



Adult Use Cannabis Health Advisory Committee

Grace Hou – Secretary, Department of Human Services
David T Jones, Director, IDHS/SUPR (designee)
Dr. Ngozi Ezike – Director, Department of Public Health

Bi-Annual Meeting Pursuant to Public Act 101-0027

Date & Time

Tuesday, March 30th
1:00PM-2:00PM

Meeting Access Information

Video/Teleconference

Agenda

- I. Call to Order
 - a. Secretary Grace Hou calls meeting to order at 1:02 PM.
- II. Welcome
 - a. Grace Hou
 - i. Grace Hou welcomes everyone to the meeting. She introduces herself, the Secretary of the Illinois Department of Human Services. She and her Co-Chair, Dr. Ngozi Ezike, will be chairing the meeting. She thanks David Jones and Dani Kirby from the Division of Substance Use Prevention & Recovery for preparing this meeting. This is our second committee meeting.
- III. Roll Call

Name	Title	Present	Absent
Steven Aks	Medical toxicologist	X	
Joshua Andre	Substance use disorder treatment patient representative		X
Carmen Brace	Representative of an organization focusing on cannabis-related policy	X	
James Champion	Individual registered as a patient in the Compassionate Use of Medical Cannabis Pilot Program	X	
Lois Clarke	Emergency room physician	X	
Carol DesLauriers	Representative of a Poison Control Center		X

Ngozi Ezike	Director of Department of Public Health	X	
Esther Franco-Payne	Representative of the Criminal Defense or Civil Aid Community of Attorneys Serving Disproportionately Impacted Areas		X
John Franklin	Addiction psychiatrist	X	
Kelly Judge Goldberg	Individual registered as a caregiver in the Compassionate Use of Medical Cannabis Pilot Program	X	
Grace Hou	Secretary of Department of Human Services	X	
Luke Howieson	Emergency medical technician, paramedic, or other first responder		X
Tom Hughes	Representative of a Statewide Professional Public Health Organization	X	
Marco Jacome	Representative of a community-based mental health treatment provider	X	
Kristopher Krane	Representative of licensed cannabis business establishments	X	
Marvin Lindsey	Representative of a statewide community-based mental health treatment provider association	X	
Karen Madura	Nurse practicing in a school-based setting	X	
Zachary Marcus	Pediatrician	X	
LaTasha Nelson	Obstetrician-gynecologist	X	
Jordan Powell	Representative of a Statewide Hospital/Health System Association		X
Priyanka Rajaram	Pulmonologist		X
Nestor Ramirez	Neonatologist		X
Julia Rodriguez	Representative of a community-based substance use disorder treatment provider	X	
Kevin Rynn	Pharmacologist		X
Marcia Tan	Drug epidemiologist	X	
Henry Tyler	Mental health treatment patient representative	X	
Sharon Coleman	Psychologist	X	

Members of the Public Present

- David Albert
- Rob Connor
- Dani Kirby
- David Jones
- Nate Inglis Steinfeld
- Erica Lindsay

- Allison Nickrent
- Sarah Patrick
- Danielle Perry
- Lee Ann Reinert
- Rafael Rivera
- Kassandra Silva
- James Swartz
- Lisa Taylor

a. Quorum has been established.

IV. Introduction

- a. Grace Hou introduces Co-Chair, Dr. Ngozi Ezike.
- i. Dr. Ngozi Ezike thanks everyone for joining the meeting. She is looking forward to continuing to partner on important issues that need our attention.

V. Chairwomen's remarks

- a. Grace Hou reminds everyone that at the last meeting, the body was updated on two of the three Cannabis Regulation and Tax Act responsibilities assigned to DHS. Work was introduced in two areas:
- i. (1) We are responsible for developing and administering a scientifically and medically accurate public education campaign educating youth and adults about the health and safety risks of alcohol, tobacco, illegal drug use - including prescription drugs - and cannabis, including use by pregnant women; and
 - ii. (2) For data collection and analysis of the public health impacts of legalizing the recreational use of cannabis.
- b. Grace Hou reminds everyone that the charge of the Adult Use Cannabis Health Advisory Committee is to discuss and monitor changes in drug use data in Illinois and the emerging science and medical information relevant to the health effects associated with cannabis use and may provide recommendations to DHS about public health awareness campaigns and messages.
- c. Grace Hou reminds everyone that the committee is required to provide a report by September 30, 2021, and every year thereafter, to the General Assembly.
- i. Some preliminary plans for that report were shared at the last meeting, but we don't have anything to share yet as we are in the planning and contracting stages with our partner, UIC, who will be taking the lead on gathering the needed data for that first report.
 - ii. Dr. Swartz presented that information at the last meeting.
 - iii. A draft will be sent to the committee this summer, in advance of the September meeting.
 - iv. The September agenda will largely focus on a review of that report.
- d. Grace Hou discusses the third charge to DHS, which is that the legislation places responsibility on DHS for addressing substance use disorder and mental health concerns. Today, we will share our plans for meeting this area of responsibility.

