Committee on Health and Human Relations:
Update from Chicago Department of Public Health

November 28, 2022
Dr. Allison Arwady, Commissioner

- Infectious Disease Update
- Substance Use/Fentanyl Overview
- HIV Funding Background
Influenza-Like Illness Activity across the U.S.

2022-23 Influenza Season Week 45 ending Nov 12, 2022

Source: CDC, https://www.cdc.gov/flu/weekly/usmap.htm
National: Cumulative Rate of Lab-Confirmed Influenza Hospitalizations among all cases of all ages

https://www.cdc.gov/flu/weekly/
Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, May 22, 2022 – November 12, 2022

Number of positive specimens

Percent Positive

https://www.cdc.gov/flu/weekly/
Chicago: Starting to see needed decline in child respiratory illness hospitalizations, though still extremely high

Pediatric Admissions at Chicago Hospitals due to Acute Respiratory Illnesses: January 2021-present

Source: Emergency department visits reported in ESSENCE. Assigned syndromes or diseases are based on chief complaint terms and diagnosis codes https://www.chicago.gov/city/en/depts/cdph/supp_info/health-protection/current_flu_situationinchicago.html
Chicago: Percent of outpatient visits for influenza-like illness steadily increasing, similar to national trends.

Our local risk based on CDC COVID-19 Community Levels is: Medium

<table>
<thead>
<tr>
<th></th>
<th>New cases per 100,000 population (last 7 days) [Goal is &lt;200]</th>
<th>New admissions per 100,000 population (last 7 days) [Goal is &lt;10]</th>
<th>Percent of staffed inpatient beds occupied by COVID-19 patients (last 7 days) [Goal is &lt;10%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Chicago</td>
<td>107</td>
<td>8.7</td>
<td>3.4%</td>
</tr>
<tr>
<td>Cook County (including City of Chicago)</td>
<td>115</td>
<td>10.2</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Chicago metrics are calculated based on Chicago-level data.
Cook County metrics are calculated by the CDC and posted on the CDC Community Levels website.
Data current as of 11/25/2022.

In “Medium” risk, the Chicago Department of Public Health recommends individuals:

- Stay up to date* with COVID-19 vaccines
- Wear a face mask in indoor public settings where vaccine status is not known
- Get tested if you have symptoms
- Follow all isolation and quarantine guidance, including wearing a face mask
- If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions

*Up-to-date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
Last week, **3.7%** of U.S. Counties reported **High** COVID Community Level and **18%** reported **Medium** Level.

Source: CDC
Variant Surveillance, Midwest Region
Continued evolution of more infectious Omicron subvariants

THINK YOU’RE UP TO DATE WITH YOUR COVID VACCINES?

IF YOU HAVEN’T BEEN VACCINATED SINCE LABOR DAY...

Previously vaccinated Chicagoans age 5+ are eligible for the new bivalent booster and the best protection against Omicron.

Chicago.gov/boost
DO I NEED TO GET A COVID BIVALENT BOOSTER THIS FALL?

**NEW**

**BOOSTER 2022**

- **YES**: Are you 5 or older?
  - **Yes**: Have you received a complete primary vaccine series?
    - **Yes**: Has it been two months+ since your last vaccine or booster?
      - **Yes**: You should receive the bivalent booster!
        - **Find your vaccine at**: chicago.gov/covidvax
      - **No**: You are not yet eligible for the bivalent booster.
        - **Get up-to-date with your COVID vaccines now!**
Higher Updated Booster Coverage among Chicagoans than Nationwide Estimates—but too low everywhere

<table>
<thead>
<tr>
<th>People with an Updated (Bivalent) Booster Dose</th>
<th>Percent of US Population</th>
<th>Percent of Chicago Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population ≥ 5 years</td>
<td>12.1%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Population ≥ 12 years</td>
<td>13.1%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Population ≥ 18 years</td>
<td>13.9%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Population ≥ 65 years</td>
<td>31.3%</td>
<td>31.6%</td>
</tr>
</tbody>
</table>

