

Illinois Department of Human Services

Division of Substance Use Prevention and Recovery

Opioid Crisis Response Grants

August 2019 Update

The Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR) has been awarded over \$82 million across four federal grants to address the opioid crisis, from the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services (HHS). Each grant includes initiatives that align with the [Statewide Opioid Action Plan \(SOAP\)](#). More information about each of these grants is included at the end of this document.

Grant	Start Date	End Date	Years	Year 1 Award (In Millions)	Total Award (In Millions)
MAT-PDOA	September 2016	June 2020*	3.75	\$1	\$3
IPDO	September 2016	August 2021	5	\$1	\$5
Opioid-STR	May 2017	April 2020**	3	\$16.3	\$32.6
SOR	October 2018	September 2020	2	\$44.1***	\$73.1****

*Duration of MAT-PDOA Grant reflects a 9-month No-Cost Extension.

**Duration of Opioid-STR Grant reflects a 12-month No-Cost Extension.

Includes \$15.1 million in Year 1 supplemental funds. *If approved for a second year.

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 programs supported through these Opioid Crisis Response Grants are designed to address the range of serious opioid-related problems and issues that are being experienced among residents across Illinois. These programs primarily aim to address the opioid crisis by expanding the availability of medication assisted treatment (MAT), improving the quality of the MAT provided, reducing opioid overdose related deaths, and increasing public awareness of opioid-related problems and access to the resources that are available to address these problems. The range of public awareness, prevention, outreach, MAT, and recovery support programs that are supported by these grants include a focus on the problematic use of prescription opioids as well as the use of illicit opioids such as heroin.

Medication-assisted treatment (MAT) involves the use of an FDA-approved medication to treat opioid use disorder (OUD) in tandem with comprehensive treatment provided by an IDHS/SUPR-licensed treatment provider and recovery support services. These FDA-approved OUD medications are analogous to taking medications for diabetes or asthma – they help people manage their disorder so that they can maintain their recovery. Once stabilized, patients experience a reduction in the symptoms, such as compulsive thoughts and behaviors, that define a substance use disorder. FDA-

approved OUD medications include methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, buprenorphine implants, and injectable extended-release naltrexone.

More information about each of these four grants is included at the end of this document, but the most recent award includes nearly \$73.1 million for two years to expand or extend ongoing SAMHSA-approved initiatives and programs. In addition, IDHS/SUPR is posting new opportunities for competitive bid through the Notice of Funding Opportunity (NOFO) process included in Illinois' implementation of the Government Accountability and Transparency Act (GATA) requirements. Further information about these projects will become available as new NOFOs are released on SUPR's NOFO page at <http://www.dhs.state.il.us/page.aspx?item=114615>.

August 2019 Update and Summary

Provided below are brief summaries of the services and activities that are supported by these federal awards, how these grant-supported programs will be enhanced and expanded during the coming months and plans for new projects to be initiated.

I. Ongoing Programs/Initiatives

As of August 26, 2019, **16,537** persons with opioid use disorder (OUD) had been served through the outreach, treatment, and recovery support services supported through these Opioid Crisis Response (OCR) Grants. Population-based activities, such as public awareness campaigns, the Helpline, and Naloxone distribution, are not included in this number but are summarized below.

Expanded Outpatient Methadone Treatment (OMT) Services. OMT services require certification by multiple federal agencies as an Opioid Treatment Program (OTP) and licensure by IDHS/SUPR. OMT services are regularly funded by a combination of Medicaid, Federal Substance Abuse Block Grant and state funds. OCR Grants have allowed IDHS/SUPR to expand OMT services among community-based OTPs OMT services, admitting **3,161** clients through August 26, 2019. Through August 8, 2019, **222** persons were admitted to expanded OMT services through the MAT-PDOA grant to IDHS/SUPR. One hundred and sixty-seven (167) of these clients have completed six-month post-admission follow-up interviews, with 94% of these clients reporting a reduction in days of heroin use and an 89% increase in heroin abstinence as compared to the 30 days prior to their admission to treatment.

Access to Medication Assisted Treatment (A-MAT) Networks. Over 90% of Illinois citizens live in a county with at least one form of MAT available. However, there are 45 Illinois counties that are considered “MAT deserts”, with no MAT providers located within their geographic boundaries. One of IDHS/SUPR’s approaches to increase access to MAT is via the AMAT Project. The AMAT Project utilizes a “Hub and Spoke” model, the goal of which is to have a substantial population center surrounded by “MAT desert” areas. Illinois has implemented five AMAT Networks, two that were implemented in November 2018 (one in central Illinois and the other in the southern area of the state) and an additional three that began client admissions in May 2019. All five networks were identified via the NOFO process. Through August 26, 2019, **171** clients have been admitted to MAT through these service networks. More information about this project is posted at <http://www.dhs.state.il.us/page.aspx?item=115412> .

