheet/en/.

⁷ National Institute on Drug Abuse: National Center for Health Statistics (2015) CDC Wonder Data: National Overdose Rates. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>.

⁸ Centers for Disease Control and Prevention. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov> and <http://www.cdc.gov/drugoverdose/data/overdose.html>.

⁹ National Survey of Drug Use and Health (2012-2014). National Survey on Drug Use and Health: Trends in Prevalence of Various Drugs for Ages 12 or Older, Ages 12 to 17, Ages 18 to 25, and Ages 26 or Older; 2012 – 2014. <https://www.drugabuse.gov/national-survey-drug-use-health>.

¹⁰ "Abuse" is no longer a medically-preferred term, but it will appear sporadically in this report when referring to older studies or other materials that use the term.

¹¹ US Department of Health and Human Services. Results from the 2012 National Survey on Drug Use and Health: Summary of Findings. <http://www.samhsa.gov/data/sites/default/files/NSDUHresults2012/NSDUHresults2012.pdf>.

¹² Centers for Disease Control, Data Brief 190: Drug-poisoning Deaths Involving Heroin: United States, 2000–2013. http://www.cdc.gov/nchs/data/databriefs/db190_table.pdf#1.

¹³ Quinones, S. (2015) Dreamland: The True Tale of America's Opiate Epidemic. New York, NY: Bloomsbury Press.

¹⁴ Muhuri, J., et al (2013). "Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States." CBHSQ Data Review. <http://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm>. See also: Kuehn, B.M. (2012) "SAMHSA: Pain Medication Abuse a Common Path to Heroin, Experts Say This Pattern Likely Driving Heroin Resurgence." Medical News and Perspectives. JAMA Vol. 310. 1433.

¹⁵ Quinones (2015).

¹⁶ Substance Abuse and Mental Health Services Administration (2016). Opioids: Heroin. <http://www.samhsa.gov/atod/opioids>.

¹⁷ Barry, C. et al (2014). "Stigma, Discrimination, Treatment Effectiveness, and Policy: Public Views about Drug Addiction and Mental Illness." Psychiatric Services Vol. 65 No. 10.

HEROIN IN THE CHICAGO AREA

The opioid epidemic has hit Chicago and the surrounding areas hard. As of 2011, this area led the nation in heroin-related emergency department visits with 24,627—and was second only to the Boston area in visits per capita.¹⁸ In fact, the Chicago area's per-capita rate of heroin-related emergency department visits was more than three times the national average.¹⁹ Opioid use is especially prevalent among those caught up in the criminal justice system: 14% of adult male arrestees tested positive for opioids in 2013.²⁰ And youth are not exempt from the epidemic: an estimated 4.1% of Chicago high school students have used heroin.²¹

The Cook County Medical Examiner's figures show that in 2015, there were at least 609 opioid-related overdose deaths in Cook County, 403 of which were in Chicago. The numbers for heroin specifically were 424 in Cook County and 285 in Chicago alone.²² Increasingly, overdose deaths are coming from heroin laced with fentanyl, a powerful synthetic opioid.²³ The Chicago Fire Department responded to 2,734 suspected overdoses in 2015.²⁴ A disproportionate share of the overdoses and deaths happened on Chicago's west side, near the so-called "heroin highway" where heroin trafficking is prominent.²⁵ According to a study from Roosevelt University, 35% of Chicago's hospitalizations for opioids in 2013 occurred on the west side. That figure was 7% for the north side and 20% for the south side.²⁶

Indeed, many community areas could be classified as treatment deserts where the need is greater than the availability of services. Such areas would likely include Austin, East and West Garfield Park, the Near West Side, Humboldt Park, and West Englewood, among others.²⁷

Law enforcement officials, who widely see heroin as a catalyst for other crime, have also faced an increasing problem. In 2011, the U.S. Department of Justice's National Drug Intelligence Center stated the availability of heroin in the Chicago area had "increased sharply over the past few years because of greater control by Mexican drug trafficking organizations" and would likely continue to rise.²⁸ From 2006 to 2009, the quantity of illicit drug seized in a year by the Cook County Sheriff's Office increased from 7.9 kilograms to 59.8 kilograms.²⁹ Neighborhood disparities occur in heroin possession arrests as well, with Chicago's highest rates being in community areas on the west side.³⁰

¹⁸ Office of National Drug Control Policy. "National Drug Control Safety Data Supplement 2014." Accessed 6/22/2015. https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/ndcs_data_supplement_2014.pdf

¹⁹ US Department of Justice. "Chicago High Intensity Trafficking Area Drug Market Analysis 2011." Accessed 6/22/2015. [http://www.justice.gov/archive/ndic/dmas/Chicago_DMA-2011\(U\).pdf](http://www.justice.gov/archive/ndic/dmas/Chicago_DMA-2011(U).pdf)

²⁰ Office of National Drug Control Policy. "National Drug Control Safety Data Supplement 2014." Accessed 6/22/2015. https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/ndcs_data_supplement_2014.pdf

²¹ Centers for Disease Control and Prevention (2013 data). Youth Risk Behavior Surveillance System report. See <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=CH>.

²² Calculations from Stephen Cina, MD, Chief Medical Examiner of Cook County, delivered April 22, 2016.

²³ Briscoe, T. and Gerner, J. "Fentanyl-related deaths spike in Cook County in 2015, reports show," Chicago Tribune, December 22, 2015.

²⁴ Chicago Fire Department (2016). Electronic Reporting System data.

²⁵ Chicago Department of Public Health (2016), "Opioid Overdose Rate, Chicago Community Areas 2014," prepared by Reina, M. This analysis used the Chicago Fire Department's 2016 data.

²⁶ Kane-Willis, K., and Metzger, S. "Hidden in Plain Sight: Heroin's Impact on Chicago's West Side." Illinois Consortium on Drug Policy at Roosevelt University, August 2016.

²⁷ See Appendix III on page 20 of this report.

²⁸ US Department of Justice.

²⁹ US Department of Justice.

³⁰ Kane-Willis, K., and Metzger, S.

RECENT STATE AND FEDERAL EFFORTS

In 2015, Illinois lawmakers passed the Heroin Crisis Act, a sweeping piece of legislation that addresses issues such as reversing overdoses, reimbursing for more treatment, educating stakeholders, and improving data collection—some of the very issues being reviewed by the Chicago-Cook Task Force on Heroin.³¹ Among other things, the bill:

- Requires Medicaid to cover methadone (an evidence-based treatment), buprenorphine (another evidence-based treatment) for long term use, and naloxone (an overdose antidote).
- Requires Medicaid and private insurers to treat substance use disorder like other medical conditions.
- Promotes the use of naloxone at schools and by law enforcement. The bill also provides for pharmacist training in naloxone, authorizes pharmacists and other healthcare professionals to prescribe it, and expands liability protections for those who administer it.
- Requires the reporting of opioid overdoses and education efforts to the Illinois Department of Public Health.
- Enhances the Prescription Drug Monitoring Program so healthcare professionals know more about patients' drug histories.
- Increases access to drug courts as an alternative to incarceration.

Illinois and the Chicago area are also affected by what happens at the federal level, and the Obama administration has taken important steps over the last year alone to combat opioid addiction. In February 2016, the White House proposed a 2017 budget that would include substantial new funding to expand access to treatment for prescription drug abuse and heroin use and improve state-level overdose prevention strategies. This announcement came on the heels of the federal government mobilizing several public and private sector partnerships in October 2015 to produce a response on overdose and community prevention.³²

In July 2016, President Obama signed the Comprehensive Addiction and Recovery Act, which takes action on prevention and education, treatment, law enforcement efforts, and recovery. The President made clear the bill needed significantly more funding behind it to turn the tide on the opioid epidemic. Yet the Obama administration has been able to take action on its own. The Centers for Disease Control and Prevention (CDC) has recently released guidelines and educational resources on opioid prescribing³³ and announced plans to allocate \$8.5 million to the development of tools and resources to help inform physicians about appropriate prescribing practices.³⁴ In addition, the U.S. Department of Health and Human Services has raised the limit on the number of patients that eligible physicians can treat with buprenorphine, an evidence-based medication for opioid use disorder.³⁵

³¹ See the text of the bill at the Illinois General Assembly website at <http://www.ilga.gov/legislation/99/HB/09900HB0001enr.htm>. For a summary, see Rabbit, D. "The Heroin Crisis Act: What You Need to Know about the New Law." Heartland Alliance for Human Rights and Human Needs. November 16, 2015. http://www.issuelab.org/resource/heroin_crisis_act_what_you_need_to_know_about_the_new_law_the

³² The White House: The Office of the Press Secretary. "Fact Sheet: Obama Administration Announces Public and Private Sectors Efforts to Address Prescription Drug Abuse and Heroin Use". Accessed 4/26/16 <https://www.whitehouse.gov/the-press-office/2015/10/21/fact-sheet-obama-administration-announces-public-and-private-sector>

³³ Centers for Disease Control and Prevention (2016). Injury Prevention and Control: Opioid Overdose: CDC Guideline for Prescribing Opioids for Chronic Pain. <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>.

³⁴ The White House: The Office of the Press Secretary.

³⁵ Substance Abuse and Mental Health Services Administration. "Final rule expanding access to medication-assisted treatment," July 11, 2016. <http://blog.samhsa.gov/2016/07/11/final-rule-expanding-access-to-medication-assisted-treatment/#.V9bCDFsrJD8>.

CURRENT EFFORTS

Despite the important work being done at the state and federal level, Chicago and Cook County still have a strong role to play in addressing heroin and other opioids.

Chicago

Mayor Emanuel is committed to curbing the opioid epidemic and protecting residents' health through every means available. The City of Chicago is implementing numerous interventions to address the issue.

- In 2016, the Chicago Department of Public Health (CDPH) is investing \$1.75 million on prevention and treatment of substance use disorders, partnering with the Public Health Institute of Metropolitan Chicago to manage the investments. This investment represents an increase over the previous year.
- The City of Chicago reached an agreement with the drug company Pfizer in July 2016 to commit the company to strict standards for the marketing and promotion of prescription opioids.
- In 2015, CDPH educated healthcare providers by sending a letter on appropriate opioid prescribing practices to 11,000 physicians in the city.
- In 2014, the City of Chicago filed a lawsuit against five opioid manufacturers who misrepresented opioid benefits while minimizing health risks, leading to more addiction, overdoses, and deaths.
- CDPH annually participates in National Prevention Week and coordinates the Recovery Walk.
- CPD fights heroin trafficking through citywide policing efforts, including through the Narcotics Unit.
- CPD has drop-off boxes at all police stations where residents can deposit expired prescriptions and other drugs.
- CPD and HIDTA, in collaboration with the University of Chicago's Crime Lab and Health Lab, have begun implementing a diversion pilot program allowing some individuals involved in low-level narcotics offenses to access treatment in lieu of an arrest.
- In 2015, the Chicago Department of Family and Support Services (DFSS) conducted outreach missions to buildings suspected of housing unlicensed heroin treatment facilities where residents, many from Puerto Rico, were staying and receiving sub-standard care. The Department of Buildings inspected these facilities as well.
- DFSS invests in clinical treatment and wraparound services for residents who are homeless or formerly homeless. Many of these residents face substance use disorders, including opioid use disorder.
- The Chicago Fire Department (CFD) is armed with naloxone to reverse suspected overdoses. Seventy-five ambulances, 72 fire companies, and all eight paramedic field chiefs who are on duty 24/7 carry naloxone. CFD also maintains data on overdose Emergency Medical Services calls and transports in order to help the City assess hot spots and evaluate the overdose problem.
- Mayor Emanuel is planning to convene a Chicagoland summit to help develop a regional response to the opioid epidemic.

Cook County

Cook County government, for its part, undertakes a variety of efforts:

- Cook County Health and Hospitals System (CCHHS) delivers and continues to expand medication services in hospital and outpatient clinics to combat addiction.
- In 2012, CCHHS began the first hospital-based naloxone training program in Illinois.

- CCHHS and the Cook County Medical Examiner communicate on opioid overdoses so providers can adapt to emerging trends of drug use.
- In 2016 CCHHS has partnered with the Orland Police Department to help them administer naloxone as first responders.
- CCHHS has partnered with the Cermak Health Services, which operates in the Cook County Jail and Cook County Sheriff's Office, to enhance addiction services for detainees and to develop a naloxone distribution program for those with substance use disorder upon release.
- CCHHS is a partner with the Illinois Poison Center and the University of Illinois and has been monitoring opioid use patterns throughout the County and State since 1988 as the Toxikon Consortium.
- The Cook County State's Attorney's Office has implemented programs to divert justice-involved drug users to education and treatment services. Programs include Drug School, the Veterans Treatment Court, the Drug Deferred Prosecution Program, the Chicago Prostitution and Trafficking Intervention Court, and Drug Treatment Court. In 2015, over 2,500 drug users were diverted to services in lieu of traditional prosecution and sentencing.
- The Cook County Sheriff's Office is the fiduciary of the HIDTA under the White House's Office of National Drug Control Policy and allocates staffing and other resources to the program as part of a coordinated, multi-disciplinary approach to addressing drug trafficking.
- The Cook County Department of Corrections offers numerous mental health and drug treatment initiatives. These initiatives include treatment programs for men and women in custody, individualized discharge planning for those reentering their communities, operation of several community-based services for individuals who wish to continue treatment after incarceration, and contracting with community-based providers that offer alternatives to detainment for pregnant women and homeless individuals in need of mental health and drug treatment.
- The Sheriff's Court Services Department has a social service unit that assists residents who are in distress during the eviction process or other civil proceedings. This assistance includes making placements into treatment or alternative housing for residents in need.
- The Cook County Sheriff's Police Department (CCSPD) is the primary police agency for unincorporated Cook County and provides specialized support to other law enforcement agencies within the county. CCSPD has several units and initiatives focused on drug suppression and enforcement, provides Crisis Intervention Training (CIT) to its officers, and will be offering CIT training to police officers from agencies around Cook County.

These efforts provide a strong foundation for preventing and responding to opioid use disorder in our area. Yet given the magnitude of the task, more must be done. The Chicago-Cook Task Force on Heroin has examined several areas for enhanced efforts: (1) education of community members, (2) education of healthcare professionals, (3) data, (4) treatment, (5) trafficking, and (6) overdose reversal.

RECOMMENDATIONS: EDUCATION OF COMMUNITY MEMBERS

Residents of Chicago and suburban Cook County need quality information to do their part in fighting the heroin epidemic. Stigma, lack of information, and outright misinformation have served as obstacles in the effort to reduce addiction and overdoses. As mentioned, negative attitudes about drug addiction are worse than they are for mental illness. Many patients are unaware of how addictive opioids really are. And many residents either don't know where to go for treatment or are led astray by marketing that promotes inadequate treatment.³⁶ Data shows parents have a strong influence on their kids' substance use habits,³⁷ but many are unsure how best to help. The Illinois Heroin Crisis Act of 2015 does include provisions related to community education, including on educational materials for patients, informational signage at pharmacies, public awareness of medication drop-off points, education of drug court prosecutors and public defenders, and a school prevention program with educational materials. Nevertheless, work must also occur at a local level to ensure sufficient community education on opioids.

The Chicago-Cook Task Force on Heroin therefore makes the following recommendations:

1. Work with pharmacies to develop and disseminate information to patients about accessing naloxone, the risks of opioid use, and contacting a potential help line.
2. Create a county-wide public awareness campaign related to the prevention, treatment, and de-stigmatization of opioid addiction. Elements could include:
 - a. Engaging community organizations, faith-based groups, and the general public on navigating the treatment process and on the benefits of medication-assisted treatment and naloxone.
 - b. Utilizing digital ads and social media to combat online misinformation about opioids and directing patients to evidence-based services and naloxone providers.
 - c. Increasing public knowledge of drop-off centers where excess or expired prescription medication can be disposed.
 - d. Providing workshops to educate parents and caretakers of all ages on identifying and addressing opioid use, including on proper disposal of medication.
 - e. Educating individuals with opioid use disorder on strategies for harm reduction and navigating the treatment process.
3. Create and implement an education program for criminal justice professionals to de-stigmatize medication-assisted treatment.
4. Review current prevention programs in Chicago and Cook County public schools and police departments to identify ways to expand social emotional learning and other evidence-based practices.

RECOMMENDATIONS: EDUCATION OF HEALTHCARE PROFESSIONALS

In recent decades, drug companies have deliberately misrepresented opioids' risks and benefits to induce doctors to give out more prescriptions. This effort has helped fuel the opioid epidemic by clouding physicians' understanding of the science.³⁸ In addition to the human cost of such deception, local governments have ended up spending large amounts of money through insurance claims and workers

³⁶ Testimony of Kathie Kane-Willis, Roosevelt University. Task Force on Heroin public meeting, February 26, 2016.

³⁷ See, for instance, Partnership for a Drug-Free America (2009). "Partnership Attitude Tracking Study. http://www.drugfree.org/wp-content/uploads/2011/04/Full-Report-FINAL-PATS-Teens-2008_updated.pdf.

³⁸ Quinones (2015).

compensation on public employees who are prescribed opioids. Between 2005 and 2015, the City of Chicago spent about \$13.9 million on opioid prescriptions alone, not counting additional costs on things like doctors' visits, toxicology screens, and the ripple effects of overdose and addiction.³⁹ The CDC's research and recently-released prescribing guidelines clearly refute the drug companies' narrative. Physicians and other healthcare professionals must be educated on the CDC guidelines and be encouraged to follow them. Unfortunately, federal agencies have found that "most prescribers receive little training on the importance of appropriate prescribing and dispensing of prescription pain relievers, on how to recognize substance misuse and abuse in their patients, or on treating pain."⁴⁰ Education on pain tends to be limited in medical school as well.⁴¹ However, there are options for educating providers. Prescribing guidelines, for instance, have been shown to be effective in cutting misuse and overdose deaths.⁴²

The task force therefore recommends the following:

1. Develop and disseminate a toolkit for health care providers, prescribers, pharmacists, and first responders to use to communicate with patients about opioids and obtain a history of substance use disorder.
2. Promote the CDC guidelines on opioid prescribing to all clinicians in Cook County.
3. Create "Safe Prescribing" recognition for hospitals and clinics that utilize safe opioid prescribing practices.
4. Encourage hospitals, clinics, and physicians to use the Illinois Prescription Drug Monitoring Program (PDMP) and to connect PDMP data to electronic health records; work with vendors to develop tools that seamlessly integrate such data.
 - ➔ This effort would complement pilot initiatives the Illinois Department of Human Services will be undertaking with hospitals to link the PDMP to electronic health records.
5. Encourage pharmacies to train staff to be able to provide naloxone without a prescription.

RECOMMENDATIONS: DATA

Good data is the basis for understanding the heroin epidemic on a wide scale—and knowing whether efforts to fight it are working. Government institutions in Chicago and suburban Cook County can do more to generate and mutually share the data needed to make sound policy decisions. Such efforts would also allow government agencies to report trends to the public and create an early warning system to help providers and law enforcement officials respond to the epidemic in targeted, effective ways.

The task force therefore recommends the following:

1. Create a working group of stakeholders to share data and recommend improved methods of data collection and dissemination across departments and organizations.
2. Encourage the data working group to capture and evaluate data from a variety of City and County sources to identify any gaps in current emergency and pre-emptive naloxone deployment

³⁹ City of Chicago (2015), Second Amended Complaint, United States District Court for the Northern District of Illinois, Eastern Division. Case No. 14-cv-04361.

⁴⁰ U.S. Government Accountability Office (2011). "Prescription Pain Reliever Abuse." GAO-12-115. <http://www.gao.gov/assets/590/587301.pdf>.

⁴¹ Mezei, L and Murinson, BB (2011). "Pain Education in North American Medical Schools," Journal of Pain.

⁴² National Safety Council (2015). Prescription Drug Community Action Kit: Engaging the Medical Community. <http://www.nsc.org/RxDrugOverdoseDocuments/Rx%20community%20action%20kit%202015/CAK-Engaging-Medical-Community.pdf>.

protocols and strategy, and recommend locations where naloxone should be placed and distributed.

3. Ensure more middle and high schools in Chicago participate regularly in the Illinois Youth Survey and ensure the survey contains sufficient questions on opioid use.
4. Identify treatment deserts in Chicago to help assure that new resources are allocated in communities with the greatest need.

RECOMMENDATIONS: TREATMENT

Opioid use disorder is a medical condition. The evidence is clear that effective treatments are available to help patients reduce or eliminate their drug use and be less likely to overdose. Methadone has been shown to be more effective than drug-free approaches at keeping patients in treatment and reducing criminal activity and deaths.⁴³ Buprenorphine has also proved to be an effective treatment,⁴⁴ and because it is less tightly regulated at the federal level, more opportunities exist for expanding use of this medication to a variety of settings. Yet more must be done to coordinate among treatment providers while improving and expanding the services available in the Chicago area—especially in treatment deserts, where more people need help than can readily access it. Some individuals have been sent to unlicensed and substandard Chicago facilities based on false promises of quality treatment.⁴⁵ There should also be improved support for residents leaving incarceration, as research shows coordination for this group can lead to better health, fewer emergency department visits, and lower recidivism.⁴⁶

The task force therefore recommends the following:

1. Create a coordinated intake and referral line to help individuals, primary care facilities, and emergency departments navigate the system of treatment providers and match patients to the appropriate level of addiction treatment services within their insurance network.
2. Ensure pharmacies and/or drug companies create additional drop-off centers across Chicago and Cook County for expired and unused medication.
3. Increase funding for access to medication-assisted treatment in Chicago, particularly in neighborhoods where the need for services exceeds the availability of services.
4. Provide technical assistance to health centers in Chicago to create, expand, and/or enhance medication-assisted treatment programs, including centers that recently received a HRSA grant for implementing such programs.
5. Incorporate the CDC guidelines on opioid prescribing into the employee benefits of the City of Chicago, Cook County, and sister agencies.

⁴³ Breen, C, et al (2009). "Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence," the Cochrane Collaboration.

⁴⁴ See, for instance, Ling W, et al. "Buprenorphine maintenance treatment of opiate dependence: a multicenter, randomized clinical trial." *Addiction* 1998; 93:475-86. Johnson RE, et al. "A controlled trial of buprenorphine treatment for opioid dependence." *JAMA* 1992; 267:2750-5. Johnson RE, et al. "A placebo controlled clinical trial of buprenorphine as a treatment for opioid dependence. *Drug Alcohol Depend* 1995; 40:17-25." Racich, DW, et al. "Opioid Dependence Treatment, Including Buprenorphine/Naloxone," *Annals of Pharmacotherapy*, 2002 Feb; 36(2):312-21.

⁴⁵ Cardona-Maguidad, Adriana (2015). "Puerto Rico exports its drug addicts to Chicago," WBEZ report. <https://www.wbez.org/shows/wbez-news/puerto-rico-exports-its-drug-addicts-to-chicago/ee2c2bc5-8410-4dfa-b2fd-5a5f4aa119ee>.

⁴⁶ Held, M. L., et al. "Integrated Primary and Behavioral Health Care in Patient-Centered Medical Homes for Jail Releases with Mental Illness." *Criminal Justice and Behavior* 39, no. 4 (2012): 533-551. See also Wang, E. et al. "Engaging Individuals Recently Released from Prison into Primary Care: a Randomized Trial." *American Journal of Public Health*. 102, no 9 (2012): e22-9.

6. Foster collaboration between Cook County and community providers to develop and implement a seamless system of transitional care post-detention and post-incarceration by connecting patients with long-term services.
7. Conduct regular outreach missions to locations in Chicago where individuals are housed in unlicensed, sub-standard treatment programs; inspect the buildings and connect the individuals to adequate shelter and appropriate services when feasible; frequently update the list of locations.
8. Advocate for Medicaid coverage for certified recovery support specialists; encourage the state to create a licensure for them and encourage an active network of recovery coaches to model successful long-term treatment.
 - ➔ People with arrests and criminal convictions related to substance use should be eligible for such a license.
9. Advocate for the federal Medicaid Coverage for Addiction Recovery Expansion Act (S.2605), which would let states expand access to care by having Medicaid cover facilities with more than 16 beds.
10. Advocate for Medicaid coverage of treatment services for patients in pre-trial detention.
11. Advocate at the federal level to ease restrictions on methadone to allow expanded prescribing.
12. Advocate at the federal level to further ease restrictions on physicians prescribing buprenorphine.
13. Advocate for significantly increased funding of the federal Comprehensive Addiction and Recovery Act (CARA) to expand treatment capacity and other measures to fight the opioid crisis.

RECOMMENDATIONS: TRAFFICKING

Reducing the supply of heroin is critical to keeping down use. Heroin dealers have been finding new ways to get their product into residents' hands, and law enforcement agencies must meet these efforts with effective means of disrupting the supply chain. Yet traditional criminal justice strategies are not enough. Addiction is a public health issue, and law enforcement has an opportunity to collaborate with the health community to ensure a coordinated approach to reducing heroin use and overdose deaths.

The task force therefore recommends the following:

1. Encourage law enforcement representatives to regularly update service providers on trafficking patterns and market trends in order to prepare for future upticks in drug usage or the introduction of new drugs.
2. Expand CPD and HIDTA's diversion pilot program allowing some individuals involved in low-level narcotics offenses to access treatment in lieu of an arrest.
3. Develop innovative anti-trafficking prosecution strategies in partnership with federal and state prosecutors.

RECOMMENDATIONS: OVERDOSE REVERSAL

Naloxone is a lifesaving medication that serves as an antidote to opioid overdoses. Also known by the brand name Narcan, this medication must be more available to prevent overdose deaths. Research is clear that training laypeople in administering naloxone is effective.⁴⁷ Moreover, supplying the medication to opioid users and those at high risk for overdose—including those leaving incarceration, emergency departments, and detox—can save lives.⁴⁸ While Illinois is making great strides in expanding naloxone availability through the 2015 Heroin Crisis Act, numerous actions can be taken locally to increase use of the medication.

The task force therefore recommends the following:

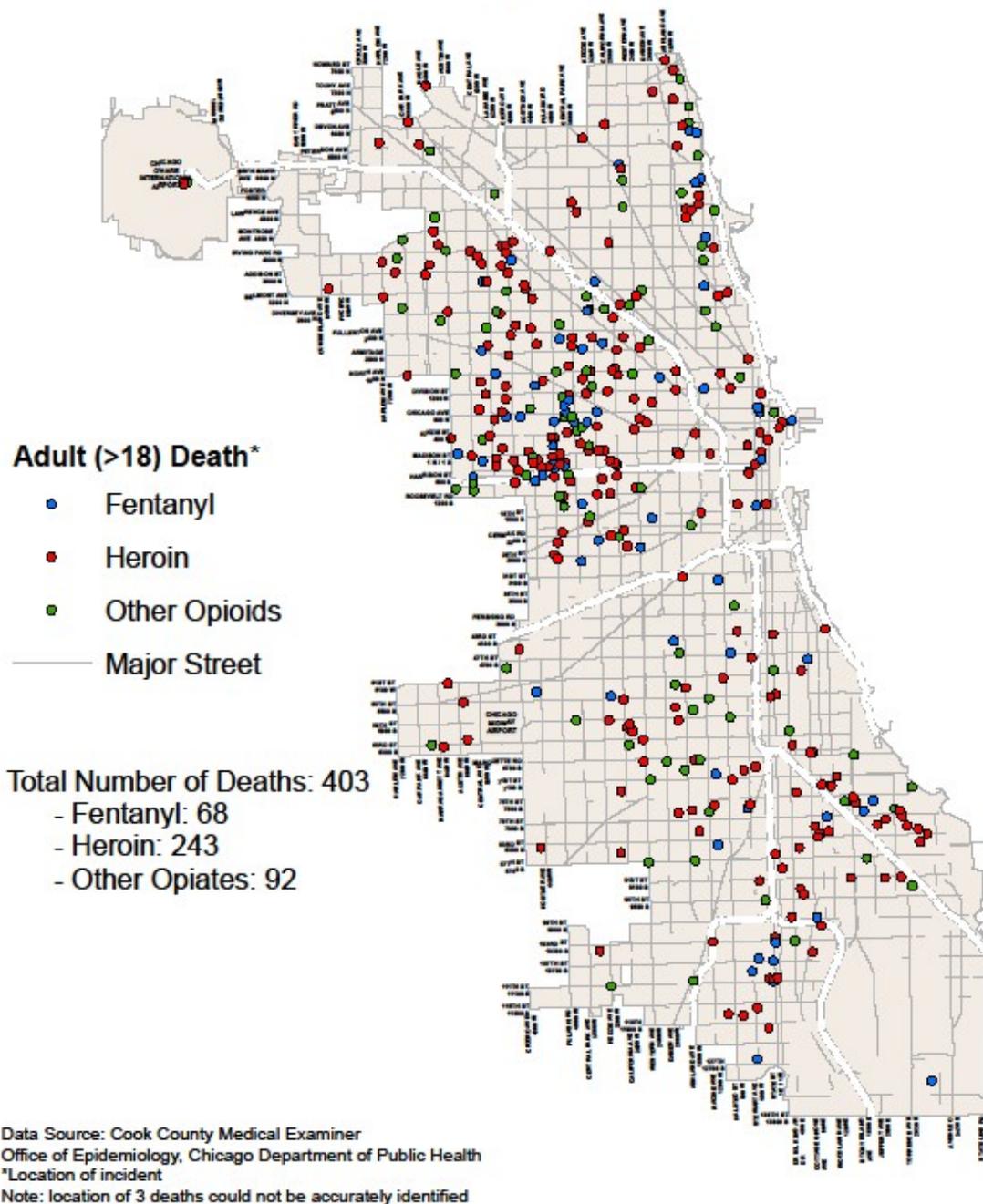
1. Expand naloxone deployment to entire CFD fleet, ensuring that all Basic Life Support (BLS) vehicles and command vehicles, in addition to the existing Advanced Life Support (ALS) vehicles, will have naloxone available.
2. Facilitate widespread access to affordable naloxone by encouraging pharmaceutical companies to lower the cost of their products, identify new forms of funding to purchase additional supplies, and increase purchasing power by combining government purchase of naloxone across the county.
3. Provide naloxone upon release from jail, medical detox, treatment programs for substance disorder, and other settings where patients are likely to have decreased opioid tolerance and be vulnerable to overdose.
4. Encourage treatment providers that receive City or County funding to provide naloxone to patients upon release from treatment programs for substance use disorder.
5. Review current regulatory obstacles to prescribing naloxone and training patients on how to use it; advocate for any needed streamlining to simplify the process for physicians.
6. Provide information to all City of Chicago and Cook County employees about opportunities to receive off-duty naloxone deployment training and how to recognize signs of an overdose.
7. Ensure all drug education programs to which the Cook County Circuit Court refers a defendant include a naloxone education component.

⁴⁷ Green, T, et al (2008). "Distinguishing signs of opioid overdose and indication for naloxone." *Addiction*. 103(6): 979-989. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3163671/>.