- i. The Director of the Division of Substance Use and Prevention, David Jones, was introduced at our last meeting. He and Director David Albert, from our Division of Mental Health, have been leading their dedicated teams at DMH and SUPR to design these plans. Today, Director Jones will present that work.

- VI. Approval of minutes and agenda
 - a. Grace Hou welcomes a motion to approve minutes from October's meeting. Motion made by Zachary Marcus. Marco Jacome seconds motion. Full committee in favor.
 - b. Grace Hou welcomes a motion to approve agenda for today's meeting. Motion made by Jim Champion. LaTasha Nelson, Lois Clarke, and Zachary Marcus second the motion. Full committee in favor.

- VII. Harm Reduction, Recovery and Resiliency in Illinois – David Jones
 - a. David Jones thanks Secretary Hou and Director Ezike for their leadership and Dani Kirby for her ongoing work. He acknowledges Director Albert and his team, as well as the team from SUPR, informing everyone that the work he is presenting on is a collective effort. He will review the work from a broader frame, specify program areas, and respond to questions at the conclusion.
 - b. David Jones details the broader frame.
 - i. The statute specifies that (1) 20% of funds shall be used to address mental health and substance use disorders including treatment, education, and prevention, and (2) 2% of funds shall be used for public education campaign and data collection and analysis to address the impact of legalizing recreational marijuana.
 - ii. The guiding principles include: (1) address racial and social equity, (2) prioritize these communities and individuals disproportionately impacted by war on drugs, (3) catalyze innovation and fuel transformation, (4) align with the intent of the law, and (5) advance the right for quality behavioral health care for all citizens.
 - iii. In terms of social equity, the idea is to: (1) recognize communities that have experiences structural racism, stigma, and other systems of oppression, (2) listen to communities, using their definitions of justice and fairness and involve them in decision making, and (3) build on the strength of communities by utilizing capital to redress health and social equities.
 - iv. The overarching strategies include: (1) support people and programs, (2) invest in existing and see new projects, (3) disrupt the status quo, (4) impact the short & long term, (5) leverage SUPR and DMH expertise.
 - c. David Jones describes the program areas, including community investment, criminal justice deflection/diversion, healthy recovery, workforce development, prevention and public education, and evaluation and data collection. He explains that they are already accomplishing work and planning future work in these areas.
 - i. Community Investment

1. West Side Heroin/Opioid Task Force: leading an Overdose Prevention Site Community Engagement Project that aims to gather community input on overdose prevention sites.
2. Overdose Prevention Sites (OPS): facilities where people can use previously purchased drugs under medical supervision. Should also be considered a pathway to get people into treatment. SUPR will promote Community Task Forces to look at support for OPS – on hold for pending legislation.
3. Healing Illinois: promoting racial healing through dialogue and collaboration, facilitating learning, and connecting within communities. There is a partnership with the Chicago Community Trust – distributing grants to organizations across state.
4. Warm Line: Wellness Support Specialists provide phone support for ages 12+ and offer recovery support, mentoring, and advocacy.
5. Crisis Response Network:
 - a. IDHS's vision for comprehensive/integrated system of care that includes a crisis network as first line of response.
 - b. Community Task Forces to complete assessments of communities and determine need. Proposals for funding will include 3 community care components:
 - i. Triage Centers- 23-hour observation and crisis stabilization,
 - ii. Mobile Crisis Response- mobile 2-person crisis teams for service areas,
 - iii. Trauma Recovery Centers - engage survivors of violent crimes.
- ii. Criminal Justice Deflection/Diversion
 1. Illinois State Police Co-Responder Pilot: IDHS, DMH, SUPR, and Illinois State Police are collaborating to establish co-responder model, including social services, in 3 Illinois areas.
- iii. Healthy Recovery
 1. Medication Assisted Recovery (MAR): stipends to medical professionals to become waived and prescribe MAR.
 2. Women's Re-Entry: advance evidenced based models in Illinois, Sisterhood Alliance for Freedom and Equality (SAFE).
 3. Permanent Supportive Housing/Housing First: affordable housing assistance to improve independence and tenancy while supporting recovery outcomes.
- iv. Workforce Development
 1. Working on promoting excellence and building capacity in Illinois, including:
 - a. Workforce training, racial equity training, crisis staffing grants, and behavioral health corp.
 2. DMHR/SUPR Infrastructure Development: increasing staff to support the expansion of these services.
- v. Prevention and Public Education