Residential Stabilization Centers for Patients with Opioid Use Disorder. These resources are 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 the early stage of their recovery process. Residential/inpatient care is expensive and unnecessarily restrictive for many persons with MAT, but many individuals still need safe, stable, temporary housing and supports like clothing, meals, and access to mental health services and primary health care. Through the NOFO process three (3) providers were identified and will begin services in September 2019.

Recovery Homes. Recovery Homes are alcohol and drug free homes whose rules, peer-led groups, staff activities and/or other structured operations are directed toward maintenance of sobriety. OCR Grants have allowed IDHS/SUPR to expand Recovery Home services for persons with Opioid Use Disorder (OUD) who have unstable living arrangements and are active in some form of Medication Assisted Treatment (MAT). Three (3) recovery home organizations were identified to provide expanded services for persons with OUD through a NOFO issued in May 2017. An additional four (4) recovery home organizations were identified to provide expanded services through a NOFO issued in August 2018. As of August 26, 2019, **264** clients have been admitted to these services. Through a third NOFO process four (4) more OCR Grant-supported awards were made. These additional recovery home expansion services will begin in September 2019.

Correctional Facility-Based MAT Services. Injectable naltrexone is the FDA-approved form of medication assistance for OUD that is most often preferred by correctional facility administrators due to its absence of risk of diversion. Federal OCR Grant funds support six (6) organizations providing injectable Naltrexone services for persons with OUD in county jails and at the Sheridan Correctional Center, one of Illinois' prisons. These services consist of screening, assessment, initial injections, and post-release treatment referrals while incarcerated. Services have been implemented at 18 county jails, with services in the planning stage at several additional jails. Through August 26, 2019, **859** persons have been served. Of these 859 released offenders, **94.6% (813)** were admitted by the community-based treatment providers to which they were referred. Through August 8, 2019, **47** males were identified and engaged while at Sheridan Correctional Center and 44 have been involved in the project long enough for a six-month post-admission follow up interview. Of the 44 males interviewed, 94% reported reduction in days of heroin use, 67% increase in heroin abstinence, and 91% reported reduction in the number of crimes reported at follow-up as compared to the 30 days prior to their incarceration.

Co-Located Hospital Warm Hand-off Services. Patients who arrive at a hospital emergency department (ED) after an overdose reversal are at a high risk of subsequent overdose. Likewise, patients in other hospital departments may have undiagnosed OUD. Hospitals don't typically screen for substance use disorders routinely and patients with OUD are not often discharged with a referral to address their opioid use. Hospital Warm Hand-off Services involve robust, evidence-based screening and referral to treatment. Peer recovery support specialists "warm up" the referral to MAT services by going beyond providing a written referral or scheduling an appointment. It involves establishing a collaborative relationship with the patient, providing practical, personalized support for entering and adhering to treatment, and, in coordination with treatment providers, delivering ongoing recovery support services based upon patient needs. Five (5) organizations were contracted to provide OCR Grant-supported co-located screening and warm hand-off services for persons with OUD in Illinois hospitals. Services have thus far been initiated at 15 hospitals and multiple Cook County Health and Hospitals System (CCHHS) locations, with **4,080** patients having been served through August 26, 2019. Of these 4,080 patients, **73.2% (2,988)** were admitted by the community-based treatment providers to which they were referred following discharge.

Hospital Screening and Warm Handoff Services. This is an expansion of the Co-Located Hospital Warm Hand-off Services, whereby hospitals provide grant-supported services directly rather than through sub-agreements with external organizations. These services build upon the co-located hospital warm hand-off OCR Grant awards in that services will be available throughout the hospital, and at more extended periods of time. Service delivery is consistent with the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model that has been the focus of multiple SAMHSA-funded cooperative agreements and discretionary grants. Eight (8) hospitals were identified through a NOFO process and **202** patients have screened positive for OUD through August 26, 2019 and referred to treatment post-discharge.

Other CCHHS Opioid Response-Supported Programs. In addition to hospital-based warm hand-off and county jail-based injectable naltrexone services, CCHHS receives Illinois OCR funds in support of three additional programs that target persons with OUD who are identified at their various locations. These programs and the number of persons with OUD who were enrolled are: Recovery Support and Linkage Services for Homeless Persons with OUD – **99**; Recovery Support and Linkage Services for Women with OUD – **106**; West-side Triage Center Screening and Linkage Services for Persons with OUD – **142**.

Rush University Hospital Multi-Disciplinary Programs. IDHS/SUPR Opioid-STR funds support multiple programs within Rush University Hospital, which is located on the west side of Chicago. Through the end of July 2019, Rush provided Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to 18,278 patients, of whom **3,559** screened positive for any SUD, with **1,346** of these patients screening positive for OUD. Buprenorphine services were initiated for **326** patients, and **400** were referred to external SUD providers.