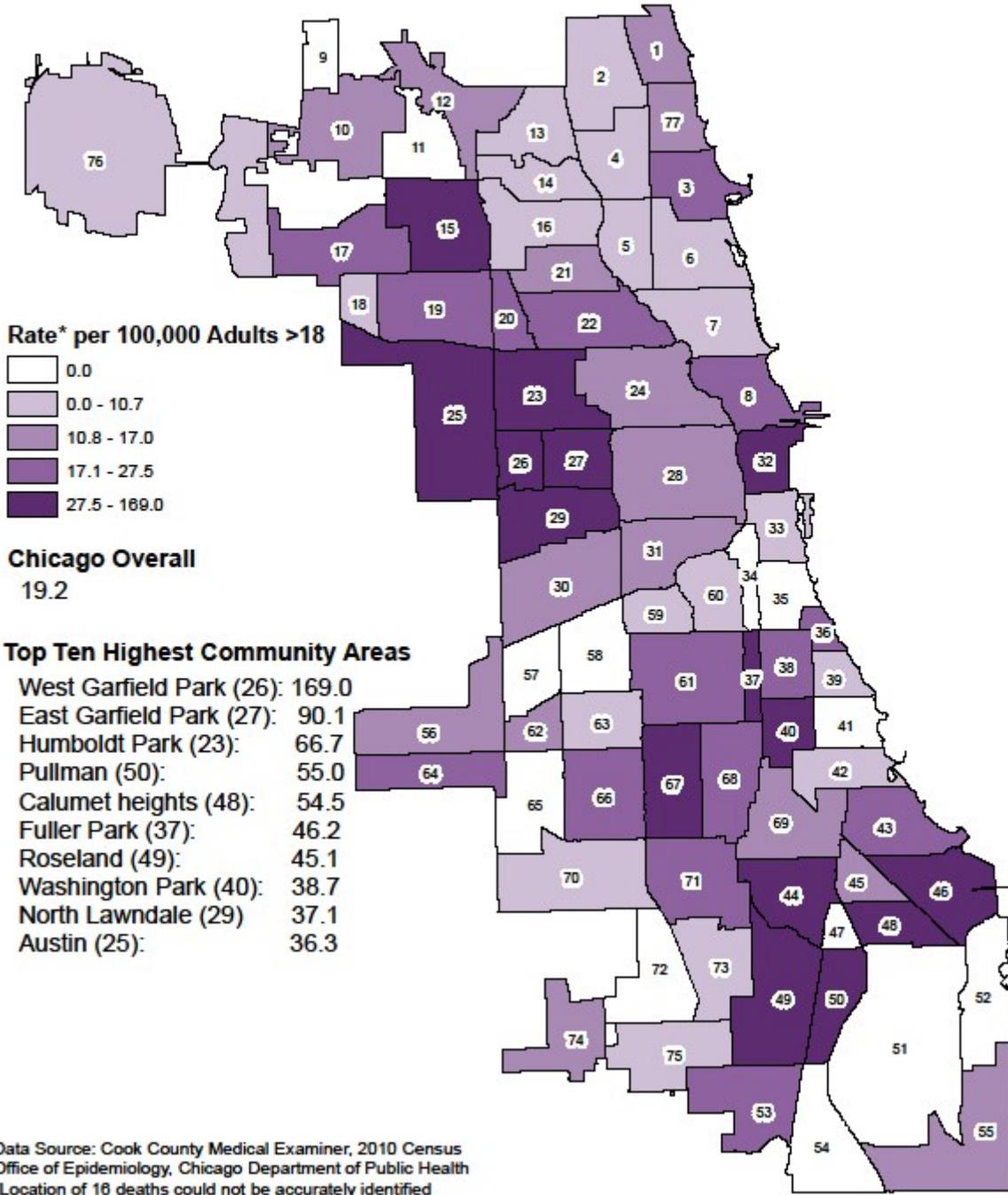
⁴⁸ See, for instance, the following: Bohnert, A, et al (2012). "Characteristics of drug users who witness many overdoses: Implications for overdose prevention." *Drug and Alcohol Dependence*. 120(1-3): 168-173. Wheeler, E, et al (2015). "Opioid Overdose Prevention Programs Providing Naloxone to Laypersons—United States, 2014." *Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report*. 64(23): 631-635. Binswanger, I, et al (2012). "Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors." *Addiction Science & Clinical Practice*. 7(1): 3. Wakeman, S, et al (2009). "Preventing Death Among the Recently Incarcerated: An Argument for Naloxone Prescription Before Release." *Journal of Addictive Diseases*. 28(2): 124-129.

APPENDIX I: CHICAGO OPIOID OVERDOSE MAPS

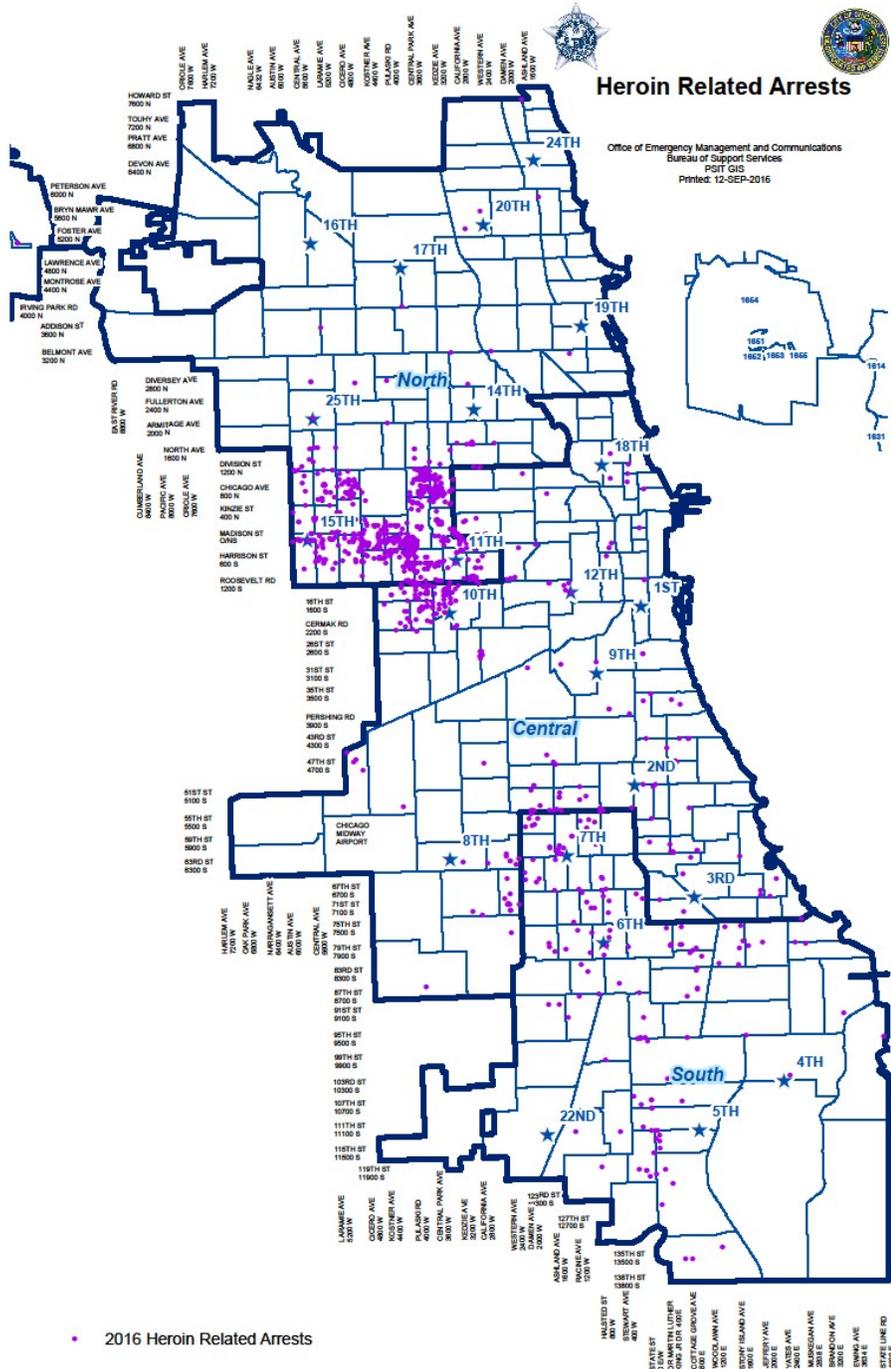
Accidental Deaths Due to Opiate Overdose Chicago (2015)



Accidental Death Rate Due to Opiate Overdose Community Area, Chicago (2015)



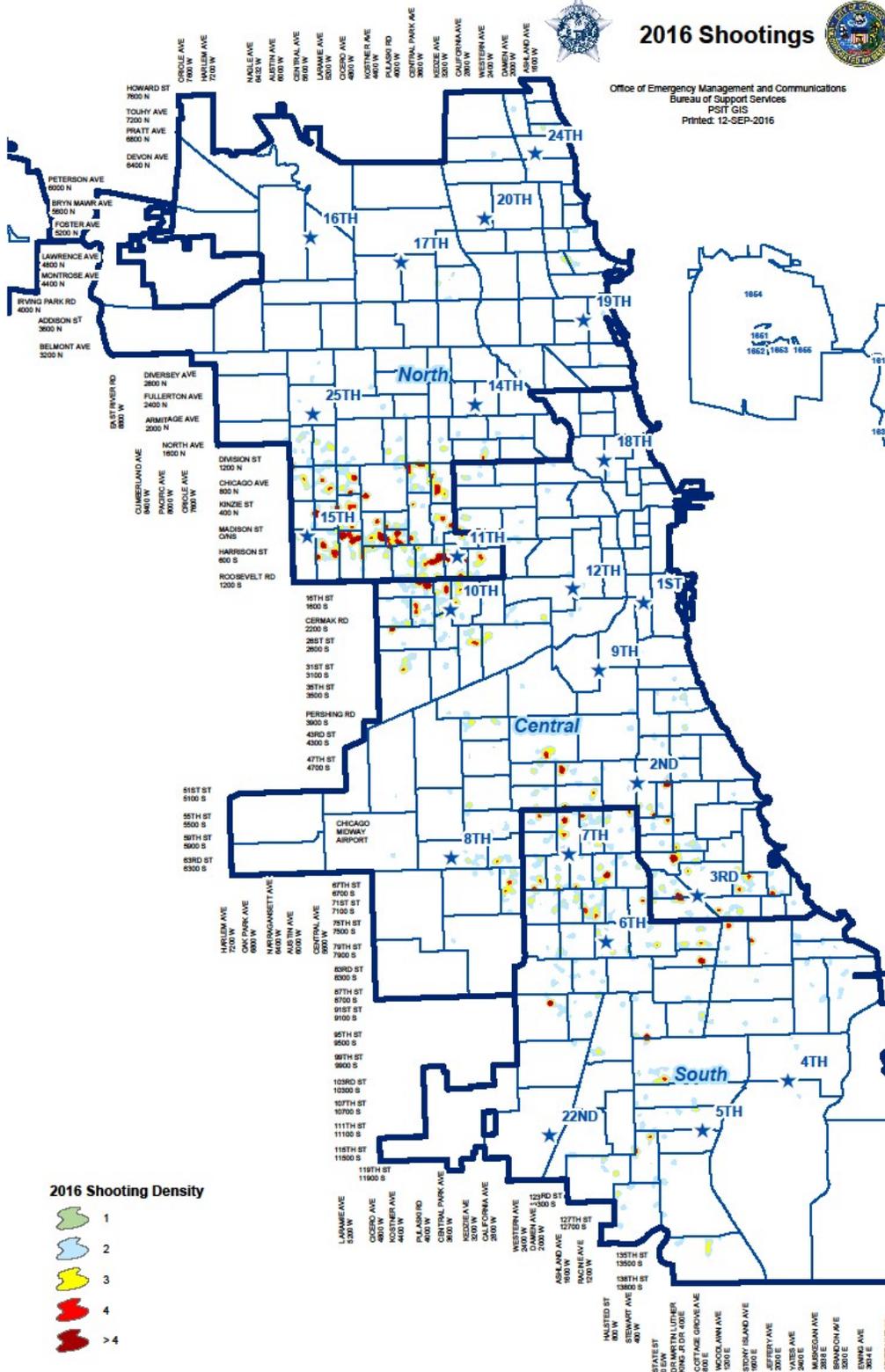
APPENDIX II: MAPS OF HEROIN AND SHOOTING IN CHICAGO (1/1 to 9/11, 2016)



2016 Shootings

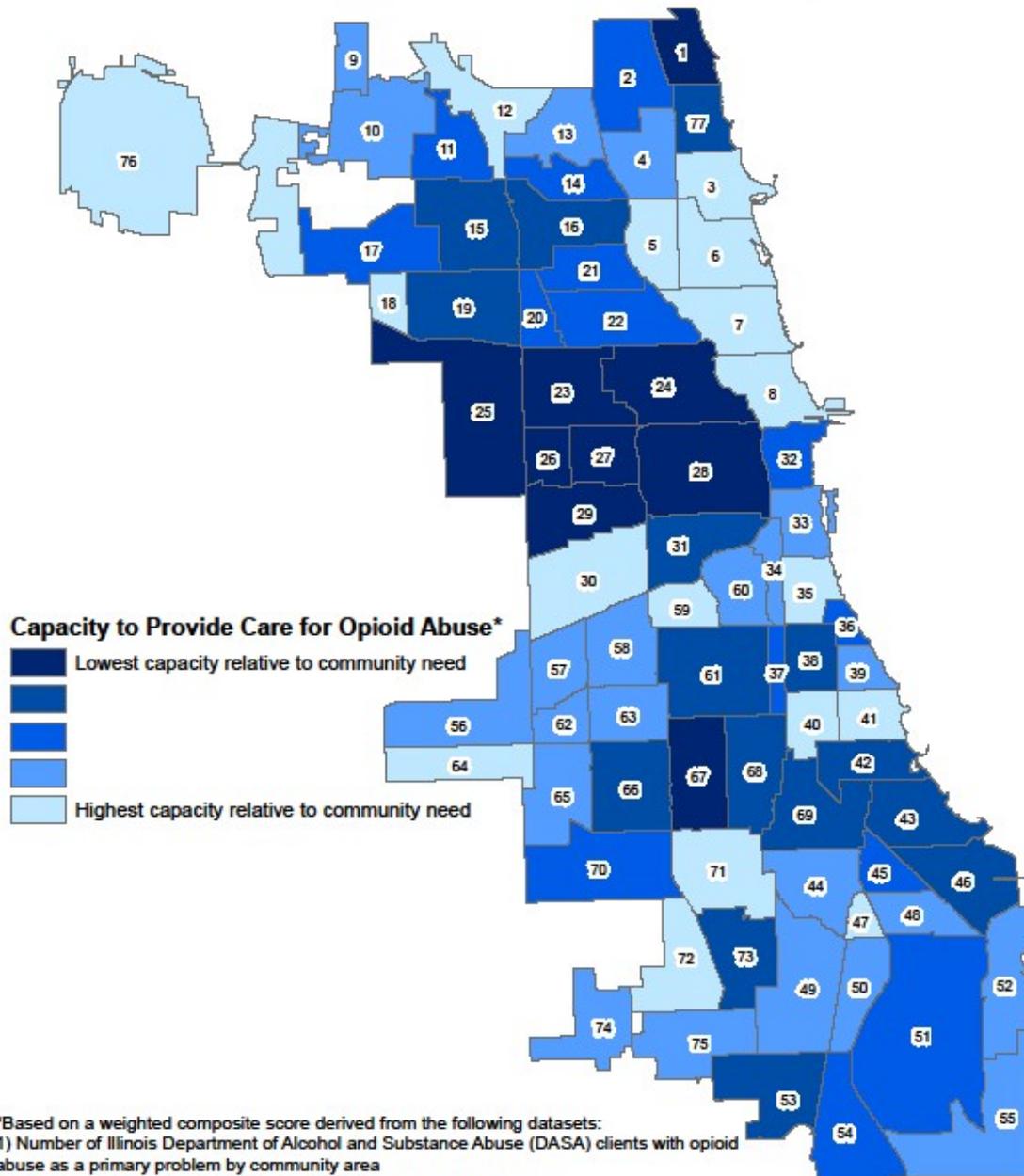


Office of Emergency Management and Communications
 Bureau of Support Services
 POIT GIS
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APPENDIX III: HIGH-NEED AREAS IN CHICAGO

Community Area Capacity to Provide Treatment for Opioid Use



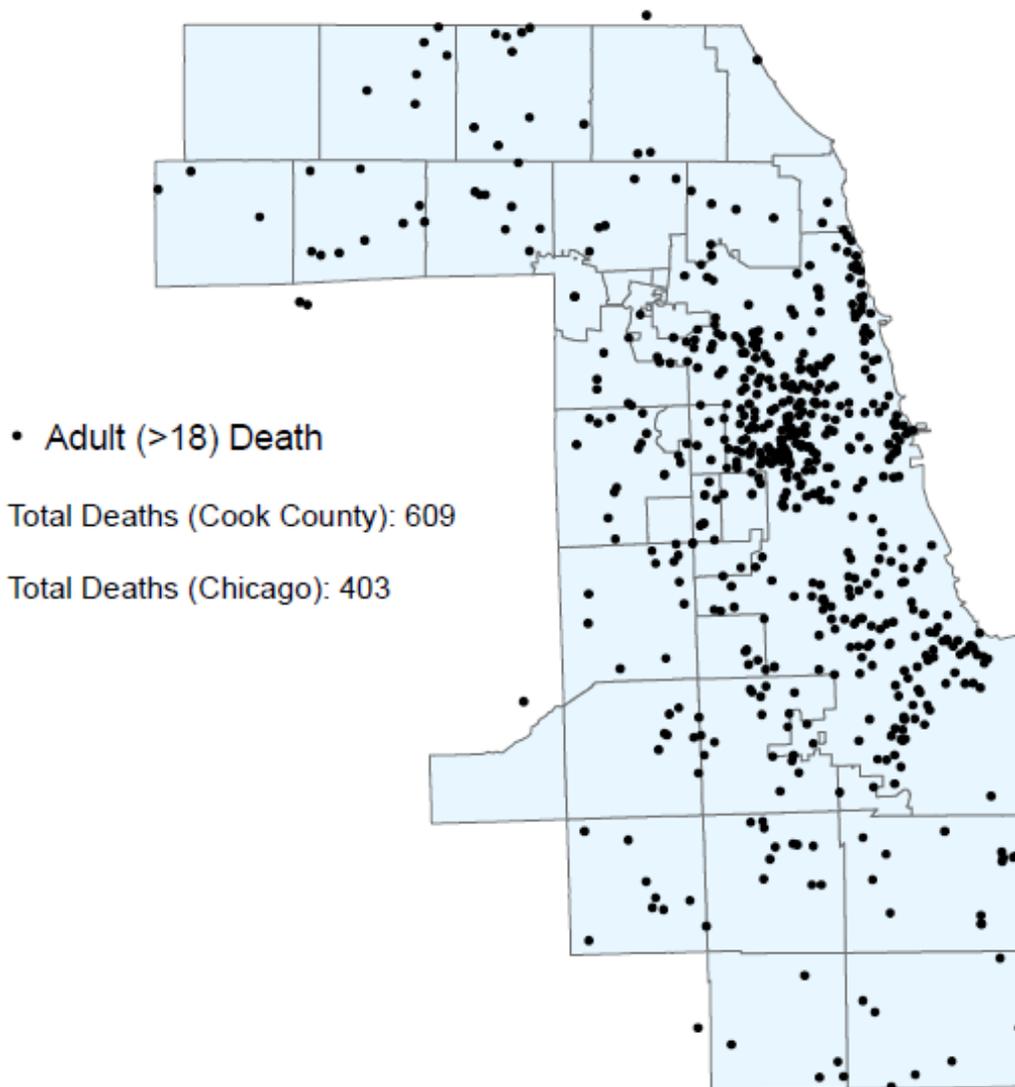
*Based on a weighted composite score derived from the following datasets:
 1) Number of Illinois Department of Alcohol and Substance Abuse (DASA) clients with opioid abuse as a primary problem by community area
 2) Number of clients in publicly funded OTC slots by community area
 3) Number of clients in privately funded OTC slots by community area
 4) Number of physicians certified to distribute buprenorphine by community area
 5) Hardship index by community area
 6) Ambulance run data by community area for suspected opioid overdose where naloxone was administered

Office of Epidemiology
 Chicago Department of Public Health
 September 9, 2016

APPENDIX IV: COOK COUNTY OPIOID OVERDOSE MAP

Accidental Deaths Due to Opiate Overdose

Cook County, IL (2015)



Total Deaths (Cook County): 609

Total Deaths (Chicago): 403

Data Source: Cook County Medical Examiner
Office of Epidemiology, Chicago Department of Public Health
Note: Location of 16 deaths could not be accurately identified



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin
Chair, Committee on Budget & Government Operations

From: Julie Morita, M.D.
Commissioner
Chicago Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-19 Hairston - SBHCs

The below and attached information is in response to questions posed at our department's hearing on October 26, 2016, to discuss the proposed 2017 budget.

Alderman Hairston requested a list of School Based Health Centers (SBHC) including where they are located, and the SBHCs funded under the e-cigarette tax plan.

Health Center	Address
Amundsen High SHC	5110 N. Damen
Auburn Gresham Health/Wellness	8131 S. May
Austin SHC	231 N. Pine Ave.
Beethoven SHC	25 West 47th St., Rm 134
Carver SHC	13100 Doty Rd.
Clemente SHC	1147 North Western
Comer Youth Center	7200 S. Ingleside
Crane Adolescent SHC	2245 West Jackson Blvd., Rm 110
Davis Elementary SHC	3050 W. 39th Pl. Annex
Dunbar SHC	3000 S. King Dr.
Farragut SHC	3256 W. 24th St.
Hibbard SHC	3244 W. Ainsley
Hope Health & Wellness SHC	1628 W. Washington
Johnson (Henson) SHC	1504 S. Albany Ave.

Juarez High School SHC	2150 S. Laflin
Lakeview SHC	4015 N. Ashland
Little Village Lawndale SHC	3120 S. Kostner
Marquette Elementary SHC	6550 S. Richmond
National Teacher's Academy SHC	55 W. Cermak Ave.
Orozco SHC	1940 W. 18th St.
Orr Adolescent SHC	730 N. Pulaski St.
Phillips SHC	244 E. Pershing
Primecare Hamlin (formerly Ames)	1920 N. Hamlin
Reavis SHC	834 E. 50th St.
Roosevelt SHC	3436 W. Wilson, Rm 166
Senn SHC	5900 N. Glenwood
Simpson SHC	1321 S. Paulina
Steinmetz SHC	3030 N. Mobile Ave.
Sullivan High SHC	6631 N. Bosworth Ave.
Uplift SHC	900 W. Wilson Ave.
Ward (Ryerson) SHC	646 N. Lawndale
YWLC SHC (Bronzeville)	2641 S. Calumet Ave.

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin
Chair, Committee on Budget & Government Operations

From: Julie Morita, M.D.
Commissioner
Chicago Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-20 Hairston – Details of SBVP

The attached information is in response to questions posed at our department's hearing on October 26, 2016, to discuss the proposed 2017 budget.

Alderman Hairston requested a detailed list of the number of students served by CDPH's School Based Vision Program (SBVP) by school and ward. Please see the attached document (School Based Vision Program Totals by Wards) for detailed information.
As always, please let me know if you have any further questions.

SCHOOL	Address	Vision Exam	Ward
CLEMENTE HS	1147 N Western Ave	137	01
DE DIEGO	1313 N Claremont Ave	92	01
ERIE	1405 N Washtenaw Ave	112	01
GOETHE	2236 N Rockwell St	38	01
LASALLE II	1148 N Honore St	67	01
MOOS	1711 N California Ave	127	01
OTIS	525 N Armour St	37	01
PRITZKER	2009 W Schiller St	69	01
SABIN	2216 W Hirsch St	172	01
TALCOTT	1840 W Ohio St	171	01
UNO CHTR- SANTIAGO (ESMERALDA)	2510 W Cortez St	79	01
WELLS HS	936 N Ashland Ave	55	01
YATES	1839 N Richmond St	18	01
COLUMBUS	1003 N Leavitt St	50	02
LOZANO	1501 N Greenview Ave	23	02
NOBLE - NOBLE HS	1010 N Noble St	30	02
ROWE	1424 N Cleaver St	111	02
ACE TECH HS	5410 S State St	53	03
BRONZEVILLE LIGHTHOUSE	8 W Root St	45	03
BURKE	5356 S King Dr	89	03
DRAKE	2710 S Dearborn St	79	03
MOLLISON	4415 S Dr Martin L King Jr Dr	27	03
NATIONAL TEACHERS	55 W Cermak Rd	72	03
PHILLIPS HS	244 E Pershing Rd	151	03
WELLS ES	249 E 37th St	156	03
ARIEL	1119 E 46th St	106	04
DUNBAR HS	3000 S King Dr	37	04
JONES HS	700 S State St	35	04
KING HS	4445 S Drexel Blvd	53	04
ROBINSON	4225 S Lake Park Ave	33	04
U OF C - DONOGHUE	707 E 37th St	123	04
U OF C - NKO	1119 E 46th St	143	04
YOUNG WOMENS HS	2641 S Calumet Ave	29	04
HYDE PARK HS	6220 S Stony Island Ave	164	05
PARKSIDE	6938 S East End Ave	82	05
AMANDLA CHTR	6800 S Stewart Ave	40	06
BROWNELL	6741 S Michigan Ave	127	06
CAMELOT - EXCEL ENGLEWOOD HS	7141 S Morgan	60	06
DENEEN	7240 S Wabash Ave	55	06
HARVARD	7525 S Harvard	242	06
KING ES	644 W 71st St	38	06
RUGGLES	7831 S Prairie Ave	44	06
TANNER	7350 S Evans Ave	89	06
WENTWORTH	1340 W 71st St	55	06
BOUCHET	7355 S Jeffery Blvd	40	07
BOWEN HS	2710 E 89th St	44	07
BRADWELL	7736 S Burnham Ave	141	07
BURNHAM	9928 S Crandon Ave	61	07
CAMELOT SAFE ES	7877 S Coles Ave	51	07
COLES	8441 S Yates Blvd	59	07
GREAT LAKES	8401 S Saginaw Ave	69	07
NOBLE - BAKER HS (ORANGE)	2710 E 89th St	67	07
POWELL	7511 S South Shore Dr	161	07
AVALON PARK	8045 S Kenwood Ave	51	08

SCHOOL	Address	Vision Exam	Ward
BLACK	9101 S Euclid Ave	205	08
CALDWELL	8546 S Cregier Ave	27	08
CHICAGO VOCATIONAL HS	2100 E 87th St	170	08
EARHART	1710 E 93rd St	41	08
HIRSCH HS	7740 S Ingleside Ave	34	08
MADISON	7433 S Dorchester Ave	20	08
MANN	8050 S Chappel Ave	76	08
SMITH	744 E 103rd St	33	08
SOUTH SHORE INTL HS	1955 E 75th St	39	08
ALDRIDGE	630 E 131st St	57	09
BENNETT	10115 S Prairie Ave	80	09
BROWN R	12607 S Union Ave	84	09
CARVER G	901 E 133rd Pl	37	09
CARVER MILITARY HS	13100 S Doty Ave	41	09
CHICAGO COLLEGIATE	11816 S Indiana	38	09
CICS - BOND	13300 S Langley Ave	188	09
CICS - PRAIRIE	11530 S Prairie Ave	113	09
CULLEN	10650 S Eberhart Ave	62	09
DUBOIS	330 E 133rd St	25	09
HARLAN HS	9652 S Michigan Ave	25	09
NOBLE - BUTLER HS (CRIMSON)	821 E 103rd St	54	09
OWENS	12302 S State St	103	09
POE	10538 S Langley Ave	58	09
PULLMAN	11311 S Forrestville Ave	40	09
ADDAMS	10810 S Avenue H	53	10
BRIGHT	10740 S Calhoun Ave	98	10
CLAY	13231 S Burley Ave	77	10
GALLISTEL	10347 S Ewing Ave	184	10
GRISSOM	12810 S Escanaba Ave	40	10
LEARN CHTR - SO CHICAGO	8914 S Buffalo Ave	21	10
MARSH	9822 S Exchange Ave	193	10
NEW SULLIVAN	8331 S Mackinaw Ave	183	10
TAYLOR	9912 S Avenue H	77	10
THORP J	8914 S Buffalo Ave	43	10
WASHINGTON G ES	3611 E 114th St	35	10
WASHINGTON HS	3535 E 114th St	52	10
HEALY	3010 S Parnell Ave	123	11
TILDEN HS	4747 S Union Ave	44	11
WALSH	2015 S Peoria St	152	11
YCCS CHTR- ADDAMS	1814 S Union Ave	144	11
BRIGHTON PARK	3825 S Washtenaw Ave	90	12
BURROUGHS	3542 S Washtenaw Ave	78	12
CALMECA	3456 W 38th St	145	12
EVERETT	3419 S Bell Ave	32	12
GREENE	3525 S Honore St	129	12
HAMMOND	2819 W 21st Pl	196	12
HORIZON-SOUTHWEST CHTR - McKinley Park	2245 W. Pershing Rd.	61	12
KELLY HS	4136 S California Ave	117	12
NAMASTE	3737 S Paulina St	93	12
SAUCEDO	2850 W 24th Blvd	142	12
SPRY ES	2400 S Marshall Blvd	134	12
SPRY HS	2400 S Marshall Blvd	50	12
TELPOCHCALLI	2832 W 24th Blvd	118	12
UNO - CISNEROS	2744 W Pershing Rd	66	12

SCHOOL	Address	Vision Exam	Ward
GRIMES	5450 W 64th Pl	53	13
HALE	6140 S Melvina Ave	120	13
HURLEY	3849 W 69th Pl	31	13
KENNEDY HS	6325 W 56th St	21	13
CHRISTOPHER	5042 S Artesian Ave	48	14
COLUMBIA EXPLORERS	4520 S Kedzie Ave	364	14
EDWARDS	4815 S Karlov Ave	38	14
HERNANDEZ	3510 W 55th St	195	14
PATHWAYS-BRIGHTON PARK HS	3124 W 47th St	20	14
SANDOVAL	5534 S Saint Louis Ave	370	14
SOLORIO HS	5400 S St Louis Ave	23	14
TALMAN	5450 S Talman Ave	126	14
TWAIN	5134 S Lotus Ave	52	14
UNO CHTR - SOCCER ELEM (HOMAN)	5050 S Homan Ave	40	14
BACK OF THE YARDS HS	2111 W 47th St	36	15
CARSON	5516 S Maplewood Ave	382	15
GUNSAULUS	4420 S Sacramento Ave	127	15
HARPER HS	6520 S Wood St	17	15
HEDGES	4747 S Winchester Ave	181	15
HENDERSON	5650 S Wolcott Ave	56	15
LARA	4619 S Wolcott Ave	59	15
SEWARD	4600 S Hermitage Ave	198	15
SHIELDS	4250 S Rockwell St	123	15
BASS	1140 W 66th St	38	16
CICS - BASIL	1816 W Garfield Blvd	243	16
CLAREMONT	2300 W 64th St	97	16
DAVIS M	6730 S Paulina St	39	16
EARLE	2040 W 62nd St	19	16
FAIRFIELD	6201 S Fairfield Ave	47	16
MORRILL	6011 S Rockwell St	47	16
OMBUDSMAN 2 (SOUTH HS)	6057 S Western Ave	18	16
OTOOLE	6550 S Seeley Ave	133	16
BARTON	7650 S Wolcott Ave	118	17
MARQUETTE	6550 S Richmond St	204	17
OGLESBY	7646 S Green St	74	17
RANDOLPH	7316 S Hoyne Ave	33	17
SOUTHSIDE HS	7342 S Hoyne Ave	85	17
TARKINGTON	3330 W 71st St	193	17
WESTCOTT	409 W 80th St	241	17
ASHBURN	8300 S St Louis Ave	40	18
BOGAN HS	3939 W 79th St	51	18
CARROLL	2929 W 83rd St	63	18
DAWES	3810 W 81st Pl	61	18
DURKIN PARK	8445 S Kolin Ave	100	18
HAMPTON	3434 W 77th St	39	18
PATHWAYS - ASHBURN HS	3284 W 87th St	85	18
STEVENSON	8010 S Kostner Ave	179	18
BARNARD	10354 S Charles St	42	19
CASSELL	11314 S Spaulding Ave	32	19
CHICAGO AGRICULTURE HS	3857 W 111th St	41	19
CLISSOLD	2350 W 110th Pl	20	19
ESMOND	1865 W Montvale Ave	80	19
KELLER	3020 W 108th St	50	19
KELLOGG	9241 S Leavitt St	82	19

