State of Illinois Opioid Action Plan Implementation Report

January 2020

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Introduction

On September 6, 2017, Illinois released its State Opioid Action Plan (SOAP)[1], along with Executive Order (EO) 2017-05, establishing the Governor's Opioid Prevention and Intervention Task Force (Task Force). The SOAP forms the strategic framework for addressing the opioid epidemic in Illinois, setting a **statewide goal of reducing opioid-related deaths by one-third in three years** and formulating a set of evidence-based strategies to achieve this goal. The SOAP focuses on efforts falling into **three pillars**:

1) **Prevention**: preventing people from using opioids
2) **Treatment and Recovery**: providing evidence-based treatment and recovery services to Illinois citizens with opioid use disorder (OUD)
3) **Response**: avoiding death after overdose

The three pillars encompass **six main priorities**, which are addressed through **nine evidence-based strategies**.

The EO directed the Task Force to collaborate with the Illinois Opioid Crisis Response Advisory Council (Advisory Council), the statewide opioid stakeholder group, to formulate a detailed implementation plan with specific activities and metrics for the execution of the strategies set forth in the SOAP. In October 2017, the Task Force charged the Advisory Council with developing recommendations for each of the nine strategies in the SOAP. The Advisory Council's recommendations were reviewed by the Task Force in the Spring of 2018[2], and form the basis of the State's implementation plan.

The State of Illinois Opioid Action Plan is a three-year plan. Implementation of SOAP strategies began in late 2017 with the expectation that efforts will be ongoing through 2020 (and beyond). Implementation reports describing these efforts are therefore intended to be dynamic and regularly updated as the State and its partners roll out further activities, recommendations, and planned initiatives.

This document describes accomplishments since the release of the SOAP and the May 2018 Implementation Report[3]. This updated Implementation Report documents the progress we have made—and are making—carrying out the activities recommended by the Council to address the opioid crisis. New recommendations and initiatives to build on our progress are included in this updated report.

[1] http://dph.illinois.gov/sites/default/files/publications/Illinois-Opioid-Action-Plan-Sept-6-2017-FINAL.pdf
[2] http://www.dhs.state.il.us/OneNetLibrary/27896/documents/CommitteeRecommendationsGoalandMetricsJanuary122018.pdf
[3] http://www.dhs.state.il.us/OneNetLibrary/27896/documents/ImplementationPlan.pdf

OVERALL GOAL

Reduce Opioid-Related Deaths by 33% Against Estimated Deaths in Three Years

PREVENTION

A Safer Prescribing and Dispensing

1 Increase PMP use by providers

2 Reduce high-risk opioid prescribing through provider education and guidelines

B Education and Stigma Reduction

3 Increase accessibility of information and resources

4 Increase impact of prevention programming in communities and schools

C Monitoring and Communication

5 Strengthen data collection, sharing, and analysis to better identify opportunities for intervention

TREATMENT AND RECOVERY

D Access to Care

6 Increase access to care for individuals with opioid use disorder

E Supporting Justice-Involved Populations

7 Increase the capacity of deflection and diversion programs statewide

RESPONSE

F Rescue

8 Increase the number of first responders as well as community members who are trained and have access to naloxone

G Supporting Justice-Involved Populations

9 Decrease the number of overdose deaths after an at-risk individual's immediate release from a correctional or other institutional facility

Stakeholder Collaboration

Summary of Initiatives

Prevention

A

Initiative 1.1
Integrate PMP into all EHRs by 2021

Initiative 1.2
Expand PMP access to delegates & other professionals

Initiative 2.1
Identify & evaluate high-prescribers

Initiative 2.2
Require PMP registration & opioid CE for CS licensing

B

Initiative 3.1
Tailor messaging on opioids & OUD

Initiative 3.2
Develop comprehensive state opioids website

Initiative 3.3
Expand IL Helpline capacity

Initiative 4.1
Understand how opioids impact schools, students & families

C

Initiative 5.1
Increase opioid-related public data reporting

Initiative 5.2
Grow opioid data collection & interagency collaboration

Initiative 5.3
Track & map opioid ODs in real time

Treatment & Recovery

D

Initiative 6.1
Implement "Hub & Spoke" treatment model

Initiative 6.2
Increase & support MAT prescribers

Initiative 6.3
Expand OMT & recovery home services

Initiative 6.4
Update DCFS opioids training & policies

Initiative 6.5
Mental health & SUD treatment parity

Initiative 6.6
Address impact of opioids on pregnant women & newborns

E

Initiative 7.1
Educate on diversion & deflection frameworks

Initiative 7.2
Linkage & bridge services for individuals with OUD

Initiative 7.3
Promote opioids & diversion trainings for legal professionals

Response

F

Initiative 8.1
Expand naloxone training and access

Initiative 8.2
Educate public about naloxone

G

Initiative 9.1
Expand naloxone distribution to justice-involved individuals & supporters

Initiative 9.2
Expand MAT availability at correctional facilities

Initiative 9.3
Post-release linkage services for justice-involved individuals

I. Prevention

A) Safer Prescribing and Dispensing

Public Act 100-0564, which was signed into law on December 13, 2017, promotes safer opioid prescribing and dispensing by strengthening the Illinois Prescription Monitoring Program (PMP) and increasing PMP use by providers. Key mandates include:

- Requiring all prescribers with an Illinois controlled substances license to register with the PMP;
- Requiring prescribers or their designees to document an attempt to access the PMP when providing an initial prescription for Schedule II narcotics, including opioids;
- Requiring the Illinois Department of Human Services (IDHS) to adopt rules requiring all electronic health records (EHR) systems to integrate with the PMP by 2021; and
- Requiring IDHS to adopt rules allowing prescribers and pharmacists registered with the PMP to authorize designees to check PMP records on their behalf, as well as requiring hospitals to facilitate the designation process.

Strategy 1: Increase Prescription Monitoring Program Use by Providers

Initiative 1.1: Fully integrate the Illinois Prescription Monitoring Program into all electronic health records systems by 2021, prioritizing hospital systems in areas of high need for initial integration

Metrics

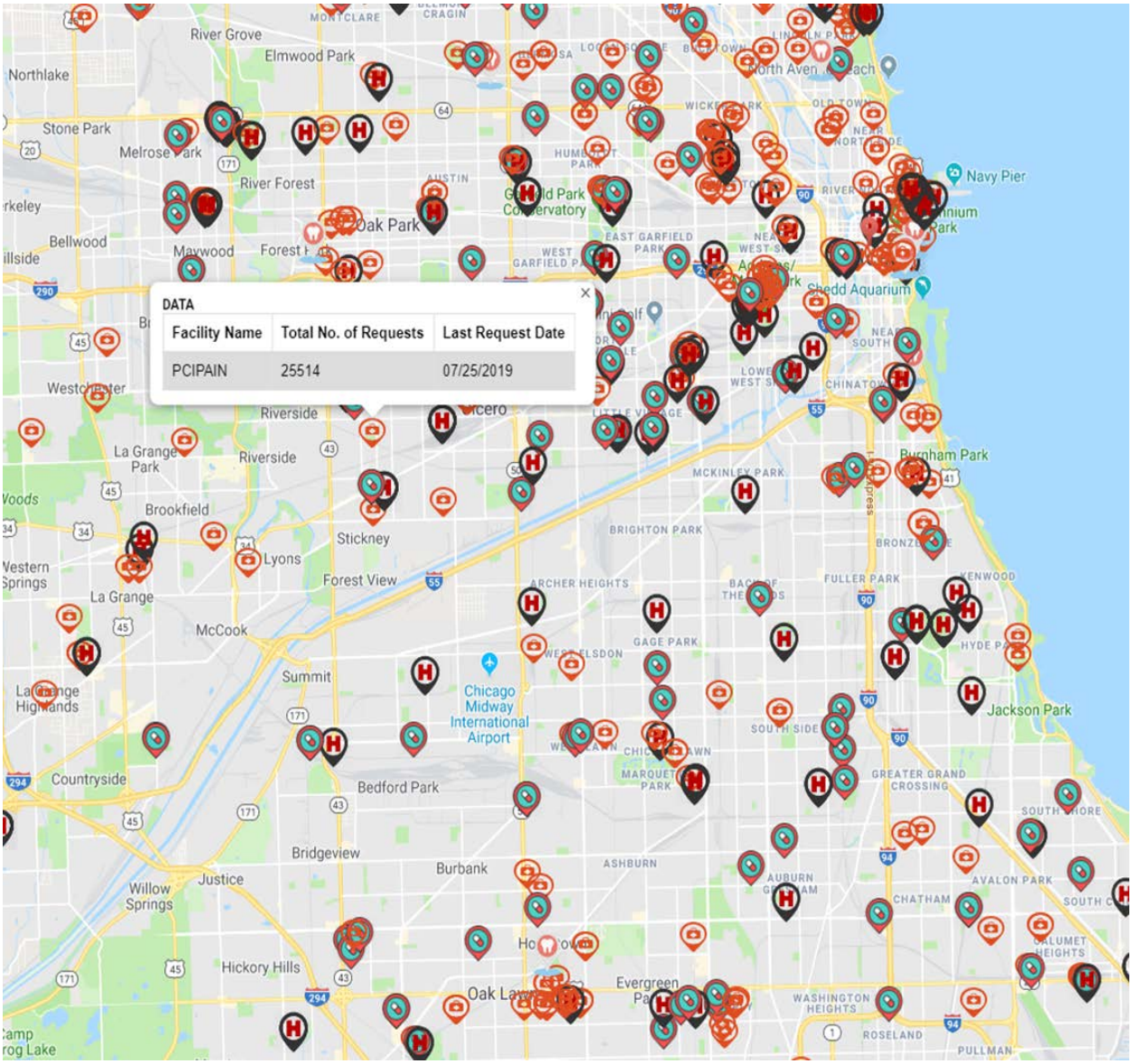
- Number of EHR systems integrated with the PMP
- Number/proportion of EHR systems in high-need areas identified and integrated
- Number of automated PMPnow queries via EHR-integrated systems

Implementation Activities and Progress

- Public Act 100-0564 requires all Electronic Health Record (EHR) systems in the state to directly integrate with the PMP though the automated EHR connection known as PMPnow. Since the enactment of Public Act 100-0564, the number of unique healthcare systems connected has increased from 25 to 622. Unique healthcare systems can be defined as large multi-hospital with medical groups, or a single private practice provider office.
- The PMP's first goal was to connect all hospitals within the state. The PMP is connected with or is in the process of connecting with 93% of hospitals. The focus has now shifted to connecting other practice settings, resulting in 9,702 current connections (including

hospitals, practices, pharmacies, dentists, FQHCs and many other location types). The map below shows the type of connections/pending connections by organization type.

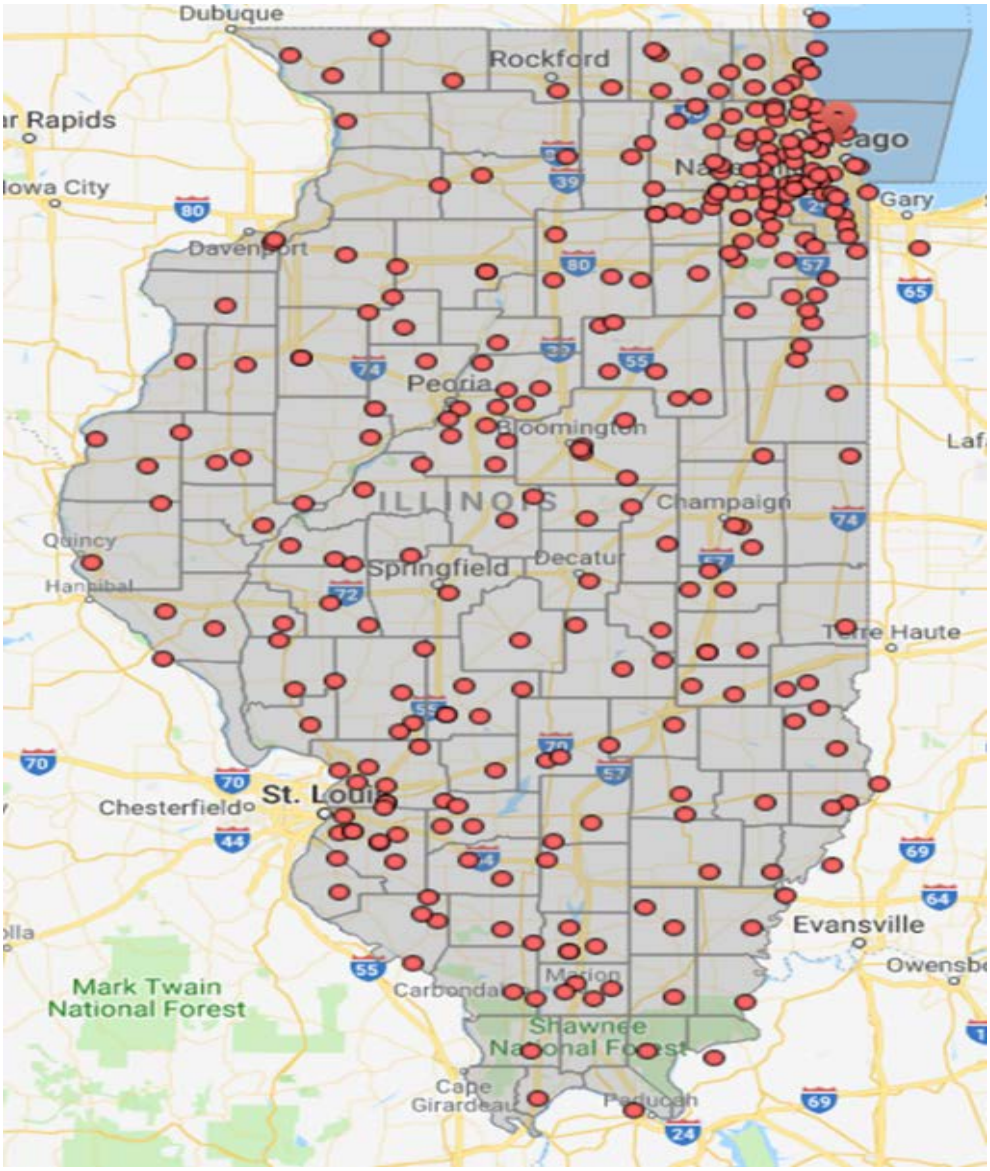
PMPnow Connections/Pending Connections



PMPnow Connections/Pending Connections Icon Key
H=Hospital
Tooth=Dentist
Doctor Bag=Practice
Capsule=Pharmacy

We can also see a bigger state view of all connections/pending connections:

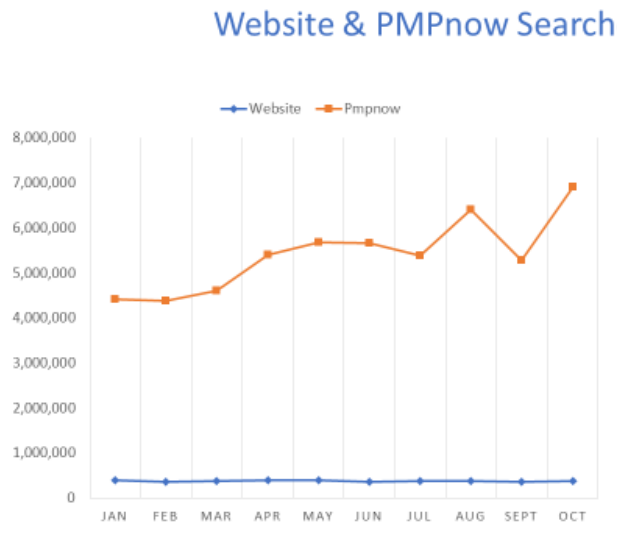
PMPnow Connections/Pending Connections



- The PMP continues to focus on high burdened areas such as the Delta Region[4] and Cook County/Chicago. In 2017, there were <u>no</u> PMPnow connections in the Delta Region and there are now 429 active connections. In addition, Cook County and Chicago have over 1600 additional connections.