1. Public Education Campaign: SUPR launched Let's Talk Cannabis campaign in 01/2020 to increase awareness of cannabis and other substances, as well as impact on specific populations.
 2. Naloxone Purchase & Distribution: SUPR developed a portal for naloxone distribution.
 3. Suicide Prevention Campaign: DMH developing an initiative for suicide prevention.
 4. Lifeline/Suicide Hotline: DMH increasing infrastructure to support the suicide lifeline.
- vi. Evaluation and Analysis
1. SUPR & UIC: UIC will provide data collection and analysis of public health impact of legalizing recreational use of cannabis. Includes quantitative & qualitative evaluation of selected projects, determining efficacy and lessons learned, and engaging stakeholders in improvement.
- d. Grace Hou opens the floor for questions regarding the presentation by David Jones.
- i. Marco Jacome mentioned that he is curious about the plan for awarding efforts to address racial equity and equality, in terms of small providers. When submitting proposals, everyone competes, and small providers are challenged in this process. He is wondering how the measuring process will account for parity and equity for minority providers? He explained that safety net hospitals are often compensated, or given special rates, by the state because they face income restraints due to patients' inability to pay. This idea, or something similar, could be beneficial to small organization providers in this process.
 1. Grace Hou expressed the importance of this question. At a high level, there is a strategic plan to address this and develop the framework. One priority is to recognize this issue, specifically focusing on increasing diversity within the provider pool and taking proactive measures to ensure they can compete competitively. There are ways to welcome NOFOs to welcome small, or emerging, organizations that have experienced barriers to accessing state grants. R3 has been working on making grant strategies more innovative. For example, reviewers get anti-bias training or require review teams to be diverse in multiple areas. There is also the possibility of providing extra points to organizations with people of color in leadership roles. She recognizes the differences in organizations that have larger budgets to prepare grant applications from organizations with smaller budgets. She welcomes discussion on ways to build NOFOs that can build capacity for smaller organizations while funding organizations who have provided long-standing services. She reiterates that the issue raised is one of much importance and she welcomes all ideas.
 2. David Albert echoes Grace Hou's comments. He explains that their Division is immersed in trying to find ways to improve

this issue and support providers in these situations and give them opportunities to submit competitive applications (e.g., technical assistance around bureaucratic processes, or finding ethical/legal ways to accommodate providers during the scoring process). He hopes to have more to share in time, as they have plans to discuss this topic soon.

3. David Jones added that they have begun to discuss ways to implement tiered strategies, looking at grass roots or smaller providers differently. He stresses that the concern is heard and that they have begun looking at possible solutions. As they put forward FAQs, they are receptive to ideas and solutions from the committee.
- ii. There is a question in the chat box requesting more information about the Behavioral Health Corp.
1. David Jones explains that it is a plan to partner with people with lived experience, in such a way that they work with a provider/entity for a period of a year while receiving a stipend or living wage and use that experience as a career ladder opportunity.
 2. David Albert adds that they are interested in finding ways to address the behavioral health workforce shortages that we face while providing persons with lived experience opportunities to create paths to employment.
 3. Tom Hughes expresses concern about access to behavioral health care in rural central, southern, and western Illinois. There are emerging populations who need care. Is there room in this for the community behavioral health, the 708 Boards, or are they looking specifically at community-based organizations? These organizations often experience challenges with infrastructure and basic needs (e.g., paying bills).
 - a. David Albert explains that the crisis system is a patchwork of different parts and they are tasked with building out this infrastructure so that the 988 number can become a mental health crisis source for the entire state. They will be specifically trying to address the gaps that Tom has mentioned.
 - b. Grace Hou adds that having an intermediary model (i.e., hub & spoke model) allows the spokes to not have the same office infrastructure which allows smaller organizations opportunities by partnering with larger organization. For some this can be viewed as a patronizing relationship, but if the organizations are intentionally working together then the larger organization can assist the smaller in building capacity.
 - c. Carmen Brace requests that the same considerations be made on the data collection front when we think about the firms who collect the data; this will make an impact on the perspective and integration of the

story. It would be helpful to use the same framework - utilizing large organizations to partner with smaller organizations.

- d. Marvin Lindsey added that a section of the bill by the Illinois Legislative Black Caucus, the healthcare bill, passed and called for the development of a behavioral healthcare workforce center housed in a state university. There are still currently a mix of workforce development efforts in Illinois, and they aim to organize it around this workforce development center (e.g., recruitment training, retention, education). It is going to need some funding to get off the ground, but it is based off a model in Nebraska that uses private and public funding and has seen good outcomes. He reiterated the need for a diverse workforce to ensure that the other access-focused efforts can be impactful.

VIII. Public Comment

- a. Jim Champion relayed a request he received from members of the medical cannabis community. They have expressed a strong need for education for doctors (e.g., referrals) and the public.

IX. Adjournment

- a. Motion to adjourn meeting at 2:01PM made by Secretary Grace Hou.