SCHOOL	Address	Vision Exam	Ward
MORGAN PARK HS	1744 W Pryor Ave	80	19
VANDERPOEL	9510 S Prospect Ave	53	19
CARTER	5740 S Michigan Ave	52	20
CICS - WASHINGTON PARK	110 E 61st St	41	20
DULLES	6311 S Calumet Ave	120	20
HAMLIN	4747 S Bishop St	40	20
HOPE HS	5515 S Lowe Ave	24	20
KIPP CHICAGO - BLOOM	5515 S Lowe Ave	70	20
NOBLE - JOHNSON HS	6350 S Stewart Ave	123	20
PEACE AND EDUCATION HS	4946 S Paulina St	42	20
SHERMAN	1000 W 52nd St	60	20
SHERWOOD	245 W 57th St	79	20
TEAM HS	6201 S Stewart Ave	19	20
TILL	6543 S Champlain Ave	21	20
CICS - LONGWOOD	1309 W 95th St	50	21
CICS - LOOMIS	9535 S Loomis St	62	21
CUFFE	8324 S Racine Ave	72	21
GREEN	1150 W 96th St	72	21
GRESHAM	8524 S Green St	42	21
JACKSON M	917 W 88th St	88	21
KIPLING	9351 S Lowe Ave	113	21
LEARN - PERKINS	1700 W 83rd St	122	21
LENART	8101 S LaSalle St	74	21
NOBLE - HANSBERRY HS (SILVER)	8748 S Aberdeen St	90	21
PERSPECTIVES - LEADERSHIP HS	8131 S May St	46	21
TURNER-DREW	9300 S Princeton Ave	40	21
CARDENAS	2345 S Millard Ave	35	22
CASTELLANOS	2524 S Central Park Ave	34	22
CORKERY	2510 S Kildare Ave	105	22
FARRAGUT HS	2345 S Christiana Ave	109	22
GARY	3740 W 31st St	243	22
HEARST	4640 S Lamon Ave	78	22
INFINITY HS	3120 S Kostner Ave	117	22
LITTLE VILLAGE	2620 S Lawndale Ave	119	22
MADERO	3202 W 28th St	64	22
MCCORMICK	2712 S Sawyer Ave	222	22
MULTICULTURAL HS	3120 S Kostner Ave	39	22
ORTIZ DE DOMINQUEZ	3000 S Lawndale Ave	139	22
SOCIAL JUSTICE HS (GREATER LAWNSDALE)	3120 S Kostner Ave	62	22
WHITNEY	2815 S Komensky Ave	182	22
WORLD LANGUAGE HS	3120 S Kostner Ave	99	22
ZAPATA	2728 S Kostner Ave	90	22
HUBBARD HS	6200 S Hamlin Ave	60	23
COLLINS HS	1313 S Sacramento Dr	61	24
CROWN	2128 S Saint Louis Ave	77	24
FRAZIER CHARTER	3711 W Douglas Blvd	108	24
FRAZIER PROSPECTIVE	4027 W Grenshaw St	29	24
GREGORY	3715 W Polk St	79	24
HUGHES C	4247 W 15th St	72	24
JOHNSON	1420 S Albany Ave	72	24
KIPP - ASCEND	1616 S Avers Ave	39	24
LAWNSDALE	3500 W Douglas Blvd	80	24
LEGACY	4217 W 18th St	106	24
MAGIC JOHNSON ACADEMY- N LAWNSDALE HS	3222 W Roosevelt Rd	21	24

SCHOOL	Address	Vision Exam	Ward
MASON	4217 W 18th St	78	24
NOBLE - DRW HS (PURPLE)	931 S Homan Ave	134	24
NORTH LAWDALE - CHRISTIANA HS	1615 S Christiana Ave	35	24
NORTH LAWDALE - COLLINS HS	1313 S Sacramento Dr	20	24
PENN	1616 S Avers Ave	95	24
SUMNER	4320 W 5th Ave	122	24
UNO CHTR - PAZ (OCTAVIO)	2651 W 23rd St	33	24
WEBSTER	4055 W Arthington St	77	24
YORK HS	2700 S California Ave	47	24
CHICAGO VIRTUAL	38 S Peoria St	22	25
COOPER	1624 W 19th St	225	25
FINKL	2332 S Western Ave	119	25
GALILEO	820 S Carpenter St	122	25
INSTITUTO - LOZANO MASTERY HS	2520 S Western Ave	19	25
INSTITUTO -HEALTH	2520 S Western Ave	34	25
INSTITUTO LOZANO HS	2570 S Blue Island Ave	50	25
JUAREZ HS	2150 S Laflin St	98	25
JUNGMAN	1746 S Miller St	39	25
OROZCO	1940 W 18th St	76	25
PEREZ	1241 W 19th St	97	25
PICKARD	2301 W 21st Pl	198	25
PILSEN	1420 W 17th St	24	25
RUIZ	2410 S Leavitt St	55	25
SMYTH	1059 W 13th St	38	25
UNO CHTR-DE LAS CASAS	1641 W 16th St	40	25
URBAN PREP - WEST HS	1326 W 14th Pl	37	25
WHITTIER	1900 W 23rd St	50	25
CAMERON	1234 N Monticello Ave	124	26
CASALS	3501 W Potomac Ave	42	26
CHOPIN	2450 W Rice St	131	26
FUNSTON	2010 N Central Park Ave	251	26
LOWELL	3320 W Hirsch St	41	26
MARINE LEADERSHIP AT AMES HS	1920 N Hamlin Ave	144	26
MCAULIFFE	1841 N Springfield Ave	74	26
MITCHELL	2233 W Ohio St	39	26
NOBEL	4127 W Hirsch St	87	26
YCCS CHTR-ASSOCIATION HOUSE	1116 N Kedzie,	30	26
YCCS CHTR-CAMPOS	2739 W Divison STREET	88	26
BEIDLER	3151 W Walnut St	90	27
BROWN W	54 N Hermitage Ave	70	27
CATHER	2908 W Washington Blvd	89	27
CICS - CHICAGOQUEST HS	1443 N Ogden Ave	15	27
CRANE MEDICAL HS	2245 W Jackson Blvd	67	27
DETT	2131 W Monroe St	43	27
DODGE	431 N Troy St	22	27
FRANKLIN	225 W Evergreen Ave	79	27
HOPE INSTITUTE	1628 W Washington Blvd	182	27
JENNER	1119 N Cleveland Ave	96	27
LEARN - 7	3021 W Carroll Ave	42	27
LEARN - CAMPBELL	212 S Francisco Ave	80	27
LEARN - EXCEL	3021 W Carroll Ave	36	27
MANIERRE	1420 N Hudson Ave	66	27
NOBLE - GOLDER HS	1454 W Superior St	61	27
NOBLE - ROWE CLARK HS	3645 W Chicago Ave	57	27

SCHOOL	Address	Vision Exam	Ward
POLARIS	620 N Sawyer Ave	87	27
PROLOGUE - EARLY COLLEGE	1135 N Cleaver Ave	5	27
SALAZAR	160 W Wendell St	79	27
WARD L	646 N Lawndale Ave	59	27
YCCS CHTR-WEST TOWN	500 N Sacramento Blvd	44	27
YOUNG HS	211 S Laflin St	86	27
CHALMERS	2745 W Roosevelt Rd	96	28
ERICSON	3600 W 5th Ave	43	28
FARADAY	3250 W Monroe St	122	28
IRVING	749 S Oakley Blvd	59	28
JACKSON A	1340 W Harrison St	105	28
JENSEN	3030 W Harrison St	26	28
KELLMAN	3030 W Arthington St	71	28
LEGAL PREP HS	4319 W Washington Blvd	43	28
LOCKE A	3141 W Jackson Blvd	211	28
MANLEY HS	2935 W Polk St	68	28
MARSHALL HS	3250 W Adams St	35	28
MELODY	3937 W Wilcox St	121	28
MOVING EVEREST	415 N Laramie AVENUE	106	28
NOBLE - UIC HS	1231 S Damen Ave	46	28
OMBUDSMAN 3 (WEST)	2401 W Congress Pkwy	22	28
PLAMONDON	2642 W 15th Pl	23	28
RABY HS	3545 W Fulton Blvd	38	28
SPENCER	214 N Lavergne Ave	183	28
STEM	1522 W Fillmore St	124	28
BRUNSON	932 N Central Ave	98	29
BURBANK	2035 N Mobile Ave	162	29
CATALYST - CIRCLE ROCK	5608 W Washington Blvd	50	29
CLARK ES	1045 S Monitor Ave	62	29
CLARK HS	5101 W Harrison St	20	29
DEPRIEST	139 S Parkside Ave	82	29
ELLINGTON	243 N Parkside Ave	42	29
LELAND	512 S Lavergne Ave	104	29
LOVETT	6333 W Bloomingdale Ave	85	29
SAYRE	1850 N Newland Ave	83	29
UNO CHTR - CLEMENTE (NEAR WEST)	2050 N Natchez Ave	131	29
YOUNG ES	1434 N Parkside Ave	182	29
ASPIRA - BUSINESS & FINANCE HS	2989 N Milwaukee Ave	18	30
ASPIRA - EARLY COLLEGE HS	3986 W Barry Ave	51	30
CAMRAS	3000 N Mango Ave	104	30
INTRINSIC HS	4540 W Belmont Ave	50	30
LORCA	3231 N Springfield Ave	250	30
LYON	2941 N McVicker Ave	37	30
NOBLE - ITW SPEER HS	2456 N Mango Ave	135	30
REILLY	3650 W School St	233	30
SCAMMON	4201 W Henderson St	211	30
FALCONER	3020 N Lamon Ave	161	31
FOREMAN HS	3235 N LeClaire Ave	34	31
SCHUBERT	2727 N Long Ave	110	31
ALCOTT HS	2957 N Hoyne Ave	25	32
BRENTANO	2723 N Fairfield Ave	62	32
BURLEY	1630 W Barry Ave	62	32
BURR	1621 W Wabansia Ave	25	32
CICS - BUCKTOWN	2235 N Hamilton Ave	194	32

SCHOOL	Address	Vision Exam	Ward
DARWIN	3116 W Belden Ave	44	32
JAHN	3149 N Wolcott Ave	67	32
PRESCOTT	1632 W Wrightwood Ave	62	32
PULASKI	2230 W McLean Ave	99	32
ALBANY PARK	4929 N Sawyer Ave	74	33
BATEMAN	4220 N Richmond St	91	33
CICS - IRVING PARK	3820 N Spaulding Ave	108	33
CLEVELAND	3121 W Byron St	125	33
HIBBARD	3244 W Ainslie St	114	33
NORTH RIVER	4416 N Troy St	57	33
PATHWAYS IN EDUCATION- AVONDALE HS	3100 W Belmont Ave	16	33
ROOSEVELT HS	3436 W Wilson Ave	168	33
VON LINNE	3221 N Sacramento Ave	50	33
CAMELOT - CHICAGO EXCEL HS	1257 W 111th St	22	34
DUNNE	10845 S Union Ave	76	34
EVERS	9811 S Lowe Ave	108	34
FENGER HS	11220 S Wallace St	21	34
FERNWOOD	10041 S Union Ave	47	34
FOUNDATIONS	1233 W 109th Pl	20	34
GARVEY	10309 S Morgan St	19	34
HALEY	11411 S Eggleston Ave	75	34
HIGGINS	11710 S Morgan St	97	34
HUGHES L	240 W 104th St	88	34
LAVIZZO	138 W 109th St	141	34
METCALFE	12339 S Normal Ave	106	34
WACKER	9746 S Morgan St	94	34
WHISTLER	11533 S Ada St	55	34
WHITE	1136 W 122nd St	50	34
ASPIRA HAUGAN	3729 W Leland Ave	47	35
HAUGAN	4540 N Hamlin Ave	187	35
HENRY	4250 N Saint Louis Ave	215	35
LOGANDALE	3212 W George St	96	35
MONROE	3651 W Schubert Ave	36	35
MOZART	2200 N Hamlin Ave	84	35
MURPHY	3539 W Grace St	99	35
NIXON	2121 N Keeler Ave	107	35
BELMONT-CRAGIN	5252 W Palmer St	221	36
CHICAGO ACADEMY ES	3400 N Austin Ave	61	36
CHICAGO ACADEMY HS	3400 N Austin Ave	25	36
CHRISTOPHER HOUSE	5235 W Belden Ave	59	36
CICS - WEST BELDEN	2245 N McVicker Ave	99	36
HANSON PARK	5411 W Fullerton Ave	594	36
LOCKE J	2828 N Oak Park Ave	104	36
NORTH-GRAND HS	4338 W Wabansia Ave	87	36
NORTHWEST	5252 W Palmer St	349	36
PRIETO	2231 N Central Ave	117	36
PROSSER HS	2148 N Long Ave	128	36
REINBERG	3425 N Major Ave	43	36
STEINMETZ HS	3030 N Mobile Ave	40	36
AUSTIN BUS & ENTRP HS	231 N Pine Ave	14	37
AUSTIN POLY HS	231 N Pine Ave	22	37
HAY	1018 N Laramie Ave	46	37
KIPP CHICAGO - CREATE	4818 W Ohio St	62	37
LEWIS	1431 N Leamington Ave	142	37

SCHOOL	Address	Vision Exam	Ward
MCNAIR	4820 W Walton St	46	37
NASH	4837 W Erie St	52	37
PICCOLO	1040 N Keeler Ave	102	37
VOISE HS	231 N Pine Ave	28	37
DEVER	3436 N Osceola Ave	33	38
PORTAGE PARK	5330 W Berteau Ave	42	38
SMYSER	4310 N Melvina Ave	82	38
THORP O	6024 W Warwick Ave	126	38
VAUGHN HS	4355 N Linder Ave	22	38
BELDING	4257 N Tripp Ave	238	39
CICS - NORTHTOWN HS	3900 W Peterson Ave	75	39
NORTHSIDE LEARNING HS	3730 W Bryn Mawr Ave	19	39
PALMER	5051 N Kenneth Ave	176	39
PETERSON	5510 N Christiana Ave	244	39
SAUGANASH	6040 N Kilpatrick Ave	43	39
VOLTA	4950 N Avers Ave	197	39
VON STEUBEN HS	5039 N Kimball Ave	40	39
AHS - PASSAGES	1643 W Bryn Mawr Ave	90	40
AMUNDSEN HS	5110 N Damen Ave	91	40
BUDLONG	2701 W Foster Ave	125	40
CHAPPELL	2135 W Foster Ave	108	40
CLINTON	6110 N Fairfield Ave	64	40
JAMIESON	5650 N Mozart St	50	40
MATHER HS	5835 N Lincoln Ave	82	40
NORTHSIDE PREP	5501 N Kedzie Ave	21	40
DIRKSEN	8601 W Foster Ave	101	41
GARVY	5225 N Oak Park Ave	140	41
OMBUDSMAN 1 HS (NORTHWEST)	7500 N Harlem Ave	28	41
ONAHAN	6634 W Raven St	57	41
STOCK	7507 W Birchwood Ave	26	41
TAFT HS	6530 W Bryn Mawr Ave	140	41
WILDWOOD	6950 N Hiawatha Ave	90	41
NOBLE - ACADEMY HS	17 N State St	37	42
ALCOTT ES	2625 N Orchard St	71	43
LINCOLN	615 W Kemper Pl	130	43
LINCOLN PARK HS	2001 N Orchard St	94	43
NEWBERRY	700 W Willow St	89	43
AGASSIZ	2851 N Seminary Ave	48	44
HAWTHORNE	3319 N Clifton Ave	38	44
INTER-AMERICAN	851 W Waveland Ave	30	44
BEARD	6445 W Strong St	55	45
BEAUBIEN	5025 N Laramie Ave	23	45
DISNEY II ES	3815 N Kedvale Ave	85	45
DISNEY II HS	3900 N Lawndale Ave	22	45
FARNSWORTH	5414 N Linder Ave	107	45
HITCH	5625 N McVicker Ave	102	45
MARSHALL MIDDLE	3900 N Lawndale Ave	28	45
PRUSSING	4650 N Menard Ave	27	45
SCHURZ HS	3601 N Milwaukee Ave	89	45
BRENNEMAN	4251 N Clarendon Ave	83	46
GREELEY	832 W Sheridan Rd	158	46
MCCUTCHEON	4865 N Sheridan Rd	43	46
UPLIFT HS	900 W Wilson Ave	80	46
BELL	3730 N Oakley Ave	88	47

SCHOOL	Address	Vision Exam	Ward
COONLEY	4046 N Leavitt St	115	47
DEVRY HS	3300 N Campbell Ave	67	47
HAMILTON	1650 W Cornelia Ave	41	47
LAKE VIEW HS	4015 N Ashland Ave	37	47
LANE TECH HS	2501 W Addison St	170	47
MCPHERSON	4728 N Wolcott Ave	440	47
RAVENSWOOD	4332 N Paulina St	29	47
WATERS	4540 N Campbell Ave	31	47
GOUDY	5120 N Winthrop Ave	23	48
HAYT	1518 W Granville Ave	356	48
PEIRCE	1423 W Bryn Mawr Ave	66	48
RICKOVER MILITARY HS	5900 N Glenwood Ave	38	48
SENN HS	5900 N Glenwood Ave	128	48
SWIFT	5900 N Winthrop Ave	122	48
CHICAGO MATH & SCIENCE HS	7212 N Clark St	38	49
FIELD	7019 N Ashland Ave	42	49
GALE	1631 W Jonquil Ter	94	49
JORDAN	7414 N Wolcott Ave	114	49
KILMER	6700 N Greenview Ave	289	49
SULLIVAN HS	6631 N Bosworth Ave	87	49
UNO - ROGERS PARK	7416 N Ridge Ave	128	49
ARMSTRONG G	2110 W Greenleaf Ave	44	50
BOONE	6710 N Washtenaw Ave	364	50
DECATUR	7030 N Sacramento Ave	62	50
ROGERS	7345 N Washtenaw Ave	78	50
STONE	6239 N Leavitt St	114	50
WEST RIDGE	6700 N Whipple St	264	50



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-21 Dowell – Funding Levels for Child Advocacy Centers

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Pat Dowell asked for 2016 and 2017 CDPH funding levels for the Chicago Children's Advocacy Center (CCAC), including an overview of the program and the number of clients served.

CCAC is the city's only Advocacy Center and is the primary point of contact for trauma informed forensic investigations of child sexual assault. Beyond its role in the investigation process, CCAC has expanded its capacity to offer trauma informed clinical individual and family therapy to children who have suffered sexual assault.

CCAC was funded at \$250,000 for 2016 and YTD has served:
77 Children, 105 Parents and provided 1,431 Clinical service hours to individual victims.

Level funding is recommended for 2017 in the amount of \$250,000

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-22 Foulkes - Hospital Collaborative

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Foulkes asked for an Overview of the Healthy Chicago Hospital Collaborative, including member list and locations.

The Healthy Chicago Hospital Collaborative ("the Collaborative") is a partnership between Health & Disability Advocates, the Chicago Department of Public Health, and hospitals and health systems across Chicago, as shown in the following list. The Collaborative strives to promote a collective impact on health outcomes in the City of Chicago through an environment that fosters learning, sharing of resources, data and best practices. Priority areas of focus for the Collaborative include access to care, mental health, school partnerships, and social determinants of health such as housing. The Collaborative is made possible by generous support from the Otho S.A Sprague Memorial Institute and the Polk Bros Foundation.

Members of the Healthy Chicago Hospital Collaborative:

Advocate Health System
Advocate Children's Hospital
Advocate Christ Hospital
Advocate Illinois Masonic Medical Center
Advocate Trinity Hospital

Ann and Robert H. Lurie Children's Hospital
Cook County Health & Hospitals System
 John H. Stroger Jr. Hospital of Cook County
 Provident Hospital of Cook County
La Rabida Children's Hospital
Little Company of Mary Hospital
Loretto Hospital
Mercy Hospital and Medical Center
Northwestern Memorial Hospital
New Roseland Hospital
Presence Health System
 Presence Resurrection Medical Center
 Presence St Francis Hospital
 Presence St. Joseph Hospital
 Presence St Mary & Elizabeth
Rush University Medical Center
Saint Anthony Hospital
Sinai Health System
 Holy Cross Hospital
 Mount Sinai Hospital
 Schwab Rehabilitation Hospital
Swedish Covenant Hospital
University of Chicago Medicine
University of Illinois Hospital & Health Sciences System

A list of addresses for these hospitals is included in Exhibit A, below.

As always, please let me know if you have any further questions.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin
Chair, Committee on Budget & Government Operations

From: Julie Morita, M.D.
Commissioner
Chicago Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-23 Cappleman – Safety Net Mental Health Clinics

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Cappleman asked for a map and number of safety net mental health providers in Chicago. To respond to this, CDPH created a map and a list of the 339 safety net mental health sites in Chicago, which include a wide variety of types of services and providers.

As always, please let me know if you have any further questions.

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Behavioral Services Center Substance Abuse Services		161 North Clark St	Chicago	IL	60601	Other
Children's Research Triangle (CRT)	Children's Research Triangle	70 E. Lake St, Suite 1300	Chicago	IL	60601	Outpatient mental health facilities
Insight Behavioral Health Centers	Insight Behavioral Health Centers	333 N. Michigan Avenue, Suite 1900	Chicago	IL	60601	Partial hospitalization/day treatment facility
Meier Clinics of Chicago	Meier Clinics of Chicago	180 North Michigan Avenue #2408	Chicago	IL	60601	Outpatient mental health facilities
Rape Victim Advocates	Rape Victim Advocates	180 N. Michigan Ave. Suite 600	Chicago	IL	60601	Other
Chicago Institute for Psychoanalysis	Institute for Psychoanalysis	122 S Michigan Ave	Chicago	IL	60603	Outpatient mental health facilities
The Family Institute at Northwestern University	The Family Institute at Northwestern University	8 S. Michigan Avenue, Suite 500	Chicago	IL	60603	Outpatient mental health facilities
Chicago Center for Family Health		20 N Wacker Drive	Chicago	IL	60606	Other

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
McDermott Center dba Haymarket Center	Integrated Care Program (ICP)	120 N. Sangamon Street, 5th Floor	Chicago	IL	60607	Community mental health center Primarily provides substance abuse services, but has some mental health services
McDermott Center dba Haymarket Center	Men Integrated Treatment (MIT)	108 N. Sangamon Street, 4th Floor	Chicago	IL	60607	Primarily provides substance abuse services, but has some mental health services
McDermott Center dba Haymarket Center	Men Medically Monitored Detoxification Services	120 N. Sangamon Street 1st Floor	Chicago	IL	60607	Primarily provides substance abuse services, but has some mental health services
McDermott Center dba Haymarket Center	Women Integrated Treatment (WIT)	108 N. Sangamon, 5th Floor	Chicago	IL	60607	Primarily provides substance abuse services, but has some mental health services
McDermott Center dba Haymarket Center	Women Medically Monitored Detoxification Program	124 N. Sangamon Street 6th Floor	Chicago	IL	60607	Primarily provides substance abuse services, but has some mental health services
Mercy Home for Boys & Girls	Hay Campus at Mercy Home for Boys & Girls	1140 W. Jackson Blvd.	Chicago	IL	60607	Residential treatment center for children
Mercy Home for Boys & Girls	Mercy Home for Boys & Girls	1140 W. Jackson Blvd	Chicago	IL	60607	Residential treatment center for children
Office of Applied Psychological Services at UIC	Office of Applied Psychological Services at UIC	1007 West Harrison St, 3011 BSB	Chicago	IL	60607	Outpatient mental health facilities

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
TASC (Treatment Alternatives for Safe Communities)	TASC Clinton Street Office	700 S Clinton St.	Chicago	IL	60607	Primarily provides substance abuse services, but has some mental health services
A Safe Haven	Main	2750 W Roosevelt Rd	Chicago	IL	60608	Primarily provides substance abuse services, but has some mental health services
Access Community Health Network	Access at Sinai	2653 W. Ogden Ave	Chicago	IL	60608	FQHC
Access Community Health Network	Cabrini Family Health Center	3450 S Archer Ave	Chicago	IL	60608	FQHC
Alivio Medical Center	Alivio Medical Center	2355 S. Western Ave.	Chicago	IL	60608	FQHC
Alivio Medical Center	Alivio Medical Center-Morgan	966 W. 21st St.	Chicago	IL	60608	FQHC
Chicago Department of Public Health	Lawndale Mental Health	1201 S. Campbell	Chicago	IL	60608	Outpatient mental health facilities
Esperanza Health Centers	Esperanza California	2001 S California Ave	Chicago	IL	60608	FQHC

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Mount Sinai Medical Center - Behavioral health	Mount Sinai Medical Center - Behavioral Health	1500 S Fairfield Ave	Chicago	IL	60608	Hospital Primarily provides violence prevention or intervention services, but has some mental health services
Mujeres Latinas en Accion	Mujeres Latinas en Accion	2124 W. 21 Place,	Chicago	IL	60608	Other
Pilsen Wellness Center	ICM/CILA	2316 S Damen Ave	Chicago	IL	60608	Other
Pilsen Wellness Center	LYHS	2001 S California Ave	Chicago	IL	60608	Other
Pilsen Wellness Center	ORC	2015 W Cermak	Chicago	IL	60608	Other
Pilsen Wellness Center	Pilsen INN	2635 W 23rd St	Chicago	IL	60608	Other
Pilsen Wellness Center	Pilsen Wellness Center Administration Office	2319 S Damen	Chicago	IL	60608	Outpatient mental health facilities Primarily provides violence prevention or intervention services, but has some mental health services
St. Pius V parish	St. Pius V parish	1919 S. Ashland	Chicago	IL	60608	Other

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
TASC (Treatment Alternatives for Safe Communities)	TASC Roosevelt Road Office	2320 W Roosevelt Rd.	Chicago	IL	60608	Other
Access Community Health Network	ashland family health center	5159 S Ashland Ave	Chicago	IL	60609	FQHC
Access Community Health Network	Grand Blvd. family health center	5401 S. Wentworth	Chicago	IL	60609	FQHC
Chicago Treatment & Counseling Center	Chicago Treatment & Counseling Center #1	3520 S. Ashland Ave	Chicago	IL	60609	Primarily provides substance abuse services, but has some mental health services
ChildServ	Wentworth	5401 S Wentworth	Chicago	IL	60609	Outpatient mental health facilities
Thresholds	Bridge South	734 W 47th Street	Chicago	IL	60609	Not office based/outreach in the community
Deborah's Place	Dolores' Safe Haven	1530 N. Sedgwick	Chicago	IL	60610	Other
Deborah's Place	Patty Crowley Apartments	1530 N. Sedgwick	Chicago	IL	60610	Other

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Deborah's Place	Teresa's Interim Housing	1530 N. Sedgwick	Chicago	IL	60610	Other
Hazelden Betty Ford Foundation in Chicago	Hazelden Betty Ford Foundation in Chicago	867 N. Dearborn	Chicago	IL	60610	Primarily provides substance abuse services, but has some mental health services
Near North Health Services Corporation	Winfield Moody Health Center	1276 N. Clybourn	Chicago	IL	60610	FQHC
Planned Parenthood of Illinois	Near North Health Center	1200 N. LaSalle St	Chicago	IL	60610	Other
Catholic Charities Holbrook Counseling Center	Holy Name Cathedral	730 N. Wabash	Chicago	IL	60611	Outpatient mental health facilities
Insight Behavioral Health Centers	Insight Behavioral Health Centers	200 East Ohio Street	Chicago	IL	60611	Residential treatment center for adults
Lurie Children's Hospital		225 E Chicago Ave	Chicago	IL	60611	Hospital
Northwestern Memorial Hospital	Stone Mental Health Center	446 E Ontario Suite 6-200	Chicago	IL	60611	Outpatient mental health facilities

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Above and Beyond Family Recovery Center	Above and Beyond Family Recovery Center	2942 W. Lake St.	Chicago	IL	60612	Primarily provides substance abuse services, but has some mental health services
Access Community Health Network	warren family health center	2409 W Warren Blvd	Chicago	IL	60612	FQHC
Bobby E. Wright Comprehensive Behavioral Health Center, Inc.	Bobby E. Wright Comprehensive Behavioral Health Center, Inc.	9 S. Kedzie	Chicago	IL	60612	Multi-setting mental health facility
Chicago Recovery Alliance	Chicago Recovery Alliance	3110 W Taylor St	Chicago	IL	60612	Not office based/outreach in the community
Children's Home and Aid	Children's Home and Aid	100 N Western	Chicago	IL	60612	Outpatient mental health facilities
Cook County Health and Hospital System	Fantus Health Center	1901 W. Harrison St.	Chicago	IL	60612	County Clinic
Cook County Health and Hospital System	Ruth M. Rothstein CORE Center	2020 W Harrison St	Chicago	IL	60612	County Clinic
Cook County Health and Hospital System	Stroger Hospital of Cook County	1969 W Ogden Ave	Chicago	IL	60612	Hospital

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Cook County Health and Hospital System	Stroger Hospital of Cook County	1901 W Harrison St	Chicago	IL	60612	Outpatient mental health facilities
CORE center of Cook County Health and hospital system	Ruth M. Rothstein CORE Center	2020 W. Harrison	Chicago	IL	60612	Community mental health center
Deborah's Place	Rebecca Johnson Apartments	2822 W. Jackson	Chicago	IL	60612	Other
Jesse Brown VA Medical Center		820 South Damen Ave	Chicago	IL	60612	Hospital
Renaissance Social Services	Main Office	333 N. Oakley Blvd., Suite #101	Chicago	IL	60612	Not office based/outreach in the community
Rush University Medical Center Department of Psychiatry	Ambulatory Behavioral Health Clinics, Department of Psychiatry, Rush University Medical Center	2150 W. Harrison St	Chicago	IL	60612	Outpatient mental health facilities
Rush University Medical Center Department of Psychiatry at Westgate	Department of Psychiatry at Westgate	1653 W Congress Pkwy	Chicago	IL	60612	Private Practice (Group)-Sliding Scale Primarily provides substance abuse services, but has some mental health services
St, Leonard's Ministries	St. Leonard's House	2100 W Warren Blvd	Chicago	IL	60612	

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
St. Leonard's Ministries	Grace House	1801 W Adams	Chicago	IL	60612	Other type of residential treatment facility
Thresholds	Veterans Program	2240 W Ogden	Chicago	IL	60612	Not office based/outreach in the community
UIC Office of COmmunity Engagement and Neighborhood Health Partnerships	Hope Health and Wellness Center	1628 W Washington	Chicago	IL	60612	Other
University of Illinois - CHECK	UIC - CHECK	840 S Wood Street, 13th Floor	Chicago	IL	60612	Other
University of Illinois Hospital & Clinics	University of Illinois Hospital & Clinics	1740 W. Taylor Street	Chicago	IL	60612	Outpatient mental health facilities
American Indian Health Service of Chicago, Inc.	American Indian Health Service of Chicago, Inc.	4087 N. Broadway	Chicago	IL	60613	Other
Apna Ghar, Inc.	Apna Ghar, Inc.	4350 N Broadway, 2nd Floor	Chicago	IL	60613	Other
Center on Halsted	Center on Halsted	3656 N Halsted St.	Chicago	IL	60613	Community mental health center