[4] The Delta Region includes the 16 southernmost counties in Illinois: Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White, and Williamson Counties.

- The graphic below shows PMP website and PMPnow queries for January-October 2019. While the number of queries to the PMP website have seen only a slight increase, PMPnow queries have increased exponentially in proportion to the increase in PMPnow connections.



Months	Website	PMPnow
Jan	400,724	4,417,576
Feb	369,650	4,386,806
Mar	379,599	4,613,149
Apr	395,446	5,411,874
May	391,067	5,686,751
Jun	357,697	5,666,097
Jul	386,325	5,387,371
Aug	387,554	6,402,475
Sept	355,990	5,284,833
Oct	377,547	6,912,385
Total	3,424,052	54,169,317

Initiative 1.2: Give licensed delegates (e.g., registered nurses, physician assistants, certified nurse practitioners) and other non-licensed professionals access to the Illinois Prescription Monitoring Program

Metrics

- Rule adoption for registered prescribers or pharmacists to authorize a designee
- Number of designees authorized to use the PMP
- Number of hospitals facilitating designees' access to the PMP*
- Number of hospital designees registered with the PMP*
- Proportion of designees registered with the PMP who are utilizing the PMP

Implementation Activities and Progress

- The passing of Public Act 100-0861 increased accessibility to the PMP by expanding the flexibility for providers designating access to the PMP on their behalf. This removes the administrative burden from the prescribers and allows them to focus their time on patient care. The technical infrastructure to enroll and give access to both licensed and non-licensed designees has been created and is currently available on the newly updated

website. This new website is in the testing phase and is expected to go live by the end of 2019. Designee education and training modules are included in the new website.

- *Note: The need for hospital designees and designee access is negated by Public Act 100-0564's requirement for EHR integration. These metrics are no longer valid markers of success for this initiative.

- There are currently 90 designees registered with 70 of those designees actively utilizing the PMP.

- New administrative rules regarding designee access to the PMP have been drafted and are currently going through the approval process.

Strategy 2: Reduce High-Risk Opioid Prescribing Through Provider Education and Guidelines

Initiative 2.1: Identify providers statewide who are prescribing opioids at levels higher than recommended guidelines and evaluate their practice.

Metrics

- Number of outlier prescribers identified

- Number of practice evaluation letters sent

- List of Illinois Department of Insurance (IDOI) OUD action items to address higher prescribers

Implementation Activities and Progress

- As the PMP Peer Review Committee undertook their statutory charge of evaluating controlled substance prescribing, the initial review criteria included providers prescribing higher than 90 Morphine Milligram Equivalents (MME) per day and/or the co-prescribing of opioids and benzodiazepines with or without sleep-hypnotics. The committee used several studies on opioid prescribing to develop a risk score equation weighting these variables to identify prescribers who may be at risk for contributing to opioid overdose. Once identified, it was decided that the first charge of the committee would be notification via unsolicited letter directed to the prescriber explaining that their prescribing activity may be outside of the currently recommended guidelines based on the information available to the PMP. The intent of the letter was to be informative and non-punitive, with the goal being to elicit changes in prescribing activity only if warranted by their own clinical judgement. The committee members reviewed the prescribing activity of 32,749 prescribers. Based on our risk score equation, 1,239 prescribers were identified and provided unsolicited letters stressing the importance of guideline implementation and initiation of risk mitigation tools within their practice.

- The next aim of the Peer Review Committee is to track and analyze prescriber activity trends and request information regarding prescribing practices as deemed appropriate by

the committee. The prescriber shall have 30 days to respond to the request for information. The Peer Review Committee shall refer a prescriber to the Illinois Department of Financial and Professional Regulation (IFDPR) if the prescriber does not respond to three successive requests for information; if, in the opinion of a majority of members of the Peer Review Subcommittee (a subset of the Peer Review Committee), the prescriber does not have a satisfactory explanation for the practices identified by the Peer Review Subcommittee or the prescriber does not have a satisfactory explanation for the practices identified by the Peer Review Subcommittee in its request for information; or if, following communications with the Peer Review Subcommittee, the prescriber or dispenser does not sufficiently rectify the practices identified in the request for information in the opinion of the majority of the members of the entire Peer Review Committee.

- The PMP is committed to ensuring that our interventions do not disrupt access to controlled substance (CS) prescribing for legitimate medical issues. Additionally, the PMP strives to improve our knowledge of clinical interventions to ensure clinicians have the benefit of our outcomes analysis to continue to evolve their clinical skills.

- Chronic pain management education provided in health professional schools and postgraduate training continues to be limited. Targeted educational outreach approaches, such as academic detailing (AD), are supported as an approach to supplement providers' knowledge in lieu of limited chronic pain management education to improve opioid prescribing behavior. Academic detailing is a method of educational outreach intended to modify and improve medical decision-making. The PMP worked in conjunction with the University of Illinois at Chicago (UIC) to study the effectiveness of academic detailing as a prescriber intervention across the state. The AD intervention was associated with approximately 1,500 fewer opioid prescriptions dispensed, 200 fewer high-dose opioid prescriptions, and 400 fewer patients co-prescribed benzodiazepines and opioids all annually relative to AD-unexposed providers.

- The Centers for Medicare & Medicaid Services (CMS) approved IDOI's request to change the Essential Health Benefit-Benchmark Plan to address OUD treatment. Beginning in 2020, private health insurance companies in Illinois offering plans on the individual and small group market will be required to limit opioid prescriptions for acute pain and cover alternative therapies for pain. Illinois is the <u>only</u> state to change the Essential Health Benefit-Benchmark Plan.

Initiative 2.2: As part of controlled substance (CS) licensing, require (a) that prescribers be registered with the PMP, and (b) that prescribers receive continuing education regarding opioid prescribing

Metrics

- Status of SB 2777/Public Act 100-1106 and administrative rules

- Number of CS-licensed prescribers registered with the PMP

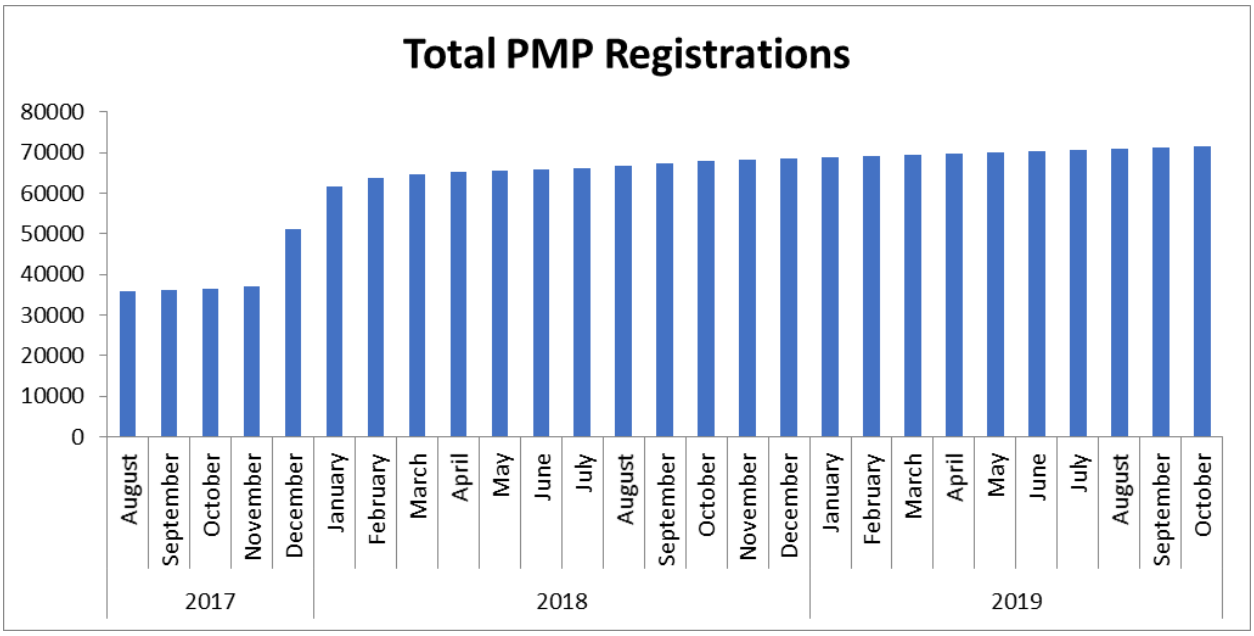
- Proportion of PMP-registered licensed prescribers utilizing the PMP*

Implementation Activities and Progress

- Public Act 100-1106, enacted into law on January 1, 2019, requires CS-licensed prescribers to complete three hours of continuing education on safe opioid-prescribing practices prior to renewing their prescription license.

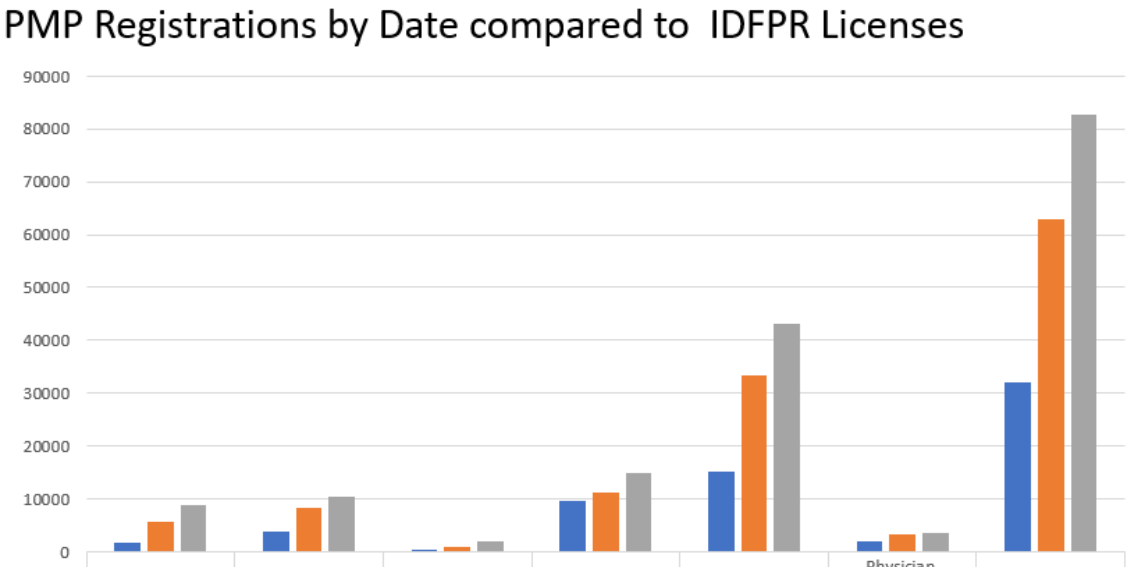
- IDFPR's rule adopting the Federation of State Medical Boards' "Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain" went into effect in July 2018.[5] This is part of the Rules for Administration of the Medical Practice Act, Section 1285.240 Standards [(a)(3)] that governs all licensed physicians in Illinois. The focus of the guidelines is on safe, evidence-based prescribing of opioids and the treatment of chronic, non-cancer pain.

- The chart below illustrates the increase in PMP registrations from 2017-2019. The number of total registrations nearly doubled during this time from 35,457 registered users in the PMP in July 2017 to 71,980 registered users in October 2019.



- Through collaboration with professional associations throughout the state, there were widespread educational efforts around the mandatory PMP registration required by Public Act 100-0564. As a result, the number of prescribers registered to use the PMP has more than doubled.

[5] The Division hereby incorporates by reference the "Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain", Federation of the State Medical Boards, April 2017, 400 Fuller Wiser Road, Suite 300, Euless TX 76039. No later amendments or editions are included.



	Dentist	Nurse Practitioner	Optometrist	Pharmacist	Physician	Physician Assistant	Total
August 1, 2017	1646	3742	15	9627	15158	1885	32073
October 31, 2019	5771	8303	973	11081	33261	3418	62807
Licensed	8,802	10,397	2,010	14,840	43,115	3,537	82701

- The PMP is working with IDFPR to make PMP registration a requirement of Illinois controlled substance license renewal.
- Preliminary results from the UIC study show that the number of high dose opioid prescriptions per 100,000 opioid prescriptions decreased from 9,909 in January 2015 to 7,450 in June 2019, a total decrease of 25%. The number of patients who were dispensed at least one opioid prescription per 100,000 residents declined from 18,217 in 2015 to 12,722 in 2018, a decrease of 30%.
- *Note: The proportion of PMP-registered licensed prescribers utilizing the PMP is no longer a valid metric of success for this initiative due to the inability to track utilization through EHR integration.

B) Education and Stigma Reduction

Strategy 3: Increase Accessibility of Information and Resources

Initiative 3.1: Tailor the content and delivery of messaging about opioids and OUD to different audiences, including messaging about the Illinois Helpline for Opioids and Other Substances, using research-based, non-stigmatizing, and effective strategies

Metrics

- Messaging, communication strategies, media campaigns, and educational materials developed, implemented, and disseminated
- Estimated number of informational contacts by members of the public across various media sources
- Number of calls to the Illinois Helpline for Opioids and Other Substances

Implementation Activities and Progress

- In December 2017, the Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR) launched the Illinois Helpline for Opioids and Other Substances (Helpline), a statewide multi-lingual 24-hour, 7-day/week, 365 day/year helpline providing treatment referral and informational support services for individuals in Illinois suffering from OUD and substance use disorders (SUD) as well as their supporters. The Helpline has received 19,860 calls as of December 23, 2019. The Helpline's website[6] was launched in March 2018 and has received 62,307 visits by 46,291 unique individuals as of December 23, 2019.

- IDHS/SUPR launched *#EOM: Ending Opioid Misuse in Illinois*, a statewide media campaign in March 2018. #EOM targets individuals who are misusing opioids as well as their friends, families, and communities, using non-stigmatizing messaging in both English and Spanish to encourage them to call the Helpline. #EOM is also being promoted for incorporation in all social media messaging regarding opioid misuse. As of September 30, 2019, over 75,315 English and 27,405 Spanish #EOM posters have been distributed throughout Illinois communities. Interior rail and bus cards are being displayed on Chicago's trains and buses with an estimated 543.2 million views as of November 30, 2019. Displays through gas stations and convenience stores statewide have an estimated 203.1 million views by members of the public.
- The Outdoor Advertising Association of Illinois donated approximately 100 billboards to help promote the Helpline. In developing the billboards, over 700 people were surveyed to test billboard messaging for effectiveness and non-stigmatizing language. An additional 60

[6] https://helplineil.org/

billboard ads were purchased for a total of 160 outdoor billboards across the state, which ran an average of 55 days each between March 2018 and November 2018 and resulted in a total of 37,141,986 impressions.