Chicago data reported to I-CARE as of 11/22/2022.
Over 436,000 doses of the updated boosters have been administered to Chicagoans since authorization (up from 387,000 last week)

The 7DRA doses administered decreased from ~4,500 last week to ~4,300 this week

Data reported to I-CARE as of 11/22/2022.
Demographics of Chicagoans who received an updated COVID-19 vaccine (N=412,948)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11 yrs</td>
<td>9520</td>
<td>2.3%</td>
</tr>
<tr>
<td>12-17 yrs</td>
<td>14044</td>
<td>3%</td>
</tr>
<tr>
<td>18-29 yrs</td>
<td>46724</td>
<td>11%</td>
</tr>
<tr>
<td>30-39 yrs</td>
<td>76275</td>
<td>18%</td>
</tr>
<tr>
<td>40-49 yrs</td>
<td>57922</td>
<td>14%</td>
</tr>
<tr>
<td>50-59 yrs</td>
<td>58986</td>
<td>14%</td>
</tr>
<tr>
<td>60-69 yrs</td>
<td>70623</td>
<td>17%</td>
</tr>
<tr>
<td>70-79 yrs</td>
<td>53270</td>
<td>13%</td>
</tr>
<tr>
<td>80+ yrs</td>
<td>25584</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race-ethnicity</th>
<th>Count</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinx</td>
<td>66141</td>
<td>16%</td>
</tr>
<tr>
<td>Black, non-Latinx</td>
<td>76316</td>
<td>18%</td>
</tr>
<tr>
<td>White, non-Latinx</td>
<td>218220</td>
<td>53%</td>
</tr>
<tr>
<td>Asian, non-Latinx</td>
<td>34645</td>
<td>8%</td>
</tr>
<tr>
<td>AIAN, non-Latinx</td>
<td>2099</td>
<td>1%</td>
</tr>
<tr>
<td>NHPI, non-Latinx</td>
<td>960</td>
<td>0%</td>
</tr>
<tr>
<td>Other, non-Latinx</td>
<td>6956</td>
<td>2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>7611</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Count</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>225389</td>
<td>55%</td>
</tr>
<tr>
<td>Male</td>
<td>185283</td>
<td>45%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2276</td>
<td>1%</td>
</tr>
</tbody>
</table>

Data reported to I-CARE as of 11/16/2022.
AIAN = American Indian Alaskan Native
NHPI = Native Hawaiian Pacific Islander
Overall, 22% (+1%) of Eligible Chicagoans have received an updated, Fall 2022 COVID booster

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>No. of Chicagoans eligible for updated vaccine (est.)*</th>
<th>No. of eligible who received updated vaccine</th>
<th>Percent eligible who have received updated vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinx</td>
<td>519,886</td>
<td>66,141</td>
<td>12.7%</td>
</tr>
<tr>
<td>Black, non-Latinx</td>
<td>434,460</td>
<td>76,316</td>
<td>17.6%</td>
</tr>
<tr>
<td>White, non-Latinx</td>
<td>645,740</td>
<td>218,220</td>
<td>33.8%</td>
</tr>
<tr>
<td>Asian, non-Latinx</td>
<td>143,698</td>
<td>34,645</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No. of Chicagoans eligible for updated vaccine (est.)*</th>
<th>No. of eligible who received updated vaccine</th>
<th>Percent eligible who have received updated vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-11 yrs</td>
<td>97,794</td>
<td>9,520</td>
<td>9.7%</td>
</tr>
<tr>
<td>12-17 yrs</td>
<td>127,373</td>
<td>14,044</td>
<td>11.0%</td>
</tr>
<tr>
<td>18-29 yrs</td>
<td>355,458</td>
<td>46,724</td>
<td>13.1%</td>
</tr>
<tr>
<td>30-39 yrs</td>
<td>353,884</td>
<td>76,275</td>
<td>21.6%</td>
</tr>
<tr>
<td>40-49 yrs</td>
<td>276,536</td>
<td>57,922</td>
<td>20.9%</td>
</tr>
<tr>
<td>50-59 yrs</td>
<td>254,879</td>
<td>58,986</td>
<td>23.1%</td>
</tr>
<tr>
<td>60-69 yrs</td>
<td>216,049</td>
<td>70,623</td>
<td>32.7%</td>
</tr>
<tr>
<td>70-79 yrs</td>
<td>127,026</td>
<td>53,270</td>
<td>41.9%</td>
</tr>
<tr>
<td>80+ yrs</td>
<td>66,446</td>
<td>25,584</td>
<td>38.5%</td>
</tr>
</tbody>
</table>