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Erie Family Health Center	Erie Lakeview	4015 North Ashland Avenue	Chicago	IL	60613	FQHC
Howard Brown Health Health Center	Howard Brown Health	4025 N. Sheridan	Chicago	IL	60613	FQHC
Thorek Hospital and Medical Center	Thorek Hospital and Medical Center	850 W. Irving Park Rd.	Chicago	IL	60613	Hospital
Thresholds	Bridge Central North	4101 N Ravenswood Ave	Chicago	IL	60613	Not office based/outreach in the community
Thresholds	Bridge North	4101 N Ravenswood Ave	Chicago	IL	60613	Not office based/outreach in the community
Thresholds	Deaf Program	4101 N Ravenswood Ave	Chicago	IL	60613	Not office based/outreach in the community
Thresholds	Justice	4101 N Ravenswood Ave	Chicago	IL	60613	Not office based/outreach in the community
Access Community Health Network	Access at anixter	2020 N Clybourn Ave	Chicago	IL	60614	FQHC

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Anixter Center	Anixter Center	2032 N Clybourn Ave	Chicago	IL	60614	Outpatient mental health facilities
Anixter Center, Lester and Rosalie	Anixter Center (2001 N Clybourn)	2001 N Clybourn	Chicago	IL	60614	Other
Anixter Center, Lester and Rosalie	Anixter Center (2032 N Clybourn)	2032 N Clybourn	Chicago	IL	60614	Other
Anixter Center, Lester and Rosalie	Anixter Center at Schwab	2020 N Clybourn Ave	Chicago	IL	60614	Other
DePaul Family and Community Services	DePaul Family and Community Services	2218 N Kenmore Ave Suite 300	Chicago	IL	60614	Outpatient mental health facilities
Cook County Health and Hospital System	John Sengstacke Health Center	500 E. 51st St.	Chicago	IL	60615	County Clinic
Cook County Health and Hospital System	Provident Hospital	500 E 51st St	Chicago	IL	60615	Hospital
Heartland Human Care Services	Heartland Human Care Servcies	1709 E 53rd Street	Chicago	IL	60615	Other

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Human Resources Development Institute	Bakeman Leadership Institute/Brass 1	340 East 51st Street	Chicago	IL	60615	Primarily provides substance abuse services, but has some mental health services
Thresholds	Southside Housing	5493 S Cornell Ave #99	Chicago	IL	60615	Residential treatment center for adults Primarily provides substance abuse services, but has some mental health services
UPTOWN DUI SERVICES	UPTOWN DUI SERVICES	1525 East 53rd Street, Suite 411	Chicago	IL	60615	Primarily provides substance abuse services, but has some mental health services
Mercy Hospital and Medical Center		2525 S Michigan Ave	Chicago	IL	60616	Hospital
Midwest Asian Health Association	Midwest Asian Health Association	230 W. Cermak, 2nd Floor	Chicago	IL	60616	Community mental health center
Access Community Health Network	brandon family health center	8300 S Brandon Ave	Chicago	IL	60617	FQHC Primarily provides substance abuse services, but has some mental health services
Alexian Brothers Bettendorf Place	Bettendorf Place	8425 South Saginaw	Chicago	IL	60617	Primarily provides substance abuse services, but has some mental health services
Aunt Martha's Youth Service Center	South East-side Alcohol and Drug Abuse Center – SEADAC.	8640 S. Chicago Ave	Chicago	IL	60617	Primarily provides substance abuse services, but has some mental health services

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Chicago Family Health Center	Chicago Family Health Center, LLC	9119 S Exchange Ave	Chicago	IL	60617	FQHC
Claretian Associates	Claretian Associates	9108 S. Brandon	Chicago	IL	60617	Not office based/outreach in the community
Metropolitan Family Services	Metropolitan Family Services	3062 E 91st St	Chicago	IL	60617	Community mental health center
South Shore Hospital	SOUTH SHORE HOSPITAL	8012 S Crandon Ave	Chicago	IL	60617	Hospital
Korean American Community Services	Korean American Community Services	4300 N. California Avenue	Chicago	IL	60618	Primarily provides violence prevention or intervention services, but has some mental health services
Lutheran Social Services of Illinois (LSSI)	Hutchinson Group Home	3348 West Hutchinson	Chicago	IL	60618	Other
Rincon Family Services	Rincon Family Services	3710 North Kedzie Avenue	Chicago	IL	60618	Other
Rincon Family Services	Rincon Family Services	3710 North Kedzie Avenue	Chicago	IL	60618	Outpatient mental health facilities

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Parent Organization	Facility	Address	City	State	Zip	Type
THE KEDZIE CENTER	THE KEDZIE CENTER	4141 N. Kedzie #2	Chicago	IL	60618	Community mental health center
Thresholds	Loren Juhl Young Adult	4219 N Lincoln Ave	Chicago	IL	60618	Residential treatment center for adults
Access Community Health Network	Access at gary comer	7200 S Ingleside Ave	Chicago	IL	60619	FQHC Primarily provides substance abuse services, but has some mental health services
Drexel Counseling Services	Drexel Counseling Services, Inc.	936 E. 93rd Street	Chicago	IL	60619	Outpatient mental health facilities
Drexel Counseling Services Inc.	Drexel Counseling Services (93rd St)	936 E. 93rd Street	Chicago	IL	60619	Outpatient mental health facilities
Drexel Counseling Services Inc.	Hardin House (Lawrence)	7249 S St Lawrence Ave	Chicago	IL	60619	Outpatient mental health facilities Primarily provides substance abuse services, but has some mental health services
EMAGES, Inc	EMAGES, Inc	110 E. 79th Street	Chicago	IL	60619	Outpatient mental health service
Gilead Behavioral Health		132 East 79th Street	Chicago	IL	60619	outpatient mental health service

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Parent Organization	Facility	Address	City	State	Zip	Type
Lakeside Community Committee	Lakeside Community Committee	7418 S. Cottage Grove Ave	Chicago	IL	60619	Community mental health center
TCA Health, chatham	TCA health@ chatham	8425 S. Cottage Grove	Chicago	IL	60619	FQHC
Thresholds	Southside Community Integration	8741 S Greenwood Ste 206	Chicago	IL	60619	Not office based/outreach in the community
Children's Research Triangle (CRT)	SOS Children's Village	7600 S. Parnell	Chicago	IL	60620	Outpatient mental health facilities
Drexel Counseling Services Inc.	Hardin House (Eggeleston)	7528 S Eggleston Ave	Chicago	IL	60620	Outpatient mental health facilities
FOLA COMMUNITY ACTION SERVICES, INC.	FOLA COMMUNITY ACTION SERVICES, INC	8014-8018 S. Ashland	Chicago	IL	60620	Primarily provides substance abuse services, but has some mental health services
Human Resources Development Institute	ACT	1140 W. 79th Street	Chicago	IL	60620	Community mental health center
Universal Family Connection, Inc.	Universal Family Connection, Inc. 79th Street	7949 S. Western Avenue	Chicago	IL	60620	Primarily provides violence prevention or intervention services, but has some mental health services

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Parent Organization	Facility	Address	City	State	Zip	Type
Beloved Community Family Wellness Center	Beloved Community Family Wellness Center	6821 S. Halsted Street	Chicago	IL	60621	FQHC
Chicago Department of Public Health	Englewood Mental Health Center	641 West 63rd Street	Chicago	IL	60621	Community mental health center
Chicago Recovery Alliance	Chicago Recovery Alliance	1114 W 63rd Street	Chicago	IL	60621	Not office based/outreach in the community
CommunityHealth	Englewood	641 W. 63rd St	Chicago	IL	60621	Other
Cook County Health and Hospital System	Englewood Health Center	1135 W. 69th St.	Chicago	IL	60621	County Clinic
Primo Center for Women and Children	Interim Housing II	1609 S. Homan Ave	Chicago	IL	60621	Other
Saint Bernard Hospital		326 W 64th St	Chicago	IL	60621	Hospital
SGA Youth & Family Services	Antioch Missionary Baptist Church	6248 S Stewart Ave	Chicago	IL	60621	Other

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
The Salvation Army Child Care Program	The Salvation Army Child Care Program	845 West 69th Street	Chicago	IL	60621	Primarily provides violence prevention or intervention services, but has some mental health services
The Salvation Army Family and Community Services	The Salvation Army Family and Community Services	845 W 69th Street	Chicago	IL	60621	Outpatient mental health facilities
Thresholds	Rowan Trees	500 W Englewood Ave	Chicago	IL	60621	Residential treatment center for adults
University of Illinois Hospital & Health Sciences System - Mile Square Health Center	MSHC Englewood	641 W 63rd St	Chicago	IL	60621	FQHC
Casa Central	Casa Central - Family Center/Safe From the Start Program	1349 N. California Ave.	Chicago	IL	60622	Outpatient mental health facilities
Catholic Charities	St Mary of Angels	1800 N. Hermitage	Chicago	IL	60622	Primarily provides violence prevention or intervention services, but has some mental health services
CommunityHealth	West Town	2611 W. Chicago Avenue	Chicago	IL	60622	Other
Erie Family Health Center	Erie Clemente	1137 N. Western Avenue	Chicago	IL	60622	FQHC

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Erie Family Health Center	Erie Division	2418 W. Division	Chicago	IL	60622	FQHC
Erie Family Health Center	Erie Teen Center	2418 W. Division Street	Chicago	IL	60622	FQHC
Erie Family Health Center	Erie West Town	1701 West Superior Street	Chicago	IL	60622	FQHC
Norwegian American Hospital	Norwegian American Hospital	1044 N. Francisco	Chicago	IL	60622	Separate inpatient psychiatric unit of a general hospital
PCC Community Wellness Center	PCC West Town Family Health Center	1044 North Mozart Street, Suite 100	Chicago	IL	60622	FQHC
Presence Health	St. Mary and Elizabeth Medical Center	2233 W. Division St.	Chicago	IL	60622	Community mental health center
PrimeCare Community Health, Inc.	Prime Care Westtown	1431 N. Western Ave.	Chicago	IL	60622	FQHC
PrimeCare Community Health, Inc.	PrimeCare Wicker Park	1127 N Oakley Blvd	Chicago	IL	60622	FQHC

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Parent Organization	Facility	Address	City	State	Zip	Type
The Puerto Rican Cultural Center	PRCC-Vida/SIDA	2640 W. Division Street	Chicago	IL	60622	Primarily provides substance abuse services, but has some mental health services
Access Community Health Network	servicios family health center	3303 W. 26th Street	Chicago	IL	60623	FQHC
Access Community Health Network	westside family health center	3752 W 16th St	Chicago	IL	60623	FQHC
Catholic Charities	Good Shepherd	2835 S. Kolin	Chicago	IL	60623	Outpatient mental health facilities
Cook County Health and Hospital System	Dr. Jorge Prieto Health Center	2424 S. Pulaski Ave	Chicago	IL	60623	County Clinic Primarily provides violence prevention or intervention services, but has some mental health services
Enlace	Enlace - Troy	2329 S Troy Ave	Chicago	IL	60623	Other
Enlace Chicago	Enlace - Troy	2329 S Troy Ave	Chicago	IL	60623	Other
Enlace Chicago	Enlace- S Harding	2756 S Harding	Chicago	IL	60623	Other

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Erie Family Health Center	Erie Johnson	1504 S. Albany Ave.	Chicago	IL	60623	FQHC
Esperanza Health Centers	Esperanza Little Village	3059 W 26th St	Chicago	IL	60623	FQHC
Healing Hands Resource Center		3143 W Douglas Blvd	Chicago	IL	60623	Other
Lawndale Christian Health Center	Farragut	3256 W. 24th Street	Chicago	IL	60623	FQHC
Lawndale Christian Health Center	Health and Fitness	3750 W. Ogden Avenue	Chicago	IL	60623	FQHC
Lawndale Christian Health Center	Main Campus	3860 W. Ogden Avenue	Chicago	IL	60623	FQHC
Pilsen Wellness Center	DSA	3113 W Cermak Rd	Chicago	IL	60623	Other
Project VIDA Inc.	Project VIDA Inc.	2659 South Kedvale Ave.	Chicago	IL	60623	Community mental health center

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Saint Anthony's Hospital		2875 W. 19th St	Chicago	IL	60623	Hospital
Trilogy	Trilogy-Lawndale	1847 S. Pulaski Rd.	Chicago	IL	60623	Community mental health center
Universidad Popular	Universidad Popular - Little Village	2801 S. Hamlin Ave.	Chicago	IL	60623	Other
Access Community Health Network	Madison family health center	3800 W Madison St	Chicago	IL	60624	FQHC
Deer Rehabilitation Services, Inc	Deer Rehabilitation Services, Inc	3936 W. Roosevelt	Chicago	IL	60624	Community mental health center
Erie Family Health Center	Erie West Side	646 North Lawndale Avenue	Chicago	IL	60624	FQHC
Hand-n-Hand Outreach NFP	Hand-n-Hand Outreach NFP	4150 West Carroll Ave	Chicago	IL	60624	Outpatient mental health facilities Primarily provides substance abuse services, but has some mental health services
Hand-n-Hand Outreach NFP	Hand-n-Hand Outreach Nfp	4207 West Carroll Ave	Chicago	IL	60624	Outpatient mental health facilities Primarily provides substance abuse services, but has some mental health services

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
I AM ABLE Center for Family Development	I AM ABLE Center for Family Development	3410 W. Roosevelt Rd.	Chicago	IL	60624	Community mental health center
Lawndale Christian Health Center	Breakthrough	3219 W Carroll Avenue	Chicago	IL	60624	FQHC
Lawndale Christian Health Center	Homan Square	3517 W. Arthington Street	Chicago	IL	60624	FQHC
UCAN	UCAN	3640 W. Fillmore Street	Chicago	IL	60624	Outpatient mental health facilities
Erie Family Health Center	Erie Amundse	5110 North Damen Avenue	Chicago	IL	60625	FQHC
Erie Family Health Center	Erie Foster	5215 N. California	Chicago	IL	60625	FQHC
Erie Family Health Center	Erie Helping Hands	4747 North Kedzie Avenue	Chicago	IL	60625	FQHC
Heartland Health Centers	HHC - Lincoln Square	2645 W. Lawrence Ave.	Chicago	IL	60625	FQHC

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Heartland Health Centers	HHC-Albany Park	3737 W. Lawrence Ave.	Chicago	IL	60625	FQHC
Lutheran Social Services of Illinois (LSSI)	Project Impact	5145 N California Ave	Chicago	IL	60625	Other
Lutheran Social Services of Illinois (LSSI)	Welcoming Center	5215 N California Ave	Chicago	IL	60625	Other
Swedish Covenant Hospital	Swedish Covenant Hospital	5145 North California Ave	Chicago	IL	60625	Separate inpatient psychiatric unit of a general hospital
Access Community Health Network	Rogers park family health center	1555 Howard St	Chicago	IL	60626	FQHC
Heartland Health Centers	HHC - Trilogy	1400 W. Greenleaf Ave.	Chicago	IL	60626	FQHC
Heartland Health Centers	HHC-Trilogy	1400 W Greenleaf Ave	Chicago	IL	60626	FQHC
Lutheran Social Services of Illinois (LSSI)	Edgewater Outpatient	1758 W. Devon	Chicago	IL	60626	Other

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Thresholds	Grais Apartments	6808 N Wayne Ave	Chicago	IL	60626	Residential treatment center for adults
Trilogy	Trilogy-Maine Office	1400 W Greenleaf Avenue	Chicago	IL	60626	Outpatient mental health facilities
A Little Bit of Heaven	A Little Bit of Heaven Emergency Overnight Shelter Program	11321 S. Wentworth Ave	Chicago	IL	60628	Primarily provides substance abuse services, but has some mental health services
Chicago Department Of Public Health	Roseland Mental Health	200 E 115th Street	Chicago	IL	60628	Outpatient mental health facilities
Christian Community Health Center	Christian Community Health Center	9718 S Halsted	Chicago	IL	60628	Community mental health center
Human Resources Development Institute	Christopher House	11335 King Drive	Chicago	IL	60628	Residential treatment center for adults
Human Resources Development Institute	HUMAN RESOURCES DEV. INSTITUTE	33 EAST 114TH STREET	Chicago	IL	60628	Primarily provides substance abuse services, but has some mental health services
Human Resources Development Institute	Men's Independent Living	10901 S Edbrooke	Chicago	IL	60628	Residential treatment center for adults

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Parent Organization	Facility	Address	City	State	Zip	Type
SGA Youth & Family Services	SGA Youth and Family Services - Roseland	420 W 111th Street	Chicago	IL	60628	Other
South Side Help Center		10420 S Halsted St	Chicago	IL	60628	Other
TCA Health	TCAhealth	1029 East 130 th	Chicago	IL	60628	FQHC
Access Community Health Network	Access at holy cross	2701 W 68th St	Chicago	IL	60629	FQHC
Ada S. McKinley Community Services	Behaviorial Health	2715 W 63rd St	Chicago	IL	60629	Outpatient mental health facilities
Brighter, Behavior, Choices Inc., NFP	Brighter, Behavior, Choices Inc., NFP	6525 South Campbell Avenue	Chicago	IL	60629	Other type of residential treatment facility Primarily provides violence prevention or intervention services, but has some mental health services
Catholic Charities	St. Gall	5533 S. Sawyer	Chicago	IL	60629	Primarily provides violence prevention or intervention services, but has some mental health services
Catholic Charities	St Casimir	2601 W. Marquette	Chicago	IL	60629	Primarily provides violence prevention or intervention services, but has some mental health services

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Parent Organization	Facility	Address	City	State	Zip	Type
Esperanza Health Centers	Esperanza Marquette	6550 S Richmond	Chicago	IL	60629	FQHC
Friend Family Health Center	Pulaski Friend Family	5635 S. Pulaski Rd.,	Chicago	IL	60629	FQHC
Friend Family Health Center (FFHC-BEETHOVEN)	Friend Family Pulaski	5635 S. Pulaski Rd.	Chicago	IL	60629	FQHC
Inner City Muslim Action Network	Inner City Muslim Action Network	2744 W. 63rd Street	Chicago	IL	60629	Private Practice (Group)-Sliding Scale
Metropolitan Family Services	Metropolitan Family Services Midway Center	3843 West 63rd Street	Chicago	IL	60629	Primarily provides violence prevention or intervention services, but has some mental health services
Association for Multicultural Behavioral Health, LLC	Association for Multicultural Behavioral Health, LLC	6650 N Northwest Hwy., Suite 215	Chicago	IL	60631	Private Practice (Group)-Sliding Scale
Presence Healthcare	Presence Resurrection Family Medicine	7447 W. Talcott Ave suite 182	Chicago	IL	60631	Other
Access Community Health Network	kedZie family health center	3229 W 47th Pl	Chicago	IL	60632	FQHC

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Brighton Park Neighborhood Council	Thomas Kelly High School	4136 South California	Chicago	IL	60632	Primarily provides violence prevention or intervention services, but has some mental health services
Chicago Department of Public Health	Greater Lawn Mental Health Center	4150 West 55th Street	Chicago	IL	60632	Community mental health center
Lawndale Christian Health Center	Archer Ave	5122 S. Archer Avenue	Chicago	IL	60632	FQHC
Pilsen Wellness Center	Brighton Park	2456 West 38th St	Chicago	IL	60632	Other
Pilsen Wellness Center	Gage Park	3232 West 55th St	Chicago	IL	60632	Other
Thresholds	Bridge Southwest	3638 S Kedzie Ave	Chicago	IL	60632	Not office based/outreach in the community
Lutheran Social Services of Illinois (LSSI)	Belmont Outpatient	5825 W. Belmont	Chicago	IL	60634	Other
Metropolitan Family Services	Metropolitan Family Services North Center	3249 N. Central Avenue	Chicago	IL	60634	Other

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Parent Organization	Facility	Address	City	State	Zip	Type
PCC Community Wellness Center	PCC Community Wellness Center at Steinmetz High School	3030 N. Mobile Avenue	Chicago	IL	60634	FQHC
PrimeCare Community Health, Inc.	PrimeCare Portage Park	5647 W. Addison St.	Chicago	IL	60634	FQHC
Youth Outreach Services	Irving Park	6417 W Irving Park Road	Chicago	IL	60634	Other Primarily provides substance abuse services, but has some mental health services
Youth Outreach Services	Youth Outreach Services	6417 W Irving Park Road	Chicago	IL	60634	
Children's Home and Aid	Children's Home and Aid	5958 S Marshfield	Chicago	IL	60636	Outpatient mental health facilities
Habilitative Systems, Inc	Urban Behavioral Health Services Institute	6845 S. Western	Chicago	IL	60636	Community mental health center
Cook County Health and Hospital System	Woodlawn Health Center	6337 S. Woodlawn Ave.	Chicago	IL	60637	County Clinic
Friend Family Health Center (FFHC-BEETHOVEN)	Friend Family - 63rd	1522 E. 63rd Street	Chicago	IL	60637	FQHC

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Parent Organization	Facility	Address	City	State	Zip	Type
Prosperity House Recovery Support Agency	Prosperity House	6620 So. Evans	Chicago	IL	60637	Other
Thresholds	Woodlawn	6337 S Woodlawn	Chicago	IL	60637	Not office based/outreach in the community
University of Chicago Medical Center - Psychiatry		5841 S Maryland Ave	Chicago	IL	60637	Hospital
Access Community Health Network	southwest family health center	4839 W 47th St	Chicago	IL	60638	FQHC Primarily provides substance abuse services, but has some mental health services
Healthcare Alternative Systems, Inc.	Fullerton	5005 W. Fullertong Ave.	Chicago	IL	60639	
PCC Community Wellness Center	PCC Salud Family Health Center	5359 W. Fullerton Ave	Chicago	IL	60639	FQHC
PrimeCare Community Health, Inc.	PrimeCare North West	1649 N. Pulaski Rd.	Chicago	IL	60639	FQHC
Rincon Family Services	Hilda Frontany Women Center	5453 West Diversey Avenue	Chicago	IL	60639	Outpatient mental health facilities

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Parent Organization	Facility	Address	City	State	Zip	Type
Alternatives, Inc.	Alternatives, Inc.	4730 N Sheridan Rd	Chicago	IL	60640	Primarily provides substance abuse services, but has some mental health services
Asian human Services Inc.	Asian Human Services - broadway	4820 North Broadway	Chicago	IL	60640	Other
Chicago Women's Health Center	Chicago Women's Health Center	1025 W. Sunnyside Ave., Suite 201	Chicago	IL	60640	Community mental health center
Community Counseling Centers of Chicago (C4)	C4 Clark	4740 N. Clark	Chicago	IL	60640	Community mental health center
Heartland Health Centers	HHC - Wilson	845 W. Wilson Ave.	Chicago	IL	60640	FQHC
Heartland Health Outreach	ACT and CSI	4750 N. Sheridan Road	Chicago	IL	60640	Not office based/outreach in the community
Heartland Health Outreach	Antonia Community Support Residential	4730 N. Winthrop	Chicago	IL	60640	Other
Heartland Health Outreach	Health Center (Uptown)	1015 W. Lawrence Ave.	Chicago	IL	60640	FQHC

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Parent Organization	Facility	Address	City	State	Zip	Type
Heartland Health Outreach	Pathways Home Permanent Housing	1207 W. Leland Ave.	Chicago	IL	60640	Other
Heartland Health Outreach	Resource Center	4750 N. Sheridan Road, Suite 500	Chicago	IL	60640	Outpatient mental health facilities
Heartland Human Care Services inc.	Ravenswood Facility	4411 N Ravenswood	Chicago	IL	60640	Outpatient mental health facilities
Louis A. Weiss Memorial Hospital		4646 N Marine Dr	Chicago	IL	60640	Hospital
Lutheran Social Services of Illinois (LSSI)	Kenmore Center	5517 N Kenmore Ave	Chicago	IL	60640	Other
Methodist Hospital of Chicago	Methodist Hospital of Chicago	5025 N. Paulina	Chicago	IL	60640	Separate inpatient psychiatric unit of a general hospital
Near North Health Services Corporation	Sunnyside Health Center	4501 N. Sheridan Rd	Chicago	IL	60640	FQHC
Neumann Family Services	Neumann Family Services	5547 N Ravenswood	Chicago	IL	60640	Multi-setting mental health facility

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Sarah's Circle	Datytyme Facility	4838 N. Sheridan Rd.	Chicago	IL	60640	Primarily provides violence prevention or intervention services, but has some mental health services
Test Positive Aware Newwork	Test Positive Aware Network	5050 North Broadway Suite #300	Chicago	IL	60640	Primarily provides substance abuse services, but has some mental health services
Thresholds	Bridge Mobile Assessment Unit	4646 N Ravenswood Ave	Chicago	IL	60640	Not office based/outreach in the community
Thresholds	Dincin Center for Recovery	4423 N Ravenswood Ave	Chicago	IL	60640	Other
Thresholds	Emerging Adult	4423 N Ravenswood Ave	Chicago	IL	60640	Not office based/outreach in the community
Thresholds	Northside Housing	4423 N Ravenswood Ave	Chicago	IL	60640	Residential treatment center for adults
Thresholds	Peer Success	4423 N Ravenswood Ave	Chicago	IL	60640	Not office based/outreach in the community
Thresholds	Private Access	4423 N Ravenswood Ave	Chicago	IL	60640	Not office based/outreach in the community

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Lutheran Social Services of Illinois	PCCC	4840 W. Byron	Chicago	IL	60641	Community mental health center
Lutheran Social Services of Illinois (LSSI)	Belle Plaine Group Home	4824 W Belle Plaine Ave	Chicago	IL	60641	Other
Lutheran Social Services of Illinois (LSSI)	Keystone Group Home	4152 N Keystone Ave	Chicago	IL	60641	Other
Lutheran Social Services of Illinois (LSSI)	PCC	4840 W. Byron	Chicago	IL	60641	Other
Lydia Home Counseling Center	Lydia Counseling Center	4300 W. Irving Park Rd.	Chicago	IL	60641	Community mental health center
Polish American Association	Starting Point	3834 N Cicero Ave	Chicago	IL	60641	Other Primarily provides substance abuse services, but has some mental health services
Rincon Family Services	Uptown	4720 North Sheridan Avenue	Chicago	IL	60641	
Chicago Center for Recovery and Empowerment NFP		700 North Green Street	Chicago	IL	60642	Other

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
The Night Ministry	Open Door - West Town	1110 N. Noble St.	Chicago	IL	60642	Other
E. M. Branch & Associates, Inc.	E. M. Branch & Associates, Inc.	11111 S. Western Ave	Chicago	IL	60643	Private Practice (Group)-Sliding Scale
LePenseur Youth and Family Services, Inc.	LePenseur Youth and Family Services, Inc.	1464 W. 115th Street	Chicago	IL	60643	Primarily provides substance abuse services, but has some mental health services
Mercy Home for Boys & Girls	Walsh Campus at Mercy Home for Boys & Girls	11600 S. Longwood Dr	Chicago	IL	60643	Residential treatment center for children
UCAN	UCAN	10046 S. Western Avenue	Chicago	IL	60643	Outpatient mental health facilities
Universal Family Connection, Inc.	Universal Family Connection, Inc.	1350 W 103rd Street	Chicago	IL	60643	Outpatient mental health facilities
Adapt of Illinois	Adapt @ Columbus Park	901 S. Austin Blvd	Chicago	IL	60644	Community mental health center
Circle Family Healthcare Network	Circle Family Healthcare Network	5002 W Madison Street	Chicago	IL	60644	FQHC

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Loretto Hospital		645 S Central Ave	Chicago	IL	60644	Hospital
PCC Community Wellness Center	PCC Austin Family Health Center	5425 West Lake Street	Chicago	IL	60644	FQHC
PCC Community Wellness Center	PCC Community Wellness Center at Loretto Hospital	645 S. Central Avenue, Suite 600	Chicago	IL	60644	FQHC
Primo Center Interim Housing	Interim Housing	115 N. Parkside ave	Chicago	IL	60644	Outpatient mental health facilities
Thresholds	Bridge West	5000 W Roosevelt Road	Chicago	IL	60644	Not office based/outreach in the community
Between Friends	Between Friends	Confidential	Chicago	IL	60645	Other
Heartland Health Centers	HHC - Touhy	2200 W. Touhy Ave.	Chicago	IL	60645	FQHC
Jewish Child & Family Services	Joy Faith Knapp Center	3145 W. Pratt Blvd.	Chicago	IL	60645	Outpatient mental health facilities

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Jewish Child & Family Services	Virginia Frank Child Development Center	3003 W. Touhy Ave	Chicago	IL	60645	Other
Chicago Department of Public Health	North River Mental Health Center	5801 North Pulaski Rd Building C	Chicago	IL	60646	Community mental health center
Access Community Health Network	Humboldt park family health center	3202 W. North Avenue	Chicago	IL	60647	FQHC
Community COounseling Centers of Chicago (C4)	C4 North	2542 W. North Ave.	Chicago	IL	60647	Community mental health center
Cook County Health and Hospital System	Logan Square Health Center	2840 W. Fullerton Ave.	Chicago	IL	60647	County Clinic Psychiatric hospital Separate inpatient psychiatric unit of a general hospital
Creative Life Counseling Services	Creative Life Counseling Services	1925 N. Milwaukee Avenue	Chicago	IL	60647	
Erie Family Health Center	Erie Humboldt Park	2750 West North Avenue	Chicago	IL	60647	FQHC
Forward, P.C.	Forward, P.C.	3265 W.Armitage Ave	Chicago	IL	60647	Outpatient mental health facilities

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Healthcare Alternative Services	Healthcare Alternative Systems, Inc Armitage Site	2755 W. Armitage Ave	Chicago	IL	60647	Primarily provides substance abuse services, but has some mental health services
PrimeCare Community Health, Inc.	PrimeCare Fullerton	3924 W. Fullerton Ave	Chicago	IL	60647	FQHC
PrimeCare Community Health, Inc.	PrimeCare Hamlin	1920 N. Hamlin Ave.	Chicago	IL	60647	FQHC
Youth Service Project	Youth Service Project	3944 W North Ave	Chicago	IL	60647	Other
A Safe Haven	Kingston	7346 S Kingston	Chicago	IL	60649	Primarily provides substance abuse services, but has some mental health services
Annie B Jones Community Services Inc.		1818 E 71st St	Chicago	IL	60649	Other
Chicago Women's AIDS Project	CWAP South	2317 E 71st St	Chicago	IL	60649	Other
Jackson Park Hospital		7531 South Stony Island Avenue	Chicago	IL	60649	Hospital

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Pilsen Wellness Center	South Shore	2230 E 71st St	Chicago	IL	60649	Other
University of Illinois Hospital & Health Sciences System - Mile Square Health Center	MSHC South	7131 S. Jeffery Boulevard	Chicago	IL	60649	FQHC
Access Community Health Network	austin family health center	4909 W Division St	Chicago	IL	60651	FQHC
Association House	Kedzie	1116 N Kedzie Ave	Chicago	IL	60651	Other
Cook County Health and Hospital System	Austin Health Center	4800 W. Chicago Ave.	Chicago	IL	60651	County Clinic
Near North Health Services Corporation	Louise Landau Health Center	800 N. Kedzie	Chicago	IL	60651	FQHC
Near North Health Services Corporation	North and Kostner Health Center	1520 N. Kostner	Chicago	IL	60651	FQHC
Neopolitan Lighthouse	Walk-In Facility	PO Box 24709	Chicago	IL	60651	Psychiatric hospital Other type of residential treatment facility

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Primo Center for Women and Children	Family Leadership Institute	4321 W. Division Ave	Chicago	IL	60651	Other Primarily provides substance abuse services, but has some mental health services
Rincon Family Services	Grand	3809 West Grand Avenue	Chicago	IL	60651	Not office based/outreach in the community
The Salvation Army	The Salvation Army	825 N. Christiana	Chicago	IL	60651	Other
Youth Outreach Services	Division	5910 W. Division St.	Chicago	IL	60651	Other
Access Community Health Network	booker family health center	654 E 47th St	Chicago	IL	60653	FQHC
Center for New Horizons, Inc.	Center for New Horizons, Inc.	4150 S King Dr	Chicago	IL	60653	Other
Chicago Department Of Public Health	Greater Grand/Mid-South Mental Health Center	4314 South Cottage Grove Suite 208	Chicago	IL	60653	Community mental health center
Cook County Health and Hospital System	Near South Health Center	3525 S. Michigan Ave.	Chicago	IL	60653	County Clinic

