



CDPH Board of Health Updates – September 2024

September 25, 2024

Commissioner Olusimbo (Simbo) Ige, MD, MS, MPH

Priority Initiatives

Enhance capacity for early detection, investigation, and response to communicable diseases

Improve internal systems to achieve equitable delegate pool

Release a progress report on Healthy Chicago 2025

Expand Family Connects Chicago

Expand Crisis Assistance Response and Engagement (CARE) 911 Alternate Response

Narcan Distribution Strategy

Treatment not Trauma Clinic Expansion

Increase vaccine preventable infectious disease vaccination rates in most impacted communities (flu, COVID, MMR, Varicella)

Plan and prepare for 2024 Democratic National Convention

Increase public health visibility in marginalized communities

Tracking PREP and DoxyPEP Prescriptions

Expand workforce capacity and increase efficiency of hiring process

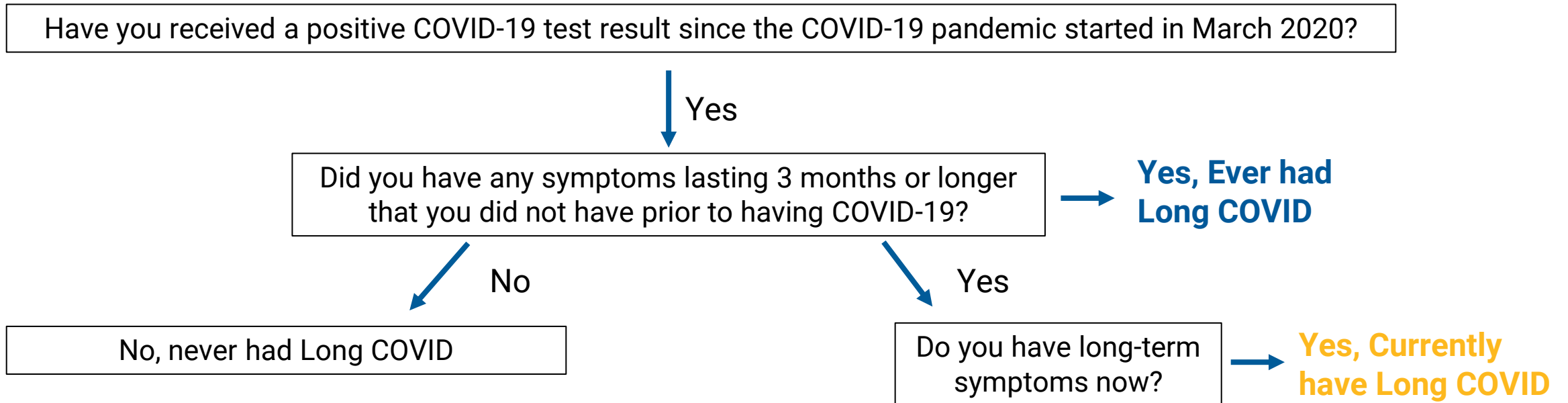
Commissioner's Update

Commissioner Olusimbo (Simbo) Ige, MD, MS, MPH

★ Defining Long COVID

Long COVID = A chronic condition involving multiple body systems that occurs after SARS-CoV-2 infection and persists at least 3 months after infection

Defined through a cascade of questions:





Self-Reported: Long COVID in Chicago compared to United States

- All indicators refers to “Ever had Long COVID” except for “Currently have”
- "Ever had" and "Currently have Long COVID" estimates similar between Chicago and US
- Chicago has lower rates of Long COVID than US overall, but higher rates by key characteristics:
 - Race and ethnicity
 - Latinx
 - Gender Identity
 - Transgender

Long COVID Among All Individuals		
Indicator	Chicago*	United States^
Long COVID		
Ever had	12.4%	14.3%
Currently have	5.8%	5.3%
Long COVID Among Individuas who Ever Tested Positive for SARS-CoV-2		
Race and Ethnicity		
Black	25.4%	26.1%
Latinx	32.3%	29.1%
White	14.6%	24.9%
Gender Identity		
Transgender/GNC	59.5%	39.3%
Cisgender women	27.1%	30.0%
Cisgender men	16.1%	20.2%
With a disability	34.9%	43.4%
Federal Poverty Level		
>400%	15.2%	NA

*Data source: Healthy Chicago Survey, 2023

^Data source: U.S. Census Bureau, Household Pulse Survey, Oct 18-30, 2023

‡Older Adults in Chicago: 65+, in United States: 60+



Conclusions

- Adult Chicagoans who were more likely to report ever having Long COVID were from minority groups including:
 - Latinx and Black Chicagoans
 - Transgender or gender non-conforming Chicagoans
 - Chicagoans with a disability
 - Chicagoans with existing chronic diseases, especially COPD
- Higher income Chicago adults were the least likely to report ever having Long COVID
- Chicagoans with a chronic disease are more likely to report ever having Long COVID
 - Almost half of individuals with COPD likely to report ever having Long COVID



Disease Control Conference

Dr. Stephanie Black



★ Disease Control Conference 2024

26th Annual Disease Control Conference

September 10th, 2024

8:30 a.m. to 4 p.m.

Malcolm X College

Chicago, IL



Welcome!

Please join the CDPH's Disease Control Bureau for the 26th Annual Disease Control Conference on Tuesday, September 10th, 2024. This conference is a free one-day advanced continuing education program on the progression of communicable disease control in Chicago. The event will occur at Malcolm X College in the Illinois Medical District from 8:30 a.m. to 4 p.m. Federal, state, and local leaders in public health and disease control will discuss trending topics of local and national importance, including infectious disease epidemiology, application of research findings to programs and practice, and strategic public health interventions among communicable diseases.

[DCC HOME](#)

[Speaker Bios](#)




[Agenda](#)

[Venue](#)

[FAQ](#)

★ 2024 Conference Agenda ★

[download agenda as a pdf](#) 

Time	Topic	Presenter
8:00-8:45 a.m.	Registration	
8:45-9:00 a.m.	Welcome	Stephanie Black, MD, MSc, Interim Chief Medical Officer and Deputy Commissioner, Disease Control Bureau, Chicago Department of Public Health Olusimbo Ige, MD, MPH, MS, Commissioner of Health, Chicago Department of Public Health
9:00-9:15 a.m.	Supporting our Newest Chicagoans: Public Health Response to a Humanitarian Crisis 	Michelle Funk, DVM, MPH, Medical Director, Healthcare and Community Congregate Settings, Disease Control Bureau, Chicago Department of Public Health
9:15-9:40 a.m.	New Arrivals to New York City: Health Needs and a Public Health Response 	Rishi Sood, MPH, Executive Director, Health Care Access & Policy, Bureau of Equitable Health Systems, NYC Department of Health & Mental Hygiene
9:40-10:05 a.m.	Healthcare for New Arrivals 	Claudia Burchinal, MBA, Director of Ambulatory System Operations and Business Development, Cook County Health Christina Urbina, MBA, Service Line Business Director, Cook County Health Daniel Vittum, MD, Interim Lead Physician - New Arrivals Clinic, Cook County Health
10:05-10:20 a.m.	Break	
10:20-10:30 a.m.	Measles Outbreak Associated with a Shelter in Chicago 	Stephanie Gretsch, MPH, Epidemiologist IV, Vaccine Preventable Disease Surveillance, Disease Control Bureau, Chicago Department of Public Health
10:30-10:45 a.m.	Vaccination Response to Chicago Shelter Measles Outbreak 	Alexander Sloboda, MD, MPH, Medical Director, Vaccine Preventable Disease Operations, Health Protection Bureau, Chicago Department of Public Health
10:45-10:55 a.m.	Clinical Outcomes of Measles Infection: Chicago, March - April 2024 	Shelby Daniel-Wayman, MPH, Epidemiologist II, Vaccine Preventable Disease Surveillance, Disease Control Bureau, Chicago Department of Public Health
10:55-11:05 a.m.	Breakthrough Measles Infections: Chicago, March - April 2024 	Taylor Guidry, MSPH, Epidemiologist III, Vaccine Preventable Disease Surveillance, Disease Control Bureau, Chicago Department of Public Health
11:05 a.m.-12:05 p.m.	New Arrivals/Measles Panel Discussion	Facilitated by Michelle Funk and Jose Perez, Chicago Department of Public Health



1:20-1:40 p.m.	Investigation of Overdoses Involving Medetomidine Mixed with Opioids in Chicago - May 2024	Amy Nham, PharmD, MPH, BCPS, Lieutenant Commander, U.S. Public Health Service, Epidemic Intelligence Service Officer, Centers for Disease Control and Prevention, Assigned to Chicago Department of Public Health
1:40-1:55 p.m.	Telemedicine Helpline to Improve Access to Medications for Opioid Use Disorder	Kim Gressick, MD, MPH, Epidemic Intelligence Service Officer, Centers for Disease Control and Prevention, Assigned to Chicago Department of Public Health
1:55-2:20 p.m.	Chicago Department of Public Health's Strategy for the Prevention and Containment of Candida auris	Christy Zelinski, MPH, Project Manager, Healthcare and Community Congregate Settings, Disease Control Bureau, Chicago Department of Public Health
2:10-2:35 p.m.	Increase in Invasive Meningococcal Disease in Chicago, 2023-2024	Janna Kerins, VMD, MPH, Medical Director, Communicable Disease, Disease Control Bureau, Chicago Department of Public Health
2:35-2:50 p.m.	Break	
2:50-3:10 p.m.	Highly Pathogenic Avian Influenza	Matthew Leslie, DVM, PhD, Laboratory Data Epidemiologist, Office of Disease Control, Division of Infectious Disease, Illinois Department of Public Health
3:10-3:30 p.m.	Common Purpose: Enhancing Public Health Surveillance for a Safe DNC	Peter Ruestow, PhD, Director of Epidemiology, Disease Control Bureau, Chicago Department of Public Health
3:30-3:45 p.m.	Closing Remarks / Evaluations / Adjourn	Disease Control Bureau Leadership





Who attended the conference?