Data reported to I-CARE through 11/16/2022. Number eligible includes Chicagoans aged 12 years or older who completed a primary series or received a monovalent booster dose at least 2 months prior to 11/19/2022.
GET YOUR UPDATED COVID BOOSTER & FLU SHOT AT HOME

In-home vaccination is available to all Chicago households at no cost. Up to 10 people can be vaccinated, so invite your family, friends, or neighbors to get vaccinated together.

TO REGISTER FOR AN APPOINTMENT CALL 312.746.4835 OR VISIT OR CHICAGO.GOV/ATHOME
EVERYONE 6 MONTHS AND UP IS ELIGIBLE FOR THE AT-HOME PROGRAM

In-home appointments are available four days a week, Saturday through Tuesday, 8:00 am – 6:30 pm.

VACCINES AVAILABLE

• Primary series Moderna (age 6 months through 5 years) and Pfizer (age 6 months and older).

• New Pfizer bivalent boosters (age 5 years and older).

• Flu shots are available as long as one person receives the COVID-19 vaccine.

TO REGISTER FOR AN APPOINTMENT
CALL 312.746.4835 OR VISIT CHICAGO.GOV/ATHOME
**REGISTRATION ENCOURAGED ✡ WALK-INS WELCOME**
All clinics are Saturdays from 9am–2pm

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE</th>
<th>REGISTER AT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malcolm X</td>
<td>November 5</td>
<td>rebrand.ly/MalcolmXCollege</td>
</tr>
<tr>
<td>Truman</td>
<td>November 12</td>
<td>rebrand.ly/TrumanCollege</td>
</tr>
<tr>
<td>Kennedy-King</td>
<td>November 19</td>
<td>rebrand.ly/KennedyKing</td>
</tr>
<tr>
<td>Wright</td>
<td>December 3</td>
<td>rebrand.ly/WrightCollege</td>
</tr>
<tr>
<td>Olive-Harvey</td>
<td>December 10</td>
<td>rebrand.ly/Olive-Harvey</td>
</tr>
<tr>
<td>Daley</td>
<td>December 17</td>
<td>rebrand.ly/DaleyCollege</td>
</tr>
</tbody>
</table>

**THIS SATURDAY**

**The new COVID-19 bivalent booster is available!**

**Types of vaccines:** Flu, COVID-19 primary series from Pfizer and Moderna starting 6 months+, and Pfizer bivalent boosters from 5 years+
Need a vaccine or a booster? Have questions?

visit

CHI.GOV/COVIDVAX

or call

312-746-4835
Americans who die each year from...
In 2021 there were **more than 11,000** opioid-related overdose Emergency Medical Services (EMS) responses in Chicago—down from **more than 13,000** in 2020.

20% decrease in opioid-related EMS responses from 2020 to 2021.