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Near North Health Services Corporation	Komed/Holman Health Center	4259 S. Berkeley	Chicago	IL	60653	FQHC
One Hope United	Kenwood office	707 E 47th street	Chicago	IL	60653	Not office based/outreach in the community
Pilsen Wellness Center	Drop in Center	500 E 47th St	Chicago	IL	60653	Other
State of Mind Mental Health and Consultations Services PC	State of Mind Mental Health and Consultation Services P.C.	400 E. 41st St	Chicago	IL	60653	Other
Teen Living Programs	Belfort House	3745 S Indiana	Chicago	IL	60653	Not office based/outreach in the community
Center for Addictive Problems	Center for Addictive Problems	609 N Wells Street	Chicago	IL	60654	Primarily provides substance abuse services, but has some mental health services
Chicago School Forensic Center	TCS Forensic Center	222 Merchandise Mart Plaza	Chicago	IL	60654	Other
Family Guidance Centers, Inc.	Family Guidance Centers, Inc.	310 W. Chicago Ave.	Chicago	IL	60654	Primarily provides substance abuse services, but has some mental health services

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
MYSI	MYSI Community Based Services	3001 W. 111th Street, Suite#103	Chicago	IL	60655	Other type of residential treatment facility
Advocate Illinois Masonic Behavioral Health Services	Behavioral Health Services	938 West Nelson	Chicago	IL	60657	Community mental health center
Advocate Illinois Masonic Medical Center	Psychiatric Inpatient Unit	836 West Wellington	Chicago	IL	60657	Separate inpatient psychiatric unit of a general hospital
Alexian Brothers Bonaventure House	Bonaventure House	825 West Wellington Avenue	Chicago	IL	60657	Primarily provides substance abuse services, but has some mental health services
Deborah's Place	Marah's Housing Program	1456 W. Oakdale	Chicago	IL	60657	Other
Deborah's Place-Marah's Housing Program	Marah's Housing Program	1456 W. Oakdale	Chicago	IL	60657	Other Primarily provides substance abuse services, but has some mental health services
New Hope Recovery Center	New Hope Recovery Center	2835 N. Sheffield Ave., Suite 304	Chicago	IL	60657	health services
Thresholds	Mothers Program	1110 W Belmont Ave	Chicago	IL	60657	Not office based/outreach in the community

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

Parent Organization	Facility	Address	City	State	Zip	Type
Asian human Services Inc.	Asian Human Services Family Health Center	2424 W Peterson Ave	Chicago	IL	60659	FQHC
Community Counseling Centers of Chicago (C4)	C4 Peterson	2525 W. Peterson	Chicago	IL	60659	Community mental health center
Jewish Child & Family Services	Peterson Office	3524 W. Peterson Ave.	Chicago	IL	60659	Outpatient mental health facilities
Adapt of Illinois	Adapt @ Sheridan Shores	5838 N. Sheridan Rd	Chicago	IL	60660	Community mental health center
Asian human Services Inc.	Passages	1643 West Bryn Mawr	Chicago	IL	60660	Other
Chicago Women's AIDS Project	CWAP North	6363 N Broadway St	Chicago	IL	60660	Other
Community Counseling Centers of Chicago (C4)	C4 Broadway	5710 N. Broadway	Chicago	IL	60660	Community mental health center
Hamdard Healthcare	Hamdard Center for Health and Human Services	1542 West Devon Avenue	Chicago	IL	60660	FQHC

Safety Net Mental Health Center Sites in Chicago, As of October 28, 2016*

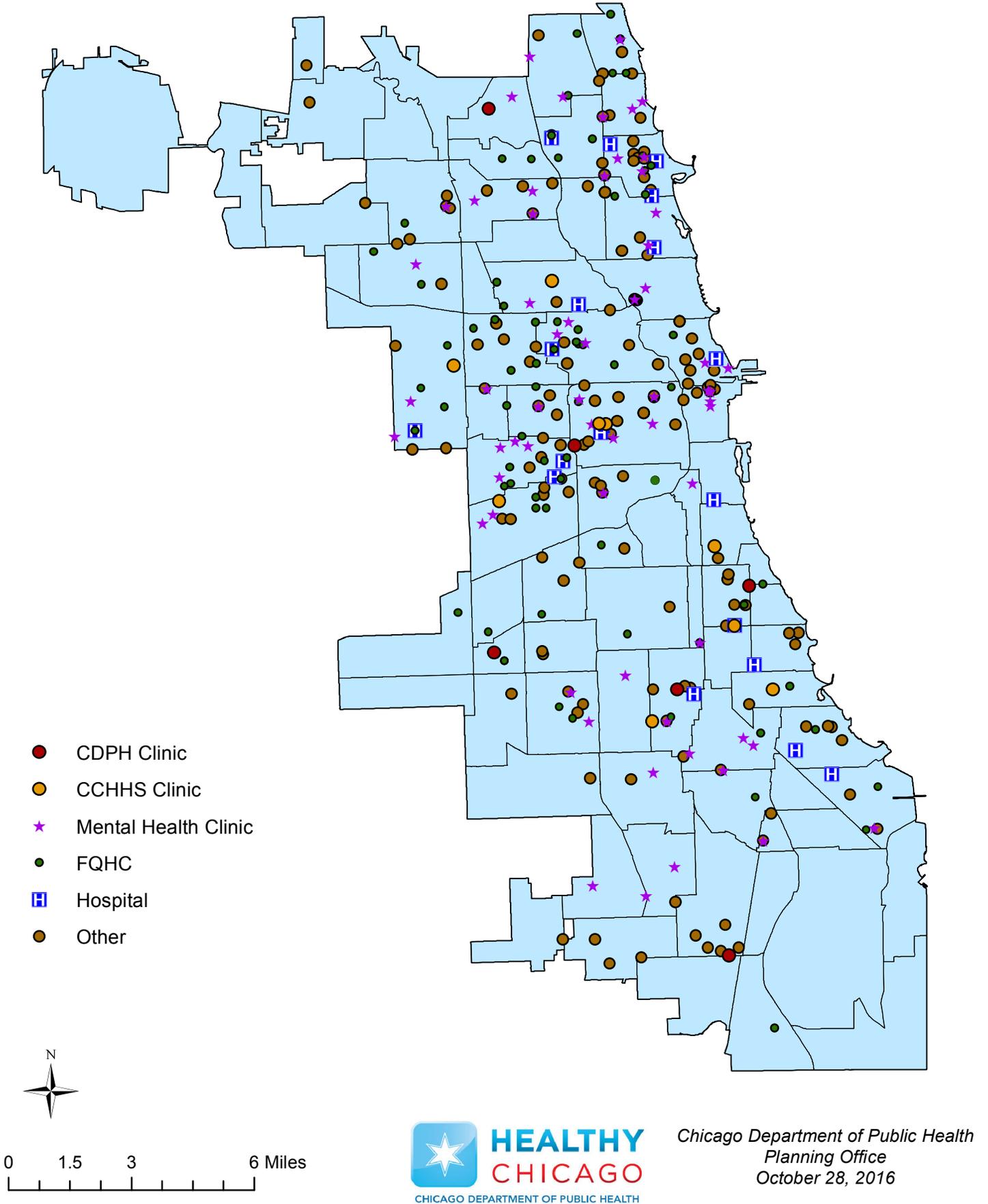
Parent Organization	Facility	Address	City	State	Zip	Type
Heartland Health Centers	HHC- Devon	1300 W. Devon Ave.	Chicago	IL	60660	FQHC
Misericordia	Misericordia	6300 N. Ridge Avenue	Chicago	IL	60660	Other
Access Community Health Network	Access at Fulton	600 W. Fulton Suite 200	Chicago	IL	60661	FQHC

*This map is based on a CDPH inventory of Chicago behavioral health service providers, which was conducted in 2016 as a first step in our adult behavioral health capacity assessment. The mental health service provider inventory was based on information obtained from the SAMSHA service locator, DHS, a list of Rule 132 providers, NAMI, the Kennedy Forum Connect App, and provider websites. Data collection for the behavioral health capacity assessment survey is currently underway, however, so some service provider site locations have not yet been verified through the survey, and some provider locations may be missing.

* The map indicates locations of all inventoried mental health service provider sites. However, some organizations do not provide services to all persons with mental health needs. For example, some providers only provide mental health services for individuals receiving other services at their location, and other providers only serve a specific population. In addition, providers offer differing service arrays that will not meet the needs of all consumers.

* This map may not include all mental health service providers that solely provide services for children and youth.

Safety-Net Mental Health Services in Chicago, As of 10/28/16





DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie Austin
Chair, Committee on Budget & Government Operations

From: Julie Morita, M.D.
Commissioner
Chicago Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: October 31, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-24 D. Moore – STI Infections Rate Data

The summary below and the attached information are in response to questions posed at our department's hearing on October 26, 2016, to discuss the proposed 2017 budget.

Alderman Moore asked for Chicago rates of gonorrhea, syphilis and other STIs by age, gender and community area. Please see the attached publicly available HIV/STI Surveillance Report, which lays out these topics in detail on pages 17 through 29.

Briefly, there were a total of 27,320 cases of Chlamydia, 8,306 cases of Gonorrhea, 643 cases of Primary & Secondary Syphilis, and 20 cases of Congenital Syphilis in the city of Chicago in 2014, the most recent year for which comprehensive data are available.

For Chlamydia:

- The number of cases in 2014 among females decreased slightly from 2010-2014, while the number of cases in men increased by 4.0% during that time frame.
- Those 13 to 24 years old accounted for 66.7% of Chlamydia cases in 2014.

- The Chicago community areas with the highest case rates of Chlamydia in 2014 were West Garfield Park, East Garfield Park, North Lawndale, Oakland, Washington Park, Riverdale, West Englewood, Englewood, and Greater Grand Crossing.

For Gonorrhea:

- The number of cases in 2014 among females was the lowest since 2010, while the number of cases among males was the highest since 2010.
- Those 13 to 24 years old accounted for 59.7% of Gonorrhea cases in 2014.
- The Chicago community areas with the highest case rates of Gonorrhea in 2014 were West Garfield Park, East Garfield Park, North Lawndale, Washington Park, Riverdale, West Englewood, Englewood, and Greater Grand Crossing.

For Primary & Secondary Syphilis:

- The number of cases among females decreased annually by 6.6% from 2010-2014, and the number of cases among males decreased annually by 1.5% during that time frame.
- A total of 44% of all cases were among those under the age of 30.
- The Chicago community areas with the highest case rates of Syphilis in 2014 were Rogers Park, Uptown, Lakeview, East Garfield Park, Pullman, and Edgewater.

For Congenital Syphilis:

- A total of 75% of cases were among those with mothers whose maternal age was 20-29 years.
- The Chicago community areas with the highest case rates of Congenital Syphilis in 2014 were West Garfield Park, Oakland, and Riverdale.

As always, please let me know if you have any further questions.

HIV/STI Surveillance Report, Chicago

December 2015



Suggested Citation:

Chicago Department of Public Health. HIV/STI Surveillance Report, 2015. Chicago, IL: City of Chicago; December 2015.
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Dear Friends,

Chicago continues to make progress in our fight against HIV, AIDS and sexually transmitted infections (STIs). The Chicago Department of Public Health's 2015 HIV/STI Surveillance Report highlights the latest STI trends in Chicago, including our progress combatting these infections and ongoing work to close gaps in diagnosing, treating and reporting individuals infected with HIV and STIs.

For 13 consecutive years we have seen declines in HIV of which I am especially proud. Chicago is also outperforming the nation at each point along the HIV continuum of care which monitors progress of individuals diagnosed with HIV through viral suppression. This means, people living with HIV and AIDS (PLWHA) are likely to be in medical care, getting the services and medicine

they need to live healthy lives. In fact, among those newly diagnosed in Chicago, 86% of those prescribed antiretroviral therapy (ART) have already achieved the ultimate goal of viral suppression which is a 6% increase from last year.

This report presents a detailed and comprehensive look at the state of HIV and STI in Chicago but there are a few key data points that I would like to highlight. Specific to HIV and AIDS:

- From 2010 to 2014, the number of HIV infection diagnoses fell from 1,033 to 973. That is 48% below the peak of 1,857 reported in 2001.
- The largest decline in the number of HIV infection diagnoses among transmission groups occurred among intravenous drug users (IDU). From 2010 to 2014, the percentage of IDU cases dropped from 8.5% of all HIV diagnoses to 3.0% of all HIV diagnoses.
- In 2014, 18.9% of all new HIV diagnoses were diagnosed with AIDS within 12 months - this is down from the nearly 30% in 2010.
- From 2010 to 2014, AIDS cases have declined annually by nearly 9.0%
- The number of annual AIDS cases has declined across all transmission/risk groups.

While we are making significant strides against HIV, STIs remain a persistent area of concern. We are continuing to prioritize reducing rates of STIs in the city and as the report shows we have made some progress. Among some of these findings:

- From 2010 to 2014, the total number of reported primary and secondary syphilis cases has decreased.
- Between 2013 and 2014, the number of cases of gonorrhea and chlamydia among females declined.
- African Americans are the only racial/ethnic group for which there has been an overall decline in HIV, chlamydia, gonorrhea, and syphilis infection diagnoses from 2010-2014.

Under the leadership of Mayor Emanuel we have made real progress in our fight. But there is more work to be done. The data in this report will be used by our department and partners to inform HIV and STI programming and planning efforts, better equipping us to allocate resources to those who need the most assistance and ultimately ensure that all Chicagoans have the tools they need to lead long, healthier lives.


Julie Morita, M.D.

Commissioner, *Chicago Department of Public Health*

Overview of HIV/STIs in Chicago

Chicago continues to make progress in the fight against HIV and other sexually transmitted infections.

For the 13th year in a row, there has been a steady decline in the number of diagnosed HIV and AIDS. The number of new HIV diagnoses has declined nearly 50% and the number of new AIDS diagnoses nearly 60%. In 2014, Chicago reached the national percentage of HIV-positive individuals in care (55%). Similar to what has been seen nationally, there has been a decline in the number of Primary and Secondary (P&S) syphilis infections. However, there has been an overall decline in the number of

Like most large urban areas, Chicago carries a heavier burden of HIV, AIDS and sexually transmitted infections than most other areas.

This report highlights these and other notable trends observed through 2014, as of September 30, 2014, the most recent data available, CDPH is helping our partners initiate, and implement their outreach, testing and linkage to care activities to ensure resources and efforts are directed to populations in greatest need.

HIV Continuum of Care, Chicago, 2012

The HIV Continuum of Care is an important tool for monitoring progress and identifying opportunities for improvement. Since ensuring HIV-positive individuals are engaged in care is critical to both individual health and slowing the spread of HIV, this tool was developed to show the percentages of people living with HIV at various levels of engagement in care. In 2012, Chicago is exceeding national outcomes. Two models of the Continuum have been developed to monitor progress against national figures. Though both models estimate the number of HIV-positive persons at different points of the continuum, they differ in their assumptions.

The Continuum developed by CDPH (Figure 1), estimates the percentage of people with new diagnoses who were retained in care, prescribed ART, and virally suppressed is based on all known diagnoses with HIV in 2012 were linked to medical care within 3 months of their diagnosis. However, almost two-thirds of those with HIV in Chicago in 2012 received HIV medical care in 2012. In addition, it is estimated that of those who received medical care, 52% were prescribed ART and 86% had achieved viral suppression (Figure 1).

The model developed by the Centers for Disease Control and Prevention (CDC) (Figure 2), calculates the total number of people with HIV, including those unaware of their status (12.8%). This model allows for comparison between the city of Chicago and the US overall. If we examine the continuum of HIV care starting with the estimated number of people with HIV in Chicago (3,111 undiagnosed), Chicago fares better than the nation overall. In Chicago, it is estimated that 52% were in care in 2012, compared to 39% nationally. Additionally, 52% were found to be on ART and 45% were virally suppressed nationally.

Who is most affected?

The impact of HIV on Chicago residents can be described at 3 levels of morbidity: prevalent disease, new infection diagnoses, and new annual AIDS diagnoses (late stage disease). Rates of these different morbidity levels are higher than that of the US overall (Table 1). New HIV infection diagnoses in 2014 were highest among those who were 30 years of age or older at diagnosis (78.3%), and were 30 years of age or older at diagnosis (Table 2). Among people living with HIV infections in 2014, 79.8% were found among those who identify as male (79.8%), MSM (60.5%), and those 30 years of age or older (79.8%). New HIV diagnoses in Chicago were comprised primarily of males (76.0%), MSM (62.6%), and persons 30-49 years of age (76.0%). NH Blacks were affected by HIV more than any other race/ethnicity group, as evidenced by the fact that they are the largest population, yet represented over 50% of prevalent cases, new infection diagnoses, and new AIDS diagnoses.

Compared to older adults, adolescents and young adults are disproportionately affected by STIs. Chlamydia is diagnosed in youth and young adults, aged 13-24 years and NH Blacks (Tables 8,10). While gonorrhea is diagnosed equally, chlamydia is diagnosed much more commonly among females (66.6%) (Table 10). The largest burden of STIs is observed among NH Blacks, MSM and those over the age of 30, although those between the ages of 13-24 are also disproportionately affected.

Given that community areas across the city of Chicago can vary greatly by risk of infection, the geographic distribution of HIV and STI diagnoses is uneven. The two community areas with the highest average HIV infection diagnosis rates from 2013 to 2014 are North Lawndale (1,011.2 per 100,000) and Garfield Park (97.2 per 100,000) (Table 6); Community areas with the highest prevalence rates in 2014 are North Lawndale (2,162.0 per 100,000) (Table 7). Chicago community areas with the highest gonorrhea infection rates in 2014 are Garfield Park (872.2 per 100,000) and Washington Park (827.9 per 100,000) (Table 9); The highest average prevalence rates of community areas of North Lawndale (2,926.6 per 100,000) and West Garfield Park (2,777.6 per 100,000) (Table 10); and the highest P&S syphilis infection diagnosis rates in 2014 were Uptown (106.5 per 100,000) and North Lawndale (106.5 per 100,000) (Table 11).

Racial/Ethnic Disparities

Racial/ethnic health disparities in Chicago continue and mirror disparities observed across the nation. In Chicago, HIV and STI diagnoses were highest among NH Blacks (57.6 per 100,000); more than double that of both Hispanics (27.6 per 100,000) and NH Whites (26.1 per 100,000). The overall number of reported HIV cases among NH Blacks (n = 516) is more than twice that of NH Whites (n = 211), despite similar population distribution across these groups. The 2014 chlamydia diagnosis rate among NH Blacks (1,777.5 per 100,000) is over 10 times higher than that for NH Whites (177.5 per 100,000), and nearly 4 times higher than that for NH Hispanics (441.9 per 100,000). Additionally, the 2014 Chicago gonorrhea rate among NH Blacks is nearly 5 times higher than that for NH Whites (827.9 per 100,000) and NH Hispanics (165.6 per 100,000).

Recent Trends

Though trends differ among sub-populations, the overall five-year trend suggests stability in the number of HIV and STI diagnoses in Chicago from 2010 to 2014. Decreases in new HIV infections have been observed among those people aged 30-59 years and among MSM. In fact, MSM have experienced an estimated average percent increase in HIV infections of 3.1% since 2010.

Overall, the number of P&S syphilis and chlamydia infections diagnosed from 2010-2014 remain relatively stable with annual percentage changes (EAPC) of 2.1% and 0.5%, respectively (Tables 10, 12). However, the number of P&S syphilis infections among 25 and 29 year olds has experienced an estimated annual increase of 2.3% since 2010. Notable increases have been observed among NH Whites (4.6% estimated annual increase), Hispanics (4.2% estimated annual increase), and NH A/PI (8.1% estimated annual increase). Congenital syphilis remains persistent in Chicago. Since 2010, 22 cases of congenital syphilis, reaching a high of 22 cases reported in 2012 (Table 14).

Gonorrhea has increased slightly from 7,892 cases in 2010 to 8,306 in 2014. Overall, gonorrhea cases have increased 5.2% since 2010 (Table 8). The largest increases have been among NH Whites, NH A/PI, Hispanics, and persons 25-34 years of age. Decreases have been observed among NH Blacks and among persons under the age of 13 years (Table 8). While racial/ethnic disparities in gonorrhea rates are being made to reduce morbidity among those most affected. In 2014, NH Whites accounted for 5.6% of total gonorrhea cases, an increase from 4.5% in 2010. NH Whites have seen the largest increase in chlamydia cases (8.6% estimated annual increase) of all racial/ethnic groups. NH Whites are the only ethnic group for which there has been overall decline in HIV, chlamydia, gonorrhea, and P&S syphilis rates since 2010 (Tables 8, 10, 12).

How does Chicago compare to US?

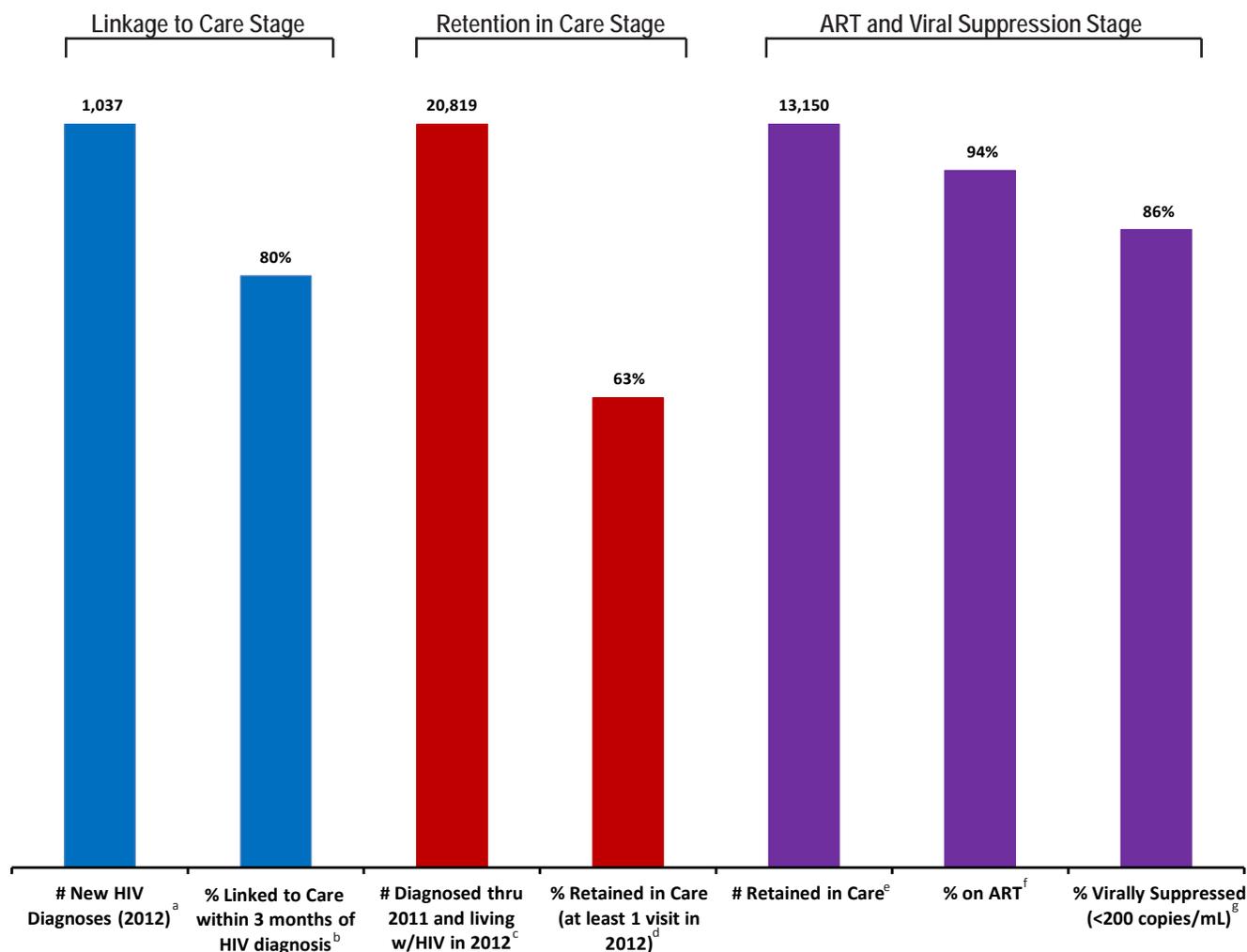
Overall, the estimated number of diagnoses of HIV infection in the United States remained stable from 2010 to 2014. Given population growth, this resulted in estimated rates of infection decreasing from 15.3 per 100,000 in 2010 to 13.7 per 100,000 in 2013. In Chicago, the number of new HIV infection diagnoses has remained relatively stable from 2010 to 2014. The rate of new infections annually. Much of the HIV and STI burden in the US is concentrated in large metropolitan areas. In Chicago, HIV and STI rates exceeded national rates. The 2014 rate of HIV infection diagnoses in Chicago (36.1 per 100,000) is nearly 3 times the national rate and the prevalence rate for Chicago (847.6 per 100,000) is also nearly 3 times the national rate. The gonorrhea rate in Chicago is approximately 4 times higher than the US. The chlamydia rate in Chicago is 2 times higher than the national rate.

Impacting HIV Transmission

Overall, the data presented show significant progress has been made towards reducing transmission of HIV and STI. The data also underscore the need to continue to interrupt the spread of infection at as many points along the HIV and STI continuum. Continuum of Care should be utilized to assess both the need for and success of interventions implemented. Continued efforts have the potential to contribute to decreased transmission, morbidity, and mortality.

HIV Continuum of Care, Chicago, 2012

Figure 1. HIV Continuum of Care Among Cases 18 Years and Older, Chicago, 2012 (as of 9/30/2015)



^a Number of persons ≥18 years of age at diagnosis and diagnosed with HIV infection between 1/1/2012 and 12/31/2012. Source: Chicago HIV/AIDS Reporting System (as of 12/22/2014). NHAS output, Link1 table.

^b Percent of persons ≥18 years of age linked to care (at least one CD4 or VL or HIV-1 genotype test) within 3 months of HIV diagnosis among those diagnosed with HIV infection from 1/1/2012 to 12/31/2012. Source: Chicago HIV/AIDS Reporting System (as of 12/22/2014). NHAS output, Link1 table.

^c Number of persons ≥18 years of age on 12/31/2011 diagnosed with HIV infection through 12/31/2011 and living with HIV on 12/31/2012. Source: Chicago HIV/AIDS Reporting System (as of 12/22/2014). NHAS output, Care1 or VL1 tables.

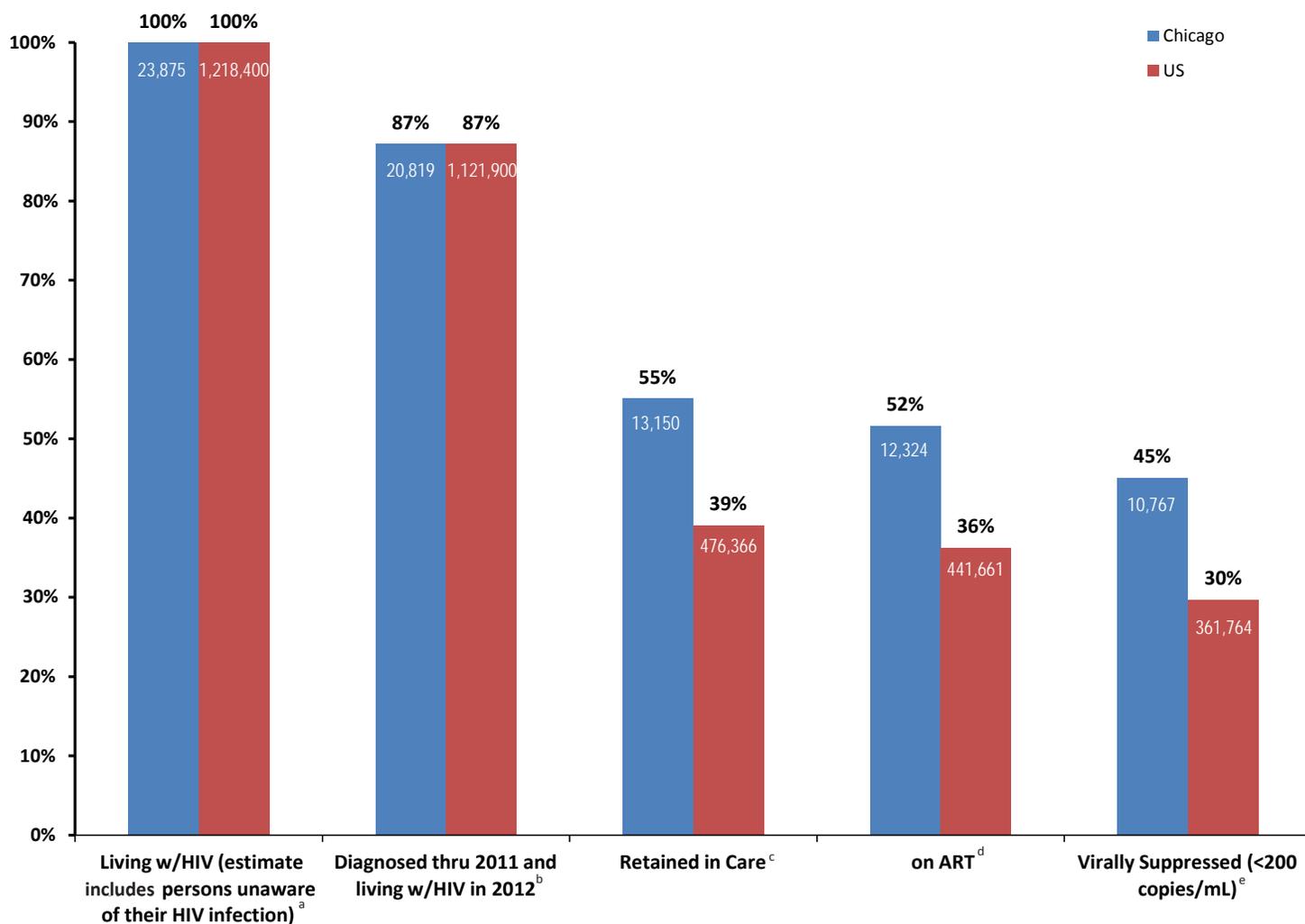
^d Percent of HIV-infected adults who received at least one medical care visit between January-April 2012. Total sum of weights from MMP 2012 cycle using 'Diagnosed and Living with HIV/AIDS' as the denominator.

^e Number of HIV-infected adults who received at least one medical care visit between January-April 2012. Total sum of weights from MMP 2012 cycle.

^f Total weighted percent "on ART" from MMP 2012 (applied to "Retained in Care" for number). CDC Vital Signs program with output using NOMCAR option (missings excluded).

^g Total weighted percent "suppressed viral load" from MMP 2012 (applied to "Retained in Care" for number). CDC Vital Signs program with output using NOMCAR option (missings excluded).

Figure 2. Alternate Perspective to the HIV Continuum of Care Among Cases 18 Years and Older, Chicago and the United States, 2012 (as of 9/30/2015)



^aCDC Estimated Persons Living with Undiagnosed HIV, 2012 (National), MMWR, July 2015 (Total 12.8%)

^bNumber of persons ≥18 years of age on 12/31/2011 diagnosed with HIV infection through 12/31/2011 and living with HIV on 12/31/2012. Source: Chicago HIV/AIDS Reporting System (as of 12/22/2014). NHAS output, Care1 or VL1 tables.