Total attendees	174
CDPH	69
CPS	36
Hospital systems: Sinai, UIC, Rush, Northwestern, Loretto, Kindred, St. Bernard, Stroger, Insight, Advocate, Lurie, St. Joseph, Holy Cross	13
Organizations/CBOs: Heartland, Esperanza, ACCESS, American Indian Health Services, AIDS Healthcare Foundation, Chicago Family Health Center, Deborah's Place, Lawndale, Prime Care Health, Miles Square	10
LHD and State HD: DuPage, Oak Park, Stickney, Will, Cook County, IDPH, Evanston	7
Pharma: GSK, Pfizer, Merck, Astra Zeneca	4
Lincoln Park Zoo	





What did we learn?

- Lessons from NYC:
 - TB screening program with CXR
 - Contracts with clinical vendors (testing, CXR)
 - Funding from the State
 - Asylum Application Help Center (won American Bar Assoc Hodson Award for Public Service)
 - Centralized system to support recently arrived immigrants as they navigate the federal immigration process
 - Collaboration between City, State, Fed governments
 - Co location of health insurance enrollers
 - Challenges
 - Complex with movement of people into and through shelters; transient
 - Complex medical and social service needs
 - Lack of access to telecoms, language and cultural barriers
 - Work and school needs
 - Data management and data coordination





Broad themes

- Communication and coordination among partners
- Miraculous measles response
- New phenomenon of medetomidine toxicology
- Novel/re-emerging pathogens
 - Changing epi of *N. meningitidis*
 - Evolution of H5N1
- Novel surveillance systems
 - Whole genome sequencing
 - SENTRII (Surveillance for Emerging and Novel Threats and Reportable Illnesses and Injuries system)





311 Dashboard

Aparna Priyadarshi



Where we started ... 'Problem Statement'

- 2020: 9787 Closed tickets 1914 Cancelled tickets 9 Open tickets
- 2021: 7737 Closed tickets 868 Cancelled tickets 34 Open tickets
- 2022: 7025 Closed tickets 721 Cancelled tickets 84 Open tickets
- 2023: 8723 Closed tickets 722 Cancelled tickets 63 Open tickets
- 2024: 5701 Closed tickets 561 Cancelled tickets 319 Open tickets As of 9/25/2024



What we discovered ...

OEMC owns the CHI 311 services a Salesforce platform.

- Service Requests (SR) are raised by citizens directed to respective department.
- When an CDPH SME works on resolution work orders are created. In the event a work order is created for another department to resolve a services request, it remains as the responsibility of the originating department to resolve the SR.

Monthly Report generated by OEMC every month is an aggregation of services requests for 2 years preceding the month of the report.

Review and Analysis

- Meet with OEMC tech & DTI Salesforce team members for access to CDPH 311 Data Access
- Create an internal **Dashboard** and Tracking system to enable / remind SME to resolve SR's within present timelines [Service Level Agreements (SLA)] - **DEMO**
- Discussions with SME's to review the SLA an description of each SR directed to CDPH, to determine if we revision is required.



Next Steps

- **In the interim working have received higher level access to isolate Service Requests specific to CDPH.**
- **Continue to meet with OEMC tech team & Salesforce Team to see how we can resolve this systemic issue**
- **Periodic training to SMEs to assist in staying current with the process of responding to service requests**
- **Process improvement in accordance**



Departmental Updates

CDPH Leadership



Administrative Updates

Fikirte Wagaw

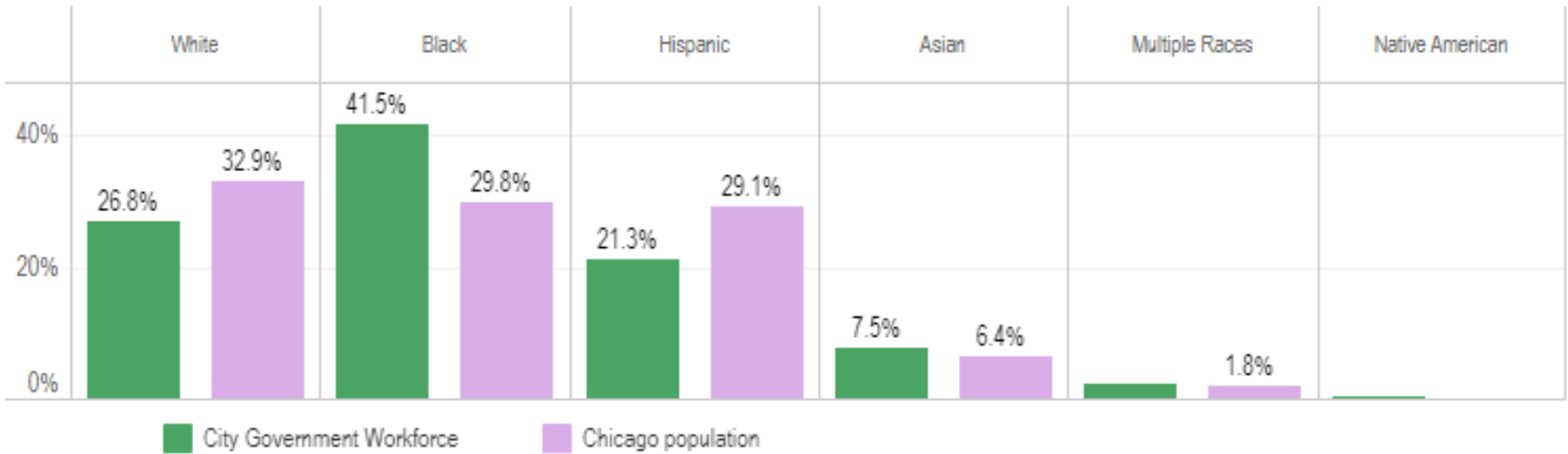


2024 Budget Restrictions

- Hiring restricted for Corporate and Community Development Block Grant funded positions
 - Impacts ~26% of CDPH positions
 - Exceptions considered for revenue generating positions
- Overtime restricted to public safety reasons
- Only essential travel can be paid for with Corporate funds