- IDHS/SUPR also launched *Guard and Discard*, a statewide media campaign that focuses on raising public awareness of the importance of safe use, storage, and disposal of prescription pain medications. As of September 30, 2019, over 212,155 Guard and Discard posters and 810,235 postcards in both English and Spanish, 492,000 stickers, and 45,500 magnets are being displayed or circulated.

- In May 2019, IDHS/SUPR launched the *A Dose of Truth* campaign which supplemented the Guard and Discard campaign. The A Dose of Truth campaign is focused on creating base knowledge in the general population about what opioids are. Many people understand that heroin is an opioid and the dangers related to it but are not aware of the range of medications that are opioids that they may have in their own medicine cabinets. In three months, A Dose of Truth campaign Facebook posts reached an estimated 15,097,583 individuals, engaged (likes, comments and shares and more) 41,521 individuals, and had 2,002,214 video views (video played for at least 3 seconds and excludes replaying the video during a single instance).

- In June 2019, building on the #EOM campaign, IDHS/SUPR added another public awareness campaign, *Naloxone Now*. The Naloxone Now campaign addresses issues of stigma and acceptance of this life-saving medication within the general population, equating it to other life-saving medications and devices. Interior rail and bus cards are being displayed on Chicago's trains and buses with an estimated 543.3 million views as of September 30, 2019. Displays through gas stations and convenience stores statewide have an estimated 32 million views and bar restrooms have an estimated 37.6 million views by members of the public.

- The Illinois Department of Public Health (IDPH) worked with the Illinois Broadcasters Association (IBA) to conduct a series of public service announcement campaigns on radio and television regarding opioid use disorder, Illinois' Good Samaritan Law, and stigma reduction. IBA aired the opioid use disorder and Good Samaritan Law campaign from March 2018 through July 2018. The campaigns aired over 9,800 times across 45 radio and TV stations in south central Illinois reaching an estimated 500,000 individuals a month.

- In 2018, IDPH was awarded a grant from the Association of State and Territorial Health Official's (ASTHO) to develop and disseminate patient-centered and research-based educational materials statewide regarding opioids, Opioid Use Disorder (OUD), Neonatal Abstinence Syndrome (NAS), and breastfeeding. IDPH worked closely with perinatal administrators across the state as well as the Illinois Perinatal Quality Collaborative (ILPQC) Mothers and Newborns affected by Opioids (MNO) Initiative in this effort. Several patient education resources have been developed and are available on the ILPQC MNO website.[7] These materials educate pregnant women about OUD and NAS, the importance of breastfeeding, and the importance of mothers' role in NAS newborn care. Focus groups with and feedback from mothers with OUD were used to create these resources. The percentage of pregnant women with OUD who received educational materials at the 101 Illinois birthing hospitals that participate in the MNO-OB Initiative increased dramatically from 2017 to 2019. Between Quarter 4 2017 and Quarter 3 2019, the percent of pregnant women with OUD that received education on OUD and NAS prenatally or during delivery admission increased from

[7] http://ilpqc.org/?q=MNO-OB

20% to 52%; and the percent that received education on importance of maternal participation in NAS newborn care increased from 16% to 48%.

- IDOI has developed and disseminated educational materials, including an informational video on opioids, mental health and substance use disorders (SUDs),[8] user-friendly palm cards on mental health and SUD parity. IDOI's Access to Care and Treatment (ACT) Program is an educational program to help Illinois citizens learn about opioid abuse, behavioral health parity, and the tools available to them from IDOI and other partners to assist them in their recovery. In 2018, the ACT Program delivered presentations and printed materials at educational events in all 102 Illinois counties, reaching 4,500 consumers.

- In 2018, IDOI created and distributed a pocket-sized brochure titled "Using Your Health Insurance." The brochure explains the essential health benefits that insurance plans must provide, how a consumer's parity rights might be violated by an insurance company, and how consumers can receive help from IDOI if they suspect that their rights have been violated.

Initiative 3.2: Develop a dedicated, comprehensive opioids website specific to Illinois and target a range of audiences by using various platforms and technology

Metrics

- Single state opioids website developed and launched

- Number of website hits, webpage hits, website materials downloaded

- Number/proportion of users linked to website by link medium (e.g., social media, smartphone apps)

Implementation Activities and Progress

- The comprehensive single state opioids website is in progress. The first step has been completed: state agencies have updated their websites to produce a single point of access that the state website will link to. Once developed, partners will use a variety of social media platforms and technologies to promote the comprehensive single state opioids website. In the meantime, both IDPH and IDHS/SUPR regularly update their respective opioids websites[9] to include current information specific to Illinois with respect to prevention, treatment, overdose response, naloxone, relevant statutes and regulations, and data.

- The Consumer Health Insurance page on IDOI's website[10] includes links to information on mental health, SUDs, and opioids and provides consumers with easy access to relevant insurance-related resources and educational materials. These resources will also be made available on the comprehensive single state opioids website.

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[8] https://multimedia.illinois.gov/ins/ins-parity.html
[9] www.dph.illinois.gov/opioids
http://www.dhs.state.il.us/page.aspx?item=93882 https://www.ilpmp.org/#
[10] http://insurance.illinois.gov/healthInsurance/consumerHealth.html

Initiative 3.3: Expand the capacity of the Illinois Helpline for Opioids and Other Substances to include texting, social media, and/or other non-verbal forms of communication

Metrics

- Helpline expanded to include texting, social media, and other non-verbal forms of communication
- Number of texts/social media posts made or sent to the Helpline

Implementation Activities and Progress

- Social media, texting, and other non-verbal forms of communication are included in the work plan for the Helpline. During the launch of the Helpline, business cards, posters, and a social media connected to the #EOM campaign were included in initial marketing. A Spanish-language[11] version of the Helpline website was released in 2018. The goal of social media promotion will be to increase engagement with the Helpline by providing multiple marketing platforms to reach various audiences. Marketing outreach to promote the Helpline to various audiences has included bus and other transit promotional items, outdoor billboard advertising, and a social media strategy. The social media strategy has included Facebook ads in English and Spanish with 946,357 English impressions and 605,152 Spanish impressions; contextual targeting, i.e., ads that appear when Helpline relevant websites are visited, with 1,807,602 impressions in English and 913,433 impressions in Spanish. Search retargeting in English, i.e., individuals are shown advertisements after searching for substance use information online, resulted in 1,823,589 impressions.
- The Helpline is currently in the final stages of implementing needed updates to launch a texting option for individuals to access help via text messaging. The texting option will go live in December 2019.

Strategy 4: Increase the Impact of Prevention Programming in Communities and Schools

Initiative 4.1: Strengthen understanding of how schools, students, and families are affected by the opioid epidemic; identify existing school-based prevention programming with respect to opioids and support existing training activities for school nurses regarding opioids and naloxone access

Metrics

- Illinois Youth Survey (IYS) questions assessing impact of opioids on students and families developed and added
- Number of schools administering the IYS version with opioids-related questions

[11] https://helplineil.org/app/es/páginainicial/session/L3RpbWUvMTU2NTMwMjgwMC9nZW4vMTU2NTMwMjgwMC9zaWQvZlVBRVVvMTEyMl9PcE9BS3l5WEllN0VVcFg1Ulpnb0JPY19xMjFSU3JiRXRiUEU2ZkhsTGdDUHFWaUM1Ujg4aVUwT29vc3prU2NlWWVySHYzRjQ4WktqeFVKdl9KTFMyM0ZMM2J2aUlUMjVMUTdtX05mRnpXZnhSVkElMjElMjE%3D

- Opioid-related trainings for school nurses conducted

- Existing school-based prevention programming inventoried

Implementation Activities and Progress

- The Advisory Council reviewed the IYS, [12] the only statewide substance use survey of 8th, 10th, and 12th graders in Illinois. It was determined that there were sufficient existing opioid-related questions on the survey. The survey was determined not to be the appropriate tool, even with modifications, to gather information to understand how schools and families are affected by the opioid epidemic in Illinois. The State of Illinois Prescription Drug Epidemiological Profile[13] focused on youth and young adults and provided some of the information that was needed.

- IDHS/SUPR supports a regional program that focuses on the risk of increased access to opioid pain medications for student athletes. The Student Athlete Opioid Use Prevention Project conducts educational and awareness activities that target high school coaches, athletic directors, parents and student athletes regarding the misuse and risk of misuse of prescribed opiate pain medications by youth athletes. These activities include training on the Rx Playbook and dissemination of awareness-promoting key messages, partnering with key organizations that focus on high school athletes, collaborating with existing prevention resources to promote key messages, promoting the Rx Playbook to targeted high schools, and establishing social media connections with athletes attending targeted high schools. As of September 30, 2019, the Rx Playbook has been shared in 23 counties, reaching 620 school staff, parents and/or community members. Opioid education and awareness materials have been distributed to 153 prevention providers. Social media responses include 8,947 reaches on Twitter and 2,025 reaches on Facebook. The website has received over 18,052 pages views with 2,440 visits to the Rx Playbook pages.

- IDHS/SUPR federal Opioid Crisis Response (OCR) grants support implementation of the evidence-based My Generation Rx program. My Generation Rx, the adolescent version of Generation Rx, educates teens about the potential dangers of misusing prescription medications. It includes resources designed to educate teens about the importance of using medications safely, as well as teaching teens the key skills needed to refuse invitations to misuse substances and positive alternatives to cope with the demands of life. As of June 30, 2019, more than 16,900 Illinois youth received this evidence-based opioid-focused education.

- At the end of 2018, IDHS/SUPR expanded target populations for Overdose Education and Naloxone Distribution (OEND) programs to include institutions. Institutions included schools and school districts throughout Illinois and services have expanded particularly in the southern half of Illinois.

- In Fall 2017, IDPH's School Health Program provided trainings incorporating information about the opioid epidemic in Illinois as well as naloxone to approximately 1,000 school nurses at four locations statewide. IDPH will continue to provide resources on the opioid

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[12] https://iys.cprd.illinois.edu/results/state
[13] https://cprd.illinois.edu/files/2017/10/State_of_IllinoisPrescriptionDrugEpidemiologicalProfile.pdf

epidemic and naloxone training to the School Health Program. Collaboration continues between the Illinois State Board of Education, IDPH, and IDHS/SUPR to improve coordination of school naloxone access, training, and procedures, as well as to perform an inventory of school-based prevention programming statewide.

C) Monitoring and Communication

Strategy 5: Strengthen Data Collection, Sharing, and Analysis to Better Identify Opportunities for Intervention

Initiative 5.1: Strengthen reporting of opioid-related data to the public so that stakeholders and other interested individuals can be better informed on how the opioid epidemic affects their communities

Metrics

- Data reports, dashboards, and other reporting mechanisms developed and released
- Number of website hits to IDPH's Opioid Data Dashboard

Implementation Activities and Progress

- IDPH—in collaboration with other state agencies—continues to actively work on robust public reporting of opioid-related data, including the dynamic, searchable, public-facing Opioid Data Dashboard. Released in March 2018, the Opioid Data Dashboard,[14] which is continually updated, presents non-fatal and fatal opioid overdose data by county and ZIP code, trends by demographics and cause of overdose, prescribing trends, a more detailed breakdown of the type of opioid involved in fatal overdoses, an interactive map of all pharmacies and other entities in Illinois that provide naloxone without a prescription, opioid prescribing information from the PMP, and a map of all locations where naloxone is distributed and whether naloxone is distributed from a pharmacy or an OEND program. The number of people viewing the Opioid Data Dashboard has increased significantly over time. As of October 2019, the Dashboard has had 17,000 views, averaging about 1,700 views each month.
- In the summer of 2019, IDPH updated the Opioid Data Dashboard with 2018 data along with the addition of two new resources: 1) a map of treatment providers and 2) syndromic surveillance data. The dashboard now includes the location of medication assisted treatment (MAT) providers and IDHS/SUPR-licensed treatment services. Treatment services provided by IDHS/SUPR licensed facilities includes outpatient, intensive outpatient, and residential rehabilitation. Syndromic surveillance data is the collection of opioid overdose related data reported at the county level and includes all Illinois acute care hospital emergency department (ED) visits. The data include visits based on where the patient lives in Illinois. Syndromic surveillance data presented in the Dashboard are updated monthly and are provisional.

[14] https://idph.illinois.gov/OpioidDataDashboard/

- IDPH released the State of Illinois Comprehensive Opioid Data Report[15] in December 2017. The next report will consolidate data from IDHS and IDPH and will be released in 2020.

- IDPH submitted the Opioid Overdose Semiannual Report to the Governor and General Assembly in September 2019. This report can be found on the IDPH website.[16] Additionally, IDPH reports fatal drug overdoses, including opioid overdose, by county and demographics, in its Drug Overdose Deaths report, which is updated monthly and can be found on the IDPH website.[17]

- In July 2019, IDPH sent a survey to local health departments to assess their overdose-related data needs and status of their opioid outbreak response planning efforts. The survey lays the foundation for outreach to Illinois local health departments to facilitate their use of syndromic surveillance for overdose outbreak information and to promote local response. IDPH analyzed survey and presented the preliminary results to a Cross Sector Data Work Group which includes local health departments. Upcoming plans include identifying strategies for supporting local health department efforts and a statewide syndromic surveillance training for local health departments.

Initiative 5.2: Strengthen opioid-related data surveillance; enhance sharing, linkage, and cross-analysis of opioid-related datasets housed across different agencies

Metrics

- Number of data sharing agreements signed; data analysis collaborations implemented

- Reports, studies, and evaluations resulting from data collaborations

- Number of local response plans

Implementation Activities and Progress

- IDPH has received federal funding to enhance statewide monitoring and surveillance of opioid-related mortality and morbidity as well as facilitating collaboration and data sharing between criminal justice, public health, and SUD treatment communities. Through funding from the Centers for Disease Control and Prevention (CDC), IDPH has worked to improve the quality and timeliness of opioid-related overdose mortality and morbidity surveillance as follows. 1) Leveraging syndromic surveillance data received from hospital Emergency Departments (ED) for near real-time information on opioid overdoses. These data are being published online on the IDPH Opioid Data Dashboard and include information on ED overdose trends and case counts by county. IDPH is using the data to identify targets for opioid overdose outbreak response activities. Summary opioid overdose data are provided quarterly to CDC for inclusion in national statistics. 2) Implementation of a new drug overdose module within the Illinois Violent Death Reporting System that collects comprehensive mortality data, including expanded drug toxicology testing. This has

[15] http://dph.illinois.gov/sites/default/files/publications/publicationsdoil-opioid-data-report.pdf
[16] http://www.dph.illinois.gov/opioids/idphdata
[17] http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics/more-statistics

facilitated improvements in the quality and timeliness of the data collected. Work is currently underway to test measures from these data for publication on the IDPH Opioid Data Dashboard.