Data Source: Chicago Fire Department (CFD); Cook County Medical Examiner’s Office, as of 9/20/22. Data is preliminary and subject to change.
BUT 2021 saw the highest number of opioid-related overdose deaths ever in Chicago: over 1,400 deaths

2015: 426 deaths

2021: the highest number of deaths ever recorded in the City (1426)

52% increase from 2019 to 2020

Data Source: Cook County Medical Examiner's Office, as of 9/20/22. Data is preliminary and is subject to change.
In 2020, there were more opioid-related overdose deaths in Chicago than homicides and traffic crash fatalities combined. This is also true for 2021 and to-date in 2022, though data is still preliminary.

Data: Chicago Fire Department (CFD), City of Chicago Open Data Portal, Vision Zero Chicago Traffic Fatalities & Victims of Homicides and Non-Fatal Shootings (as of 01/26/2022). Data is subject to change.
In 2020, Fentanyl was involved in 86% of opioid-related overdose deaths in Chicago.

Data Source: Cook County Medical Examiner's Office, as of 1/26/22; data is subject to change.

*"Fentanyl-involved" deaths may involve other opioids in addition to fentanyl.

There was a 65% increase in fentanyl-involved overdose fatalities from 2019 to 2020.
WHAT IS AN OPIOID?

Opioids are a type of drug used to temporarily reduce pain
  • Attach to opioid receptors in the brain and body, cause cells to release signals of reduced pain and increased pleasure
  • At high doses, opioids slow breathing

Opioids are legally prescribed to treat pain: oxycodone, hydrocodone, morphine, codeine, fentanyl

Opioids can also be illegally manufactured and sold heroin, fentanyl, carfentanil

Fentanyl is both prescribed legally (generally as patches) and illegally made
An opioid overdose occurs when too many opioids flood the brain, overwhelming the opioid receptors and causing a person to stop breathing.
What is fentanyl?

- 50-100 times as potent as morphine, most illicitly produced
- Common adulterant in heroin, with or without user’s knowledge; increasingly cut with other drugs (e.g. cocaine, ecstasy).

Newer analogues: carfentanil....100 times the potency of fentanyl (10,000x morphine)

Overdose affects every community area in Chicago

- **100%** of Chicago's community areas had an opioid-related overdose EMS response in both 2021 and 2022.

- In **2020**, **97%** of Chicago’s community areas were home to at least one resident with a fatal opioid-related overdose.

- In **2020**, the most opioid-related overdose deaths occurred in the following community areas:
  - **Austin** (n=97)
  - **Humboldt Park** (n=64)
  - **North Lawndale** (n=49)

Data Sources: Cook County Medical Examiner's Office, as of 1/26/22 (data is subject to change); Chicago Fire Department; Chicago Department of Public Health.

Map created by Chicago Department of Public Health.
WHO IS MOST AT RISK OF OVERDOSE?

Anyone can experience an opioid overdose, but some groups have especially elevated risk:

- **People recently released from incarceration**: Research has found that people recently released from jail or prison are *40-120 times more likely to die* from an opioid overdose than the general public.

- **People leaving "detox" or abstinence-based treatment facilities**: Evidence indicates that the **majority of people who enter detox begin using again** ("relapse") soon after discharge (often within 1 week)

- **People who have recently given birth**: The three leading causes of pregnancy-associated death are homicide, suicide, and drug overdose. Estimates vary by state, but indicate **10-40% of pregnancy-associated deaths** are attributed to drug use and overdose. Most involve opioids together with other substances.
In 2020, opioid-related overdose death rates were highest among 45–64-year-old Chicagoans.

Data Source: Cook County Medical Examiners Office, as of 1/26/22 (data is subject to change).
In 2020, opioid-related overdose death rates were highest among males and Black non-Latinx Chicagoans.

Data Source: Cook County Medical Examiner's Office, as of 1/26/22 (data is subject to change).
WHAT WORKS
Evidence-Based Harm Reduction, Treatment & Recovery
CDPH's Harm Reduction, Treatment, Prevention and Recovery Services

- Medication Assisted Recovery: opioid treatment hotline
- Narcan distribution and training
- Fentanyl test kit distribution and education
Medication Assisted Recovery (MAR) is the standard of care for opioid use disorder. Medication Assisted Recovery: Buprenorphine, methadone, or naltrexone to treat opioid use disorder, in some cases in combination with behavioral therapies like counseling or group therapy.