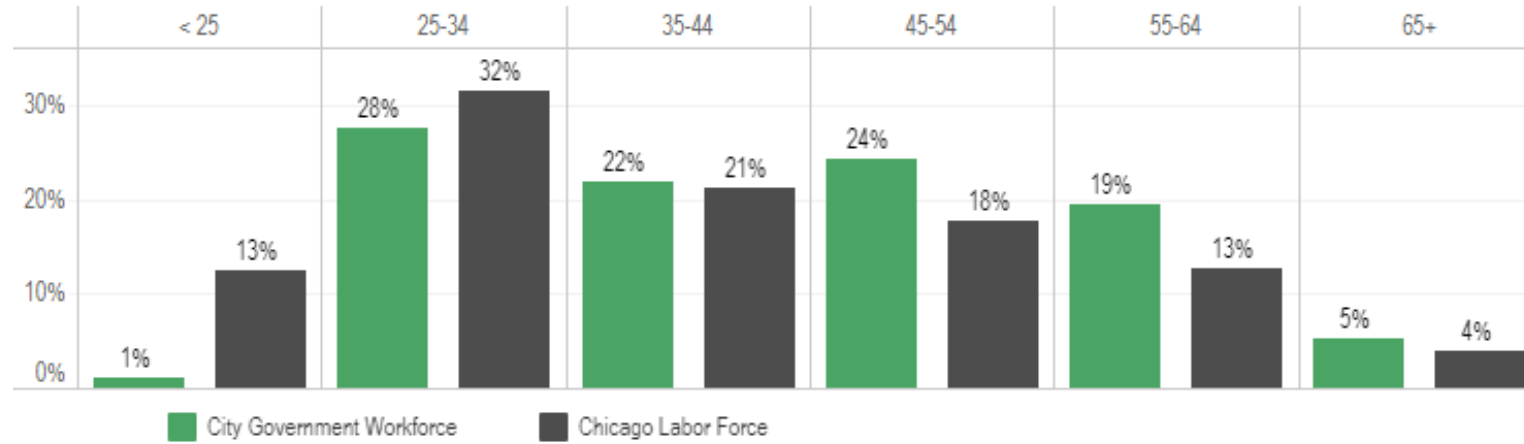
All Staff Demographic Dashboard

By Ethnicity / Race





By Age



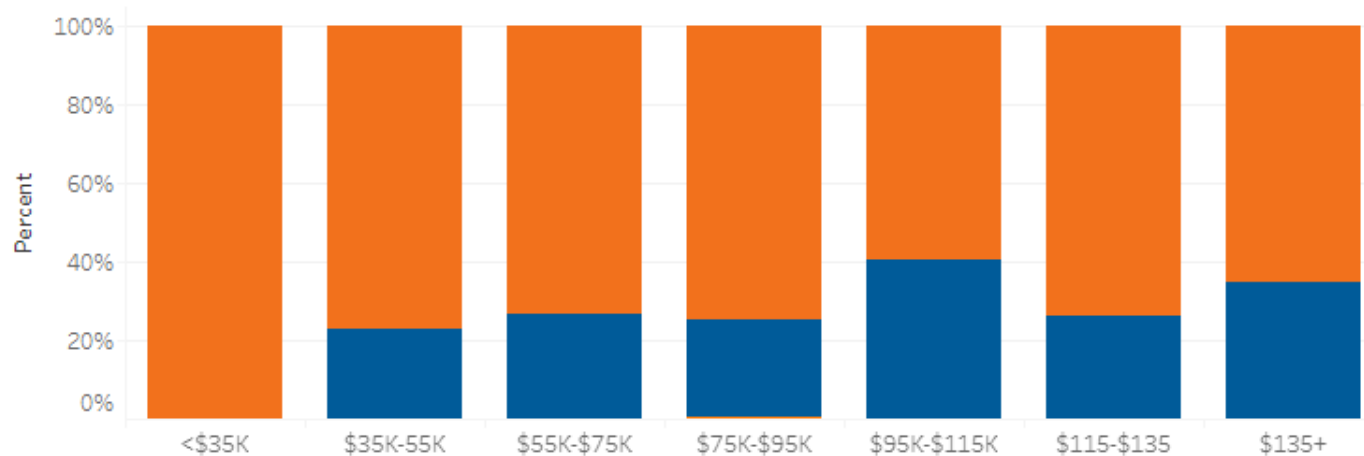
By Gender



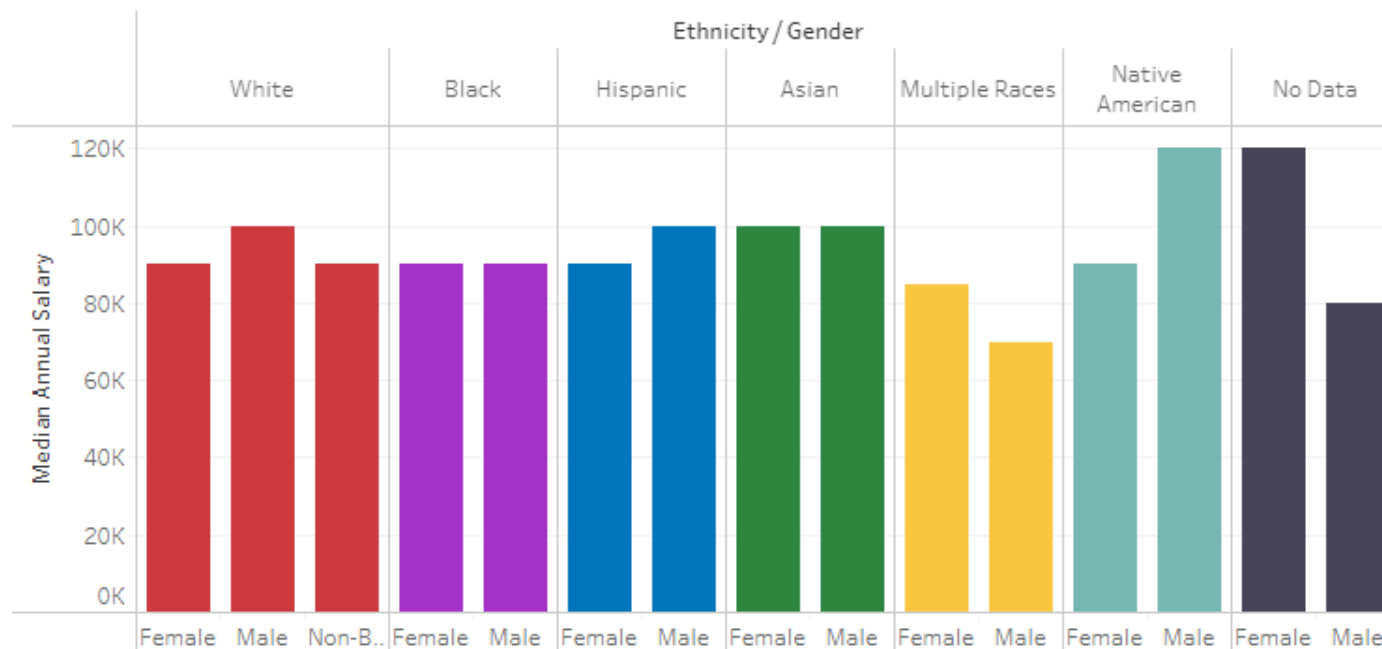
Equity Dashboard: City of Chicago's Workforce Diversity

Total number of employees in department(s): 757

Salary Distribution by Gender



Median Salary by Gender & Ethnicity

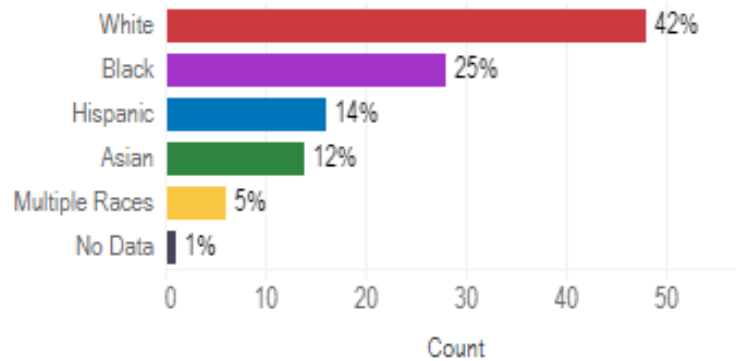


Management Demographics Dashboard

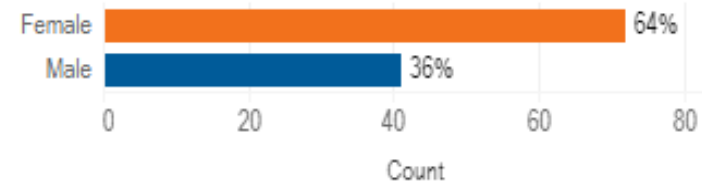
Equity Dashboard: City of Chicago's Workforce Diversity