- IDPH has received federal funding from the Maternal and Child Health (Title V) Block Grant program to support data analysis specifically identifying how opioids are affecting Illinois women of reproductive age (15-44 years old), including analysis of opioid-related mortality and morbidity in pregnant and postpartum women and newborns. IDPH published a data snapshot[18] reporting on and summarizing these analyses. IDPH's Office of Women's Health and Family Services continues to refine data analysis measures to demonstrate the state's burden of opioid-related mortality and morbidity in pregnant and postpartum women and newborns. In FY20, IDPH will create a data brief that describes the burden of mental health and substance use among women of reproductive age. This brief will include policy recommendations for how Illinois can better support the mental health and substance use needs of women and families.

- IDPH's Title V Block Grant will continue to support the ongoing implementation of the State's Maternal Mortality Review Committee of Violent Deaths (MMRC-V). Opioid and other drug related poisoning deaths to women of reproductive age are reviewed by this committee. The population level reviews identify recommendations for strategies and services to be implemented at the system, community, local, and patient levels to improve outcomes for women and children.

- IDPH and the PMP have signed a data-sharing agreement for performing various data analyses including cross-linking PMP prescription opioid and IDPH mortality/morbidity data. An enhanced matching algorithm was developed and tested for accuracy for linking Discharge Data, PMP data and Vital Records data. This work provides the foundation for an array of analyses and the inclusion of additional data sets. Future data sets include syndromic surveillance, EMS data, and the overdose mortality module within the Illinois Violent Death Reporting System.

- IDPH and the Illinois Criminal Justice Information Authority (ICJIA) are collaborating on a study of opioid-related mortality, morbidity, and hospital utilization of individuals recently released from correctional facilities.

- IDPH is collaborating with the Chicago High Intensity Drug Trafficking Area program (Chicago-HIDTA) and the University of Chicago Urban Labs to cross-analyze law enforcement data with IDPH opioids data.

- IDPH is collaborating with the University of Chicago and Southern Illinois University (SIU) under a federal grant from the National Institute on Drug Abuse to perform predictive/epidemiological modeling on HIV, Hepatitis C, opioid overdose, and related comorbidities in rural communities in southern Illinois affected by opioid injection drug use. IDPH received funding from the CDC Cooperative Agreement for Emergency Response: Public Health Crisis Response to support this work. In collaboration with University of Chicago, IDPH is working with two local health departments to conduct a jurisdictional-level vulnerability assessment in the most vulnerable areas of Illinois to better understand, prepare for, and reduce opioid overdoses and related transmission of infectious disease.

[18] http://dph.illinois.gov/sites/default/files/publications/publicationsowhdrug-poisoning-and-opioid-deaths-among-women_0.pdf

- IDPH is working to improve local capacity to use surveillance data to monitor and respond to overdose outbreaks. IDPH is developing an Outbreak Reporting Module to support bi-directional data collection between IDPH and local health departments for surge/outbreak response. Local health departments will report outbreak investigations into the Outbreak Reporting Module. IDPH is working with ten local health departments chosen through a competitive Notice of Funding Opportunity (NOFO) process on the development of local response plans for opioid overdose morbidity and associated infectious disease morbidity and mortality based on near real-time surveillance.

Initiative 5.3: Implement platforms for tracking and mapping opioid overdoses in real-time to identify geographical hot spots for targeted interventions and alert public health and safety authorities

Metrics

- Real-time overdose tracking platforms implemented
- Number of agencies utilizing ODMAP to report overdoses in real-time
- Number of hospitals satisfying their mandatory opioid overdose reporting requirement through syndromic surveillance submission

Implementation Activities and Progress

- IDPH has implemented the BioSpatial platform to track and analyze opioid overdose reports from emergency medical services (EMS) in real-time. IDPH is also implementing the Overdose Detection Mapping Application Program (ODMAP) for use by law enforcement agencies in rural Illinois receiving naloxone under DPH's First Responders – Comprehensive Addiction Recovery Act (FR-CARA) Rural Opioid Overdose Prevention Program funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). As of December 2019, over 147 law enforcement agencies, 12 health departments, and 30 EMS/Fire agencies are registered to use ODMAP to document real-time suspected opioid overdoses.
- IDPH maintains a syndromic surveillance system that captures the reason for visit for every emergency department visit in Illinois in near real-time. Data is accessible in the web-based BioSense Platform for state and local health departments to track all drug-related morbidity on a continuous basis, including opioid overdoses. The Illinois Heroin Crisis Act mandates hospital EDs to report to IDPH opioid overdoses and opioid antagonist administration within 48 hours of occurrence. IDPH is collecting this data using syndromic surveillance (an automated, near real-time data feed from hospital EDs) and hospital pharmacy reports. Since July 2018, IDPH has been working with hospitals to validate accuracy of the opioid overdose data captured through syndromic surveillance and collect naloxone administration information. Two webinars held in August 2019 were attended by over 400 hospital staff, and additional training is planned. These ongoing efforts enhance surveillance and hospital engagement.
- The Illinois State Police (ISP) Statewide Intelligence Center is a participant of the IDPH's Cross-Sector Data Workgroup. This workgroup aims to bring opioid and overdose data into one place for all agencies to access. The goal of this workgroup is to monitor and alert

appropriate agencies to unusual spikes in opioid-related overdoses as determined by IDPH's syndromic surveillance data.

- ISP's Forensic Sciences Command partners with and provides statistical information to HIDTA monthly for drug mapping and other groups doing statistical research and tracking.

II. Treatment and Recovery

D) Access to Care

Federal CMS approved Illinois' 1115 Medicaid waiver in May 2018. Though not solely addressing OUDs, enhancements to the system of care for individuals with behavioral health needs envisioned through the Health and Human Services (HHS) Transformation and proposed by the 1115 Waiver promise to improve care available to persons with OUD. There are four SUD-specific pilot projects currently supported by the 1115 Waiver including withdrawal management services (American Society of Addiction Medicine (ASAM) Level III.2): peer recovery coaching services for persons with OUD who have begun the recovery process through treatment services and need additional ongoing support to prevent relapse and return to higher intensity services; SUD case management services for Medicaid members involved with the criminal justice system who are offered treatment as an alternative to incarceration; and a statewide pilot to allow the state to claim federal financial participation (FFP) on services delivered by residential treatment providers that have already been classified as an Institute for Mental Disease (IMD), in that they have more than 16 beds. More information on the 1115 waiver can be found on the Department of Healthcare and Family Services (HFS) website.[19]

Strategy 6: Increase Access to Care for Individuals with Opioid Use Disorder

Initiative 6.1: Build capacity in Illinois to implement the "Hub and Spoke" model of opioid use disorder treatment

Metrics

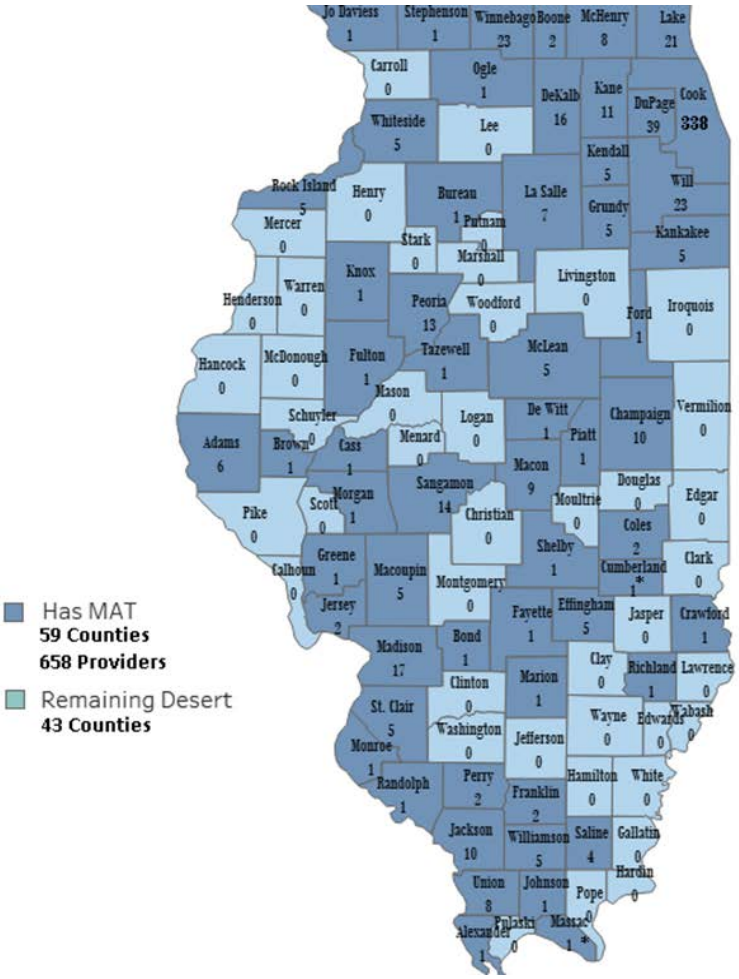
- Notice of Funding Opportunities (NOFOs) for pilot projects released
- Pilot projects selected and implemented
- Evaluation component implemented
- Pilot project data on process and outcomes collected
- Programmatic, administrative, and financial metrics developed

[19] https://www.illinois.gov/hfs/SiteCollectionDocuments/BetterCareIllinoisFAQs.pdf

Implementation Activities and Progress

- Medication assisted treatment (MAT) is the use of one of three FDA-approved medications—methadone, buprenorphine, and naltrexone—to treat OUD in combination with counseling. In March 2018, analyses showed that there were 1.33 million Illinoisans, or 10% of the population, that lived in 58 counties that were MAT "deserts": counties that have no documented access to any of these three medications. As shown in the map below, as of October 2019, there are 43 Illinois counties that were MAT deserts, reducing the population of the state without access to MAT anywhere in their county to 847,523 Illinoisans.

Illinois MAT Map October 2019

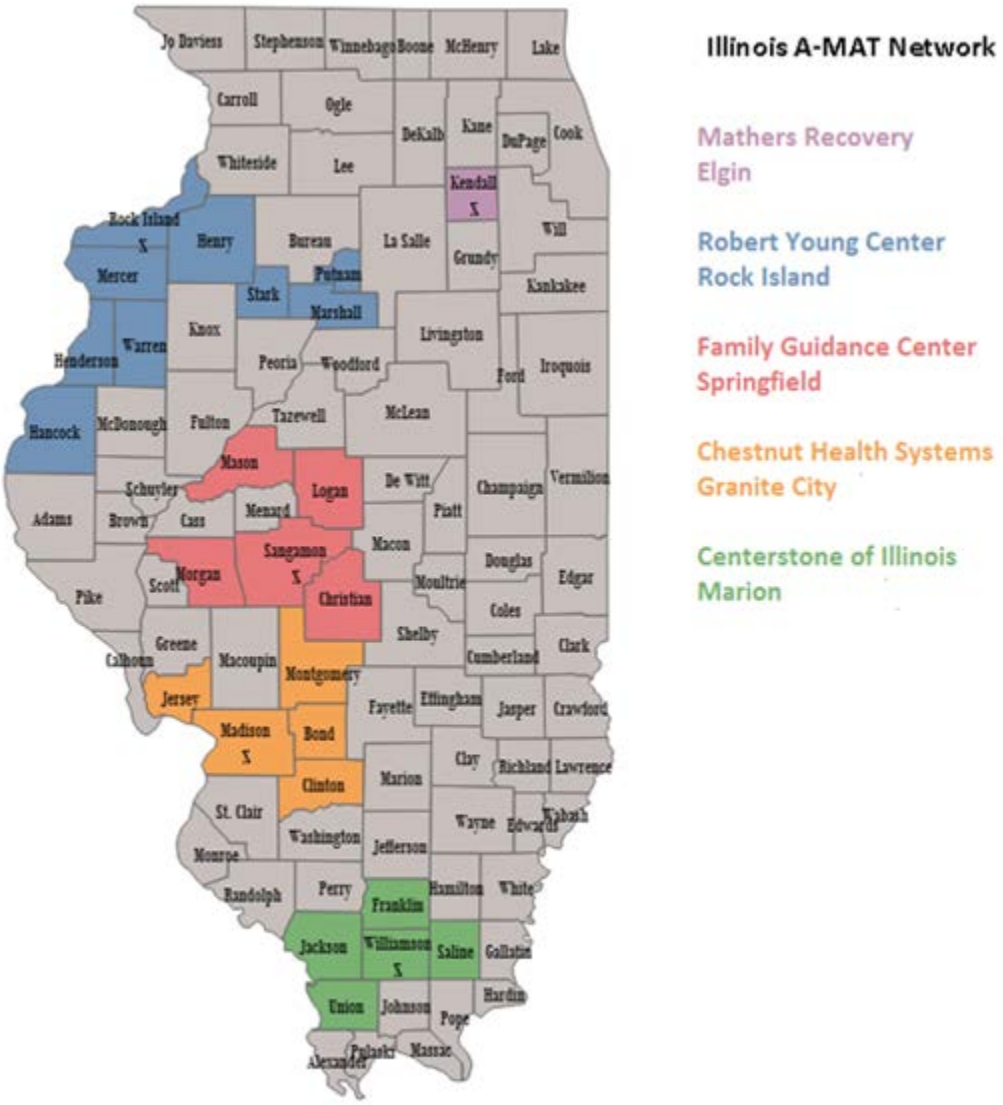


- IDHS/SUPR's Access to Medication Assisted Treatment (A-MAT) project broadens services in these MAT deserts.[20] The A-MAT project utilizes the Hub and Spoke model, an evidence-based approach to create networks of services to treat clients with OUD. In this model, the Hub is a regional opioid treatment center responsible for coordinating the care and support services for patients who have complex substance use disorders and/or co-occurring mental health conditions. Patients who need methadone must be treated here. A Spoke is a primary

[20] http://www.dhs.state.il.us/page.aspx?item=115412

care practice, specialty practice or health center responsible for coordinating the care and support services for patients with OUD who have less complex medical needs. Only patients who are treated with buprenorphine or naltrexone receive treatment in the Spokes. Depending on the patient's needs, support services may include mental health and/or SUD treatment, pain management, family support, job development, and other recovery supports.

Illinois A-MAT Network Map



Illinois A-MAT Network

Mathers Recovery
Elgin

Robert Young Center
Rock Island

Family Guidance Center
Springfield

Chestnut Health Systems
Granite City

Centerstone of Illinois
Marion

- IDHS/SUPR has implemented five A-MAT Network pilot projects. These projects are supported through federal OCR grants IDHS/SUPR received from the Substance Abuse and Mental Health Services Administration (SAMHSA). All five projects were identified via the NOFO process. Two projects were implemented in November 2018 and three projects were implemented in May 2019. The map above shows the MAT desert counties that each pilot project serves. An outcome and process evaluation are assessing project implementation barriers and facilitators and client treatment outcomes. As of October 2019, 244 clients have

been admitted to MAT through A-MAT Networks. See the Appendix for a preliminary list of opioid-related funded projects in Illinois.