MAR is the standard of care for opioid use disorder, but an estimated 87% of people nationwide with an opioid use disorder do not receive MAR.

Brand names of buprenorphine include Suboxone (pictured above), Subutex (tablets) and Sublocade (extended-release injection).

Naltrexone is often referred to by its brand name Vivitrol.
Evidence Clearly Indicates MAR Is An Effective Treatment And Harm Reduction Intervention

Compared to behavioral therapy alone, MAR:
1. Decreases illicit opioid use
2. Retains patients in treatment
3. Reduces mortality: patients on buprenorphine have a 40-80% lowered risk of fatal overdose compared to those not receiving buprenorphine treatment

NOTE: "detox" or supervised withdrawal is NOT an effective treatment and INCREASES the risk of overdose if no linkage to next level of care
To Increase Access To MAR, CDPH launched MAR NOW Program in May 2022

The program connects individuals to immediate treatment, including telephonic buprenorphine prescription.

Since May, MAR NOW has connected 140 people to methadone, buprenorphine, or naltrexone within 24-48 hours of calling the line.

99% of people calling for home induction on buprenorphine successfully completed induction.

The Chicago pilot’s success led to statewide expansion in September 2022.
HELP IS HERE. NOW.

DIAL 833-234-6343
Ask for MAR NOW and get immediate opioid treatment.

Recovery is possible.

- MAR NOW is a 24/7 accessible hotline for opioid use disorder that connects you directly and immediately to a treatment provider.
- Call the Illinois HelpLine any time at 833-234-6343 and ask for MAR NOW.
- You can receive medications over the phone, a same-day appointment, an in-person, and assistance with transportation and follow up care.
- All Chicagoans are eligible, regardless of insurance status, documentation, or ability to pay.

To request fentanyl test strips, email OSU.CDPH@cityofchicago.org

DID YOU KNOW

YOU CAN GET SAFE AND EFFECTIVE OPIOID USE DISORDER TREATMENT AT HOME?

BUPRENORPHINE

is a medication that treats opioid use and reduces the risk of overdose.

You can receive a prescription over the phone to start treatment at home, today.

Call 833-234-6343 and ask for MAR NOW to start.

La recuperación es posible.

- MAR NOW es un acceso a la línea de apoyo para el desorden de uso de opioides disponible 24/7 que te conecta con un proveedor de salud para tratamiento inmediato.
- Llama a la línea de apoyo de Illinois en cualquier momento al 833-234-6343 y pregunta por MAR NOW.
- Puede recibir medicamentos en el momento debido a una llamada telefónica para citas de tratamiento, con transporte y citas de seguimiento.
- Todos los Chicagoans son elegibles, independientemente de su capacidad de pago, seguro médico o estado migratorio.

To request fentanyl test strips, email OSU.CDPH@cityofchicago.org

HELP STARTS HERE.

IS OPIOID USE CAUSING PROBLEMS FOR YOU?

Buprenorphine and methadone stop withdrawal symptoms and cravings, and effectively reduce illicit opioid use.

WHEN CAN I START?

BUPRENORPHINE

12-24 hours after last opioid use

METHADONE

Immediately

NOW DO I TAKE IT?

BUPRENORPHINE

Swallow a film or pill in your mouth and do not chew or crush it. You can receive a prescription to start at home without going to a clinic first.

METHADONE

Most effective when used for at least 1 year.

NOW DO I LONG TAKE IT?

BUPRENORPHINE

Everyone in Illinois is eligible.

METHADONE

Call 833-234-6343 and ask for MAR NOW (medication assisted recovery now). Everyone in Illinois is eligible.

NOW DO I GET IT?