^cPercent and number of HIV-infected adults who received at least one medical care visit between January-April 2012. Total sum of weights from MMP 2012 cycle.

^dTotal weighted percent "on ART" from MMP Chicago 2012 & US 2011. First applied to "Retained in Care" for number then using "Living" as the denominator. CDC Vital Signs program with output using NOMCAR option (missings excluded).

^eTotal weighted percent "suppressed viral load, of those on ART" from MMP Chicago 2012 & US 2011. First applied to "on ART" for number then using "Living" as the denominator. CDC Vital Signs program with output using NOMCAR option (missings excluded).

HIV/AIDS Highlights

Incidence

- From 2010 to 2014, **the number of HIV infection diagnoses fell from 1,033 to 973**, representing a 5.8% absolute decrease and an estimated annual percent change (EAPC) decrease of 0.9%. A 2.0% EAPC decline was observed among NH Blacks and a 13.0% EAPC decline among American Indian/ Alaska Native (AI/AN). During this time period, a 5.0% EAPC decline in number of infections diagnosed was observed among females, as well as a slight decrease (< 1% EAPC) among males (Figure 3, Table 2).
- The largest decline in the number of HIV infection diagnoses among transmission groups occurred among intravenous drug users (IDUs) (27.7% EAPC decrease). Consequently, from 2010 to 2014, **the percentage of IDU cases overall dropped from 8.5% to 3.0% of all diagnoses**. In 2014, as in previous years, male-to-male sexual contact (MSM) was the leading mode of transmission (78.3%), followed by heterosexual contact (15.5%) (Table 2).
- There have been considerable differences in HIV trends by age group. Between 2010 and 2014, the number of HIV infection diagnoses decreased among those 30-39 years, 40-49 years, and 50-59 years, while all other ages increased annually (Table 2).
- While males account for 84.0% of all 2014 HIV infection diagnoses, this percentage varied by race/ethnicity. Among NH Black diagnoses, 76.4% were males, compared to 96.2% among Whites, and 91.0% among Hispanic men. Among MSM who were diagnosed with HIV Infection in 2014, 48.2% were Black, 24.3% were White, and 24.0% were Hispanic (Table 3).
- Among females, heterosexual contact accounts for 87.5% of all HIV infection diagnoses in 2014 for all race/ethnicity groups. In 2014, 85.9% of new female HIV infections were among NH Blacks (Table 3).
- In 2014, 18.9% of all new HIV diagnoses were diagnosed with AIDS within 12 months, down from 27.7% in 2010 (Figure 3).

Prevalence

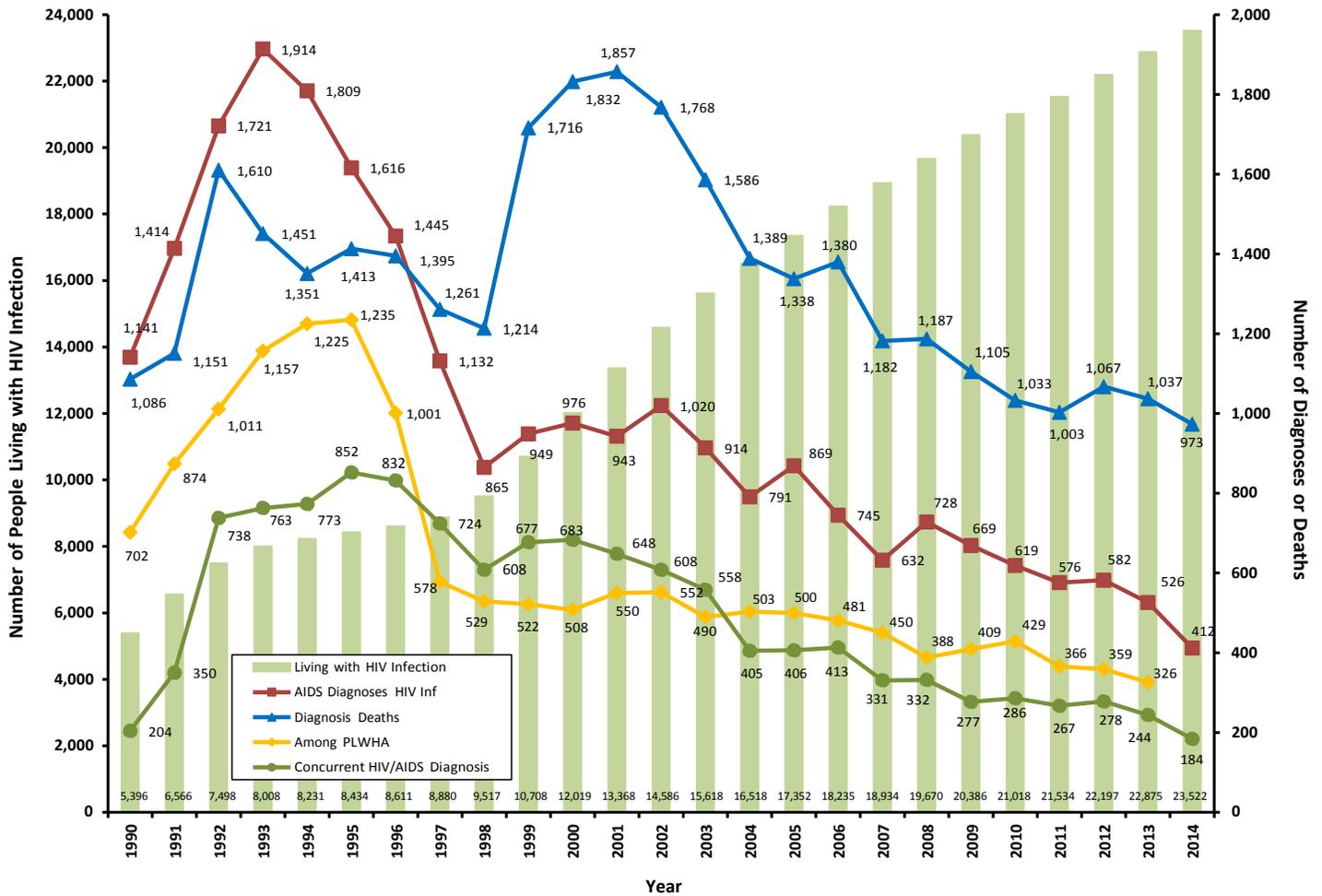
- Of the 22,875 people living in Chicago with HIV infection in 2013, 79.3% were men, 50.8% were NH Black, and 60.8% were MSM (Table 4).
- Among NH Black men living with HIV infection, 66.3% were infected as a result of male-to-male sexual contact, compared with 90.8% of NH White, 76.0% of Hispanic, and 82.6% of NH Asian/Pacific Islander men (Table 4).

AIDS

- Over the past five years, AIDS cases have declined annually by nearly 9.0% on average, from 619 AIDS diagnoses in 2010 to 412 in 2014. Although the decline occurred in both sexes, males continue to represent approximately 3 out of every 4 AIDS diagnoses (Table 5).
- All racial/ethnic groups in Chicago experienced a decrease in the number of annual AIDS diagnoses. However, NH Blacks accounted for 59.5% of all AIDS diagnoses while NH Whites and Hispanics represented 13.3% and 21.4% of the diagnoses, respectively.
- Men who have sex with men continue to represent the largest percentage of AIDS diagnoses, accounting for nearly 3 out of every 5 cases in 2014. Heterosexual transmission accounted for nearly 1 out of every 5 diagnoses, and IDU accounted for 1 in 9 AIDS cases.
- While the number of annual AIDS cases has declined across all transmission groups, the largest decline occurred among IDUs; from 2010 to 2014 the number of cases due to IDU fell by nearly 50%, with an estimated average annual decrease of 16.5%.

HIV/AIDS: Figures and Tables

Figure 3. People Living and Diagnosed with HIV Infection, Chicago, 1990-2014 (as of 9/30/2015)



- Notes:
1. 1983 - AIDS case reporting
 2. 1995 - Effective drug therapy against HIV became available
 3. 1999 - Code-based HIV reporting
 4. 2006 - HIV-name based reporting
 5. 2012 - All CD4 and viral load labs became reportable.

Table 1. HIV/STI Case Rates by Race/Ethnicity and Birth Sex, Chicago

Demographic Characteristics	Diagnosed/Reported Cases*										HIV Prevalence†			
	HIV Infection§		AIDS		Gonorrhea		Chlamydia		Syphilis€		Chicago		United States**	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Race/Ethnicity														
Black, non-Hispanic	516	57.6	245	27.4	4,200	469.1	12,858	1,436.2	280	31.3	11,620	1,297.9	390,186	1,029.6
White, non-Hispanic	210	24.6	55	6.4	680	79.6	1,516	177.5	191	22.4	5,629	659.2	294,490	149.5
Hispanic	211	27.6	88	11.5	495	64.8	3,298	431.7	103	13.5	4,271	559.1	201,086	396.3
Asian/PI, non-Hispanic	16	10.8	<5	--	25	16.8	172	115.7	10	6.7	231	155.4	11,764	78.2
AI/AN, non-Hispanic	--	--	--	--	6	201.5	20	671.6	<5	--	28	940.2	2,864	138.1
Other, non-Hispanic	20	29.4	20	29.4	62	91.1	311	457.1	56	82.3	1096	1,610.8	29,256	438.8
Sex^														
Male	810	62.0	313	24.0	4,709	360.6	9,073	694.7	581	44.5	18,150	1,389.7	698,700	459.4
Female	138	9.9	93	6.7	3,582	257.2	18,201	1,306.8	62	4.5	4,568	328.0	228,448	145.3
Chicago	973	36.1	412	15.3	8,306	307.8	27,320	1,012.3	643	23.8	22,875	847.6	N/A	N/A
United States	44,784	13.9	21,318	6.6	350,062	110.7	1,441,789	456.1	19,999	6.3	--	--	950,811	355.9

¶ 2014 Diagnoses for HIV and AIDS; 2013 HIV Prevalence; 2014 Reported Cases for STIs. † Prevalence rate per 100,000 population. § HIV infection diagnosis and prevalence represents people with HIV at any stage of disease through 9/30/14. *Rate per 100,000 population using 2010 U.S. Census Bureau Population figures. €Primary and secondary syphilis (symptomatic and infectious stages) only. **Centers for Disease Control and Prevention. Diagnosis of HIV Infection in the United States and Dependent Areas, 2014; vol. 26, pp. 107, 109 and 111. CDC Factsheet - Reported STDs in the United States: Table 1. Sexually Transmitted Diseases - Reported Cases and Rates of Reported Cases per 100,000 Population, United States, 1941-2014 for Primary and Secondary Syphilis, Chlamydia, and Gonorrhea. ^ Totals based on birth sex.

Table 2. HIV Infections* by Year of Diagnosis and Selected Demographic Characteristics, Chicago, 2010-2014 (as of 9/30/2015)

Demographic Characteristics	Year of Diagnosis										Estimated Annual Percent Change
	2010		2011		2012		2013		2014		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Gender**											
Male	848	82.1	812	81.0	869	81.4	869	83.8	810	83.2	-0.05
Female	174	16.8	176	17.5	176	16.5	161	15.5	138	14.2	-4.91
Transgender: MtF	9	0.9	10	1.0	19	1.8	6	0.6	7	0.7	-9.63
Transgender: FtM	2	0.2	5	0.5	3	0.3	1	0.1	7	0.7	9.37
Race/Ethnicity^											
Black, non-Hispanic	579	56.1	536	53.4	563	52.8	551	53.1	516	53.0	-2.01
White, non-Hispanic	196	19.0	155	15.5	218	20.4	217	20.9	210	21.6	4.86
Hispanic	188	18.2	217	21.6	225	21.1	213	20.5	211	21.7	2.14
Asian/PI, non-Hispanic	15	1.5	11	1.1	10	0.9	16	1.5	16	1.6	5.17
AI/AN, non-Hispanic	2	0.2	1	0.1	2	0.2	1	0.1	0	0.0	-12.94
Multiple, non-Hispanic	53	5.1	83	8.3	49	4.6	39	3.8	20	2.1	-23.70
Unknown	6	0.6	2	0.2	6	0.5	12	1.1	0	0.0	-16.40
Transmission Group											
Male Sex w/Male	698	67.6	687	68.5	791	74.2	785	75.7	762	78.3	3.14
Injection Drug Use	88	8.5	61	6.1	43	4.0	33	3.2	30	3.0	-24.17
MSM and IDU§	28	2.7	38	3.8	27	2.5	27	2.6	25	2.6	-5.23
Heterosexual	214	20.8	211	21.0	182	17.1	173	16.7	151	15.5	-8.57
Other¶	5	0.5	6	0.6	24	2.2	19	1.8	6	0.6	15.76
Age Category†											
Less than 13	3	0.3	2	0.2	10	0.9	6	0.6	5	0.5	23.62
13-19	50	4.8	65	6.5	76	7.1	51	4.9	58	6.0	0.54
20-29	334	32.3	336	33.5	358	33.5	416	40.1	399	41.0	5.86
20-24	185	17.9	182	18.1	170	15.9	244	23.5	192	19.7	3.74
25-29	149	14.4	154	15.4	188	17.6	172	16.6	207	21.3	7.98
30-39	274	26.5	233	23.2	272	25.5	243	23.4	219	22.5	-3.98
40-49	225	21.8	212	21.1	185	17.3	174	16.8	172	17.7	-7.08
50-59	116	11.2	119	11.9	119	11.2	116	11.2	86	8.8	-6.05
60+	31	3.0	36	3.6	47	4.4	31	3.0	34	3.5	0.35
Total	1,033	100.0	1,003	100.0	1,067	100.0	1,037	100.0	973	100.0	-0.86

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. *HIV infection diagnoses represents people newly diagnosed with HIV in a given year, at any stage of disease through 9/30/2015. **Current gender identity or gender with which a person identifies. Because total diagnoses were calculated using current gender, independently of values using birth sex, total diagnoses may differ slightly across tables. ^ Multiple, non-Hispanic indicates more than one race identified. §Men who have sex with men and inject drugs. ¶Includes perinatal transmission, blood transfusion, hemophilia, and NIR. †Age at time of diagnosis.

Table 3. HIV Infection Diagnoses* in 2014: Race/Ethnicity^ by Gender, Mode of Transmission, and Age Category, Chicago, (as of 9/30/2015)**

	Race/Ethnicity^													
	Black, NH		White, NH		Hispanic		Asian/PI, NH		AI/AN, NH		Multiple, NH		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Males														
Mode of Transmission														
Male Sex w/Male	355	90.8	185	92.2	180	94.6	12	89.2	14	93.3	0	0.0	746	92.1
Injection Drug Use	11	2.7	4	1.8	2	0.9	0	1.5	0	0.0	0	0.0	16	2.0
MSM and IDU [§]	8	1.9	10	4.8	4	1.9	1	9.2	1	6.7	0	0.0	23	2.8
Heterosexual	17	4.3	2	0.7	5	2.6	0	0.0	0	0.0	0	0.0	23	2.9
Other [¶]	1	0.3	1	0.5	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2
Age category[†]														
< 13	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
13-19	42	10.7	1	0.5	5	2.6	2	15.4	0	0.0	0	0.0	50	6.2
20-24	115	29.4	15	7.5	37	19.5	3	23.1	3	20.0	0	0.0	173	21.4
25-29	86	22.0	47	23.4	44	23.2	2	15.4	5	33.3	0	0.0	184	22.7
30-39	64	16.4	61	30.3	56	29.5	3	23.1	4	26.7	0	0.0	188	23.2
40-49	46	11.8	49	24.4	33	17.4	2	15.4	2	13.3	0	0.0	132	16.3
50-59	25	6.4	22	10.9	9	4.7	1	7.7	1	6.7	0	0.0	58	7.2
60+	12	3.1	6	3.0	6	3.2	0	0.0	0	0.0	0	0.0	24	3.0
Total Males	391	100.0	201	100.0	190	100.0	13	100.0	15	100.0	0	0.0	810	100.0
Females														
Mode of Transmission														
Injection Drug Use	12	10.5	2	22.9	0	0.7	0	0.0	0	0.0	0	0.0	13	9.6
Heterosexual	95	85.9	5	77.1	15	99.3	3	100.0	3	100.0	0	0.0	121	87.5
Other [¶]	4	3.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	2.9
Age category[†]														
< 13	4	3.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	2.9
13-19	6	5.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	6	4.3
20-24	13	11.8	0	0.0	1	6.7	0	0.0	1	33.3	0	0.0	15	10.9
25-29	9	8.2	1	14.3	3	20.0	0	0.0	1	33.3	0	0.0	14	10.1
30-39	19	17.3	3	42.9	3	20.0	2	66.7	0	0.0	0	0.0	27	19.6
40-49	31	28.2	1	14.3	3	20.0	0	0.0	0	0.0	0	0.0	35	25.4
50-59	21	19.1	1	14.3	4	26.7	1	33.3	0	0.0	0	0.0	27	19.6
60+	7	6.4	1	14.3	1	6.7	0	0.0	1	33.3	0	0.0	10	7.2
Total Females	110	100.0	7	100.0	15	100.0	3	100.0	3	100.0	0	0.0	138	100.0
Total Transgender: MtF	11	100.0	1	100.0	4	100.0	0	0.0	1	100.0	0	0.0	17	100.0
Total Transgender: FtM	3	100.0	1	100.0	2	100.0	0	0.0	1	100.0	0	0.0	7	100.0
All HIV Infections in 2014	516	100.0	210	100.0	211	100.0	16	100.0	20	100.0	0	0.0	973	100.0

Note: Groups may not total 100% due to rounding; values <0.5 are rounded to zero. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. *HIV infection diagnoses represents people newly diagnosed with HIV in a given year, at any stage of disease through 9/30/2015. **Current gender identity or gender with which a person identifies. Because total diagnoses were calculated using current gender, independently of values using birth sex, total diagnoses values may differ slightly across tables. ^Multiple, non-Hispanic indicates more than one race identified; totals include cases with unknown race ethnicity. §Men who have sex with men and inject drugs. ¶Includes perinatal transmission, blood transfusion, hemophilia, and NIR. †Age at time of diagnosis, does not include <13 years of age due to small numbers.

Table 4. People Living with HIV Infection (PLWH)* in 2013: Race/Ethnicity[^] by Gender, Mode of Transmission, and Age Category, Chicago (as of 9/30/2015)**

	Race/Ethnicity [^]															
	Black, NH		White, NH		Hispanic		Asian/PI, NH		AI/AN, NH		Multiple, NH		Uknown		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Males																
Mode of Transmission																
Male Sex w/Male	5,369	66.3	4,826	90.8	2,725	76.0	164	82.6	18	76.1	717	77.6	1	100.0	13,820	76.1
Injection Drug Use	1,358	16.8	135	2.5	349	9.7	4	2.2	2	7.4	70	7.5	0	0.0	1,918	10.6
MSM and IDU [§]	622	7.7	258	4.8	245	6.8	8	4.2	2	7.4	99	10.8	0	0.0	1,234	6.8
Heterosexual	629	7.8	69	1.3	232	6.5	20	10.1	1	4.8	31	3.4	0	0.0	983	5.4
Other [¶]	122	1.5	27	0.5	36	1.0	2	1.0	1	4.3	7	0.8	0	0.0	195	1.1
Age category†																
< 13	29	0.4	0	0.0	4	0.1	0	0.0	0	0.0	1	0.1	0	0.0	34	0.2
13-19	108	1.3	3	0.1	20	0.6	0	0.0	1	4.3	1	0.1	0	0.0	133	0.7
20-24	572	7.1	55	1.0	117	3.3	4	2.0	1	4.3	39	4.2	0	0.0	788	4.3
25-29	722	8.9	187	3.5	259	7.2	9	4.5	3	13.0	60	6.5	0	0.0	1,240	6.8
30-39	1,384	17.1	766	14.4	836	23.3	61	30.7	3	13.0	177	19.2	0	0.0	3,227	17.8
40-49	2,011	24.8	1,797	33.8	1,203	33.5	72	36.2	7	30.4	304	32.9	0	0.0	5,394	29.7
50-59	2,234	27.6	1,777	33.4	803	22.4	35	17.6	7	30.4	262	28.4	1	100.0	5,119	28.2
60+	1,041	12.9	730	13.7	345	9.6	18	9.0	1	4.3	80	8.7	0	0.0	2,215	12.2
Total Males	8,101	100.0	5,315	100.0	3,587	100.0	199	100.0	23	100.0	924	100.0	1	100.0	18,150	100.0
Females																
Mode of Transmission																
Injection Drug Use	964	28.2	130	42.6	130	20.1	4	11.6	2	30.0	60	38.1	0	0.0	1,289	28.2
Heterosexual	2,314	67.6	165	54.1	493	75.9	27	88.4	4	70.0	90	57.4	0	0.0	3,092	67.7
Other [¶]	144	4.2	10	3.3	26	4.0	0	0.0	0	0.0	7	4.5	0	0.0	187	4.1
Age category†																
< 13	26	0.8	0	0.0	3	0.5	0	0.0	0	0.0	4	2.6	0	0.0	33	0.7
13-19	80	2.3	2	0.7	9	1.4	0	0.0	0	0.0	2	1.3	0	0.0	93	2.0
20-24	149	4.4	8	2.6	16	2.5	0	0.0	0	0.0	7	4.5	0	0.0	180	3.9
25-29	244	7.1	7	2.3	35	5.4	0	0.0	0	0.0	3	1.9	0	0.0	289	6.3
30-39	691	20.2	46	15.1	129	19.9	10	32.3	0	0.0	23	14.7	0	0.0	899	19.7
40-49	1,034	30.2	109	35.7	227	35.0	13	41.9	0	0.0	51	32.7	0	0.0	1,434	31.4
50-59	871	25.5	101	33.1	157	24.2	5	16.1	3	60.0	48	30.8	0	0.0	1,185	25.9
60+	327	9.6	32	10.5	73	11.2	3	9.7	2	40.0	18	11.5	0	0.0	455	10.0
Total Females	3,422	100.0	305	100.0	649	100.0	31	100.0	5	100.0	156	100.0	0	0.0	4,568	100.0
Total Transgender: MtF	68	100.0	7	100.0	30	100.0	0	0.0	0	0.0	11	100.0	0	0.0	116	100.0
Total Transgender: FtM	28	100.0	2	100.0	4	100.0	1	100.0	0	0.0	4	100.0	0	0.0	39	100.0
All HIV Infections in 2013	11,620	100.0	5,629	100.0	4,271	100.0	231	100.0	28	100.0	1,095	100.0	1	100.0	22,875	100.0

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. *All persons diagnosed with HIV, from the beginning of the epidemic through 12/31/2012 and living through 12/31/2013 as of 09/30/2015. **Current gender identity or gender with which a person identifies. Because total values were calculated using current gender, independently of values using birth sex, total diagnoses values may differ slightly across tables. ^Multiple, non-Hispanic indicates more than one race identified. §Men who have sex with men and inject drugs. ¶Includes perinatal transmission, blood transfusion, hemophilia, and NIR. †Age at time of diagnosis.

Table 5. AIDS* Cases by Year of Diagnosis and Selected Demographic Characteristics, Chicago, 2010-2014 (as of 9/30/2015)

Demographic Characteristic	Year of Diagnosis										Estimated Annual Percent Change
	2010		2011		2012		2013		2014		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Sex Gender											
Male	467	75.4	438	76.0	459	78.9	429	81.6	313	76.0	-7.9
Female	143	23.1	131	22.7	119	20.4	88	16.7	93	22.6	-11.8
Transgender: MtF	5	0.8	6	1.0	3	0.5	7	1.3	2	0.5	-15.5
Transgender: FtM	4	0.6	1	0.2	1	0.2	2	0.4	4	1.0	N/A
Race/Ethnicity[^]											
Black, non-Hispanic	371	59.9	339	58.9	334	57.4	303	57.6	245	59.5	-9.0
White, non-Hispanic	93	15.0	70	12.2	89	15.3	86	16.3	55	13.3	-8.1
Hispanic	112	18.1	123	21.4	113	19.4	100	19.0	88	21.4	-6.7
Asian/PI, non-Hispanic	7	1.1	4	0.7	9	1.5	4	0.8	4	1.0	-10.6
AI/AN, non-Hispanic	0	0.0	0	0.0	1	0.2	0	0.0	0	0.0	N/A
Multiple, non-Hispanic	36	5.8	40	6.9	36	6.2	33	6.3	20	4.9	-12.8
Other/Unknown	3	0.5	0	0.0	0	0.0	0	0.0	0	0.0	N/A
Transmission Group											
Male Sex w/Male	340	55.0	336	58.4	364	62.5	361	68.7	258	62.6	-4.7
Injection Drug Use	87	14.0	65	11.3	70	12.1	42	8.1	44	10.7	-16.5
MSM and IDU§	35	5.7	26	4.4	19	3.3	26	5.0	15	3.6	-18.3
Heterosexual	149	24.0	139	24.2	117	20.1	85	16.2	86	20.8	-14.5
Other¶	8	1.3	10	1.7	12	2.1	11	2.1	9	2.2	3.4
Age Category[†]											
Less than 13	0	0.0	0	0.0	0	0.0	0	0.0	3	0.7	N/A
13-19	10	1.6	19	3.3	20	3.4	12	2.3	8	1.9	-8.7
20-29	122	19.7	125	21.7	142	24.4	138	26.2	81	19.7	-6.9
20-24	45	7.3	51	8.9	49	8.4	70	13.3	32	7.8	-3.6
24-29	77	12.4	74	12.8	93	16.0	68	12.9	49	11.9	-9.4
30-39	171	27.6	143	24.8	136	23.4	141	26.8	101	24.5	-10.1
40-49	190	30.7	158	27.4	137	23.5	123	23.4	111	26.9	-12.4
50-59	93	15.0	99	17.2	106	18.2	88	16.7	76	18.4	-5.1
60+	33	5.3	32	5.6	41	7.0	24	4.6	32	7.8	-3.4
Total	619	100.0	576	100.0	582	100.0	526	100.0	412	100.0	-8.7

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. *All persons diagnosed with AIDS, from the beginning of the epidemic through 9/30/2015. **Current gender identity or gender with which a person identifies. Because total diagnoses were calculated using current gender, independently of values using birth sex, total diagnoses values may differ slightly across tables. ^Multiple, non-Hispanic indicates more than one race identified. §Men who have sex with men and inject drugs. ¶Includes perinatal transmission, blood transfusion, hemophilia, and NIR. †Age at time of diagnosis.

Table 6. 2013-2014 Average Annual HIV Infection* Diagnosis Rates by Community Area, Chicago (as of 9/30/2015)

Community Area	Average Infections [†]	Average HIV Rate [§]	Community Area	Average Infections [†]	Average HIV Rate [§]
1 Rogers Park	42	76.4	40 Washington Park	7	59.7
2 West Ridge	18	24.3	41 Hyde Park	7	25.3
3 Uptown	62	110.0	42 Woodlawn	14	52.0
4 Lincoln Square	9	22.8	43 South Shore	34	67.3
5 North Center	<5	--	44 Chatham	12	38.7
6 Lake View	63	66.8	45 Avalon Park	6	54.0
7 Lincoln Park	7	10.1	46 South Chicago	17	54.5
8 Near North Side	13	15.5	47 Burnside	<5	--
9 Edison Park	0	0.0	48 Calumet Heights	<5	--
10 Norwood Park	<5	--	49 Roseland	20	44.8
11 Jefferson Park	<5	--	50 Pullman	6	75.1
12 Forest Glen	0	0.0	51 South Deering	5	33.1
13 North Park	0	0.0	52 East Side	<5	--
14 Albany Park	12	23.3	53 West Pullman	10	33.7
15 Portage Park	6	9.4	54 Riverdale	<5	--
16 Irving Park	11	19.7	55 Hegewisch	<5	--
17 Dunning	<5	--	56 Garfield Ridge	<5	--
18 Montclare	<5	--	57 Archer Heights	<5	--
19 Belmont Cragin	14	17.8	58 Brighton Park	9	19.8
20 Hermosa	5	20.0	59 McKinley Park	<5	--
21 Avondale	9	22.9	60 Bridgeport	5	14.1
22 Logan Square	20	27.2	61 New City	9	19.2
23 Humboldt Park	26	46.2	62 West Elsdon	<5	--
24 West Town	23	27.6	63 Gage Park	9	21.3
25 Austin	42	42.1	64 Clearing	0	0.0
26 West Garfield Park	18	97.2	65 West Lawn	7	19.5
27 East Garfield Park	13	60.8	66 Chicago Lawn	23	40.4
28 Near West Side	25	44.6	67 West Englewood	19	53.5
29 North Lawndale	21	57.1	68 Englewood	17	55.5
30 South Lawndale	19	23.3	69 Gr. Grand Crossing	24	72.1
31 Lower West Side	9	25.2	70 Ashburn	9	21.9
32 Loop	9	30.7	71 Auburn Gresham	23	47.2
33 Near South Side	6	25.7	72 Beverly	<5	--
34 Armour Square	<5	--	73 Washington Heights	8	30.2
35 Douglas	11	57.6	74 Mount Greenwood	<5	--
36 Oakland	<5	--	75 Morgan Park	9	37.7
37 Fuller Park	0	0.0	76 O'Hare	<5	--
38 Grand Boulevard	17	77.5	77 Edgewater	50	88.5
39 Kenwood	6	30.8	Unknown CA	137	--
			Chicago Total[¶]	1,057	39.2

Note: Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. §Rate per 100,000 population using 2010 U.S. Census Bureau population figures. ¶Includes all persons with unknown/undetermined community area. *HIV infection diagnoses represents newly diagnosed with HIV in a given year, at any stage of the disease through 9/30/2015.