Initiative 6.2: Increase the number of Medication Assisted Treatment (MAT) prescribers in Illinois and support current MAT prescribers by providing technical assistance and targeted training

Metrics

- Number of providers receiving training and technical assistance
- Number of new providers becoming MAT prescribers

Implementation Activities and Progress

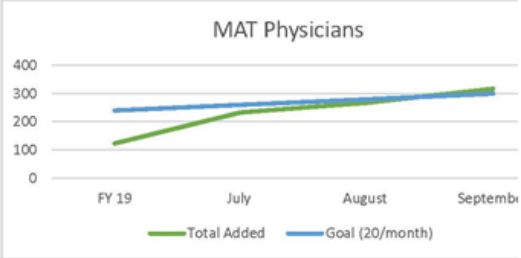
MAT is one of the most effective tools to combat the opioid crisis. Methadone treatment must be provided through a Federal and State-approved clinic through a controlled dispensary procedure. The other two medications, buprenorphine and naltrexone, may be prescribed by physicians, physician assistants, or nurse practitioners whose license allows them to prescribe medications. A practitioner must obtain a special waiver in order to prescribe buprenorphine. The Drug Addiction Treatment Act of 2000 (DATA) waiver allows qualified physicians, nurse practitioners, and physician assistants to treat opioid dependency with buprenorphine.

- IDHS/SUPR's goal is to reduce the number of people without access to MAT to 500,000 by the end of FY19. This goal is being addressed by granting funds to five geographic sites to implement integrated MAT service networks, by supporting increased practitioner training to provide OUD treatment, and through ongoing technical assistance in learning collaborative sessions focused on improving clinical and program practices. The table and chart below show progress in achieving this goal.

Illinois Department of Human Services/ Division of Substance Use Prevention Recovery

Access to Medication Assisted Treatment Progress Report

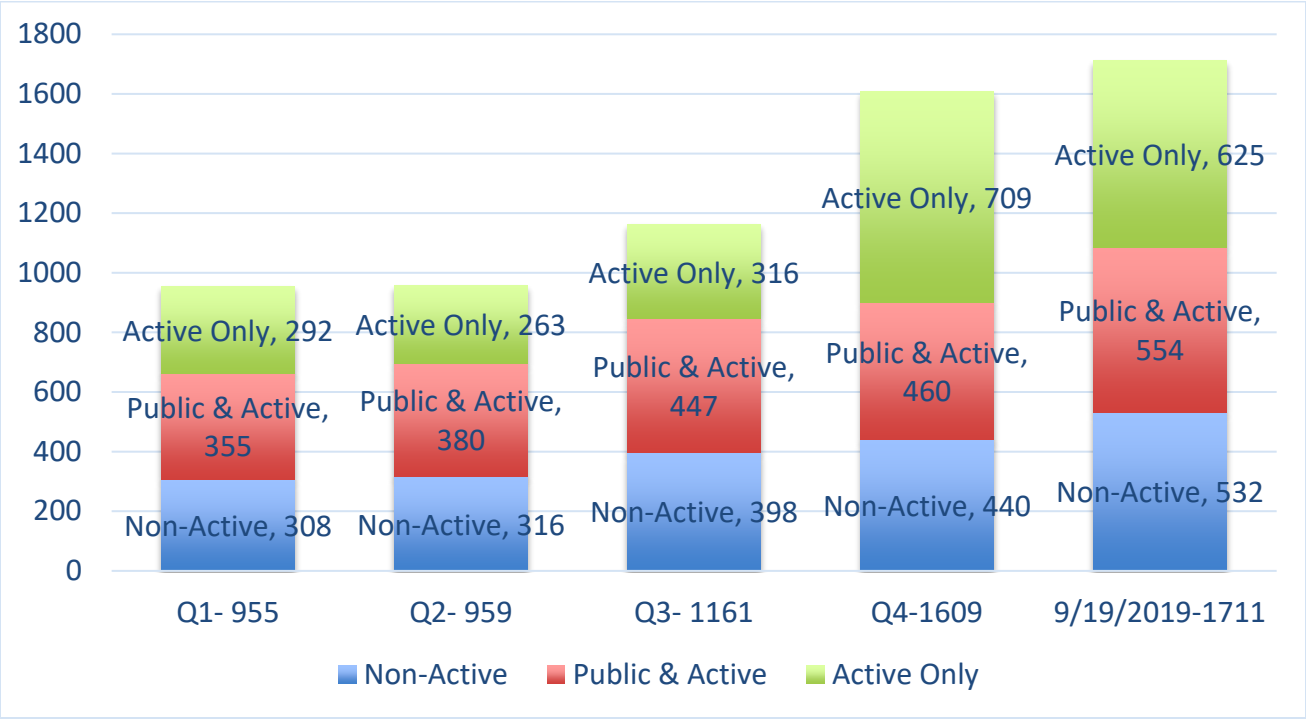
Clients Admitted to 10/20/2019				
	FY 19	FY 20 Q1	FY20 Q2	
Centerstone of Illinois	61	41	6	
Chestnut Health Systems	3	7	5	
Family Guidance Centers	59	20	13	
Mathers Recovery	1	10	3	
Robert Young Center				
Total	126	78	27	
Cumulative Total	126	204	231	
Goal (5/Week)	260	320	350	
Total Active/Public MAT Physicians				
	FY 19	July	August	September
Region 1	240	248	260	287
Region 2	112	114	119	135
Region 3	29	29	30	41
Region 4	39	40	43	39
Region 5	51	51	52	52
TOTAL	460	471	504	554
Total Added	123	234	267	317
Goal (20/month)	240	260	280	300
Added Counties With MAT				
	FY 19	July	August	September
Region 1				
Region 2				
Region 3	2		2	1
Region 4	5	1	1	
Region 5	6	1		
TOTAL	13	15	18	19
Quarterly Total		2	3	1
Goal (2/month)	24	26	28	30
Trainings				
	FY 19	FY 20 Q1	FY 20 Q2	
Rush Total Physicians	23	19		
TA/Coaching Sessions	40	3	20	



- IDHS/SUPR provided funding to the SIU School of Medicine (SoM) for a rural opioid prescriber training program. SIU SoM developed curriculum and delivered videoconferencing trainings for opioid prescribers in 66 counties in western, central, eastern and southern Illinois. Of these 66 counties, 62 are considered rural, parts or all of 55 counties are medically underserved and all 66 counties are underserved for psychiatry services. The target audience for this rural opioid prescriber training program included physicians, physician assistants, pharmacists, dentists, nurses, mental health providers, public health department staff, and substance use treatment and prevention providers. Topics included opioid prescribing guidelines, the PMP, and safe alternatives to opioids. A total of 141 individuals participated in one or more trainings.
- People with OUD can be medically complex and physicians are sometimes hesitant to treat these individuals. Rush University Medical Center has developed a comprehensive weekend program for training and supporting medical staff to prescribe and treat people with OUD. Supported by IDHS/SUPR OCR funds, this program provides initial training on buprenorphine, peer-to-peer support and ongoing technical assistance to office-based prescribers in Illinois. The program targets physicians, physician assistants, and nurse practitioners in MAT desert counties. As of October 2019, 57 buprenorphine prescribers have been trained and are receiving ongoing coaching and technical assistance.

- SAMHSA maintains a directory (referred to as the public locator) of physicians who are DATA waivered to provide buprenorphine treatment; however, a physician may opt out of having their name published on this list. In addition, physicians may hold a DATA waiver but not be actively prescribing. By matching the information on the SAMHSA directory against the PMP database, IDHS/SUPR found that many practitioners listed on the SAMHSA public locator were not actively prescribing. There is concern that people seeking treatment could be referred to prescribers that weren't accepting new patients, and that would discourage individuals who were seeking help for their OUD. There was also concern that, at this time when IDHS is trying to improve access to MAT, lack of provider availability could pose a major barrier for patients seeking services. IDHS/SUPR recognized the need to accurately determine the number of DATA waivered physicians in Illinois who agree to be listed in SAMHSA's public locator and are actively prescribing. IDHS/SUPR has tracked this information and found that, at the end of FY19, there are 1,711 DATA waivered physicians approved to prescribe buprenorphine in Illinois. Of these 1,711 providers, 1,179 (69%) are actively prescribing buprenorphine and 532 (31%) are not actively prescribing buprenorphine. The chart below shows the number of prescribers who became active and public in FY2019. IDHS/SUPR is identifying facilitators and barriers to prescribing to inform training and technical assistance activities that will help inactive prescribers become active prescribers.

FY2019 Illinois DATA Waivered Prescribers by Active/Public Status



- The Advisory Council's MAT Committee is developing a comprehensive toolkit that will help prepare providers to deliver MAT. The toolkit includes resources and guidelines on how to deliver all three forms of MAT, information on Federal and State regulations, tips for creating and navigating networks, and handouts that can be used to help educate the community about MAT. The toolkit will be available online and will be released at the end of 2019.
- IDPH is funding two agencies to increase the number of obstetric providers (OB) in Illinois birthing hospitals that are trained in MAT and establish a network of support for trained providers. The goals of the program are to understand the needs of DATA waivered and non-waivered prenatal providers and create MAT training and technical assistance (TA) tools to address those needs.
- IDPH will use federal funds to expand access to MAT in rural communities of Illinois. The project involves DATA-2000 waiver training and delivery of an Opioid Extension for Community Outcomes (ECHO) program in regions of Illinois that have few treatment options for those with opioid use disorder. A peer mentorship program will be established connecting primary care clinicians in rural and underserved communities in southern, eastern, and western Illinois to assist them in better managing co-occurring disorders and substance abuse.
- ILPQC's MNO initiative is sponsoring two DATA waiver trainings in late 2019 for OB/GYNs and other medical staff who provide services to pregnant and postpartum women with OUD.

Initiative 6.3: Expand existing outpatient methadone services and recovery home services

Metrics

- Number of organizations contracted to provided expanded services
- Number of clients served by expanded services

Implementation Activities and Progress

- In January 2017, HFS began covering outpatient methadone treatment (OMT) in opioid treatment programs (OTPs) through Medicaid fee for service and Medicaid managed care organizations for Medicaid eligible patients. The Medicaid State Plan Amendment supporting the reimbursement of these services allows Illinois to fully implement the requirement related to Medicaid reimbursement for methadone treatment contained in the Heroin Crisis Act (Public Act 099-0480). Additionally, Medicaid now covers all three forms of MAT.
- OMT services are regularly funded by a combination of Medicaid, federal Substance Abuse Block Grants, and state funds. OCR grants have allowed IDHS/SUPR to expand OMT services among community-based OTPs' OMT services, admitting 3,211 additional patients through October 2019.
- IDHS/SUPR OCR grants support seven recovery home organizations. As of October 2019, 300 individuals with OUD who have unstable living arrangements and are active in some form of MAT have been admitted to recovery home services.

- Residential stabilization centers are resources targeted to the current gap in the service continuum for persons with OUD who lack housing and other supports to effectively engage in MAT during their early stage of their recovery process. IDHS/SUPR has identified three providers through the NOFO process, and one provider began services in September 2019. As of October 2019, seven clients had been admitted to these services.

- The goal of IDHS/SUPR's OUD MAT in Federally Qualified Health Centers (FQHCs) project is to increase the number of persons who are receiving MAT at Illinois FQHCs. FQHCs can bill Medicaid for the medications and supportive services that make up MAT, so this project supports services for patients that are not Medicaid-eligible, or services that are not Medicaid-billable, such as case management. Five FQHCs were selected through the NOFO process and will begin providing services in November 2019.

Initiative 6.4: Review and update opioid-related policies, procedures, and trainings at the Illinois Department of Children and Family Services (DCFS) to ensure that they reflect the most current understanding of best practices for short and long-term child and family well-being and safety

Metrics

- Training/procedures regarding OUD and related topics developed and updated

- Number of DCFS trainings

- Number of delegate agencies and hospitals receiving communications plan

Implementation Activities and Progress

- DCFS has developed an online training module for DCFS and private agency workers and supervisors on opioids and OUD. The training module will be implemented in Winter 2020.

- DCFS, HFS, IDHS/SUPR and ILPQC participated in IDPH's Opioid Use Disorder, Maternal Outcomes and Neonatal Abstinence Syndrome (OMNI) cross-systems communication and training project. This collaborative effort built on the Association of State and Territorial Health Official's (ASTHO) OMNI initiative, a two-year learning collaborative designed to help states disseminate strategies and best practices supporting program and policy implementation related to SUD among pregnant and postpartum women. The IDPH OMNI project developed common messaging around mothers and newborns affected by opioids and identified cross-system training needs and processes around common messaging. One of the core messaging themes identified is the need to clarify for providers (e.g., OB/GYNs) and patients when and how DCFS becomes involved if a pregnant or postpartum woman or newborn screens positive for opioids. DCFS and ILPQC are working together to create easy-to-understand training materials that explain the process for when and how DCFS needs to be contacted, and the supports that DCFS provides to link mothers to treatment.

Initiative 6.5: Promote the equal treatment and coverage of mental health and substance use disorders, including OUD, and ensure that insurers comply with mental health parity laws

Metrics

- Mental health parity internal trainings developed and conducted
- IDOI mental health parity action items reviewed and implemented
- Mental health parity market examinations conducted, and reports released
- Educational materials regarding mental health parity developed and distributed

Implementation Activities and Progress

- As previously noted, federal CMS approved IDOI's request to change the Essential Health Benefit-Benchmark Plan to address OUD treatment. Beginning in 2020, private health insurance companies in Illinois offering plans on the individual and small group market will be required to: 1) cover alternative therapies for pain; 2) limit opioid prescriptions for acute pain; 3) remove barriers to obtaining buprenorphine products for medically assisted treatment of OUD; 4) cover prescriptions for at least one intranasal spray opioid reversal agent when prescriptions of opioids are dosages of 50MME or higher; and 5) cover telepsychiatry care by both a prescriber and a licensed therapist. Illinois is the only state to change the Essential Health Benefit-Benchmark Plan.
- IDOI is conducting several examinations of health companies operating in Illinois to review their practices related to mental health and substance use disorders for compliance with state and federal laws and regulations with respect to mental health parity. Reports on the results of these examinations will be released once examinations are concluded.
- IDOI's Access to Care and Treatment Parity Outreach and Education Program conducted face-to-face meetings with citizens, delivered formal presentations, provided printed materials, and offered one-on-one guidance to educate citizens on obtaining coverage and parity. This includes education on consumers' rights and responsibilities, and who to contact at IDOI when they need assistance navigating insurance or filing a complaint when their rights have been violated. In 2018, this program delivered presentations and printed materials at educational events in all 102 Illinois counties, reaching 4,500 consumers.
- IDOI has developed and disseminated user-friendly palm cards on mental health and SUD parity.
- IDOI has developed and posted a video[21] on its website to aid consumers in understanding and protecting their health care rights regarding mental health and substance use disorders. The video provides valuable resources to support consumers who feel their rights have been violated.