Total number of management employees in department(s): 113

Ethnicity/Race of Management

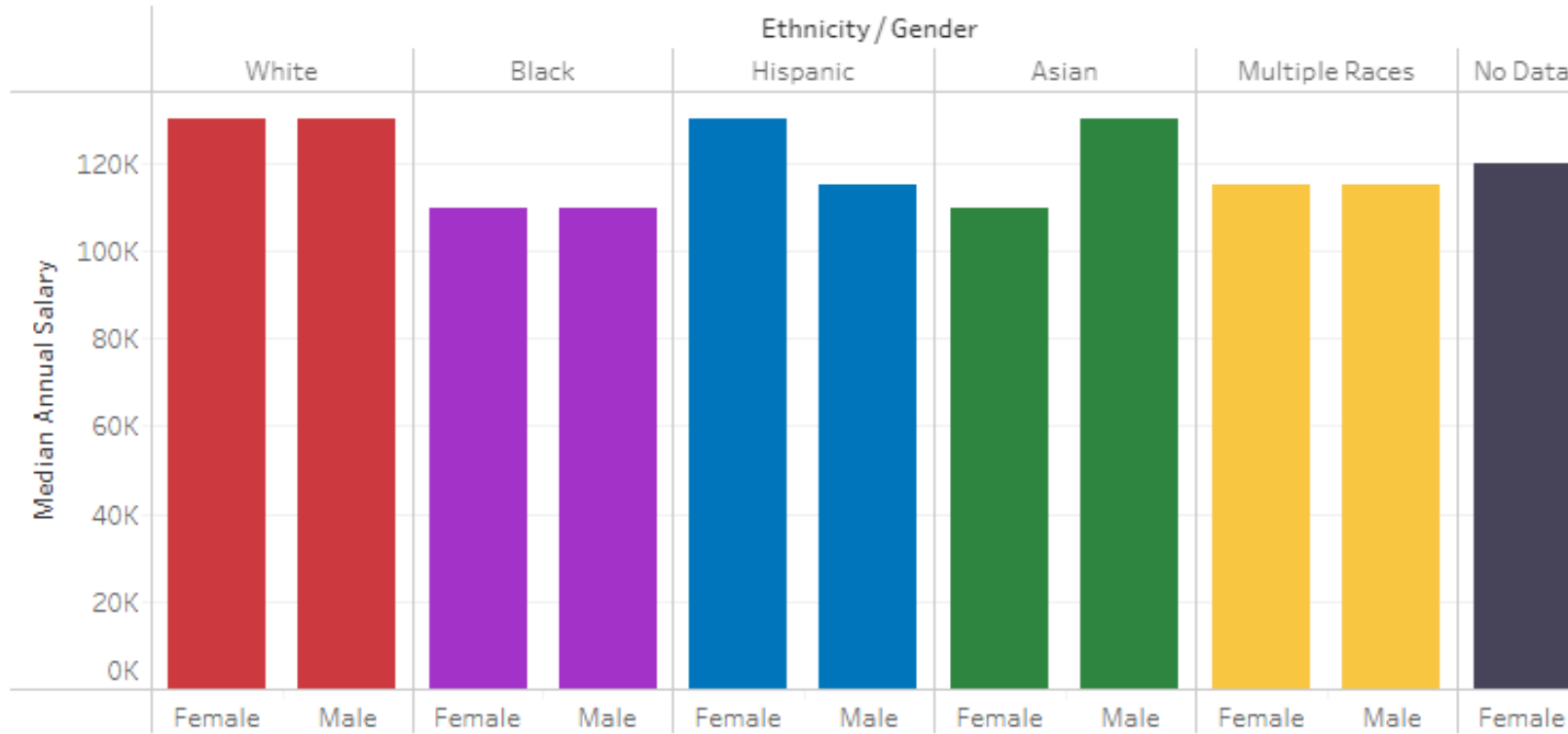


Gender of Management

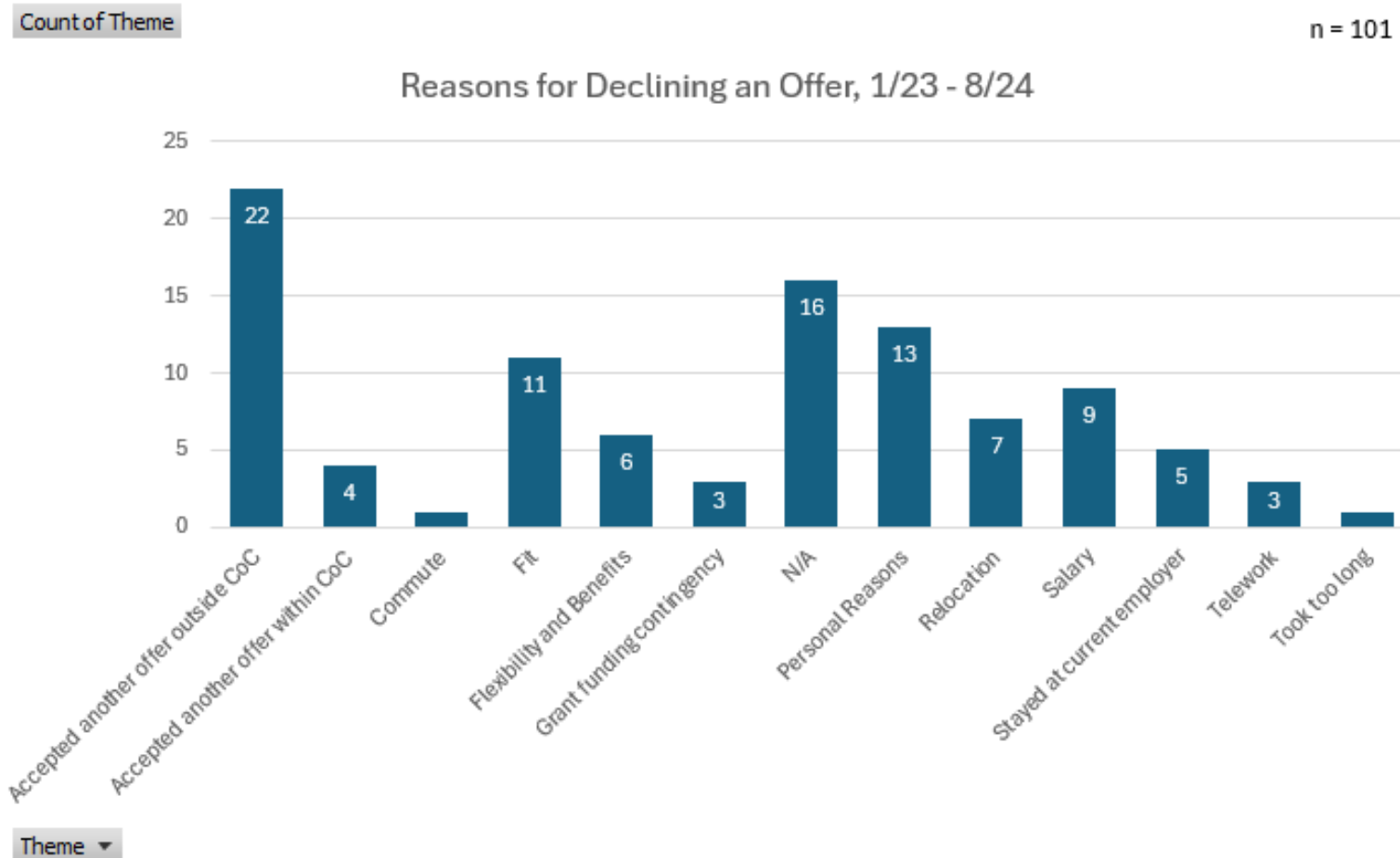




Median Salary of Management by Ethnicity & Gender



Job Acceptance





Mental Health Service Expansion

Matthew Richards, LCSW, MDiv



Behavioral Health Bureau

The Bureau is committed to helping every Chicago resident receive the care that they deserve, working with community partners to grow and strengthen behavioral health resources across Chicago, and expanding CDPH direct services to complement existing safety net systems.

Programs & Initiatives

Mental Health

- CDPH Mental Health Clinics
- Mental Health Safety Net Support and Community Partners
- Crisis Assistance Response & Engagement Program (CARE)

Substance Use and Recovery

- Harm Reduction
- Linkage to Care and Outreach
- Treatment
- Recovery Housing and Support Services

Violence Prevention

- Street Outreach
- Victim Services
- Community Safety Coordination Center

Healthcare for the Unhoused

- Shelter-based Care
- Mobile Medical Services
- The Haven Stabilization Housing Program



Mental Health Clinics

Mental Health Clinics Current Offerings

What Behavioral Health services do we offer?

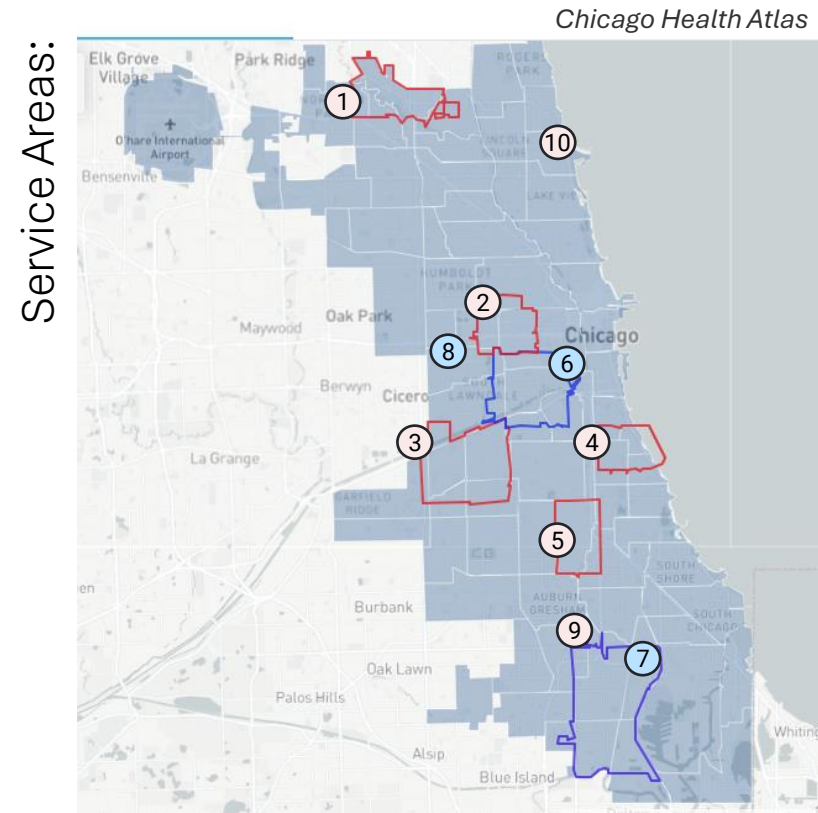
Outpatient mental health services intake/assessment, individual therapy, group therapy, case management, and medication management.

Who do we serve?

Clinics serve Chicago residents ages 6 through the lifespan appropriate for Outpatient level of care.

What is our reach?

Currently, we serve approximately 300 people at any given time per clinic location but with our expanded offerings we expect to increase capacity of people served



Existing Sites:

- ① North River
- ② Lawndale
- ③ Greater Lawn
- ④ Greater Grand
- ⑤ Englewood

New Sites (to be opened by end of 2024):

- ⑥ Pilsen
- ⑦ Roseland

CPL Extension Sites

- ⑧ Legler (Added 2024)
- ⑨ Beverly
- ⑩ Edgewater



Highlight | Same-Day Medication Expanded Offering

Starting 9/1, we will implement a new workflow change to offer **Same Day Medication** appointments.

Benefits:

- Prescribing medication without the requirement of therapy can offer a viable treatment option for individuals unable to engage in regular sessions.
- Additionally, medication may be necessary to address serious conditions, provide immediate relief during crises, or improve a person's readiness to participate in therapy by alleviating acute symptoms.



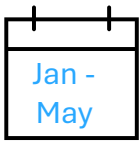
Service Impact: we expect to increase capacity of people served as well as the following:

- 1 **Strengthen relationship with CARE clients:** CARE Clients often face distress or instability due to lack of medication or missed doses. Same-day medication appointments can promote more sustainable treatment and access to complementary healthcare resources
- 2 **Strengthen partnership with MHEI network:** Facilitate more referral opportunities, particularly for providers without or limited psychiatric capacity
- 3 **Fill service gaps across the City:** Address the gap in psychiatric capacity by offering same-day appointments for clients in urgent need of medication

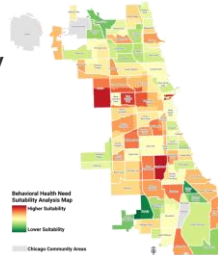
Expand Mental Health Services

Planning Phase:

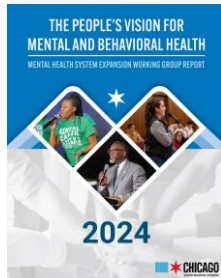
In order to ensure a community-driven approach, the team produced several analyses to understand needs



Conducted suitability analyses to understand service demand gaps and accessibility problems across priority community areas



As part of the [People's Vision for Mental and Behavioral Health](#), the Mayor's Office and CDPH



announced 3 new service expansions for 2024: (1) Pilsen (2) Roseland (3) Legler CPL

Implementation Phase (June-Present):

Opening new service areas requires significant collaboration across several departments and operations

Hiring: Ramped up hiring processes, reducing time to post and filling 34 related clinic vacancies, representing ~55% of total vacancies from the beginning of the year

Updated Titles: Hiring for new titles for the Bureau such as Public Health Nurse II to expand primary care screening and linkage to community services

Physical Space Design Scheme: Developed a trauma informed interior design scheme to ensure welcoming space for clients

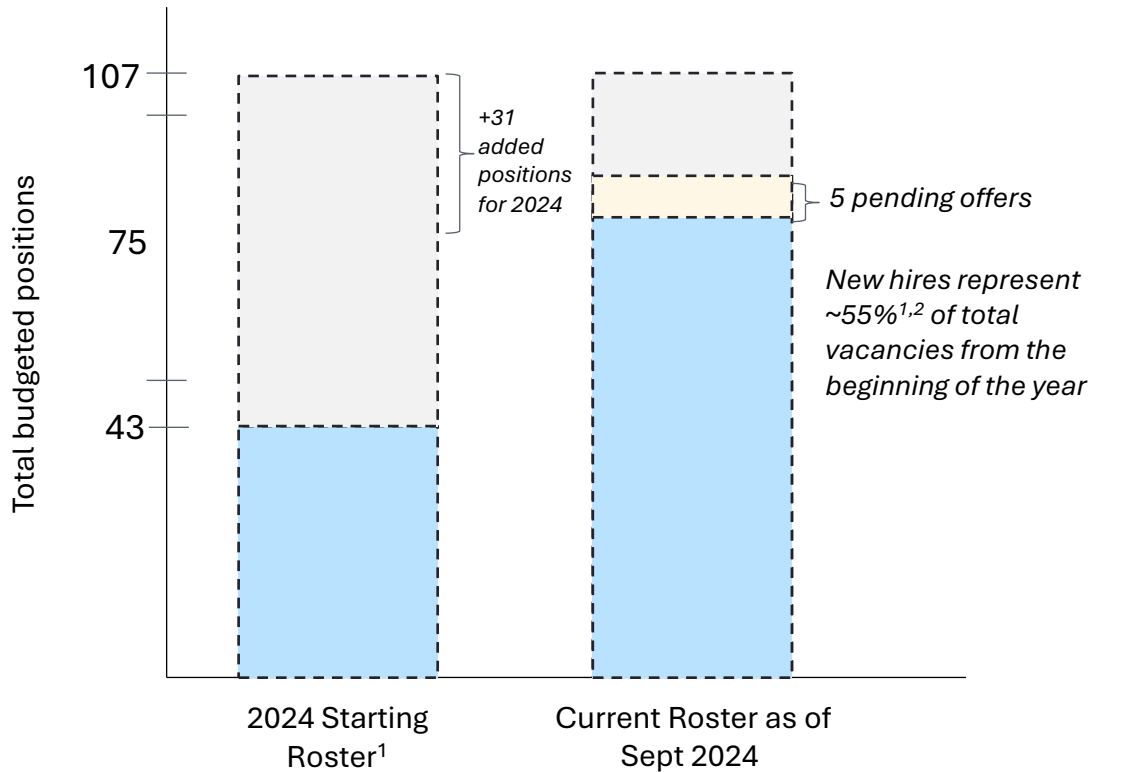
Expanded mental health services programming: Expanded evening hours and same-day medication appointments to improve access