BUPRENORPHINE

No. Through the MAR NOW program, everyone can access these medications with or without insurance. Just call 833-234-6343 to get started.

METHADONE

Take one dose/day at approved programs. Use only as directed. Consider other patients who need to receive the dose, but some take-home doses may be permitted.

DO I NEED INSURANCE?

BUPRENORPHINE

No.

METHADONE

No. Through the MAR NOW program, everyone can access these medications with or without insurance. Just call 833-234-6343 to get started.
Know the signs of *opioid overdose* and call 911 if someone is overdosing

- a) Slow, shallow breathing
- b) Choking
- c) Limp body
- d) Pale/blue/cold skin
- e) Falling asleep or lack of consciousness
- f) Very small pupils

USE NARCAN WHILE YOU WAIT FOR THE AMBULANCE!
HOW CAN YOU PREVENT FATAL OVERDOSE?

Naloxone reverses an opioid overdose.
- Narcan is the brand name of the medication naloxone
- Naloxone is not addictive, harmless to someone who is not overdosing on opioids, and has no potential for misuse

Illinois law allows:
- Nonmedical persons to administer naloxone without civil or criminal liability.
- Individuals to seek emergency medical help for an overdose without risking criminal liability for possession (Good Samaritan Law)
- Trained pharmacists to dispense naloxone through standing order.

You can carry Narcan and make it available to the public in your offices. Email osu.cdphe@cityofchicago.org for more information.
NARCAN AT LIBRARIES

CDPH works with CPL to provide Narcan for free to residents. The program began in January 2022 in 14 libraries and expanded to 51 libraries in August 2022.

Between January – October, the program distributed over 1,700 Narcan kits to the community.

Narcan box and information at Chicago Public Libraries
Public libraries are stepping up to save lives amid the opioid epidemic

The Chicago Department of Public Health and the Chicago Public Library will make Narcan, an overdose reversal medication, available at 14 branches in areas devastated by drug overdoses.

by SOPHIE MANN | Jan 20, 2022, 8:05pm CST

NALOXONE IS NOW AVAILABLE
at select Chicago Public Libraries

Naloxone (Narcan) is a safe and legal medication that reverses an opioid overdose.

If you or a loved one is struggling with substance use, the Illinois Helpline for Opioids & Other Substances is here for you.
call 1-833-2-FINDHELP or
text "HELP" to 833234
COMMON MYTHS ABOUT NARCAN & OVERDOSE

**MYTH:** Naloxone encourages drug use

Naloxone saves lives by reversing opioid overdoses. There is no evidence that having access to naloxone encourages or enables drug use.

To request fentanyl test strips, email OSU.CDPH@cityofchicago.org

**MYTH:** You can overdose from touching fentanyl

You CANNOT overdose just from touching fentanyl. However, fentanyl is extremely powerful and you may need more naloxone to reverse an overdose that involves fentanyl.

To request fentanyl test strips, email CDPH OSU.CDPH@cityofchicago.org
CDPH began distributing fentanyl test strips in October 2021 and has distributed over 77,000 fentanyl test strips to individuals and organizations citywide.
STAY SAFE THIS WEEKEND.

FENTANYL IS FOUND IN COCAINE, MDMA, AND OTHER DRUGS - NOT JUST HEROIN.

Email osu.cdp@cityofchicago.org to get fentanyl test kits and Narcan.

Fentanyl test strips are an easy to use tool that can detect the presence of fentanyl in substances in a few minutes.

This is a fentanyl test strip

To request test strips, email OSU.CDPH@cityofchicago.org
CDPH Fentanyl Test Strip Kits

Kit Contents
Step-by-step guide to using FTS
# fentanyl test strips
# ketchup cups
# stir sticks
# sterile water

**Positive test**
One line means fentanyl detected.

**Negative test**
Two lines means no fentanyl detected.
What is Chicago’s Narcotics Arrest Diversion Program (NADP)?

NADP offers treatment instead of criminal charges for people arrested for select drug-related offenses in Chicago. The program provides a supportive intervention for individuals with substance use disorders apprehended by CPD, instead of punishment.