[21] http://multimedia.illinois.gov/ins/ins-parity.html

Initiative 6.6: Strengthen activities and develop resources aimed specifically at addressing the impact of opioid misuse on pregnant women and newborns

Metrics

- Resources for pregnant women and new mothers developed and disseminated
- Recommendations from the NAS Advisory Committee developed and implemented
- Number of hospital teams participating in MNO initiative

Implementation Activities and Progress

- The Family First and Prevention Services Act (Family First) project oversees DCFS's implementation of the Family First and Prevention Services Act.[22] Passed in February 2018, this legislation brings about the biggest change in federal funding of child welfare services in 50 years. States with an approved Title IV-E plan have the option to use these funds for prevention services that would allow candidates for foster care to stay with their parents or relatives. A written, trauma-informed prevention plan must be created, and services will need to be evidence-based. Parenting, mental health and SUD services will be federally-reimbursable under Family First, allowing DCFS to provide these and other supportive services to entire families. DCFS's Family First project includes 8 committees and 32 subcommittees that are working together to create Illinois' plan.

- HFS has expanded its DocAssist consultation program to provide training and support for Medicaid providers serving pregnant and postpartum women with SUD. The DocAssist program originally began as a collaboration with the University of Illinois as a way to provide pediatric psychiatric and behavioral health consultation services to primary care physicians (PCPs) and allied providers enrolled with HFS. The DocAssist program currently provides free pediatric and perinatal psychiatric phone consultation to PCPs and mid-level mental health providers caring for Medicaid-enrolled youth and perinatal women's psychiatric and substance use needs. Effective July 1, 2019, DocAssist expanded its support to pregnant and postpartum women through the introduction of consultation services related to MAT during the perinatal period. In addition, DocAssist will provide four face-to-face trainings on MAT for providers serving Medicaid beneficiaries in central/southern Illinois in State Fiscal Year 2020.

- IDPH's Office of Women's Health and Family Services has developed a directory listing OUD treatment resources for pregnant women on Medicaid. The directory is available on DPH's opioids website[23] and will be provided to the Helpline so that pregnant women in Illinois can be appropriately directed to treatment resources in their communities.
- The Illinois NAS Advisory Committee, formed by IDPH in 2015, was charged with developing processes, protocols, guidelines, and programs to better identify and treat NAS as well as improve pregnancy outcomes. The NAS Advisory Committee completed its work in 2019 and developed an appropriate standard clinical definition of NAS and a uniform

[22] https://www.congress.gov/bill/115th-congress/house-bill/253.
[23] http://dph.illinois.gov/sites/default/files/publications/publicationsowhopioid-use-treatment-resource-manual-ab_0.pdf

process of identifying NAS and made recommendations on evidence-based guidelines and programs to improve the outcomes of pregnancies with respect to NAS.[24]

- IDPH has funded the ILPQC to implement the Mothers and Newborns affected by Opioid (MNO) initiative to work with 101 participating birthing/newborn hospitals to facilitate structure and clinical culture change through obstetric and neonatal teams across Illinois. The goals of the MNO-OB initiative are to: (1) increase the proportion of all pregnant women screened with a universal validated screening tool during prenatal period / during delivery admission; (2) increase proportion of women with OUD receiving Medication Assisted Treatment (MAT) and connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge; and (3) increase the proportion of women with OUD with an OUD Clinical Care Checklist completed prenatally or by delivery discharge including Narcan counseling, contraception plan counseling, Hepatitis C screening, behavioral health/social work consult, pediatrics/neonatal consult, and maternal education on OUD & NAS and the importance of engaging in non-pharmacologic care of opioid-exposed newborns (OENs). Linking moms to MAT and recovery services will reduce overdose deaths for moms, improve pregnancy outcomes, and increase the number of women who can parent their baby. The initiative works closely with the Alliance for Innovation on Maternal Health (AIM) and leaders in obstetrics, neonatology/pediatrics, and addiction medicine to provide hospital teams with obstetric and newborn toolkits. Between 2017 and September 2019, the proportion of women with OUD connected to MAT and Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge increased from 41% to 52% and 47% to 54% respectively.
- ILPQC has partnered with the American Society of Addiction Medicine and the American College of Obstetricians and Gynecologist to offer four Treatment of Opioid Use Disorder Training Courses across Illinois to over 70 providers to receive a waiver to prescribe outpatient Buprenorphine to pregnant/postpartum patients with OUD.
- As described earlier in this report, IDPH has been performing data analysis on how opioid misuse affects women of reproductive age in Illinois, as well as developing and disseminating educational materials for pregnant women and new mothers regarding opioids, OUD, NAS, and breastfeeding.
- IDHS/SUPR's Pregnant and Postpartum Women with OUD (PPW-OUD) pilot project provides specialized screening, referral, and family-based treatment and recovery support services to pregnant and postpartum women with OUD and their families. Doula Certified Recovery Coaches—individuals who are in active recovery who obtain dual certification as both a birth and postpartum doula—assist the recovering mother through all phases of obstetrics and OUD recovery. Enhanced services also are provided by staff who are certified in evidence-based practices such as motivational interviewing, Seeking Safety, and Real Life Parenting. Five providers have been funded via OCR grants and were selected in early 2019 through the NOFO process. As of October 2019, 41 women have been admitted to PPW-OUD services.
- A pilot project to support home visiting services for mother with babies born with substance withdrawal symptoms, including NAS, was approved in Illinois' 1115 Medicaid waiver.

[24] http://www.dph.illinois.gov/sites/default/files/publications/nas-annual-report-march-2019.pdf

E) Supporting Justice-Involved Populations

Strategy 7: Increase the Capacity of Deflection and Diversion Programs Statewide

Initiative 7.1: Educate jurisdictions about and support their implementation of diversion and deflection frameworks, as well as diversion efforts that occur at the court level

Metrics

- Number of jurisdictions trained on diversion/deflection programs
- Process and outcome evaluations of diversion/deflection programs conducted
- Number of grants identified, issued, or obtained
- Number of new diversion/deflection programs implemented*

Implementation Activities and Progress

- As part of the FR-CARA Rural Opioid Prevention Initiative funded by SAMHSA, IDPH will develop a training for law enforcement agency leadership participating in diversion/deflection programs and the importance of linking opioid overdose survivors to treatment and recovery supports. IDPH received funding from CDC in 2018 to develop a web-based training for police and fire that addresses stigma and where and how to access OUD treatment. The objectives are to increase the number of first responders trained on working with individuals who use drugs and how to respond and refer them to treatment resources.
- ICJIA continues to lead trainings, conduct evaluations, publish reports, and administer/identify funding opportunities related to diversion/deflection programs, and plans to continue with these efforts. Recent publications include results of survey of Illinois probation departments to understand their familiarity with OUD and OUD treatment.[25]
- ICJIA has conducted multiple trainings on diversion/deflection programs. These include an ICJIA-sponsored conference on criminal justice responses to the opioid crisis, and presentations at the annual conferences of the Illinois Correctional Association, the Illinois Association of Chiefs of Police, and the Illinois Behavioral Health Association; the Adult Redeploy Illinois Summit, and George Mason University's Center for Evidence-Based Crime Policy Symposium.

[25] http://www.icjia.state.il.us/publications/addressing-opioid-use-disorders-in-community-corrections-a-survey-of-illinois-probation-departments

- ICJIA has completed three evaluations of deflection/diversion programs, including an evaluation of the Safe Passage program that will inform future implementation efforts for diversion/deflection programs.
- ICJIA administered two deflection/diversion grants to nine grantees. These grants include the Community-Law Enforcement Partnership for Deflection and Substance Abuse Treatment program that helps law enforcement to develop and implement deflection programs that offer immediate pathways to SUD treatment as an alternative to involvement in the criminal justice system.
- *Note: While new deflection/diversion programs are being implemented, neither ICJIA nor any other state agency track the number of new deflection/diversion programs implemented. This metric is no longer valid.

Initiative 7.2: Identify linkage gaps for justice-involved individuals with OUD; implement critical bridge services at the point of law enforcement and/or emergency department/hospital contact so that opioid overdose survivors can stay safe, stable, and alive while they wait to enter formal OUD treatment

Metrics

- Environmental scan conducted; current client/service flow and linkage gaps and existing resources/funding mechanisms for justice-involved individuals with OUD inventoried
- Number of clients served by IDHS/SUPR SAMHSA-funded OCR grants linkage, referral, and "warm hand-off" programs.[26]

Implementation Activities and Progress

- IDHS/SUPR is conducting an environmental scan to survey current services and linkage gaps as well as existing resources and funding mechanisms for justice-involved individuals with OUD. The table included in the Appendix is a preliminary list of organizations that have received funding and a description of their projects. This list will be updated regularly and can be found on IDHS/SUPR's website.[27]
- IDHS/SUPR is supporting a number of linkage, referral, and "warm hand-off" pilot projects for individuals with OUD using federal OCR funds. IDHS/SUPR will continue supporting these programs and begin working on ways to scale these pilot projects out more broadly.
- IDHS/SUPR has contracted with five organizations to provide co-located screening and warm hand-off services for persons with OUD in Illinois hospitals. Peer recovery specialists are co-located in hospitals and establish collaborative relationships with patients, providing practical, personalized support for entering and adhering to treatment, and in coordination with treatment providers, deliver ongoing recovery support services based upon patient needs. Services have thus far been initiated at 15 hospitals and multiple Cook County Health and Hospitals System locations, with 4,502 patients having been served as of

[26] https://www.dhs.state.il.us/page.aspx?item=105980
[27] http://www.dhs.state.il.us/page.aspx?item=120811

October 2019. Of these patients, 72.9% (3,282) were admitted to formal OUD treatment by the community-based treatment providers to which they were referred following discharge.

- IDHS/SUPR's Hospital Warm Hand-off Services is an expansion of the co-located warm hand-off services described above. In this program, hospitals provide OCR-supported services directly rather than through an agreement with another organization. Service delivery is consistent with the evidence-based SBIRT model. Eight hospitals were identified through a NOFO process. As of October 2019, 486 patients have screened positive for OUD and have been referred to treatment post-discharge.

- IDHS/SUPR's Community-based Outreach/Linkage/Referral Services provide specialized outreach, referral, and linkage services to people with OUD in high-need areas across Illinois. Peer outreach workers canvas multiple locations that are frequented by high-risk individuals, such as parks, street corners, public transportation stations, mini-marts and liquor stores. As of October 2019, 6,798 individuals received outreach services, of whom 3,935 screened positive for opioid use and expressed interest in treatment; 2,318 of these people completed a meeting with a linkage manager, and 1,935 appeared for treatment intake appointments.

- The Community Outreach Intervention Project (COIP) is funded by IDHS/SUPR to provide Recovery Support Services (RSS) to support individuals that are in recovery or in the process of engaging in recovery services. Staff work to identify and remove barriers by helping the clients through planning facilitation, care coordination, evaluation, and advocacy as they navigate the systems that will promote treatment adherence. Staff are available to address needs citywide via COIP storefront offices located in community areas where there is a prevalence of substance use. Staff also reach remote locations during outreach on a mobile van. COIP has established collaborations with MAT and other behavioral health providers to facilitate direct linkage to drug treatment at various community locations as well as at COIP field offices. As of September 30, 2019, RSS staff completed 6,598 follow-up encounters with 1,347 unduplicated individuals, of these 257 were formally enrolled in the RSS Program. The remaining 1,090 were engaged through outreach and are considering formal enrollment into RSS case management service.

- Cook County Health and Hospital Systems (CCHHS) receive OCR funds from IDHS/SUPR that provide linkage and referral services to people with OUD at various CCHHS locations. As of July 2019, 99 individuals have received services through the Recovery Support and Linkage Services for Homeless Persons with OUD program. A total of 142 individuals received services through the West-side Triage Center Screening and Linkage Services for Persons with OUD program, a project funded by IDHS/SUPR that ended in April 2019.

- IDHS/SUPR OCR funds support multiple programs within Rush University Hospital, located on the west side of Chicago. As of July 2019, Rush provided SBIRT services to 19,785 patients, of whom 3,985 screened positive for any SUD and 1,516 screened positive for OUD. Buprenorphine services were initiated for 356 of these patients and 457 were referred to external SUD providers.

- IDPH's FR-CARA Rural Opioid Prevention Initiative will, among other things, provide care coordination services for opioid overdose survivors in 18 rural counties in south-central Illinois. Care coordinators under this program will develop referral relationships with hospital emergency departments as well as law enforcement to follow up on overdose survivors and refer them to appropriate long-term treatment and recovery supports. IDPH is working with two agencies to provide care coordination services to opioid overdose survivors in 18 rural counties in south-central Illinois. The care coordinators have completed resource maps of their regions and conducted monthly outreach to relevant stakeholders. Both agencies were trained on opioid overdose prevention and each location was given 396 Narcan kits.

Initiative 7.3: Promote training for prosecutors, judges, and other attorneys regarding opioids, OUD, MAT, and the diversion of people with OUD to evidence-based treatment programs

Metrics

- Continuing legal education (CLE) regarding opioids/OUD/diversion programs made available

Implementation Activities and Progress

- New rules regarding continuing legal education (CLE) in Illinois require that all attorneys participate in at least one hour of CLE covering mental health/substance abuse topics. The Task Force will engage with the Illinois Attorney Registration and Disciplinary Commission and the Minimum Continuing Legal Education Board of the Supreme Court of Illinois in the upcoming year to promote CLE credits for training regarding opioids/OUD/diversion programs.

- The Administrative Office of the Illinois Courts (AOIC) has implemented several training initiatives to address OUD. In 2018, AOIC provided opioid-specific training to 194 judges via its Criminal Chemistry & Opioid Addiction Trends course and 203 judges through its Neuroscience & Symptomatology of Addiction & Mental Illness course.

- AOIC participates in the National Judicial Opioid Task Force (NJOTF). The Conference of Chief Justices and the Conference of State Court Administrators formed the NJOTF to examine current efforts and find solutions to address the opioid epidemic. NJOTF has developed a Resource Center for courts including tools to assist courts in addressing the opioid crisis.[28]

[28] https://www.ncsc.org/Topics/Court-Management/Leadership-and-Change-Management/Opioids-and-the-Courts/Opioids-and-the-Courts-Resource-Center.aspx

III. Response

F) Rescue

Strategy 8: Increase the Number of First Responders and Community Members Who Are Trained and Have Access to Naloxone

Initiative 8.1: Facilitate naloxone access statewide; expand naloxone purchase, training, and distribution services throughout Illinois

Metrics

- Number of individuals trained in naloxone administration
- Number of naloxone kits purchased/distributed
- Number of opioid overdose reversals reported

Implementation Activities and Progress

- IDHS/SUPR is supporting (and will continue to support) Overdose Education and Naloxone Distribution (OEND) programs throughout Illinois. The Drug Overdose Prevention Program (DOPP) provides a variety of resources to enable almost any organization to be able to distribute naloxone. Federal funds are being used to maintain a cadre of OEND programs that can provide training and naloxone kits in all Illinois counties. Target populations for these services started with law enforcement officers and fire departments and have expanded to non-traditional first responders like bystanders, friends, family members of individuals who use opioids, as well as institutions where overdoses have been known to happen. As of October 2019, 121 programs have enrolled in DOPP, there have been 54,179 individuals trained, and over 53,463 naloxone kits have been distributed across Illinois counties. This has led to 3,226 overdose reversals reported to DOPP through October 2019.