Expanded supplementary programming: Healing Arts Chicago embeds 10 artists (certified as Community Health Workers) across our clinic sites to offer free arts programming on a daily basis

Health Hub rebranding: Partnering with Health Hub team to integrate CDPH services and strengthen the provider referral network

★ Highlight | MH Clinic Staffing

Staffing Levels:



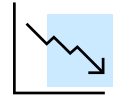
1) Total budgeted FTE includes 31 additional positions added for the 2024 budget, totaling 107 budgeted FTE (without 2024 adds, 76 total budgeted FTE)
 2) Includes cumulative total of positions filled throughout the year, 34 vacancies filled includes 2 promotions

 Filled
 Vacancies
 Offers in progress

Highlights:



Partnership with DHR: Weekly meetings to identify and reduce bureaucratic barriers to improve time to posting and reclassification requests



Reduced Time to Posting: Posting sequences have reduced from an average of six months to an average of three weeks from time to post



Expanded Posting Marketing: Identified and collaborated with several new job boards including [NASW](#), [HRSA](#), [BHWC](#) to expand reach



Updated Titles: Hired a new title (for the bureau) and explored reclassifications to update responsibilities and titles to reflect needs of the clinics



Project Management Support: Dedicated support and creation of tools to manage hand-offs and steps



Crisis Assistance Response and Engagement (CARE)

★ CARE Program Overview

- The City of Chicago launched the Crisis Assistance Response and Engagement (CARE) program in September 2021 as a pilot in 5 police districts.
- The CARE team responds to 911 calls with a mental health component to ensure that individuals experiencing a mental health crisis and substance use overdose are assisted by teams of behavioral health professionals, with resources to meet their unmet health and social needs.
- This initiative was a result of a partnership between:
 - Chicago Mayor's Office
 - Chicago Department of Public Health (CDPH)
 - Office of Emergency Management and Communication (OEMC)
 - Chicago Fire Department (CFD)
 - Chicago Police Department (CPD)



★ CARE Transition from Pilot – MDRT to AR Teams

- For the past year CARE has made significant progress on transitioning from the pilot and towards a public health-led model. We have worked diligently with all our public safety partners to ensure a smooth transition with minimal disruptions to operations despite the considerable challenges related to transitioning away from CPD & CFD first responders.
- We have created brand new positions and early career pipelines for both EMS and clinical workers, a first for CDPH, and big step towards a more representative workforce.
- As of September 27, 2024, all CARE teams will be staffed by a CDPH Crisis Clinician and a CDPH EMT

Pilot (2021 – 2024)

Multidisciplinary Response (MDRT)



CPD CIT Officer,
CFD Paramedic,
CDPH Crisis Clinician



New (2024 – Onward)

Alternate Response (AR)



6x teams:



CDPH Crisis Clinician,
CDPH EMT

New Districts



CARE Hiring Progress

2024-2025 Total FTEs: 47

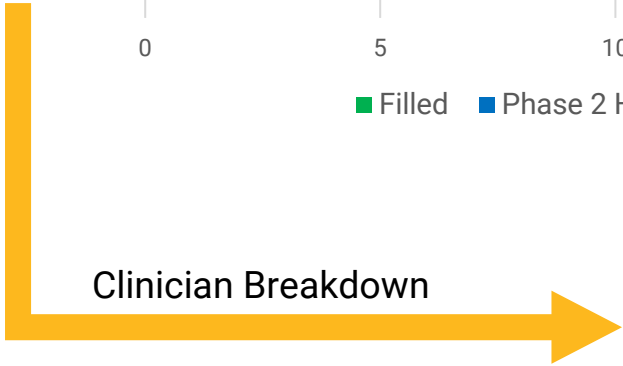
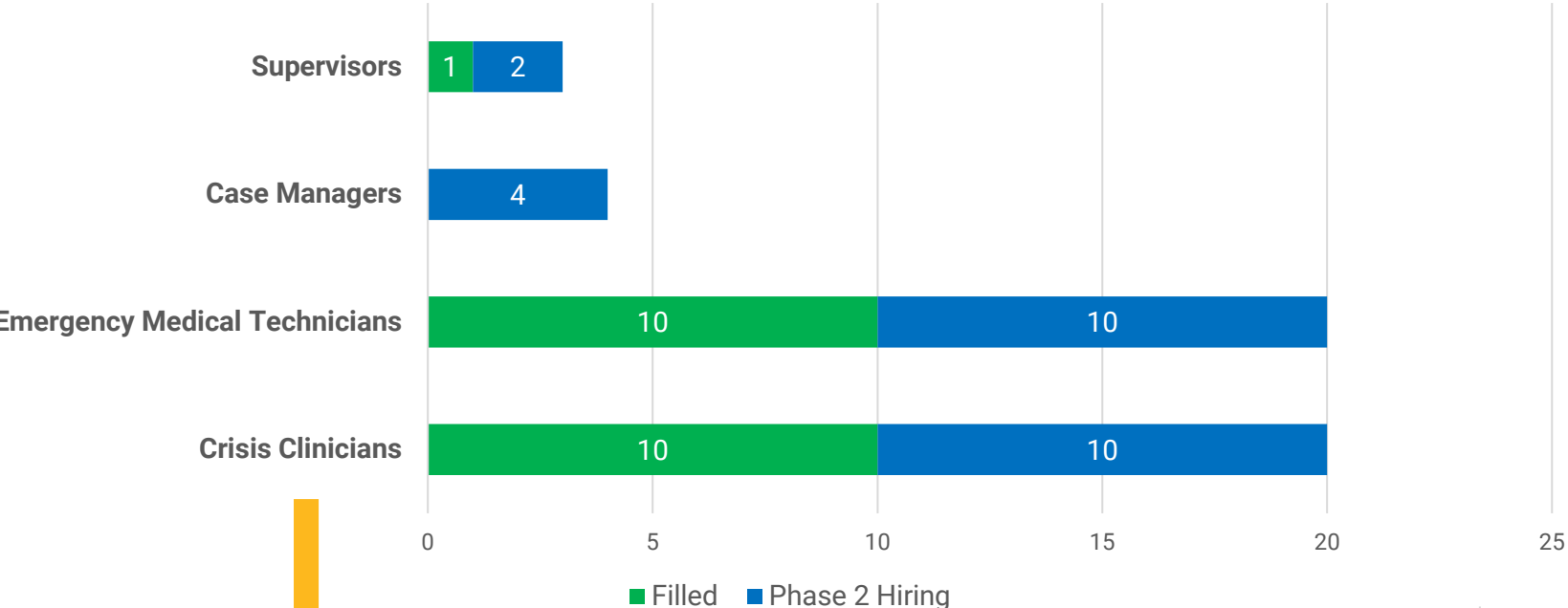
Total Filled: 21

Phase 2 Hiring: 26

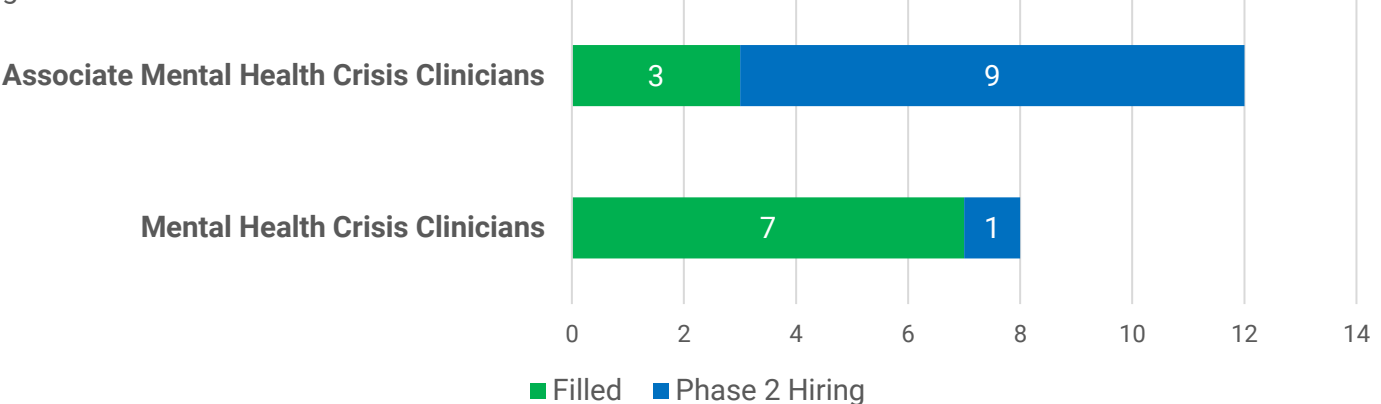
By the end of 2024, CARE will have expanded its workforce to a total of:

- 8 Mental Health Crisis Clinicians
- 4 Associate Mental Health Crisis Clinicians
- 12 Emergency Medical Technicians
- 2 Supervisors
- 2 Case Managers

For a total of 28 FTEs dedicated to a person-centered model of care



As of 9.20.24





CARE Team Activity Summary

September 2021 to September 2024

Data current through 9/10/2024

CARE 911 Responses

1512

Follow-Up Encounters

1004

Use of Force Events*

<5

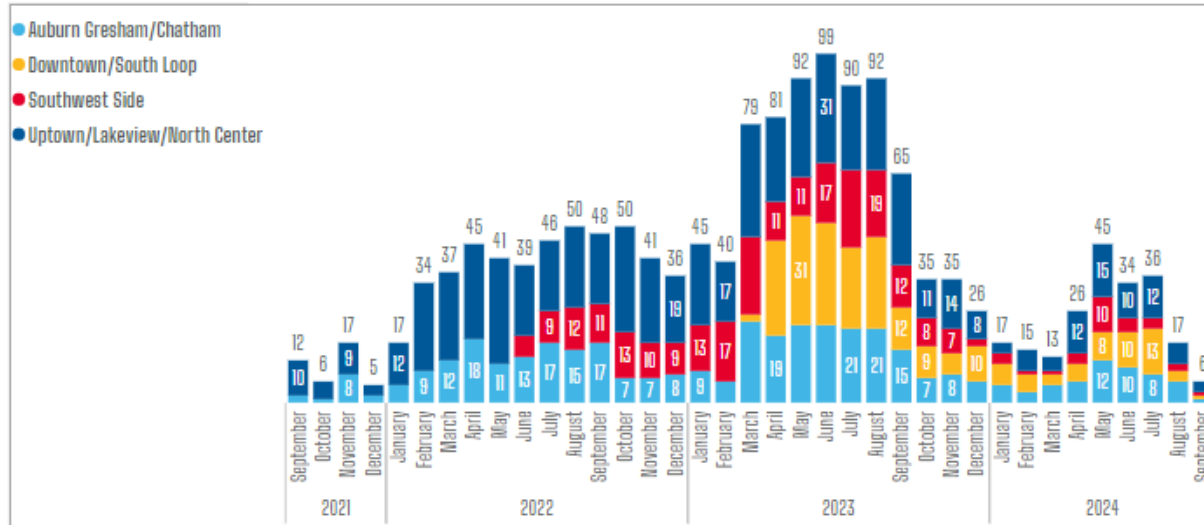
Arrests*

0

*Events where the CARE CIT Officer makes an arrest.

CARE 911 Responses

CARE 911 Responses Over Time by Neighborhood



All CARE 911 Responses by Outcome

CARE Services	26%
CARE Services + Transfer	11%
CARE Services + Transport	17%
No Contact with Individual in Crisis	30%
Refused Assessment	9%
Resolved by Other Unit Prior to Arrival	7%

Average CARE Team Service Times in Minutes

Time on Event	Time to Scene
56.32	21.31

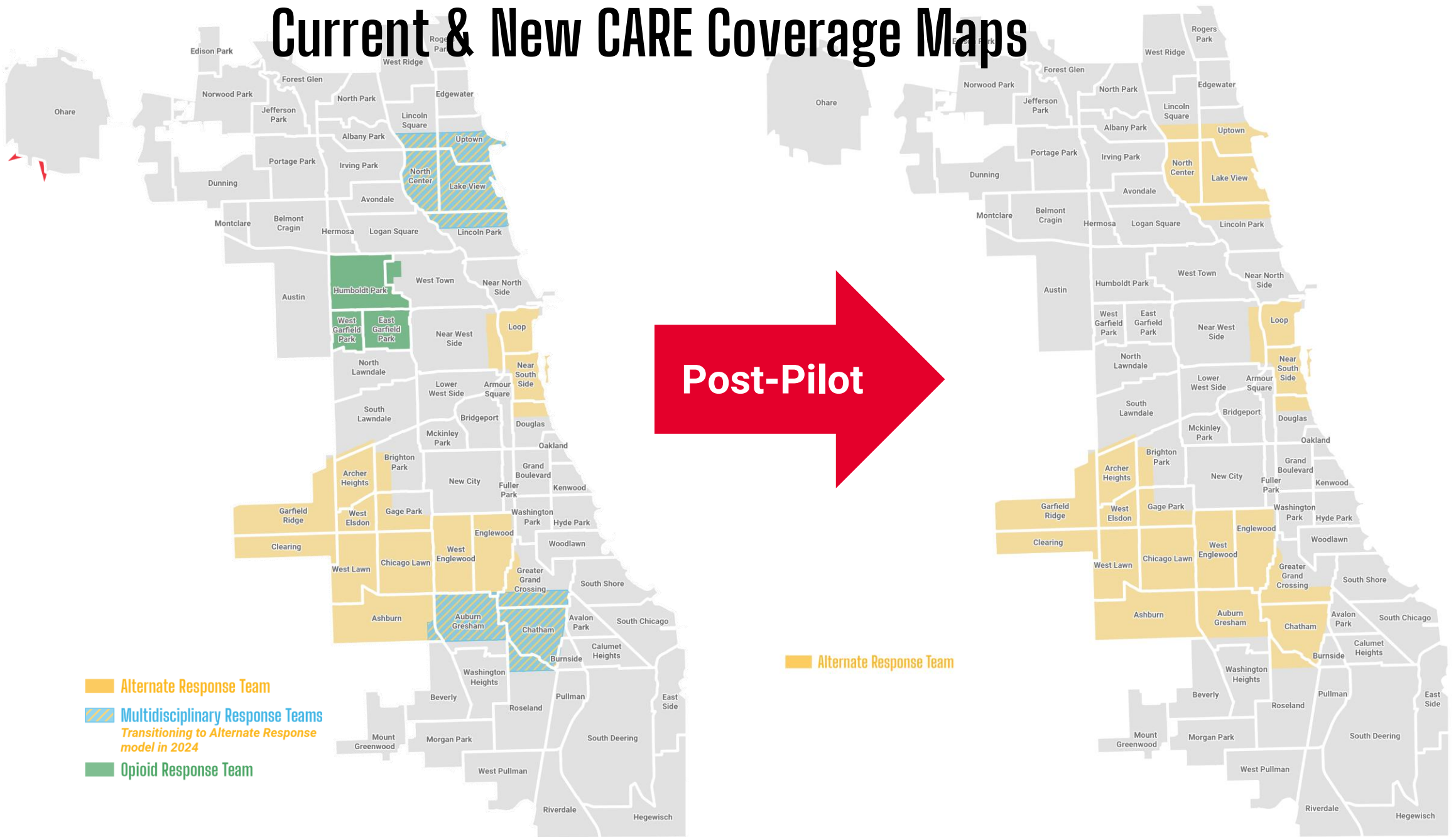
*Average time to scene only calculated for calls dispatched directly by 911.

Most current month may appear to have lower event totals because data collection is still in progress.
Southwest Side includes Sage Park, West Elsdon, West Lawn, Chicago Lawn, and West Englewood.

CARE New Teams Workflow

Teams	Staffing	Scope	Locations	Hours
Alternate Response (AR) 6 teams	CDPH Crisis Clinician CDPH EMT	Responds to low-risk mental health crisis calls from 911 and other community partners to offer de-escalation, on-site services, and transport to alternate destinations	District 007 & 008 (Garfield Ridge, Archer Heights, West Elsdon, Clearing, Gage Park, West Lawn, Chicago Lawn, Ashburn, Greater Englewood) District 001 (Loop & Near South) District 006 (Auburn Gresham & Chatham) District 019 (Uptown, Lakeview, North Center)	Mon – Fri 10:30 – 16:00
Case Management 2 teams	CDPH Crisis Intervention Specialist (Case Manager)	Conducts post-mental health crisis follow-up to ensure clients receive appropriate assistance and may respond to certain low-risk individuals with behavioral health needs	District 004 (Avalon Park, South Chicago, Burnside, Calumet Heights, South Deering, Eastside, Hegewisch) District 012 (West Town, Near West, Lower West)	Mon – Fri 9:00 – 17:00
Behavioral Health 911 Dispatch 15 positions	OEMC Behavioral Health Call Takers and Dispatchers	Receives, processes, and responds to 911 emergency calls and dispatches behavioral health and alternate response services to reported incidents	Citywide	Mon – Fri 10:30 – 16:00
Citywide / Special Cases 1 Team	CDPH Crisis Clinician CDPH EMT	Responds to increasing number of mental health crisis requests made outside of 911 for CARE services.	Citywide	Mon – Fri 9:00 – 17:00

Current & New CARE Coverage Maps



CARE ORT Pilot

- Established in 2021 following record opioid overdose fatalities in Chicago, the CARE Opioid Response Team (ORT) was designed to support individuals with resources and care in the vulnerable 24-72 hours after an overdose.
- The team operated in Humboldt Park, East Garfield Park, and West Garfield Park – communities identified to be among those most heavily impacted by the opioid crisis in Chicago.
- By providing post-overdose follow-up services in our most vulnerable communities, **the goals of the ORT** were to:
 1. Reduce the number of fatal & non-fatal opioid overdoses in the pilot areas
 2. Provide trauma-informed, low-barrier harm reduction services, supplies, and education to individuals who have recently experienced an opioid overdose
 3. Improve linkage to evidence-based care for opioid use disorder and co-occurring disorders for individuals who have recently experienced an opioid overdose



CFD Community Paramedic
Certified Peer Recovery Specialist from UIC
Community Outreach Intervention Projects