Figure 4. 2013-2014 Average Annual HIV Infection Diagnosis Case Rates (per 100,000) by Community Area, Chicago

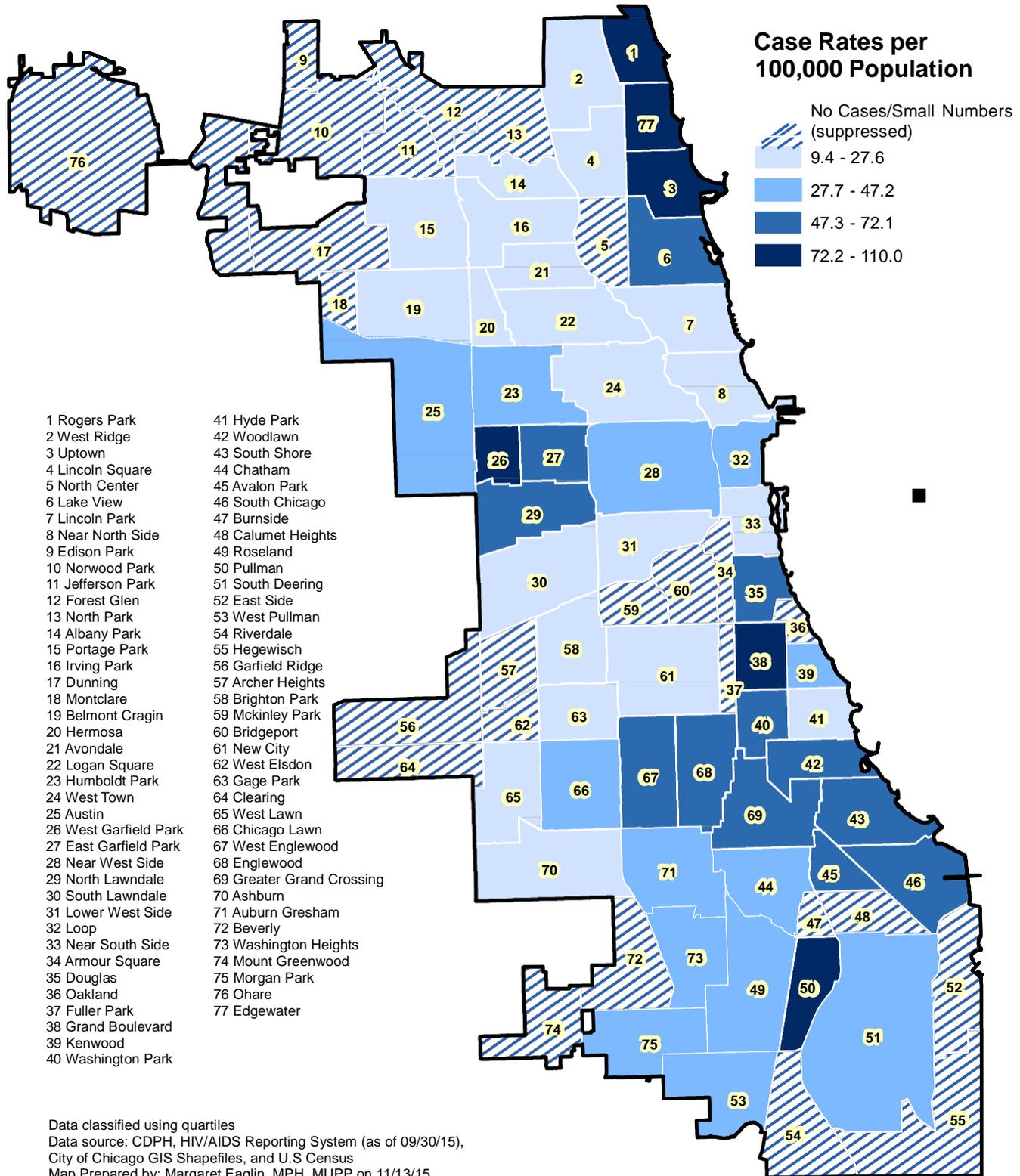
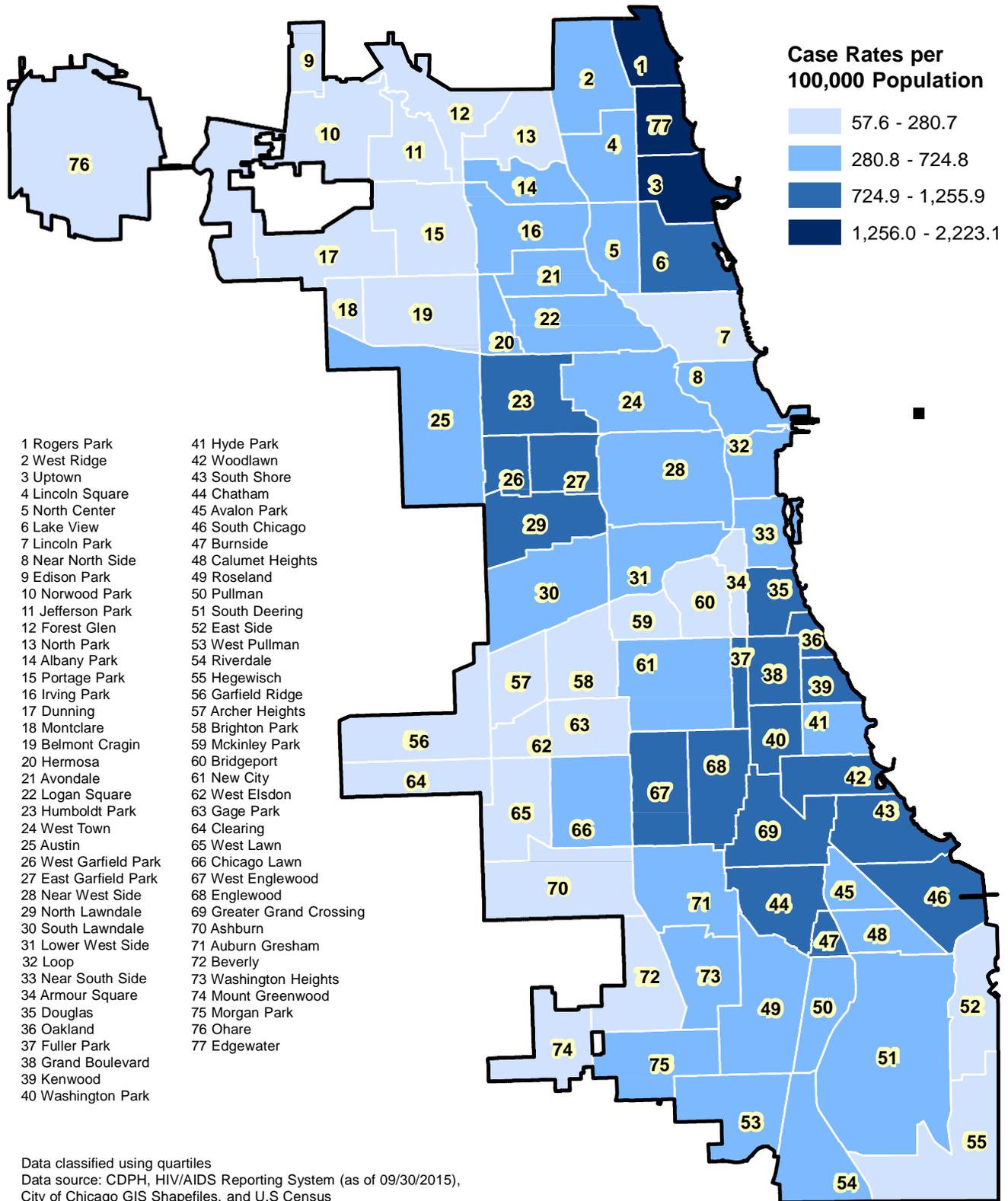


Table 7. People Living with HIV Infection (PLWH) in 2013 by Community Area, Chicago (as of 9/30/2015)

Community Area	Prevalent Cases	Prevalence Rate [§]	Community Area	Prevalent Cases ^e	Prevalence Rate [§]
1 Rogers Park	897	1,631.2	40 Washington Park	137	1,169.2
2 West Ridge	307	426.7	41 Hyde Park	140	545.2
3 Uptown	1,253	2,223.1	42 Woodlawn	242	931.4
4 Lincoln Square	185	468.4	43 South Shore	625	1,255.9
5 North Center	112	351.5	44 Chatham	278	896.0
6 Lake View	1,041	1,103.1	45 Avalon Park	69	677.5
7 Lincoln Park	180	280.7	46 South Chicago	266	852.6
8 Near North Side	328	407.5	47 Burnside	23	788.8
9 Edison Park	9	80.5	48 Calumet Heights	81	586.4
10 Norwood Park	33	89.1	49 Roseland	272	609.6
11 Jefferson Park	37	145.4	50 Pullman	48	655.3
12 Forest Glen	33	178.3	51 South Deering	83	549.3
13 North Park	42	234.2	52 East Side	28	121.5
14 Albany Park	223	432.7	53 West Pullman	171	576.7
15 Portage Park	120	187.1	54 Riverdale	24	370.3
16 Irving Park	200	374.8	55 Hegewisch	9	95.5
17 Dunning	52	124.0	56 Garfield Ridge	38	110.1
18 Montclare	32	238.3	57 Archer Heights	18	134.4
19 Belmont Cragin	209	265.4	58 Brighton Park	115	253.5
20 Hermosa	98	391.8	59 McKinley Park	31	198.6
21 Avondale	170	433.0	60 Bridgeport	73	228.3
22 Logan Square	353	479.7	61 New City	185	416.9
23 Humboldt Park	439	779.4	62 West Elsdon	26	143.6
24 West Town	404	496.1	63 Gage Park	88	220.6
25 Austin	714	724.8	64 Clearing	26	112.4
26 West Garfield Park	170	944.4	65 West Lawn	50	149.9
27 East Garfield Park	223	1,084.3	66 Chicago Lawn	250	449.4
28 Near West Side	369	672.4	67 West Englewood	266	749.2
29 North Lawndale	366	1,019.2	68 Englewood	282	919.9
30 South Lawndale	505	636.9	69 Gr. Grand Crossing	311	953.9
31 Lower West Side	138	385.8	70 Ashburn	94	228.8
32 Loop	122	416.6	71 Auburn Gresham	338	693.4
33 Near South Side	109	509.6	72 Beverly	41	204.7
34 Armour Square	31	231.5	73 Washington Heights	159	600.2
35 Douglas	173	948.6	74 Mount Greenwood	11	57.6
36 Oakland	45	760.4	75 Morgan Park	97	430.3
37 Fuller Park	28	973.6	76 O'Hare	18	141.1
38 Grand Boulevard	273	1,244.9	77 Edgewater	1,222	2,162.0
39 Kenwood	149	835.2	Unknown CA	6,483	--
			Chicago Total[¶]	22,890	849.2

Note: Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. †All persons diagnosed with HIV, from the beginning of the epidemic through 12/31/2011 and living through 12/31/2012 as of 09/30/2015. §Rate per 100,000 population using 2010 U.S. Census Bureau population figures. ¶Includes all persons with unknown/undetermined community area.

Figure 5. People Living with HIV Infection (PLWH) in 2013 by Community Area, Chicago



Data classified using quartiles
 Data source: CDPH, HIV/AIDS Reporting System (as of 09/30/2015),
 City of Chicago GIS Shapefiles, and U.S Census
 Map Prepared by: Margaret Eaglin, MPH, MUPP on 11/13/2015

STI Highlights

- Chlamydia trachomatis is the most common reportable communicable disease in both males and females in Chicago. In 2014, a total of 27,320 chlamydia infections were reported to CDPH. Between 2010–2014, the total number of reported chlamydia cases increased from 25,288 to 27,320. Chlamydia cases among females slightly decreased by 1.0%, from 2010 to 2014. Additionally, the annual percent of cases among males increased by 4.0% during the same time period. As in previous years, the reported number of cases among females was about two times the number of cases among males in 2014, likely reflecting a larger number of females screened for this infection. It is also likely that many of the sex partners of women with chlamydia did not receive a diagnosis of chlamydia nor were they reported as having chlamydia (Table 10).
- The combination of persistently high gonorrhea morbidity along with resistance and decreased treatment options is reinforcing the need to better understand the epidemiology of gonorrhea. From 2010 to 2014, the total number of reported gonorrhea cases increased annually by < 1.0% (Table 8). Notably in 2014, the number of gonorrhea cases among females were the lowest since 2010 (43.1% of cases), while the number of gonorrhea cases among males were the highest since 2010 (56.7%) (Table 8). An increase among males in 2014 compared to females is suggestive of either increased transmission or increased case ascertainment (e.g., through increased extra-genital screening) among men. Our participation in the STD Surveillance Network (SSuN) demonstrated that there is a need to collect data on gender of sex partner for males. As a result, in addition to updating our STI surveillance morbidity form in 2011, gender of sex partner was added to the surveillance system (INEDSS) which allows providers to report this information to the health department and assess trends in gonorrhea cases among MSM.
- Overall, P&S syphilis has decreased 6.7% from 2010 (686 cases) to 2014 (643 cases), with an estimated annual decrease of 2.1% (EAPC). The total number of P&S syphilis cases decreased annually by 1.5% among males from 2010-2014. During this same period, the number of cases among females decreased annually by 6.6% (Table 12).
- The majority of STI diagnoses in Chicago are concentrated among adolescents and young adults. Those 13 to 24 years old accounted for 59.7% of gonorrhea cases and 66.7% of chlamydia cases, while 44.0% of P&S syphilis cases were among those under age 30 (Table 8, 10, 12). NH Blacks comprised the majority of STIs in Chicago during 2014, at 47.1% of chlamydia infections, 50.6% of gonorrhea infections, and 43.4% of syphilis infections. Since 2010, NH Whites and Hispanics have accounted for increasing proportions of gonorrhea infections and P&S syphilis cases (Table 8, 10, 12).
- The largest proportion of P&S syphilis cases (59.7%) remains among men who have sex with men (MSM), while men who have sex with females (MSW) represented close to 11%. Notably, 19.4% of male syphilis cases were reported as 'unknown' risk, which, if known, would likely increase the number of MSM cases. Based on the provisional data, 41.6% of males newly diagnosed with syphilis in 2014 were also infected with HIV (Table 12).
- Trends in congenital syphilis usually follow trends for P&S syphilis among females, with a lag of 1–2 years. During 2010-2014, the total number of P&S syphilis among females decreased from 84 cases to 62, with an estimated annual decrease of 6.6%. As a result, the total number of congenital syphilis only slightly increased from 19 cases to 20 cases (5.2% EAPC) during the same time period (Table 12, 14).

STI: Figures and Tables

Figure 6. Number of Reported Sexually Transmitted Infections, Chicago, 1997-2014

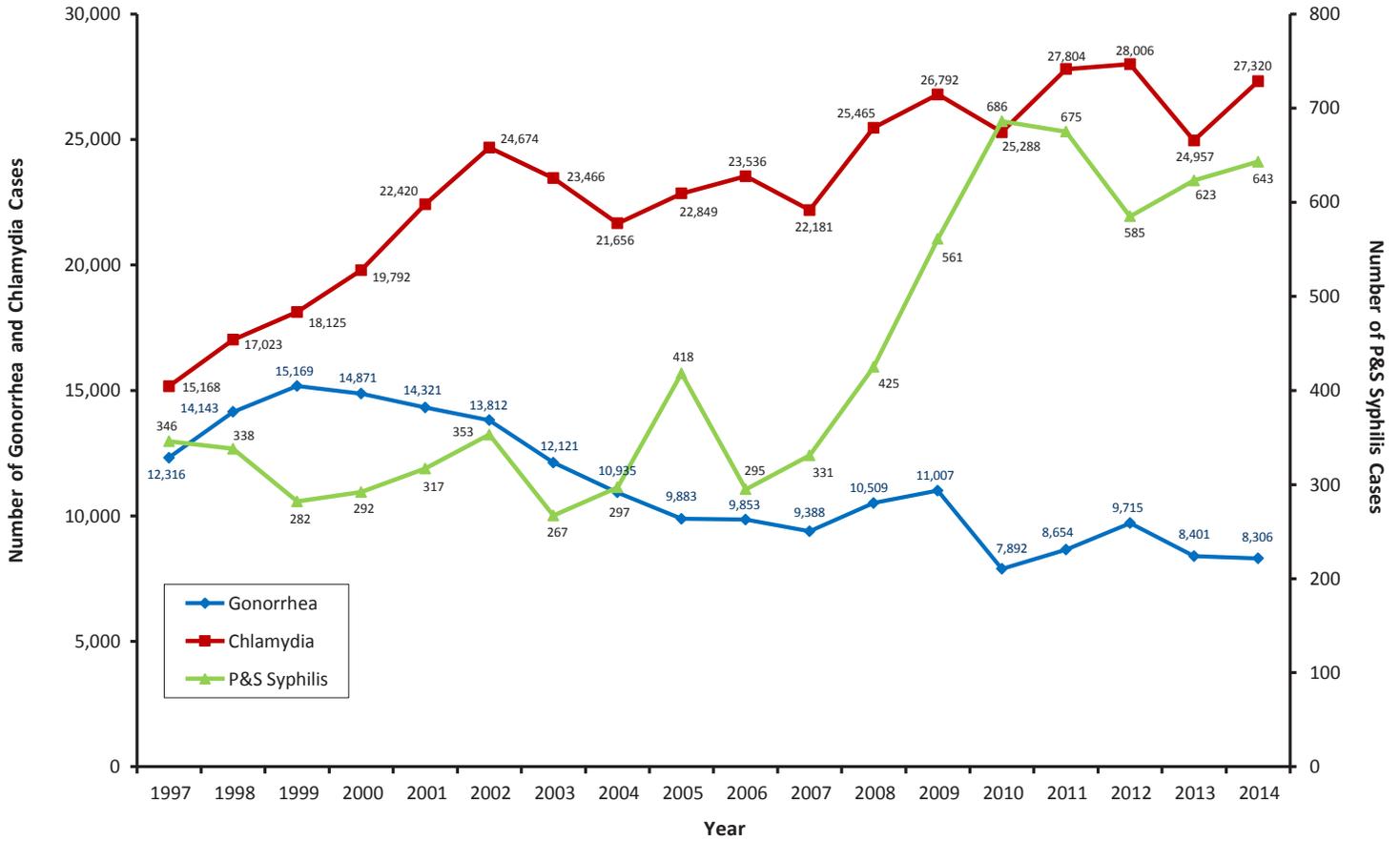


Table 8. Trends in Gonorrhea Cases by Selected Demographic Characteristics, Chicago, 2010-2014

Demographic Characteristics	Year of Report										Estimated Annual Percent Change
	2010		2011		2012		2013		2014		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Sex											
Male	3,623	45.9	4,141	47.9	4,752	48.9	4,286	51.0	4,709	56.7	5.7
Female	4,248	53.8	4,497	52.0	4,948	50.9	4,107	48.9	3,582	43.1	-4.2
Race/Ethnicity											
Black, non-Hispanic	4,821	61.1	5,756	66.5	5,991	61.7	5,357	63.8	4,200	50.6	-3.4
White, non-Hispanic	343	4.3	393	4.5	469	4.8	465	5.5	680	8.2	16.6
Hispanic	333	4.2	439	5.1	437	4.5	424	5.0	495	6.0	7.9
Asian/PI, non-Hispanic	15	0.2	28	0.3	39	0.4	26	0.3	25	0.3	9.9
AI/AN, non-Hispanic	7	0.1	8	0.1	5	0.1	9	0.1	6	0.1	-1.9
Other, non-Hispanic	34	0.4	116	1.3	63	0.6	62	0.7	62	0.8	5.9
Unknown	2,339	29.6	1,914	22.1	2,711	27.9	2,058	24.6	2,838	34.2	4.7
Age[†]											
Less than 13	23	0.3	29	0.3	21	0.2	16	0.2	6	0.1	-28.0
13-19	2,730	34.6	3,136	36.2	3,261	33.6	2,682	31.9	2,162	26.0	-6.0
20-29	3,694	46.8	4,022	46.5	4,644	47.8	4,099	48.8	4,273	51.4	3.2
20-24	2,520	31.9	2,767	32.0	3,173	32.7	2,780	33.1	2,798	33.7	2.2
25-29	1,174	14.9	1,255	14.5	1,471	15.1	1,319	15.7	1,475	17.8	5.2
30-39	938	11.9	929	10.7	1,138	11.7	1,017	12.1	1,196	14.4	5.9
40-49	368	4.7	392	4.5	467	4.8	422	5.0	458	5.5	5.2
50+	139	1.8	146	1.7	184	1.9	165	2.0	211	2.5	10.0
Total**	7,892	100.0	8,654	100.0	9,715	100.0	8,401	100.0	8,306	100.0	0.7

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. †Age at time of diagnosis. **Includes cases with unknown sex or age.

Table 9. Gonorrhea Case Rates (per 100,000) by Community Area, Chicago, 2014

Community Area	Gonorrhea Cases	Rate	Community Area	Gonorrhea Cases	Rate
1 Rogers Park	166	301.9	40 Washington Park	97	827.9
2 West Ridge	54	75.1	41 Hyde Park	24	93.5
3 Uptown	288	511	42 Woodlawn	116	446.4
4 Lincoln Square	24	60.8	43 South Shore	296	594.8
5 North Center	23	72.2	44 Chatham	170	547.9
6 Lake View	290	307.3	45 Avalon Park	43	422.2
7 Lincoln Park	56	87.3	46 South Chicago	126	403.9
8 Near North Side	83	103.1	47 Burnside	15	514.4
9 Edison Park	<5	--	48 Calumet Heights	52	376.5
10 Norwood Park	<5	--	49 Roseland	211	472.9
11 Jefferson Park	7	27.5	50 Pullman	25	341.3
12 Forest Glen	<5	--	51 South Deering	54	357.4
13 North Park	5	27.9	52 East Side	17	73.8
14 Albany Park	35	67.9	53 West Pullman	138	465.4
15 Portage Park	34	53	54 Riverdale	51	786.8
16 Irving Park	49	91.8	55 Hegewisch	<5	--
17 Dunning	13	31	56 Garfield Ridge	23	66.6
18 Montclare	11	81.9	57 Archer Heights	5	37.3
19 Belmont Cragin	56	71.1	58 Brighton Park	21	46.3
20 Hermosa	21	84	59 McKinley Park	10	64.1
21 Avondale	45	114.6	60 Bridgeport	13	40.7
22 Logan Square	72	97.8	61 New City	101	227.6
23 Humboldt Park	215	381.7	62 West Elsdon	8	44.2
24 West Town	117	143.7	63 Gage Park	39	97.8
25 Austin	545	553.2	64 Clearing	10	43.2
26 West Garfield Park	157	872.2	65 West Lawn	21	63
27 East Garfield Park	155	753.6	66 Chicago Lawn	207	372.1
28 Near West Side	175	318.9	67 West Englewood	290	816.8
29 North Lawndale	278	774.1	68 Englewood	241	786.2
30 South Lawndale	76	95.9	69 Gr. Grand Crossing	233	714.7
31 Lower West Side	49	137	70 Ashburn	77	187.4
32 Loop	42	143.4	71 Auburn Gresham	271	556
33 Near South Side	24	112.2	72 Beverly	15	74.9
34 Armour Square	11	82.1	73 Washington Heights	113	426.5
35 Douglas	69	378.3	74 Mount Greenwood	<5	--
36 Oakland	37	625.2	75 Morgan Park	51	226.2
37 Fuller Park	13	452	76 O'Hare	5	39.2
38 Grand Boulevard	125	570	77 Edgewater	200	353.9
39 Kenwood	67	375.5	Unknown CA	1417	
			Chicago Total[¶]	8,306	308.1

Note: Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. Rate per 100,000 population using 2010 U.S. Census Bureau population figures. ¶Includes all persons with unknown/undetermined community area.

Figure 7. Gonorrhea Case Rates (per 100,000) by Community Area, Chicago, 2014

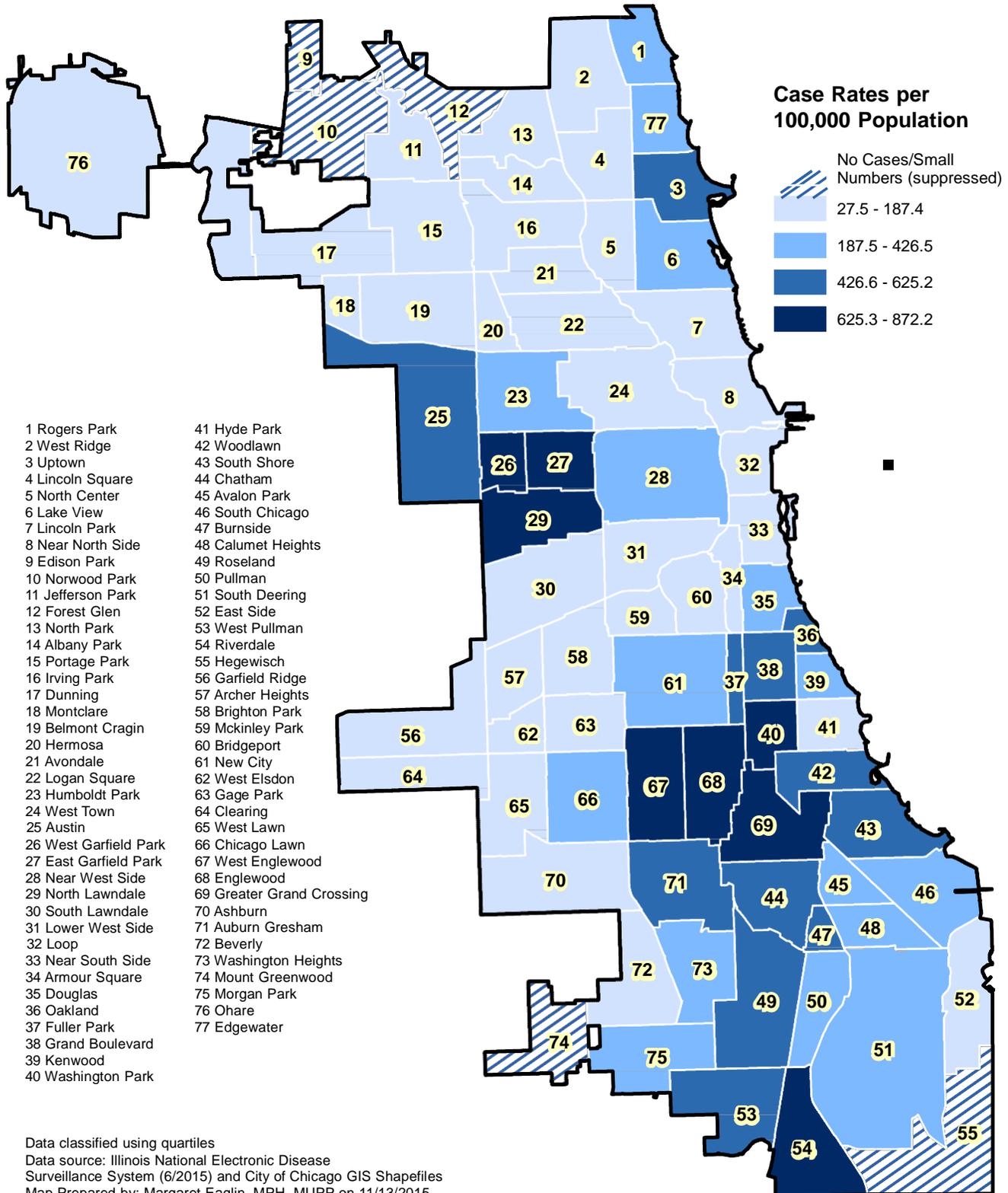


Table 10. Trends in Chlamydia Cases by Selected Demographic Characteristics, Chicago, 2010-2014

Demographics Characteristics	Year of Report										Estimated Annual Percent Change
	2010		2011		2012		2013		2014		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Sex											
Male	7,023	27.8	8,500	30.6	8,364	29.9	7,520	30.1	9,073	33.2	4.0
Female	18,192	71.9	19,232	69.2	19,574	69.9	17,396	69.6	18,201	66.6	-1.0
Race/Ethnicity											
Black, non-Hispanic	13,359	52.8	15,714	56.5	14,479	51.7	13,184	52.8	12,858	47.1	-2.5
White, non-Hispanic	977	3.9	1,292	4.6	1,125	4.0	1,222	4.9	1,516	5.6	8.6
Hispanic	2,838	11.2	3,456	12.4	3,107	11.1	2,906	11.6	3,298	12.1	1.2
Asian/PI, non-Hispanic	129	0.5	131	0.5	152	0.5	159	0.6	172	0.6	8.0
AI/AN, non-Hispanic	28	0.1	14	0.1	12	0.0	11	0.0	20	0.1	-8.7
Other, non-Hispanic	170	0.7	481	1.7	279	1.0	273	1.1	311	1.1	6.6
Unknown	7,787	30.8	6,716	24.2	8,852	31.6	7,202	28.8	9,145	33.5	4.0
Age[†]											
Less than 13	115	0.5	41	0.1	58	0.2	49	0.2	28	0.1	-23.3
13-19	9,245	36.6	10,282	37.0	10,304	36.8	8,545	34.2	8,427	30.9	-3.6
20-29	12,334	48.8	13,671	49.2	13,822	49.4	12,783	51.2	14,497	53.1	2.6
20-24	8,405	33.2	9,359	33.7	9,548	34.1	8,898	35.6	9,789	35.8	2.6
25-29	3,929	15.5	4,312	15.5	4,274	15.3	3,885	15.5	4,708	17.2	2.6
30-39	2,636	10.4	2,804	10.1	2,839	10.1	2,594	10.4	3,144	11.5	2.8
40-49	716	2.8	755	2.7	722	2.6	748	3.0	845	3.1	3.3
50+	242	1.0	251	0.9	261	0.9	238	1.0	379	1.4	8.8
Total**	25,288	100.0	27,804	100.0	28,006	100.0	24,957	100.0	27,320	100.0	0.5

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable.

[†]Age at time of diagnosis. ^{**}Includes cases with unknown sex or age.

Table 11. Chlamydia Case Rates (per 100,000) by Community Area, Chicago, 2014

Community Area	Chlamydia Cases	Rate	Community Area	Chlamydia Cases	Rate
1 Rogers Park	399	725.6	40 Washington Park	316	2,696.9
2 West Ridge	245	340.6	41 Hyde Park	107	416.7
3 Uptown	403	715.0	42 Woodlawn	389	1,497.1
4 Lincoln Square	110	278.5	43 South Shore	894	1,796.4
5 North Center	90	282.4	44 Chatham	460	1,482.5
6 Lake View	527	558.5	45 Avalon Park	131	1,286.2
7 Lincoln Park	266	414.9	46 South Chicago	438	1,403.9
8 Near North Side	388	482.1	47 Burnside	47	1,611.8
9 Edison Park	20	178.8	48 Calumet Heights	125	905.0
10 Norwood Park	42	113.4	49 Roseland	646	1,447.8
11 Jefferson Park	58	227.9	50 Pullman	91	1,242.3
12 Forest Glen	17	91.9	51 South Deering	194	1,284.0
13 North Park	32	178.5	52 East Side	105	455.7
14 Albany Park	206	399.7	53 West Pullman	481	1,622.2
15 Portage Park	233	363.4	54 Riverdale	149	2,298.7
16 Irving Park	229	429.2	55 Hegewisch	30	318.3
17 Dunning	86	205.1	56 Garfield Ridge	143	414.3
18 Montclare	65	484.1	57 Archer Heights	83	619.7
19 Belmont Cragin	475	603.2	58 Brighton Park	285	628.2
20 Hermosa	178	711.7	59 McKinley Park	89	570.1
21 Avondale	214	545.1	60 Bridgeport	101	315.9
22 Logan Square	398	540.8	61 New City	545	1,228.1
23 Humboldt Park	893	1,585.5	62 West Elsdon	90	497.0
24 West Town	493	605.4	63 Gage Park	283	709.4
25 Austin	1,893	1,921.6	64 Clearing	63	272.3
26 West Garfield Park	500	2,777.6	65 West Lawn	180	539.6
27 East Garfield Park	487	2,367.9	66 Chicago Lawn	828	1,488.5
28 Near West Side	635	1,157.0	67 West Englewood	814	2,292.6
29 North Lawndale	1,051	2,926.6	68 Englewood	716	2,335.7
30 South Lawndale	550	693.7	69 Gr. Grand Crossing	697	2,137.9
31 Lower West Side	251	701.7	70 Ashburn	278	676.7
32 Loop	155	529.3	71 Auburn Gresham	835	1,713.1
33 Near South Side	95	444.1	72 Beverly	75	374.4
34 Armour Square	80	597.4	73 Washington Heights	410	1,547.6
35 Douglas	244	1,337.9	74 Mount Greenwood	46	240.9
36 Oakland	124	2,095.3	75 Morgan Park	207	918.2
37 Fuller Park	46	1,599.4	76 O'Hare	31	243.0
38 Grand Boulevard	414	1,887.9	77 Edgewater	283	500.7
39 Kenwood	189	1,059.4	Unknown CA	2,854	
			Chicago Total[¶]	27,320	1,013.5

Note: Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. Rate per 100,000 population using 2010 U.S. Census Bureau population figures. ¶Includes all persons with unknown/undetermined community area.