Since the program launch in 2018:

- Over 900 people have been diverted.
- 79% of those diverted start treatment and 52% remain engaged for at least 30 days.
- Those diverted are 44% less likely to be re-arrested.
NADP effectively targets people with histories of substance use

900+ diverted

87% used heroin in the last year

80% of those who use, use daily

70+ walk-ins

50% used heroin the day of their arrest

27 average age of earliest heroin use

Data provided by the University of Chicago Crime Lab, which is conducting an external evaluation of program effectiveness.
Co-occurring disorders are defined as the existence of at least one independent major mental disorder and one independent substance use disorder (SUD)

1. Common risk factors can contribute to both serious mental illness and SUD
2. Mental health conditions can contribute to the development of an SUD
   • Sometimes people with mental health conditions seek to self-medicate with substances
3. Substance use can contribute to the development of mental health conditions
   • Substance use can trigger brain changes in development or function that make it more likely for someone to develop a mental health condition

Over half of people with a serious mental illness also have a serious substance use problem.
Mental Health & Substance Use

CITY FUNDED MENTAL HEALTH SERVICES

2019 INVESTMENTS

- Budget: $82M
- 3,551 people receiving services per year
- 13 organizations funded
- 11 neighborhoods

2022 INVESTMENTS

- Budget: $89M
- 60,000 people receiving services per year
- 50 organizations funded
- 77 neighborhoods*

*Projected by the end of 2022

Find mental health resources and treatment at mentalhealth.chicago.gov
Behavioral Health Conditions are More Common in Unsheltered Populations

Approximately half of people experiencing homelessness have a mental health condition

- About 50% of people experiencing homelessness have depression
- Approximately 33% of the homeless population is affected by severe mental illness (schizophrenia, schizoaffective disorder, bipolar disorder or major depression)
- People with severe mental illness are reported to be 10 to 20 times more likely than the general population to become homeless

Victimization and trauma among unsheltered populations is high, particularly among those with severe mental illness

- 35% of men and 40% of women reported experiencing a violent attack while living in unsheltered locations
- Multiple studies report that the lifetime rate of victimization of people with SMI experiencing homelessness ranges from 74% to 87%
Behavioral Health Conditions are More Common in Unsheltered Populations

Drug overdose is a leading cause of death among people experiencing homelessness

In a study of 60,000 adults experiencing homelessness in Boston between 2003-2017, 24% of deaths during the study period were attributed to overdose (90% involving opioids). The drug overdose death rate in this group was 12 times higher than the Massachusetts general population.

Estimates vary but indicate that between 30-60% of people experiencing homelessness have a substance use disorder
Language Matters.

How we talk about substance use, overdose, treatment, and recovery can have **direct impacts** on the care people receive.

Of the over **20 million** people in the United States with a substance use disorder, only about **10%** receive treatment.

- Stigma is one of the primary reasons that people with substance use disorder do not get the treatment that they need.
- Stigma can be societal, structural, personal
CDPH can provide you with free posters, cards, window clings, and digital assets promoting this Language Matters information. Email osu.cdph@cityofchicago.org to access.
CDPH HIV Funding

Allison Arwady, MD, MPH
Commissioner
Chicago continues to make excellent progress against HIV: Goal is Getting to Zero

Good News: In 2020 (the latest year with official data): Chicago had the fewest new HIV diagnoses since 1987

This was true for all age groups.