Total ORT Post-Overdose
Outreach Attempts

723

Total Individuals Located

65

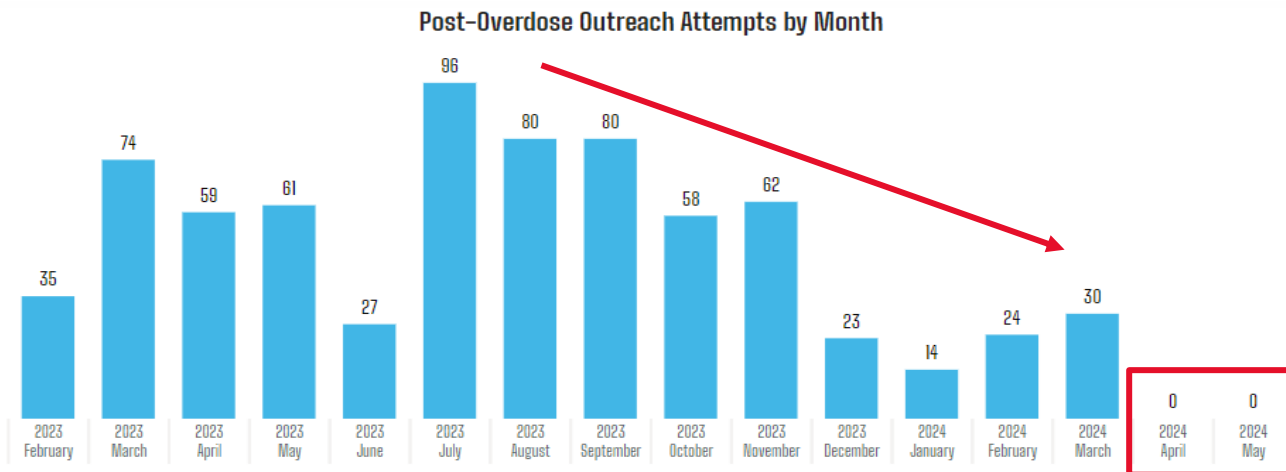
From February 1, 2023 to March 31, 2024, there were 2,875 unique overdose incidents eligible for CARE ORT follow-up of which 723 received an outreach attempt by ORT and 65 of those individuals were successfully reached and accepted ORT services.

- 72% of eligible overdose events were non-Hispanic Black individuals
- 54% of individuals served were between the ages of 60 to 79
- 78% of overdose incident locations were public
- 74% of individuals who received services did so in a private setting

CARE ORT Challenges & Analysis

Despite rigorous attempts, the total number of individuals located remained low due:

- Lack of contact info for individuals and inconsistent identifying information
- Housing insecurity and homelessness
- Transient nature of the population
- Difficulty merging data from multiple resources
- Data accuracy for patient contact information



Footnotes:

- ORT conducted community engagement from January 30, 2023 to February 14, 2023 and formally began post-overdose outreach on February 15, 2023.
- ORT was only operational for half of the days in June due to vehicle maintenance.
- For January-July 2023, ORT operated 4 days a week. Starting August 2023, ORT began operating 5 days a week.
- ORT was not operational in April/May 2024 due to staffing limitations.

Conclusion:

The CARE ORT pilot demonstrates that it was successful in engaging predominantly older, non-Hispanic Black men who were stably housed.

Unfortunately, due to the aforementioned challenges and barriers, ORT will not continue in its current form.

CARE will continue to work with the Peer Recovery Specialists from UIC as a trusted resource for linkages to harm reduction resources and trauma-informed, evidence-based care for those in need.

In addition, the Peer Recovery Specialists continue to conduct proactive outreach to community members, linking them to food insecurity services, mental health providers, and other community resources and services.

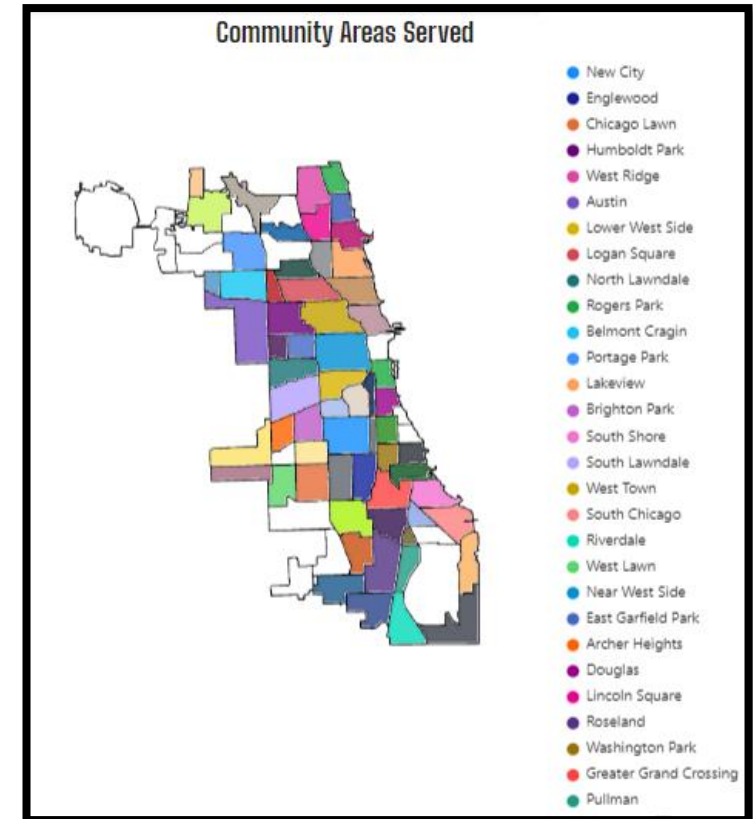


Community Partnerships & Training



Mental Health Expansion Initiative (MHEI)

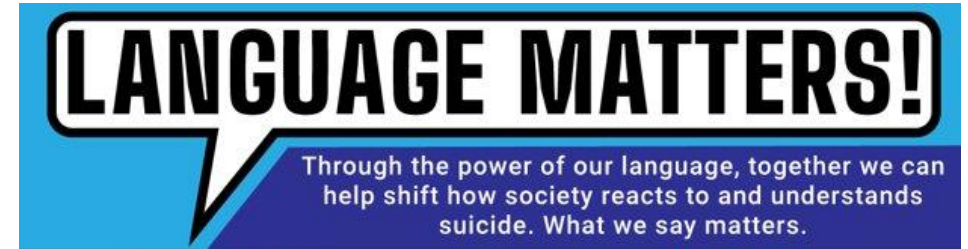
- CDPH mobilized and sustains a network of safety net providers to expand outpatient MH services city-wide that are trauma-informed, integrative, and accessible regardless of ability to pay, immigration status or health insurance.
- From January 2021 – December 2023, MHEI served 108,963 individuals (28% youth and 72% adults) of whom approximately 39% were Black and over 32% were Latinx.
- In 2024, MHEI funds 41 partners and has served 18,034 individuals in Q1 & Q2.



[To view the MHEI Dashboard, click here.](#)

★ CDPH Suicide Prevention Initiative

- The Office of Mental Health trained 55 CDPH public health professionals to conduct suicide prevention trainings
- In May 2024, CDPH launched a suicide prevention website (chicago.gov/suicideprevention) that includes:
 - Free, public-facing Question, Persuade, and Refer (QPR) trainings in libraries/parks
 - Information about QPR Instructors
 - Suicide Data Dashboard
 - Crisis Mental Health Resources
- From May – To Date, 244 people received QPR training from the team 16 number of trainings
 - 158 public attendees (64.8%)
 - 86 city employees (35.2%)



INSTEAD OF	USE THIS
❌ Commit suicide	✅ Die by suicide
❌ Committed suicide	✅ Died by suicide
❌ Completed suicide	✅ Death by suicide
❌ Successful suicide	✅ Fatal suicide attempt
❌ Failed suicide attempt	✅ Survived a suicide attempt
❌ [...] is suicidal	✅ [...] is experiencing suicidal thoughts

Learn More Here:
chicago.gov/suicideprevention #SuicidePrevention



★ CDPH's QPR Instructor Cohort

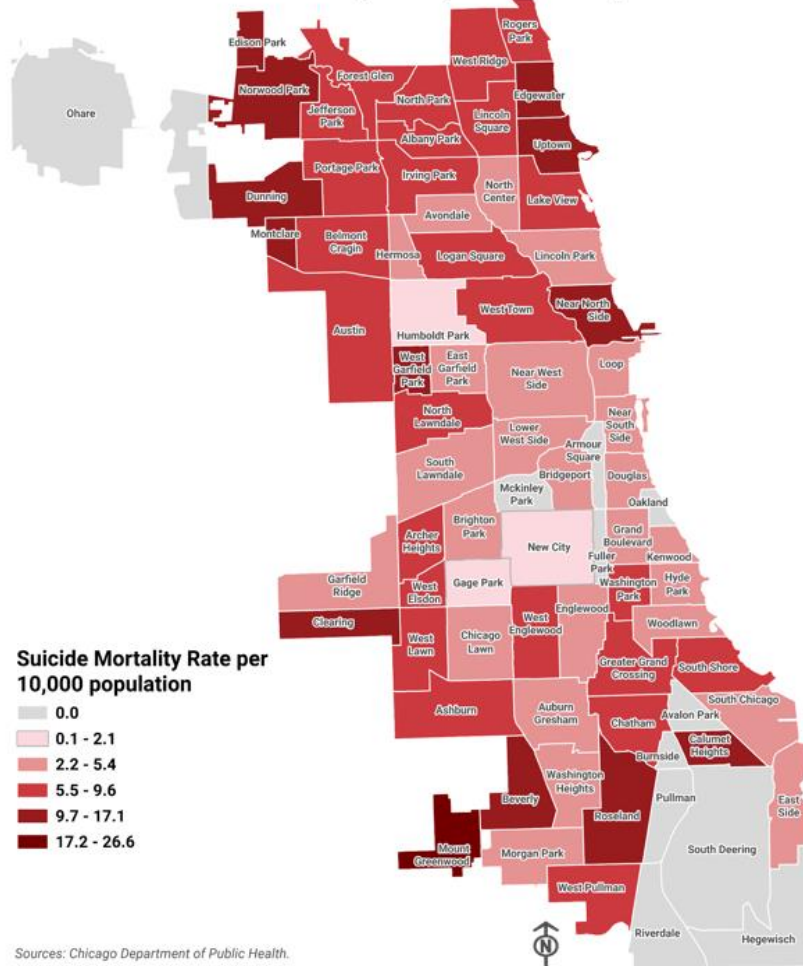


- CDPH's QPR Instructor team includes more than 50 public health professionals who represent Chicago's diverse populations: 71% instructors are BIPOC, 67% female, 40% over age 51.
- Instructors speak nearly a dozen different languages, including Spanish, German, Romanian, Hindi, Gujarati, Amharic, Telugu, Urdu, and Arabic.