- IDPH's FR-CARA Rural Opioid Overdose Prevention Program will, among other things, provide free naloxone and naloxone administration training for municipal and county law enforcement agencies in 18 rural counties in south-central Illinois. IDPH is working with the Illinois Law Enforcement Alarm System (ILEAS) to provide the free naloxone and naloxone administration training for municipal and county law enforcement agencies in these counties. In order for a law enforcement agency to receive naloxone, the officers must register with ILEAS and complete the naloxone administration training that is hosted on their Management System. Over 710 officers have passed this training to date. In 2019, ILEAS expanded the naloxone training and distribution to fire departments as well as training agencies outside the 18-country region. IDPH, IDHS/SUPR and ILEAS conducted a needs assessment of law enforcement agencies and fire departments statewide and will create a distribution plan based on need.

- In October 2017, IDPH released a statewide standing order for naloxone.[29] The standing order allows pharmacies and organizations enrolled as OENDs in DOPP to provide naloxone to individuals without a prescription. To date, 252 pharmacies and organizations have downloaded the standing order.

- IDPH and partners have conducted two webinars for new pharmacists regarding the statewide naloxone standing order.

Initiative 8.2: Educate the general public regarding what naloxone is, how it saves lives, and how to access it

Metrics

- Educational materials regarding naloxone developed and disseminated

- Interactive standing order pharmacy map released on Opioid Data Dashboard

Implementation Activities and Progress

- IDPH developed and disseminated educational materials regarding naloxone for the general public, including materials for people with low literacy. These materials are available on IDPH's opioids website.

- IDPH's Opioid Data Dashboard has a module mapping out every pharmacy and naloxone distribution program in Illinois that provides naloxone without a prescription per the standing order. The map is interactive, searchable by city, and provides directions/contact information for each pharmacy/OEND program listed.

- IDHS/SUPR has numerous naloxone education resources and materials targeting the general public. There is a comprehensive DOPP resource page[30] and the Educational Resources—Overdose Prevention Materials website.[31]

- Helpline operators have been trained on naloxone and are currently offering information regarding naloxone and naloxone training to caller

G) Supporting Justice-Involved Populations

Strategy 9: Decrease the Number of Overdose Deaths After an At-Risk Individual's Immediate Release From A Correctional Facility

Initiative 9.1: Expand the number of counties and correctional facilities that distribute naloxone and provide training to at-risk justice-involved individuals and their supporters

[29] http://www.dph.illinois.gov/naloxone
[30] https://www.dhs.state.il.us/page.aspx?item=58142
[31] http://www.dhs.state.il.us/page.aspx?item=93880

Metrics

- Number of take-home naloxone programs implemented statewide
- Number of participants in programs

Implementation Activities and Progress

- Several Illinois counties have naloxone programs for justice-involved individuals or are working on forming partnerships with local law enforcement to establish naloxone programs for released individuals. In particular, IDHS/SUPR is currently using federal funds to offer naloxone to individuals released from Lake County Jail and Cook County Jail. Additionally, the Chicago Recovery Alliance is collaborating with the Cook County Sheriff's Department to provide naloxone to individuals on electronic monitoring. Will County is also distributing naloxone to residents at a halfway house. In 2019, IDPH supported Cook County Jail's Naloxone Education Dispensing Program. This program provides naloxone at discharge to those inmates that are deemed high risk for OUD through a validated screening tool.
- The Illinois Department of Corrections (IDOC) received naloxone from IDPH. All parole agents statewide have been issued and trained to administer naloxone. IDOC is in the process of supplying and training all Adult Transition Centers—programs that prepare inmates to re-enter the community—with naloxone.
- IDOC and IDPH have partnered together to provide naloxone and naloxone training at Summits of Hope, "one stop" community expos that bring together local service providers to guide and assist parolees and probationers with services that facilitate their re-integration into the community.
- In Cook County Jail's naloxone education and dispensing program, detainees identified at intake for detox are educated by Cermak Health Services pharmacy teams on naloxone. Once naloxone education is completed, the pharmacy generates an EHR alert that prompts the Sheriff to give naloxone to detainees at release. To date, over 5,000 Cook County Jail detainees have been educated and over 3,500 naloxone kits have been dispensed.

Initiative 9.2: Expand the availability of MAT in correctional facilities following the model currently being piloted at IDOC's Sheridan and Southwestern Illinois (SWICC) Correctional Centers

Metrics

- Number of correctional facilities providing MAT services
- Number/proportion of incarcerated individuals with SUD who receive treatment, including MAT, in correctional facilities

Implementation Activities and Progress

- IDHS/SUPR's OCR-funded Correctional Facility-Based MAT Services support six organizations providing injectable naltrexone services for persons with OUD in county jails and at IDOC's Sheridan Correctional Center. As of October 2019, 889 county jail detainees and 49 individuals incarcerated at Sheridan have received naltrexone.

- ICJIA has published results of studies it conducted on the use of MAT in jail and in probation.[32] Study participants reported that OUD is a moderate to serious problem for their jails and probation departments. Barriers to providing MAT in these correctional settings include lack of institutional knowledge of OUD and MAT, limited resources, security challenges, and lack of experience by medical personnel. Study conclusions suggest that, education and training, as well as collaboration with healthcare and SUD treatment providers and court services, can help reduce these barriers.

- Cermak Health Services' Cook County Jail program includes a medical detox unit and outpatient methadone treatment (OMT). In 2017, Cermak implemented a dedicated space, staff, and a 5-day protocol to make it easier to take care of patients and give them the opportunity to safely detox, connect with recovery coaches, learn about and receive naloxone, and be offered buprenorphine and injectable naltrexone. Two-thirds of detainees who are motivated and want to start MAT do so while they are at CCJ. Approximately 100 doses of MAT are dispensed at Cermak each day.

- IDOC is reviewing plans to expand its SUD treatment and dual diagnosis programs at the Logan Correctional Center for women. Discussions are also underway regarding the expansion of the Sheridan/SWICC MAT pilot projects into Logan Correctional Center, in addition to a potential pilot project of other MAT medications, pending evaluation of funding streams.

Initiative 9.3: Ensure that linkage services, case management, timely access to treatment, and other resources to support recovery are available to individuals leaving jails and prisons

Metrics

- Number of jails/prisons that have discharge/release programs for individuals with SUD

- Number of individuals inducted into, and maintained on, MAT from jails/prisons with release programs for individuals with SUD

[32] http://www.icjia.state.il.us/publications/addressing-opioid-use-disorders-in-corrections-a-survey-of-illinois-jails; http://www.icjia.state.il.us/articles/probation-clients-barriers-to-access-and-use-of-opioid-use-disorder-medications

Implementation Activities and Progress

- IDHS/SUPR's Correctional Facility-Based MAT Services provide screening, assessment, initial naltrexone injections and post-release referrals to incarcerated individuals. Services have been implemented at 18 county jails, with services in the planning stage at several additional jails. As of October 2019, 889 jail detainees have been served; 844 (94.9%) were admitted to the community-based treatment providers that they were referred to upon release. A total of 49 individuals were identified and engaged in treatment while incarcerated at Sheridan Correctional Center.

- IDOC is reviewing plans to expand the number of correctional facilities educating clients about MAT and providing linkages to treatment. Currently there are seven DOC facilities providing MAT education for all clients, with Treatment Alternatives for Safe Communities (TASC) assisting with getting clients onto Medicaid and making active linkages to treatment.

- The Helpline currently provides assistance with accessing SUD treatment services and/or other treatment and linkage resources for individuals leaving jails or prisons.

- Illinois' 1115 Medicaid Waiver supports a pilot project that provides SUD case management services for Medicaid members involved with the criminal justice system who are offered treatment as an alternative to incarceration.

IV. New Recommendations and Initiatives

The Task Force set the statewide goal of reducing opioid-related deaths by 33% against projected deaths in three years. Two years later, we are showing progress, with IDPH 2018 data showing a 1.6% decrease from 2017 to 2018 in opioid deaths statewide, ***the first decrease in deaths in five years***. In 2018, there were 2,167 fatal and 13,615 non-fatal overdoses. The initiatives and activities described above have contributed to this progress. However, non-fatal opioid overdoses have not decreased, and we face new challenges, such as the influx of fentanyl and growing disparities of the crisis in certain communities. We will conduct a process evaluation in late 2019 to better understand how our current activities are—or are not—addressing these challenges. The process evaluation also will inform the development of our new State Opioid Action Plan in the spring of 2020.

As we continue to move forward, we propose that the following new recommendations be implemented to build on current work, address the changing nature of the opioid crisis, and help us to continue to save lives.

Recommendation: Address the Growing Racial and Social Disparities of the Opioid Crisis

- IDPH data show that, while opioid overdose deaths among non-Hispanic white residents in Illinois decreased 6.5% in 2018, deaths among non-Hispanic black residents increased 9.1%. Deaths among Hispanic residents increased by 4.3%. In 2018, the death rate per 100,000 among Illinois residents was 17.0. Rates were highest among non-Hispanic black residents (32.8), followed by non-Hispanic white (16.8) and Hispanics (9.9). We also know that certain communities have disproportionately suffered the harms of enforcement of drug laws and that their residents face greater difficulties accessing OUD treatment, including MAT and recovery support services.

Recommended Initiative: Establish recovery oriented systems of care (ROSC) councils in communities that have been disproportionately impacted by the opioid crisis that reach out to and engage individuals in all stages of recovery

- A recovery oriented system of care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improved health, wellness and quality of life for those with or at risk of substance use disorders. The central focus of a ROSC is to create an infrastructure, or "system of care", with the resources to effectively address the full range of substance use problems within communities. IDHS/SUPR has implemented ROSC Councils in eight communities through its Recovery Oriented Systems of Care-Illinois Statewide Network (ROSC-ISN).[33] This program established networked, geographically distributed ROSC Councils that will assist communities with building local recovery-oriented systems of care that can network with the statewide ROSC. ROSC Councils build collaborations in their communities that connect everyone who can support recovery. This may include local hospitals, primary care, mental health, law enforcement, local business owners, local government representatives and policy makers, persons with lived experience of OUD/SUD, and intervention, treatment, prevention and recovery support service providers. The size and scope of the community is defined by the ROSC Council. ROSC Council leadership and organization styles vary, but usually include one or more leaders with lived experience of OUD/SUD or "champions" that provide influence and direction.

Metrics

- Number of existing local councils and coalitions that become ROSC Councils
- Notice of Funding Opportunity (NOFO) for ROSC Councils in racial and ethnic communities disproportionately impacted by the opioid crisis released
- ROSC Councils selected and implemented in racial and ethnic minority communities disproportionately impacted by the opioid crisis

Recommended Initiative: Coordinate with the appropriate State agencies and create an Opioid Social Equity Committee under the Council to address the social and racial disparities of the crisis

- Policies and programs need to be put into place that address the social and racial disparities of the opioid crisis and promote equitable treatment access for individuals and communities disproportionately impacted by the crisis. We recommend that the Advisory Council create an Opioid Social Equity Committee to address these disparities. The Opioid Social Equity Committee should include representatives from State agencies, people with lived experience of OUD, and representatives of racial and ethnic minority communities. We also

[33] https://www.dhs.state.il.us/page.aspx?item=117096

recommend that this Committee develop a social equity statement that will guide its work and align with the Governor's Committee on Equality, Equity and Opportunity.

Metrics

- Opioid Social Equity Committee established
- Number of Opioid Social Equity Committee members who are people with lived experience of OUD and representatives of racial and ethnic minority communities
- Social equity statement developed

Recommendation: Examine How Harm Reduction Strategies Can Reduce Overdose Risks and Stigma

We recognize that substance use disorder is a chronic disease, that relapse (i.e., continued opioid misuse) is expected and that recovery is possible. Nearly 20,000 people with OUD have received outreach, treatment and recovery support services through IDHS/SUPR federal OCR grants. However, to save lives, we need to ensure that efforts are made to reach out to and engage individuals in all stages of recovery who experience a relapse and are at risk for both fatal and non-fatal overdoses. Harm reduction is a public health strategy aimed at reducing the negative consequences associated with substance use. Harm reduction incorporates a range of programs and policies that meet people who are actively using drugs "where they're at" and address conditions of use along with the use itself. Harm reduction strategies reflect individual and community needs, from safer use to managed use to abstinence. By meeting people where they are at, harm reduction strategies decrease the feelings of stigma and shame that that keep many people who are actively using drugs from seeking and engaging in treatment. Harm reduction actually increases access to OUD/SUD treatment by accepting people "for who they are, where they are at, and what they want".

Nationally and internationally, OUD/SUD treatment programs are incorporating harm reduction strategies, moving from abstinence-only models to those that accept that relapse is part of recovery and provide services to people even if they are actively using drugs. For example, Housing First programs do not require people who are homeless who have an OUD/SUD to be abstinent in order to placed or remain in housing. Instead, Housing First uses harm reduction strategies to address these individuals' immediate need—housing—and provides OUD/SUD treatment and recovery support services tailored to where individuals are at in their recovery process. Studies show that Housing First programs not only significantly decrease homelessness among people with OUD/SUD, Housing First also helps these individuals engage in treatment and reduce their substance use.

Harm reduction strategies have been shown to reduce the risk of contracting infectious diseases, such as HIV. People who inject drugs are at a high risk for HIV, HCV and Hepatitis A. There is a national public health effort to explore how we can better prevent these infectious diseases among people with OUD. By meeting people who are actively using drugs where they are at, and promoting safer use of opioids and other drugs, harm reduction strategies hold great promise for reducing both the risks of these infectious diseases and fatal overdoses.

Recommended Initiative: Evaluate and release a report on existing harm reduction programs and policies that encourage safer use of opioids and other substances and recommend new harm reduction strategies that should be included in the 2020 SOAP

- In August 2019, Governor Pritzker signed Senate Bill1828, Needle and Hypodermic Syringe Access Program Act, into law which legalizes syringe exchange programs statewide. According to the CDC, people that use syringe exchange programs—also known as syringe service programs or SSP—are more likely to enter treatment and less likely to be exposed to infectious disease like HIV, viral hepatitis and other bloodborne diseases.[34] All SSPs will be registered with IDPH.

- IDPH will host a statewide Harm Reduction Summit focused on reducing the negative consequences associated with drug use including associated infectious diseases. This event will provide individuals and organizations the opportunity to learn about the principles of harm reduction and evidenced-based strategies, hear from different harm reduction initiatives across the state, and provide recommendations on how harm reduction can be fully integrated into the 2020 SOAP.

- As a follow up to the statewide Harm Reduction Summit, IDHS/SUPR and IDPH will collaborate on a white paper that positions harm reduction within the context of Illinois. This paper will define harm reduction, present data on the evidence behind the interventions, provide guidance on national best practices, and give examples of programs in Illinois. The paper will be published on the single state website and disseminated throughout the state.

- IDPH, the Chicago Department of Public Health, and the Chicago Recovery Alliance are collaborating on a CDC-funded grant to pilot real time drug testing to determine quantitative composition of drug samples collected in the Chicago/Suburban Cook County area. Launched in fall 2018, this pilot aims to build a system of surveillance that identifies emerging or changing trends in local drug markets. The information gathered is being used to develop harm reduction strategies, including messaging, for people who use drugs in the Chicago metro area. Planning and staff training for mobile testing stations began in September 2018. Through September 30, 2019 a total of 92 drug samples have been tested.