This was true for Black, White, and Latinx Chicagoans.
HIV Diagnoses by Year of Diagnosis—All Chicagoans and Black Chicagoans, 2016–2020
However, **Black Chicagoans** continue to make up the majority (55%) of new HIV diagnoses in Chicago in 2020.
Background: HIV Funding in Chicago

• ~$43M invested in HIV programs annually across Chicagoland

• 93% of Chicago’s HIV funding is federal

• Federal funding has legislative requirements:

  A) Primarily funds two priorities for people living with HIV

    1) medical care/treatment (because getting and staying on medications is key to Getting to Zero)

    2) long-term housing

  B) Requires local planning council to set priorities and allocate funding
Background: HIV funding cycle and planning council

- HIV programs funded on a **five-year cycle** (current: 2019-2023)

- Current funding priorities for five-year cycle were set by planning council over 25-month planning process in 2017-2018.

- In last cycle (2018), 73% of planning council members were Black or Latinx, and 35% were persons living with HIV.

- Planning council will similarly set updated priorities/funding allocations for next cycle in **2023**. Must follow this council’s decisions, by law.
  - New: same planning council will set priorities for other sexually transmitted infections, tuberculosis, and hepatitis
  - Will be recruiting membership for council in early 2023 (will share applications with interested aldermen)
Because of federal requirements, majority of HIV funding must support medical care and long-term housing programs for people living with HIV.

- Limited funding available to support other, non-clinical services.

- ~70% of clients served by CDPH HIV programs are Black and Latinx.

- Majority of HIV services are provided on the City’s south and west sides.

- Current programs are achieving impressive outcomes.
  - Of ~15,000 people with HIV served through CDPH-funded health homes in 2020, >90% were virally suppressed (compared to ~60% in the population overall).
Background: Funding Black-led Organizations in Chicago

- CDPH currently funds 17 Black-led organizations (directly and through sub-contract)
  - Average direct award: $303,000
  - Direct award range: $92,500 - $895,000

- Many CDPH-funded Black-led organizations have seen increases in HIV funding in current cycle of funding. E.g.
  - Chicago Black Gay Men’s Caucus from $95K in 2018 to $287K today
  - Alliance Care 360 from $87K in 2018 to $774K today
  - Brave Space Alliance from $0 in 2018 to $250K today
CDPH-funded Black-led Organizations in Chicago

- Access Community Health Center
- Affinity Community Services
- Alliance Care 360
- Brave Space Alliance
- Chicago Black Gay Men’s Caucus
- Children’s Place Association
- Christian Community Health Center
- Community Supportive Living Systems
- Friend Family Health Center
- Human Resources Development Institute
- Lawndale Christian Community Health Center
- Project Vida
- Sinai Health Systems
- South Side Help Center
- Transforming Re-entry Services
- Unity Parenting and Counseling
- Universal Family Connections
Why doesn’t more funding already go to Black-led organizations?

CDPH recently funded an externally moderated forum of Black-led organizations to identify priorities, needs, and challenges.

Some known challenges:

• Many Black-led organizations do not provide the services that CDPH is required to fund with federal dollars, based on federal requirements and planning council priorities—direct medical care and long-term housing.

• Some organizations, including Black-led federally-qualified health centers, have not applied for CDPH HIV funding.

• City contract policies require organizations seeking funding to manage upfront costs while awaiting reimbursement, which some organizations (not just Black-led organizations) report as a barrier to seeking larger contracts.
Our goals are aligned: Funding more Black-led organizations in Chicago.

CDPH and IDPH are actively meeting with Black-led organizations to identify collaborative solutions that:

1. Expand funding opportunities where possible,
2. Provide technical assistance in the funding application process,
3. Provide capacity building assistance to strengthen core infrastructure,
4. Explore opportunities for smaller organizations to expand services to include areas where more funding is available,
5. Explore alternative funding pathways, including partnerships, and
6. Build long-term relationships with Black-led federally qualified health centers and housing providers that haven’t previously applied for CDPH funding.

A new fund would need to be created from new corporate dollars.
Q&A

Thank You!

Chicago.gov/Health  HealthyChicago@cityofchicago.org

@ChicagoPublicHealth  @ChiPublicHealth