QPR Trainings

Behavioral Health Service Demand, Chicago Community Areas:
Suicide Mortality Rate per 10,000 People



Trainings have been conducted in the following community areas, prioritizing those with high suicide mortality rates:

- Calumet Heights
- Clearing
- Edgewater
- Englewood – People’s Plan
- Grand Boulevard
- Mount Greenwood
- Near West Side
- Norwood Park
- Roseland
- The Loop
- On Deck: Austin (9/19)
- On Deck: West Garfield Park (9/26)
- On Deck: Pilsen (10/2)

In addition to providing trainings to the public, the initiative also aims to train the city's workforce



Stabilization Housing: The Haven

★ Background & Context:


Hotel 166



Outcomes:

- **60%** exited to permanent housing or residential treatment programs
- **28%** of people living with a mental health condition were newly initiated on psychiatric medications
- **62%** reported that their mental health improved or stabilized during their stay in the program

Program Overview: The Haven on Lincoln

 The Haven on Lincoln **combines healthcare and social services to reflect a “housing first” approach** that works to interrupt the pattern of people living with complex physical and behavioral conditions cycling through systems.

Goal:

Provide non congregate shelter and wrap-around healthcare and social services to people experiencing homelessness who are also living with untreated physical and behavioral health conditions, thereby **improving overall health and housing outcomes for residents.**

Desired outcomes:

1. Participants exiting into permanent housing that meets their service needs
2. Participants engaged in primary care and behavioral healthcare services that address underlying health conditions
3. Reducing participants cycling in and out EDs, jails, shelters, etc

★ The Haven on Lincoln Program Structure



Supportive Housing

- Every resident will be assessed for program eligibility ahead of intake
- Duration of stays: 3-6 months
- Single or dual occupancy based on assessment
- Max Occupancy: Up to 40 residents at one time



Wrap-Around Services

- Transportation support
- Active case management
- Individual and group therapy opportunities
- Primary and behavioral health care
 - Medically assisted treatment (MAT)
 - Long-Acting Injections (LAIs)
 - Wound Care
 - Etc

★ Program Operator: VOA Illinois

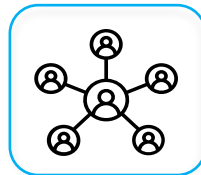
CDPH has selected **VOA Illinois as the City's partner** to deliver a fully staffed medical, mental health, and social services team of providers to appropriately meet patient needs as well as manage The Haven on Lincoln.



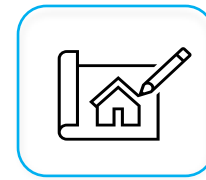
Shelter



Healthcare Services



Case Management, Care
Coordination & Social Services



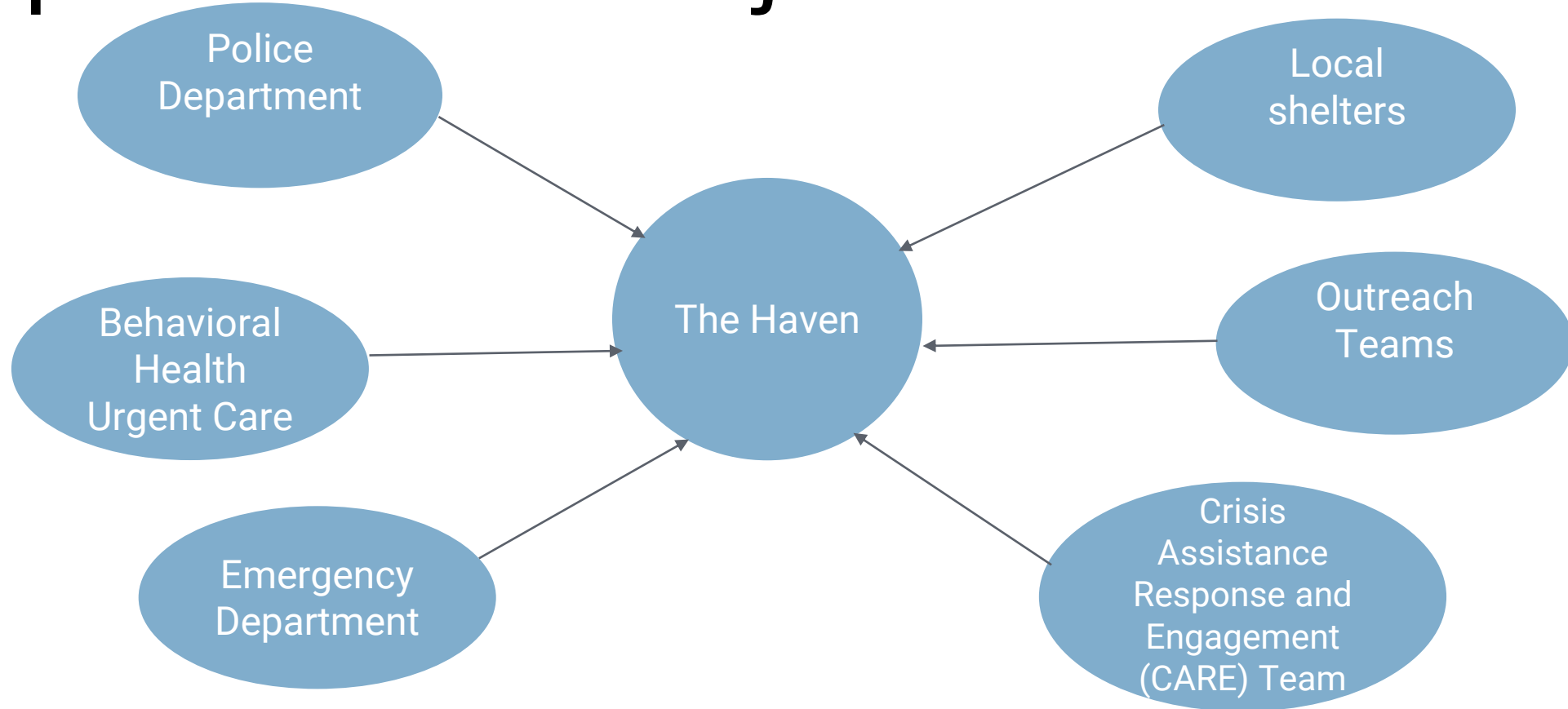
Property Management



Security

Program launch is expected to by March
2025

Expected Referral Pathways



**will be hyperlocal from the community surrounding the Haven

Person Centered System Map



Homeless Prevention



Crisis Stabilization Haven on Lincoln

OR



Crisis Shelter



Transitional Housing – “Triage Housing”



Permanent Supportive Housing or RRH

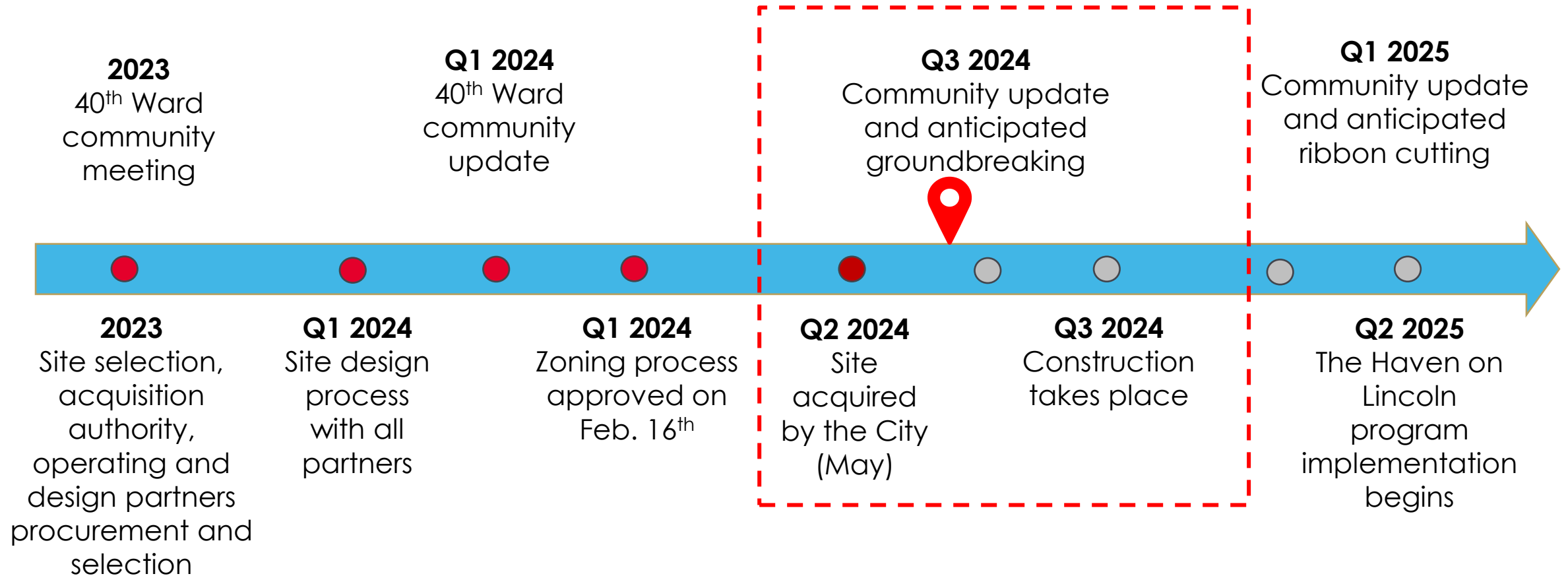
Affordable Rental Housing
Subsidized and Unsubsidized



People with complex BH needs can access what they need



The Haven on Lincoln Process Status





Before



After





THANK YOU



Chicago.gov/Health

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[@ChiPublicHealth](#)



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YouTube



Nextdoor



TikTok



Threads



Bluesky



X