- In addition to connecting people to treatment, it is critical to maintain a network of harm reduction services for people who use opioids, but who may not yet be ready to enter treatment. Through funding from the CDC, IDPH is working with six community-based harm reduction organizations chosen through the NOFO process to expand their client base and develop more comprehensive linkages to harm reduction services for individuals with OUD, encompassing prescription opioids, as well as illicit drugs such as heroin. Harm reduction services include naloxone training and distribution, needle and syringe services, peer support, HIV and HCV testing, and safer smoking.

- IDHS/SUPR will promote models that incorporate harm reduction strategies for SUD treatment and recovery support services, including expanded policies around the distribution of naloxone, inclusion of people on MAT, and training on models that focus on recovery instead of requiring abstinence. IDHS/SUPR is exploring opportunities for promotion as well as training, implementation projects and learning collaborative opportunities.

[34] https://www.cdc.gov/ssp/syringe-services-programs-faq.html

- The American Medical Association recently adopted a new policy to support legal access to and use of naloxone in all public spaces via naloxone rescue stations.[35] Naloxone rescue stations are wall-mounted, easily-accessible boxes or storage units placed in public spaces that allow anyone to administer naloxone and reverse an overdose. These bystander-friendly kits include four doses of naloxone, one rescue breathing mask and an information card on accessing OUD/SUD treatment. Statewide-implementation of public naloxone rescue stations would give access to this life-saving medication to anyone, anywhere.

Metrics

- Process for SSP registration established
- Statewide Harm Reduction Summit held
- Number of organizations participating in the Harm Reduction Summit
- Harm reduction white paper written and disseminated
- Number of drug samples tested for fentanyl
- Number of referrals to harm reduction services
- Number of people with OUD who receive harm reduction services
- Number of public naloxone rescue stations implemented

Recommendation: Collaborate with Law Enforcement Agencies to Identify Strategies to Curtail Illegal Drug Trafficking Activities

Illegal drug trafficking is a key contributor to the opioid crisis. Some drug dealers are mixing fentanyl with other drugs, such as heroin, cocaine, methamphetamine, and MDMA. This is because it takes very little to produce a high with fentanyl, making it a cheaper option. This is especially risky when people taking drugs don't realize they might contain fentanyl as a cheap but dangerous additive. They might be unknowingly taking stronger opioids than their bodies are used to, increasing their risk of overdose.[36]

Recommended Initiative: Collaborate with law enforcement agencies and compile recommendations for curtailing illegal drug trafficking activities that are increasing fatal and non-fatal overdose risks (i.e., fentanyl)

- A strong partnership with public safety and law enforcement is a critical component of the state's opioid response. This partnership has two aims: reducing drug overdose fatalities and curbing drug trafficking. By leveraging the interagency collaboration in the IDPH Cross-Sector Data Work Group, a small sub-group focused on law enforcement data sharing will be formed. Comprised of public health, treatment and law enforcement partners, this subgroup will collaborate on the development of recommendations to better understand and

[35] https://www.ama-assn.org/delivering-care/opioids/lifesaving-naloxone-should-be-available-almost-everywhere
[36] https://www.drugabuse.gov/publications/drugfacts/fentanyl

act on the supply side of the response by establishing mechanisms for improved information and data sharing.

Metrics

- Law enforcement data sub-group formed
- Recommendations compiled by law enforcement data sub-group

Recommendation: Increase Helpline Use by Adding User-Friendly Features and Targeted Outreach Efforts

The Helpline has seen an increase in the number of people seeking treatment who are actively using opioids and other drugs. Enhancing the Helpline to include user-friendly features such as online chat can increases it use—especially among young adults—and help connect them to services. Outreach efforts also are needed to increase Helpline use in communities disproportionately impacted by the opioid crisis. Increased treatment provider outreach is needed to encourage providers to use the Helpline to refer people to levels of treatment that they may not offer.

Recommended Initiative: Add age-appropriate platforms and appeals, and public communication tools to the Helpline to expand access to youth and young adults seeking OUD treatment and communities disproportionately impacted by the crisis

- The Helpline will be adding online chat and live texting in Fall 2019.
- IDHS/SUPR is exploring the potential use of a Helpline mobile app which would allow people to access the Helpline directly from their smartphones. Providers and other referrers (recovery coaches, law enforcement, community members) could use the app to access referral information more easily. Being able to engage someone who is ready to go to treatment immediately increases the likelihood that they will follow through with that referral. A mobile app would support increased outreach to communities disproportionately impacted by the crisis as well as allow the Helpline to push information through notifications to stay in touch with app users. IDHS/SUPR will explore Helpline mobile app development.

Metrics

- Online chat and live texting added to the Helpline
- Mobile app developed and launched

Recommended Initiative: Launch a public awareness campaign through social media and other channels that a) increases the use of the Helpline by individuals seeking treatment or information about treatment and b) increases the visibility of the Helpline across Illinois

- The Helpline is in the process of building a Helpline Champions program: volunteers who promote the Helpline in their own communities across the state. Hiring young adults who are active in the recovery community and hiring people who live in communities disproportionately impacted by the crisis are two strategies under consideration to increase Helpline use by these groups.

- Social media, texting, and other non-verbal forms of communication are included in the marketing plan for the Helpline. During the launch of the Helpline, business cards, posters, and a social media connected to the #EOM campaign were included in initial marketing. A Spanish-language version of the Helpline website was released in 2018. The goal of social media promotion will be to increase engagement with the Helpline by providing multiple marketing platforms to reach various audiences. Marketing outreach to promote the Helpline to various audiences has included bus and other transit promotional items, outdoor billboard advertising, and a social media strategy. The social media strategy has included Facebook ads in English and Spanish. Increased marketing efforts are planned to maintain the Helpline in front of the public—including redesigned billboards, social media video formats, TV ads in certain markets, and other placement ads.

- The Helpline is exploring targeted outreach efforts to providers. Many providers know that the Helpline exists, but they do not understand how to use it. Provider outreach efforts that explain Helpline features (i.e., how they can use the Helpline to refer people to initial treatment or different levels of care) can increase its use by both providers and people seeking treatment.

Metrics

- Helpline Champions program launched

- Young adults, people in recovery, and people living in communities disproportionately impacted by the crisis hired as Helpline Champions

- Helpline public awareness campaigns ongoing through social media and other platforms

- Outreach campaign to providers launched

Recommendation: Create a Comprehensive Single State Website

As described earlier in this report, several online resources have been developed across State agencies, but there is no website that serves as a single repository for this information. A comprehensive single state website that houses this information and is routinely updated is needed to ensure that the public has accurate, real-time access to online OUD prevention, treatment, and recovery resources.

Recommended Initiative: Create a comprehensive single state website that a) includes links to all state agencies' online OUD prevention, treatment and recovery resources and b) includes research-based information to increase the use of evidence-based levels of care for OUD

- IDHS/SUPR and IDPH will create a comprehensive single state website that will include links to other state agencies' online OUD prevention, treatment, and recovery resources. The single state website also will include links to research on evidence-based OUD care.

Metrics

- Comprehensive single state website created by IDHS/SUPR and IDPH
- Links to state agencies' online resources included in the website
- Links to research on evidence-based levels of care for OUD included in the website
- Links to vetted national websites that can provided expanded OUD information

Appendix: Opioid-Related Funding

In order to create a clearer picture of the work being done to combat the opioid crisis, the state has begun to track opioid-related funding from a variety of sources in Illinois. The table below is a preliminary list of the organizations statewide that have received opioid-related funding. The list will be updated regularly. To view the list go to: http://www.dhs.state.il.us/page.aspx?item=120811

Inventory of Projects Discussed in the Implementation Report

Grantee	Funder(s)	Initiative	Description	Funding Amount
BEST Inc. on behalf of NCI Works	Illinois Department of Commerce and Economic Opportunity (US Department of Labor)	Opioid-crisis Dislocated Worker Grant	Hires five people to aid families and individuals with OUD's in an eight-county area and helps 30 people to re-enter the workforce after going through treatment.	$681,146
Chestnut Health Systems, Inc.	NIH/NIDA	Justice Community Opioid Innovation Network (JCOIN)	"Improving Retention across the OUD Service Cascade upon Re-entry from Jail using Recovery Management Checkups" is conducted in collaboration with 6 county jails in Illinois and the MAT providers that currently provide pre- and post-release MAT to offenders with OUD. Participants will be screened pre-release for history of OUD and eligibility for MAT.	$1,846,711
Cook County Department of Public Health	SAMHSA	Comprehensive Addiction and Recovery Act Grant	Provides training to law enforcement and other community partners on opioid overdose, and support deflection programs.	$4,700,000
Cook County Health and Hospitals System	Department of Justice/ Bureau of Justice Assistance	BJA Grant	Supports data driven responses to emerging drug threats.	$600,000
IDPH	DOJ	Comprehensive Opioid Abuse Program (COAP)	Enhances statewide monitoring and surveillance of opioid overdoses, facilitate collaboration and data sharing between public health, criminal justice and the substance misuse communities.	$200,000
IDHS/SUPR	SAMHSA	Medication Assisted Treatment-Prescription Drug and Opioid	Expands and enhances expanded outpatient methadone treatment (OMT) services for persons with opioid use disorder (OUD).	$3,000,000

Grantee	Funder(s)	Initiative	Description	Funding Amount
IDHS/SUPR		Addiction (MAT-PDOA)		
	SAMHSA	Illinois Prescription Drug/Opioid Overdose (IPDO)	Expands the existing infrastructure responsible for assessing, planning, and implementing strategies to prevent overdose-related deaths in six high need counties by increasing the training, education and distribution of naloxone.	$5,000,000
	SAMHSA	Opioid State Targeted Response to the Opioid Crisis (STR)	Addresses the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery support services for persons with OUD.	$32,600,000
	SAMHSA	State Opioid Response (SOR)	Addresses the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of OUD, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.	$73,000,000
	CDC	CDC Opioid Crisis Cooperative Agreement	Supports the acceleration and enhancement of current and future opioid response activities.	$3,681,402
	CDC	Overdose Data to Action	Supports opioid response overdose prevention, surveillance, response and opioid use disorder prevention	$5,615,555
	SAMHSA	Rural IL Opioid Overdose Prevention Initiative - FR CARA	Increases capacity for overdose prevention efforts in an 18-county catchment area in southern Illinois.	$516,967
Multiple Organizations	Illinois Private Philanthropic Foundations	Forefront Foundation maintains a database of private foundation funds.	Information about these grants was derived from a search on the words “opioids” and “heroin" in Forefront’s database.	$68,061
North Central Illinois Opioid Consortium (NIOC)	HRSA	Rural Communities Opioid Response Program-	Supports prevention of and treatment for substance use disorders, including (OUD). Goal is to reduce morbidity and mortality associated with opioid overdoses in	$200,000

Grantee	Funder(s)	Initiative	Description	Funding Amount
		Planning (RCORP)	high risk communities by increasing MAT.	
Northwestern University	NIH/NIDA	HEALthy Brain and Child Development Study (HEAL)	Enhances outcomes for infants and children exposed to opioids by optimizing access, engagement and assessment to elucidate prenatal influences on neurodevelopment.	$264,449
Rush University Medical Center	NIH/NIDA	Enhancing the National Drug Abuse Treatment Clinical Trials Network to Address Opioids	Supports work on opioid misuse that focuses on health disparities, including socioeconomic, geographic, sexual orientation, and gender identity; leverages experience in professional education and practice-based learning to test the impact of professional education on opioid and substance use treatment.	Unknown
University of Chicago	NIH/NIDA	Justice Community Opioid Innovation Network (JCOIN)	"Reducing Opioid Mortality in Illinois (ROMI)" is a multi-site randomized trial that serves individuals with OUD exiting Illinois jails and prisons. Members of the ROMI treatment group will receive case management services that seek to engage and retain participants in MAT.	$1,897,643
	NIH/NIDA	Central Methods and Analytic Resource Center	Advances bi-directional data sharing, analytics and modeling capacities to provide new scientific insights into interventions at the intersection of opioid use and justice contexts that will ultimately lead to reductions in opioid overdose. Assists 11 Hubs around the country collecting data.	$17,249,630
University of Illinois at Urbana-Champaign	NIH/NIDA	HEALthy Brain and Child Development Study (HEAL)	Examines the long-term impact of prenatal drug exposure on long term childhood outcomes for infants and children exposed to opioids and other drugs.	$255,012

List of Abbreviations

#EOM: Ending Opioid Misuse in Illinois

AOIC: Administrative Office of the Illinois Courts

Advisory Council: Illinois Opioid Crisis Response Advisory Council

ASAM: American Society of Addiction Medicine

ASTHO: Association of State and Territorial Health Officials

CCHHS: Cook County Health and Hospital System

CCJ: Cook County Jail

CDC: Centers for Disease Control and Prevention

Chicago-HIDTA: Chicago High Intensity Drug Trafficking Area

CLE: Continuing Legal Education

COIP: Community Outreach Intervention Program

CS: Controlled Substance

DCFS: Illinois Department of Children and Family Services

DOPP: Drug Overdose Prevention Program

ECHO: Extension for Community Healthcare Outcomes

EHR: Electronic Health Record

EO: Executive Order

FR-CARA: First Responders – Comprehensive Addiction Recovery Act

FQHC: Federally Qualified Healthcare Center

Helpline: Illinois Helpline for Opioids and Other Substances

ICJIA: Illinois Criminal Justice Information Authority

IDFPR: Illinois Department of Financial and Professional Regulation

IDHS: Illinois Department of Human Services

IDHS/SUPR: Illinois Department of Human Services, Division of Substance Use Prevention and Recovery

IDOC: Illinois Department of Corrections

IDOI: Illinois Department of Insurance

IDPH: Illinois Department of Public Health

ILPQC MNO: Illinois Perinatal Quality Collaborative, Mothers and Newborns Affected by Opioids

ISP: Illinois State Police

IYS: Illinois Youth Survey

MAT: Medication Assisted Treatment

MED: Morphine Equivalent Dose

MME: Morphine Milligram Equivalent

NAS: Neonatal Abstinence Syndrome

NJOTF: National Judicial Opioid Task Force

OCR: Opioid Crisis Response

ODMAP: Overdose Detection Mapping Application Program

OMT: Outpatient Methadone Treatment

OTP: Opioid Treatment Program

OUD: Opioid Use Disorder(s)

PCP: Primary Care Physician

PDO: Prescription Drug/Opioid Overdose

PMP: Illinois Prescription Monitoring Program

RSS: Recovery Support Services

SAMHSA: Substance Abuse and Mental Health Services Administration

SBIRT: Screening, Brief Intervention, and Referral to Treatment

Sheridan: Sheridan Correction Center

SOAP: State of Illinois Opioid Action Plan

SOR: State Opioid Response

SSP: Syringe Service Programs

STR: State Targeted Response

SUD: Substance Use Disorder(s)

SWICC: Southwestern Illinois Correctional Center

TASC: Treatment Alternatives for Safe Communities

Task Force: Governor’s Opioid Prevention and Intervention Task Force