Figure 8. Chlamydia Case Rates (per 100,000) by Community Area, Chicago, 2014

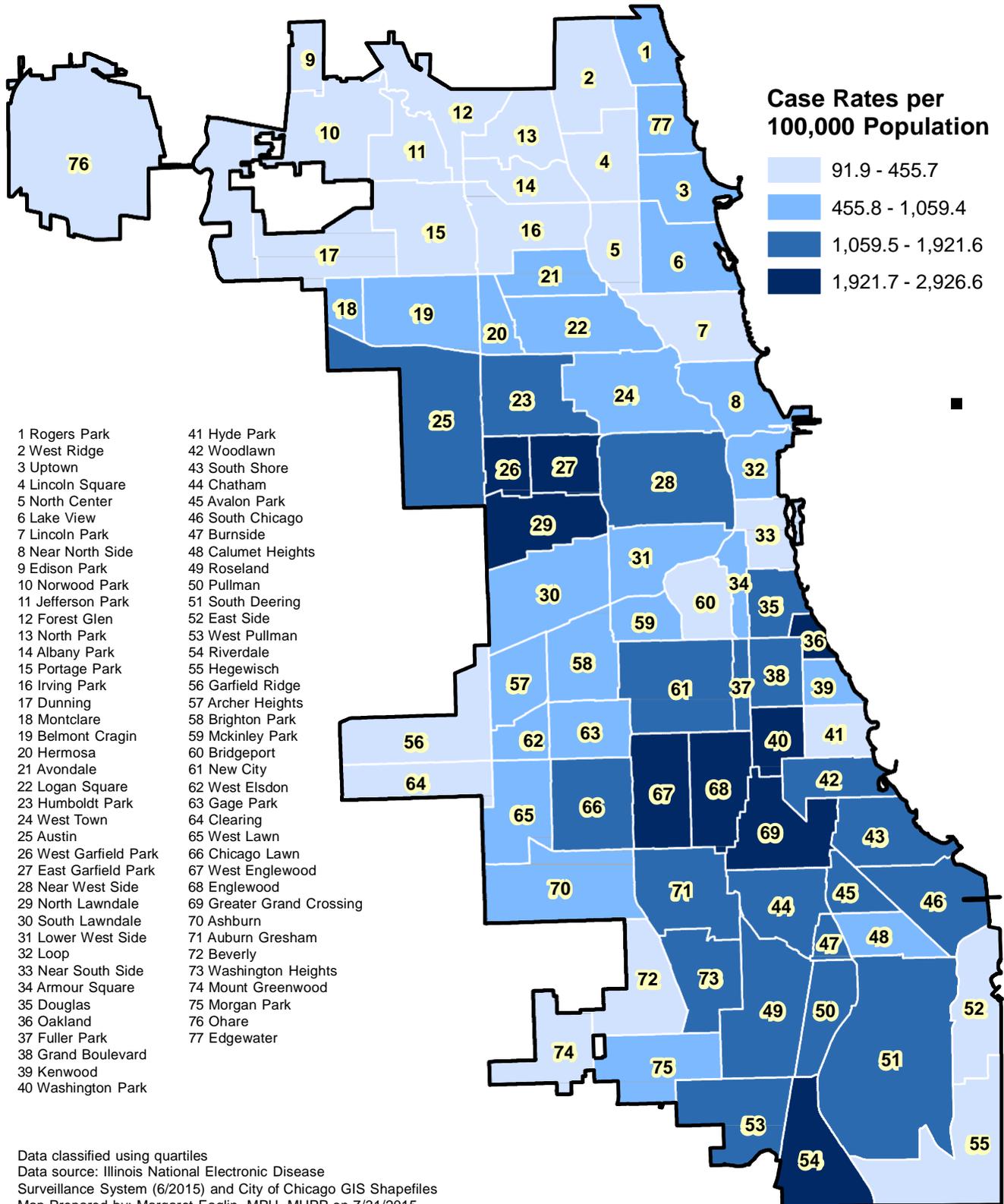


Table 12. Trends in Primary and Secondary Syphilis Cases by Selected Demographic Characteristics, Chicago, 2010-2014

Demographic Characteristic	Year of Report										Estimated Annual Change
	2010		2011		2012		2013		2014		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Sex*											
Male	602	87.8	616	91.3	526	89.9	567	91.0	581	90.4	-1.5
Female	84	12.2	59	8.7	59	10.1	55	8.8	62	9.6	-6.6
Race/Ethnicity*											
Black, non-Hispanic	402	58.6	375	55.6	290	49.6	291	46.7	280	43.4	-9.3
White, non-Hispanic	152	22.2	170	25.2	156	26.7	169	27.1	191	29.7	4.6
Hispanic	92	13.4	86	12.7	99	16.9	104	16.7	103	16.0	4.2
Asian/PI, non-Hispanic	11	1.6	8	1.2	9	1.5	21	3.4	10	1.5	8.1
AI/AN, non-Hispanic	0	0.0	0	0.0	0	0.0	0	0.0	3	4.0	N/A
Other/Unknown	29	4.2	36	5.3	31	5.3	38	6.1	56	8.7	14.7
Transmission Group											
Male sex w/ Male	340	49.6	452	67.0	356	60.9	385	61.8	384	59.7	0.8
Heterosexual Males	86	12.5	73	10.8	51	8.7	70	11.2	72	11.2	-3.9
Females	84	12.2	59	8.7	59	10.1	55	8.8	62	9.6	-6.6
Male unknown	176	25.7	90	13.3	117	20.0	113	18.1	125	19.4	-4.5
Age†											
Less than 13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	N/A
13-19	35	5.1	43	6.4	36	6.2	27	4.3	26	4.0	-10.1
20-29	260	37.9	258	38.2	240	41.0	249	40.0	257	40.0	-0.6
20-24	136	19.8	136	20.1	115	19.7	134	21.5	114	17.7	-3.6
25-29	124	18.1	122	18.1	125	21.4	115	18.5	143	22.2	2.3
30-39	167	24.3	174	25.8	152	26.0	175	28.1	175	27.2	1.0
40-49	162	23.6	140	20.7	112	19.1	108	17.3	113	17.6	-9.3
50+	62	9.0	60	8.9	45	7.5	68	10.1	72	11.2	4.3
HIV Co-Infection											
Male	292	42.6	292	43.2	229	39.1	248	39.8	268	41.6	-3.3
Female	4	0.6	2	0.3	5	0.8	3	0.5	10	1.5	25.1
Total Co-Infected	296	43.2	294	43.5	234	40.0	252	40.4	278	43.2	-2.8
Total**	686	100.0	675	100.0	585	100.0	623	100.0	643	100	-2.1

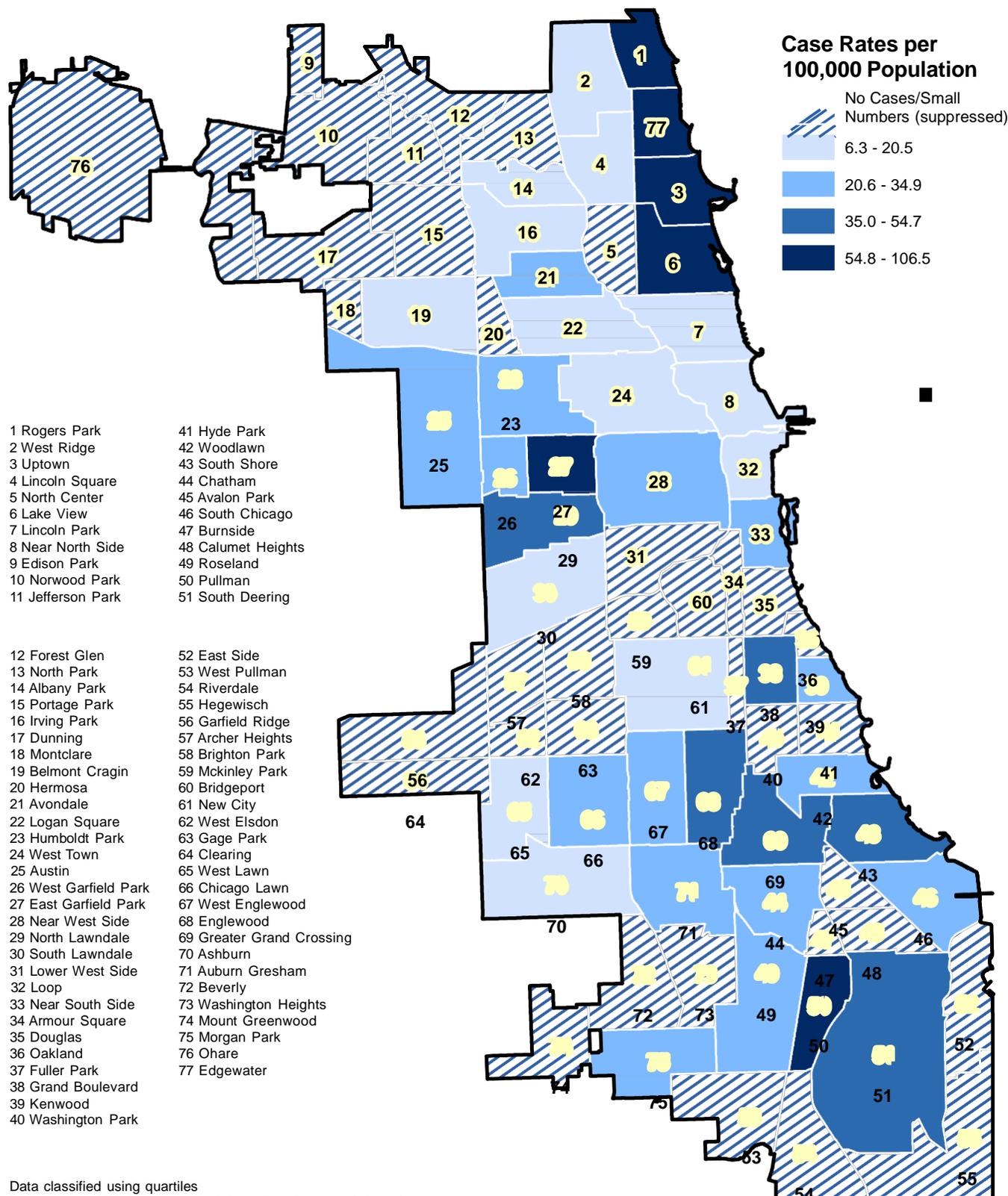
Note: *Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. †Age at time of diagnosis. **Includes cases with unknown sex, age, or transmission group.

Table 13. Primary and Secondary Syphilis Case Rates (per 100,000) by Community Area, Chicago, 2014

Community Area	P&S Syphilis Cases	Rate	Community Area	P&S Syphilis Cases	Rate
1 Rogers Park	39	70.9	40 Washington Park	<5	--
2 West Ridge	8	11.1	41 Hyde Park	<5	--
3 Uptown	60	106.5	42 Woodlawn	8	30.8
4 Lincoln Square	5	12.7	43 South Shore	23	46.2
5 North Center	<5	--	44 Chatham	9	29
6 Lake View	58	61.5	45 Avalon Park	<5	--
7 Lincoln Park	12	18.7	46 South Chicago	9	28.8
8 Near North Side	9	11.2	47 Burnside	<5	--
9 Edison Park	0	0	48 Calumet Heights	<5	--
10 Norwood Park	0	0	49 Roseland	12	26.9
11 Jefferson Park	<5	--	50 Pullman	5	68.3
12 Forest Glen	<5	--	51 South Deering	6	39.7
13 North Park	<5	--	52 East Side	0	0
14 Albany Park	6	11.6	53 West Pullman	<5	--
15 Portage Park	<5	--	54 Riverdale	0	0
16 Irving Park	6	11.2	55 Hegewisch	0	0
17 Dunning	<5	--	56 Garfield Ridge	<5	--
18 Montclare	0	0	57 Archer Heights	<5	--
19 Belmont Cragin	5	6.3	58 Brighton Park	<5	--
20 Hermosa	<5	--	59 McKinley Park	<5	--
21 Avondale	10	25.5	60 Bridgeport	<5	--
22 Logan Square	13	17.7	61 New City	5	11.3
23 Humboldt Park	16	28.4	62 West Elsdon	<5	--
24 West Town	12	14.7	63 Gage Park	<5	--
25 Austin	30	30.5	64 Clearing	<5	--
26 West Garfield Park	6	33.3	65 West Lawn	5	15
27 East Garfield Park	13	63.2	66 Chicago Lawn	12	21.6
28 Near West Side	13	23.7	67 West Englewood	12	33.8
29 North Lawndale	14	39	68 Englewood	13	42.4
30 South Lawndale	5	6.3	69 Gr. Grand Crossing	14	42.9
31 Lower West Side	<5	--	70 Ashburn	5	12.2
32 Loop	6	20.5	71 Auburn Gresham	17	34.9
33 Near South Side	5	23.4	72 Beverly	<5	--
34 Armour Square	<5	--	73 Washington Heights	<5	--
35 Douglas	<5	--	74 Mount Greenwood	<5	--
36 Oakland	0	0	75 Morgan Park	6	26.6
37 Fuller Park	0	0	76 O'Hare	0	0
38 Grand Boulevard	12	54.7	77 Edgewater	44	77.8
39 Kenwood	6	33.6	Unknown CA	8	
			Chicago Total[¶]	643	23.9

Note: Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. Rate per 100,000 population using 2010 U.S. Census Bureau population figures. ¶Includes all persons with unknown/undetermined community area.

Figure 9. Primary and Secondary Syphilis Case Rates (per 100,000) by Community Area, Chicago, 2014



Data classified using quartiles
 Data source: STD Management Information Systems (7/2015)
 and City of Chicago GIS Shapefiles

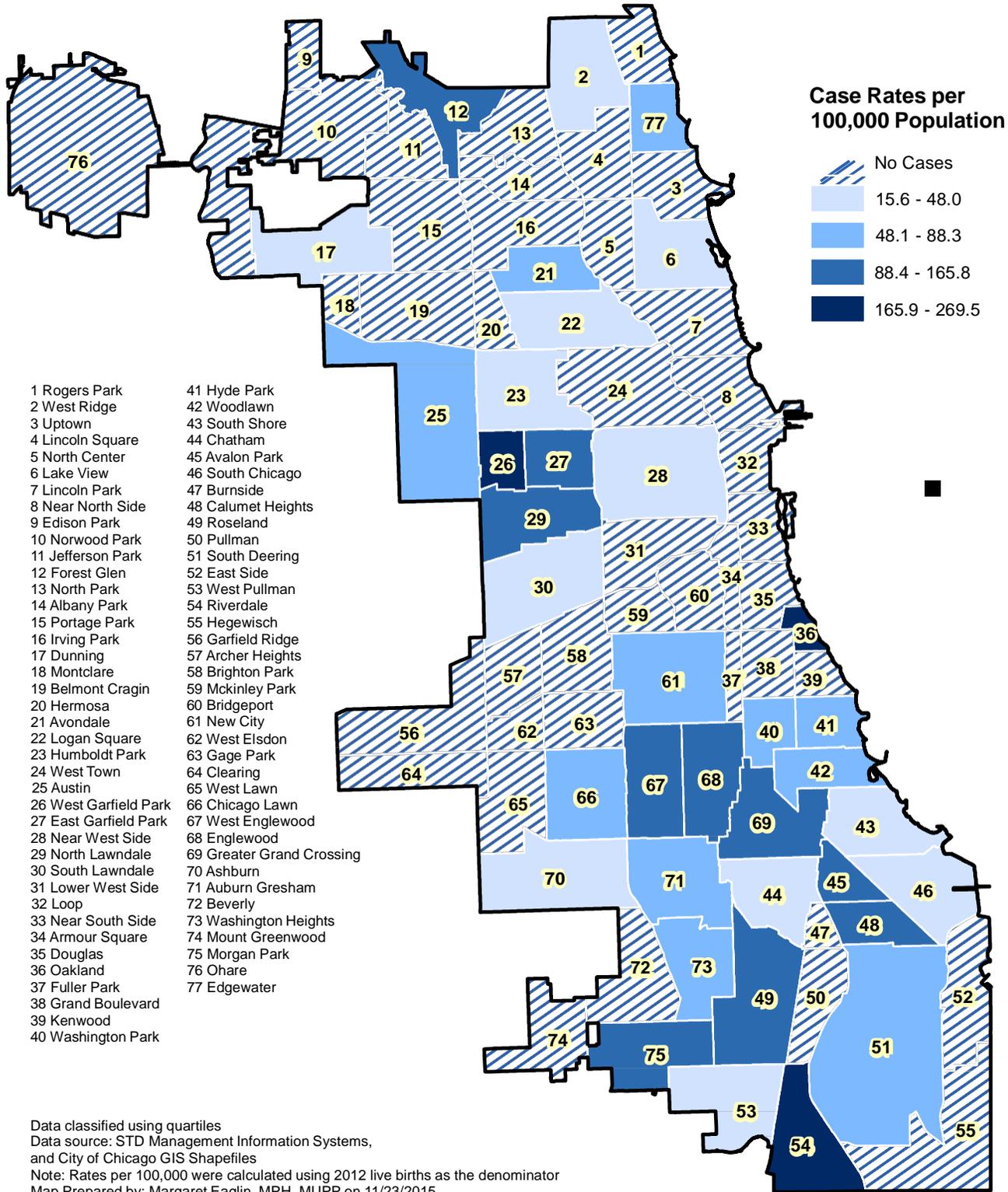
Map Prepared by: Margaret Eaglin, MPH, MUPP on 11/16/2015

Table 14. Congenital Syphilis Cases by Selected Demographic Characteristics, Chicago, 2010-2014

Demographics Characteristics	Year of Report										Estimated Annual Percent Change
	2010		2011		2012		2013		2014		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Case Classification											
Presumptive Cases	18	95.0	9	90.0	22	100.0	13	87.0	18	90.0	3.8
Stillborns	1	5.0	1	10.0	0	0.0	2	13.0	2	10.0	N/A
Race/Ethnicity											
Black, non-Hispanic	16	84.2	9	90.0	17	77.3	9	60.0	13	65.0	-4.1
White, non-Hispanic	0	0.0	0	0.0	1	4.5	2	13.3	1	5.0	N/A
Hispanic	2	10.5	0	0.0	2	9.1	3	20.0	1	5.0	N/A
Asian/PI, non-Hispanic	0	0.0	0	0.0	2	9.0	0	0.0	0	0.0	N/A
AI/AN, non-Hispanic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	N/A
Other/Unk	1	5.3	1	10.0	0	0.0	1	6.7	5	25.0	N/A
Multiple, non-Hispanic [^]	N/A		N/A		N/A		N/A		N/A		N/A
Maternal Age Category[†]											
Less than 13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	N/A
13-19	3	15.8	2	20.0	5	22.7	3	20.0	0	0.0	N/A
20-29	12	63.2	6	60.0	15	68.2	10	66.7	15	75.0	10.0
20-24	9	47.4	4	40.0	13	59.1	7	46.7	9	45.0	5.8
25-29	3	15.8	2	20.0	2	9.1	3	20.0	6	30.0	19.6
30-39	3	15.8	2	20.0	1	4.5	2	13.3	5	25.0	N/A
40+	1	5.3	0	0.0	1	50.0	0	0.0	0	0.0	N/A
Median Age	25		22		22		22		26		
Total	19		10		22		15		20		5.2

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. [†]Age at time of diagnosis.

Figure 10. Average Annual Congenital Syphilis Case Rates (per 100,000 live births) by Community Area, Chicago, 2010-2014 (city total rate = 39.7)



Appendix A: Technical Notes

As the HIV epidemic and HIV reporting systems change, new opportunities arise to better describe the epidemic. Thus, in keeping with these changes we have made a number of modifications to STI/HIV Chicago. A description of the changes and other technical notes follow.

Diagnoses data are presented through 2014. While STI data are final, AIDS and HIV data for 2014 are still provisional. When interpreting data in this report, keep in mind that the eHARS database is updated continuously to reflect the most current and complete information on people infected and newly diagnosed with HIV or AIDS; data in this report were up-to-date as of 9/30/2015. Reporting delays are important when interpreting trends in case numbers, rates over time, and especially, the most recent year of diagnosis. Report delay is defined as the interval between the date an HIV or AIDS case is diagnosed and the date the case is reported to the health department. Within 3 years, the total number of HIV diagnoses reported are relatively stable (fluctuating < 10 cases) and the data are no longer considered provisional. For those diagnosed in 2014 (to date), 89% were reported within 3 months and 98% within 6 months. In order to provide the most complete data as possible, we will be presenting trend data through 2014. Additional cases continue to be reported in subsequent years and new cases are identified through laboratory reporting and registry matches. Thus, the numbers of cases diagnosed for each year are subject to change as new information is received from any of the reporting sources.

The "HIV Infection Diagnosis" data presented in this issue include 3 categories of diagnoses: (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection with a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS. HIV cases include both laboratory-defined cases as well as HIV cases diagnosed by a physician without laboratory tests. AIDS represent a later stage in the HIV disease spectrum. Data from the HIV reporting system should be interpreted with caution. HIV surveillance reports may not be representative of all persons infected with HIV because not all infected persons have been tested. The guidelines for cell suppression used in this report try to balance data accessibility with confidentiality and confidence in the stability of the estimates published. Rates and percentages based on twenty or fewer cases can vary widely just by random chance even when there is no meaningful statistical difference between measurements. Thus, the number and rate for categories with less than 5 are suppressed.

For surveillance purposes, HIV and AIDS cases are counted only once in a hierarchy of modes of transmission. Persons with more than one reported mode of transmission are classified in the transmission mode first in the hierarchy. The exception is men who have sex with men and also inject drugs, which has its own category. Persons whose transmission mode is classified as male-to-male sexual contact (MSM) include men who report sexual contact with other men and men who report sexual contact with both men and women. Persons whose mode of transmission is classified as heterosexual contact are persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an injection drug user).

Because many cases of HIV infection and AIDS are initially reported without a defined mode of transmission, we use multiple imputation to assign a mode of transmission for these cases. Multiple imputation is a statistical approach in which each missing mode of transmission is replaced with a set of plausible values that represent the uncertainty about the true, but missing, value. The plausible values are analyzed by using standard procedures, and the results from these analyses are then combined to produce the final results. Multiple imputation is used by the Centers for Disease Control and Prevention (CDC) in their national HIV Surveillance Report.

Gonorrhea is one of three sexually transmitted infections (STI) that local providers are required to report to CDPH per 77 Illinois Administrative Code 693 (Control of sexually transmissible infections code). Gonorrhea is a bacterial STI caused by *Neisseria gonorrhoeae*; infection varies in course, severity and symptoms among males and females (Heymann, 2004). Co-infection with chlamydia can occur. Left untreated, disease sequelae can include pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. *Neisseria gonorrhoeae* has progressively developed resistance to each of the antibiotics used for treatment of gonorrhea. Most recently, declining susceptibility to cefixime resulted in a change in the CDC treatment guidelines, so that dual therapy with ceftriaxone and either azithromycin or doxycycline is now the only CDC recommended treatment regimen for gonorrhea.

C. trachomatis infection is the most commonly reported notifiable disease of the three sexually transmitted infections (STI) that local providers are required to report to CDPH per 77 Illinois Administrative Code 693 (Control of sexually transmissible infections code). Chlamydial infections in women are usually asymptomatic. However, these can result in pelvic inflammatory disease (PID), which is a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. In addition, pregnant women infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in neonatal ophthalmia and pneumonia. Because of the large burden of disease and risks associated with infection, CDC recommends that all sexually active women younger than age 26 years receive annual chlamydia screening.

Syphilis is the third of the sexually transmitted infections that local providers are required to report to CDPH per 77 Illinois Administrative Code 693 (Control of sexually transmissible infections code). Syphilis is caused by a bacterial STI called *Treponema pallidum*. Syphilis, a genital ulcerative disease, causes significant complications if untreated and facilitates the transmission of HIV infection. Syphilis is characterized by stages: primary (can have a lesion known as a chancre, usually occurring 3 weeks post exposure), secondary (symptoms include rash and fatigue), early latent (less than 1 year post exposure), and late latent (greater than 1 year post exposure). Primary and secondary syphilis are the most infectious and symptomatic stages. Periods of latency vary and may lead to increased morbidity and, potentially, mortality.

A probable case of congenital syphilis is defined as: "A condition affecting an infant whose mother had untreated or inadequately treated syphilis at delivery, regardless of signs in the infant, or an infant or child who has a reactive treponemal test for syphilis and any one of the following:

- Any evidence of congenital syphilis on physical examination
- Any evidence of congenital syphilis on radiographs of long bones
- A reactive cerebrospinal fluid (CSF) venereal disease research laboratory (VDRL)
- An elevated CSF cell count or protein (without other cause)
- A reactive fluorescent treponemal antibody absorbed - 19S-IgM antibody test or
- IgM enzyme-linked immunosorbent assay" (CDC 1997)

A syphilitic stillbirth is defined as: "A fetal death that occurs after a 20-week gestation or in which the fetus weighs >500g and the mother had untreated or inadequately treated syphilis at delivery" (CDC 1997).

Estimated Annual Percent Change (EAPC) is used to provide a general picture of disease trends across the 5 years of the report. EAPC assumes a constant rate of change and should not be over-interpreted.

References:

1. Centers for Disease Control and Prevention (2013). Sexually Transmitted Disease Surveillance. Retrieved from <http://www.cdc.gov/std/default.htm>.
2. Centers for Disease Control and Prevention (1997). Case Definition for Infectious Conditions Under Public Health Surveillance. MMWR; 46(No. RR-10).
3. Heymann, D (Ed) (2004). Control of Communicable Diseases Manual (18th Ed). American Public Health Association: Washington, DC.
4. Illinois Department of Public Health (2013). Control of Sexually Transmissible Infections Code. Retrieved from http://www.idph.state.il.us/2013_Rules/Adopted/77_IAC_693_6-13.pdf
5. Zenilman, J. (2007). Sexually Transmitted Diseases. In K. Nelson & C Masters Williams (Eds.), Infectious Disease Epidemiology: Theory and Practice, 2nd edition. Sudbury, MA: Jones and Bartlett Publishers.

Appendix B: Geocoding Methodology and Limitations

INEDSS - Address Validation

On March 24, 2012, INEDSS Release 10.2 was deployed. This release included address validation within INEDSS and geocoded data. Before case information is submitted to the Illinois Department of Public Health (IDPH) for counting, addresses are verified to ensure the accuracy and standardization of the data. Addresses that are verified in INEDSS will be assigned latitude and longitude coordinates. For addresses not validated, INEDSS geocodes the data using the zip code centroid, followed by the city and then the country.

Twice a month, IDPH submits an updated morbidity file to the Chicago Department of Public Health (CDPH) via MOVEit File Transfer, a secured application for exchanging confidential files and data between servers and organizations. This file does not include the geocoded address field. Once CDPH receives the electronic file, it is prepared for submission to the City of Chicago GIS FTP server for validation and geocoding.

Geocoding INEDSS Morbidity File

Before the INEDSS data file is submitted to the City of Chicago GIS FTP site, the street address is rounded (e.g. 8634 to 8600) in order to preserve confidentiality. A new data file is created containing only the rounded street address and a record identifier (state case number). This file is converted from Microsoft Excel to a common delimited (.csv) file, and submitted to the City of Chicago GIS FTP server for processing.

The files submitted are assigned a name that does not associate it with a person, case, health condition, or CDPH. Once the geographic identifiers (e.g., community area number, zipcode, ward, and 2010 census tract) are selected, the file is submitted. After the geocoder has received the request, an email is sent notifying the user that the geocoding process has commenced. When the geocoding job is completed, the results (output) file is downloaded to a secure server that meets HIPAA security requirements. Lastly, the original (input) file that was submitted and the results (output) file are both deleted from the FTP folders.

Addresses that are not geocoded in the output file are cleaned using the Geocoder website by identifying the correct street components. All apartment components (e.g., FL, BSMT, Apt #1) are also removed from the address field. The file is resubmitted to the GIS FTP server for validation and geocoding. To increase the number of geocoded addresses, the match standard code can be changed from medium (default) to low to obtain nearest matches.

Reasons why addresses fail to match

- A. Addresses may be missing street segments or in the wrong format (AVE, ST., King Dr. instead of Dr. Martin Luther King Drive).
- B. Address may incorporate typographical errors that result in erroneous street names or local street names that are different than those officially recorded by the government.
- C. Addresses may end at jurisdictional boundaries.

In 2014, 35,626 cases of Gonorrhea and Chlamydia were reported to the Chicago Department of Public Health. Of these, 4,228 (11.9%) were not geocoded.

Limitations in Determining Geographic Patterns in Rates of Health-Related Events

- Unable to determine if the geographical variation in the incidence rates across years is due to a true change in the progression of the disease or an artifact of the address validation process in INEDSS.
- Inflation of the rates due to increase in the proportion of exact or nearest matched addresses.

Appendix C: List of Acronyms

AI/AN = American Indian/Alaskan Native
AIDS = Acquired Immunodeficiency Syndrome
ART = Anti-Retroviral therapy
CDC = Centers for Disease Control and Prevention
CDPH = Chicago Department of Public Health
EAPC = Estimate Annual Percent Change
eHARS = Enhanced HIV/AIDS Reporting System
FiM = Female to Male Transgender
HAART = Highly Active Anti-Retroviral Therapy
HIV = Human Immunodeficiency Virus
IDPH = Illinois Department of Public Health
IDU = Injection Drug Use/Injection Drug User
MtF = Male to Female Transgender
MSM = Men who have sex with men
MSM/IDU = Men with a history of injection drug use who have sex with men
NIR = No identified risk
NH = Non-Hispanic
PI = Pacific Islander
PLWHA = People Living with HIV/AIDS
P&S = Primary and Secondary Syphilis
STI = Sexually Transmitted Infection
SSun = STD Surveillance Network



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DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 1, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-27 Lead Remediation

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Waguespack asked for the number of children exposed to lead levels 1-5, and a breakdown of children testing between 5-10, and children testing 10+.

In 2015, 57,014 children less than 3 years old were tested for lead.

- 54,611 (96%) children tested had a blood lead level (BLL) of less than 5 mcg/dL
- 1,834 (4%) children tested had a BLL between 5-9 mcg/dL
- 569 (1%) children tested had a BLL \geq 10 mcg/dL

See attachment A1 for test results based on Community Area and Ward.

As always, please let me know if you have further questions.

**Chicago Department of Public Health
 HUD Lead Hazard Reduction Demonstration Grant
 FY 2016**

CY 2016 - HUD Lead Hazard Reduction Demonstration Grant		
Ward	Number of Homes	PERCENT
02	1	1.05%
03	3	3.16%
06	4	4.21%
07	2	2.11%
08	3	3.16%
09	1	1.05%
10	3	3.16%
12	3	3.16%
14	9	9.47%
15	6	6.32%
16	6	6.32%
17	5	5.26%
20	2	2.11%
21	1	1.05%
22	4	4.21%
27	3	3.16%
28	2	2.11%
29	3	3.16%
30	3	3.16%
31	4	4.21%
33	5	5.26%
34	4	4.21%
35	1	1.05%
36	4	4.21%
37	4	4.21%
38	1	1.05%
39	6	6.32%
45	1	1.05%
49	1	1.05%

TOTAL UNITS 95

**These are individual units that were completed by CDPH HUD grant funding in 2016. Some buildings have more than one unit completed and will be counted more than once in the table above.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEMORANDUM

To: The Honorable Carrie M. Austin
Chairman, Committee on the Budget and Government Operations

From: Julie Morita, M.D.
Commissioner, Department of Public Health

CC: Samantha Fields
Mayor's Office of Legislative Counsel and Government Affairs

Date: November 1, 2016

Re: Request for Information from Annual Appropriation Committee Hearing

Ref ID: 41-28 Waguespack – CHA- HUD Lead Complaints

The attached information is in response to questions posed at our department's hearing on October 26 to discuss the proposed 2017 budget.

Alderman Waguespack asked for the total Lead complaints that were CHA or HUD properties by Ward.

CDPH does not identify and track HUD/CHA properties at the time of our inspection. Therefore, we cannot provide the number of such homes.

As always, please let me know if you have further questions.