Community-based Outreach/Linkage/Referral Services. Specialized and specific community-based outreach, referral, and linkage services are available for persons with OUD in high-need areas. As a means of identifying individuals who are currently using heroin or other illicit opioids, peer outreach workers canvass multiple locations that are frequented by high-risk individuals, such as parks, street corners, public transportation stations, mini-marts, and liquor stores. Through the end of July 2019: 6,423 persons were provided outreach services; **3,648** of these persons screened positive for opioid and other illegal substance use and expressed an interest in treatment; **2,160** of these completed a meeting with a linkage manager; and **1,807** presented for the treatment intake.

Service Enhancement for Pregnant and Postpartum Women with OUD. Enhanced services are being made available to pregnant and postpartum women with OUD by staff who are certified in the following evidenced-based practices: Community Reinforcement and Family Training (CRAFT), Motivational Interviewing, Seeking Safety, Real Life Parenting, Individual Placement and Support (IPS) Employment. The staffing pattern for the supported enhancement will include Doula Certified Recovery Coaches. A Doula Certified Recovery Coach is a person in active recovery who obtains dual certification as both a birth and a postpartum doula to assist the recovering mother through all phases of obstetrics and recovery from her addiction. Services have thus far been initiated at two (2) of the five (5) providers, which were selected through the NOFO process. As of August 26, 2019, **24** women have been admitted to these enhanced services. The additional two (2) providers will begin services in September 2019. More information about this project is posted at <http://www.dhs.state.il.us/page.aspx?item=117624> .

Opioid Use Disorder (OUD) MAT in Federally Qualified Health Centers (FQHC). The intent of this initiative is to increase the number of persons who are receiving MAT at FQHC's in Illinois. FQHC's can bill Medicaid for the medications and supportive services that make up MAT, so this grant will support services for patients that are not Medicaid-eligible, or services that are not Medicaid-billable. Such

services include case management and recovery support services. Through the NOFO process five (5) providers were identified and services will begin in September 2019.

Digital Toolkit Recovery Support Services. In order to retain patients in MAT and offer additional supports, Illinois Recovery Community Organizations (RCOs) and SUPR-licensed providers have been awarded funds and technical assistance to develop digital recovery support toolkits including secure messaging, web resources, and recovery support mobile applications (apps), for persons with OUD who are active in some form of MAT. Through the NOFO process five (5) providers were identified and began services in September 2019.

Technical Assistance for MAT Providers. Rush University Medical Center has developed a comprehensive weekend program for training and supporting medical staff to prescribe and treat individuals with the medication buprenorphine. Patients with OUD can be medically complex and sometimes medical staff are hesitant to treat these patients. The purpose of the program is to provide technical assistance to office-based buprenorphine prescribers in Illinois, especially within counties with limited or no current access to MAT. Physicians who have successfully begun prescribing buprenorphine share their challenges, successes and words of wisdom to assist their colleagues in breaking down the challenges to providing MAT. Rush recruited a cohort of **21** prescribers who participated in an immersion weekend that was held on the Rush campus on November 17-18, 2018. An immersion weekend for a second cohort of **19** prescribers was held on March 23-24, 2019, and an immersion weekend for a third cohort of **19** prescribers was held on July 27-28, 2019. A total of **59** prescribers have participated in these services to-date. Ongoing technical assistance, including coaching and additional training, is being provided to these cohorts.

Illinois Opioid Crisis Helpline. Opioid Crisis Response Grant funds are being used to support a statewide 24-hour, 7-day/week, 365 day/year helpline for persons with OUD-related issues. The Helpline was launched on December 5, 2017 and has received **15,473** calls as of August 26, 2019. The Helpline's website was launched in March 2018 and has received **36,608** visits by **28,651** unique individuals as of August 26, 2019. Federal funding is being used to support expanded outreach services to increase the reach of the helpline and the companion website. These outreach services include bus and other transit promotional items, outdoor billboard advertising, and a social media strategy. Accomplishments of a social media strategy that began on February 12 and ended on May 11, 2019 include: 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.

Expanded Naloxone Purchase/Training/Distribution Services. Naloxone is a medication that reverses an overdose by blocking opioids, including prescription opioids, synthetics like fentanyl, and heroin. Federal funds are used for naloxone purchase, training, and distribution to traditional first responders like law enforcement officers and fire departments as well as *non-traditional* first responders like bystanders, friends, family members of heroin or other opioid dependent persons, and others. As of July 31, 2019, there have been **49,564** first responders trained, and over **47,953** Naloxone kits had been distributed in these counties, and **3,126** overdose reversals have been reported through June 31, 2019.

Improved Medical Provider EHR Opioid-Prescriber Reporting. The Illinois Prescription Monitoring Program (PMP) receives Controlled Substance prescription data from retail pharmacies which enables prescribers and dispensers to view the historical data for current and prospective patients. Prescribers

are required to review the PMP when considering opioids for individual patients, but this manual process is burdensome for medical practitioners in a busy practice. IDHS/SUPR is supporting a portion of the PMP's [PMPnow](#) campaign, an effort to support improved opioid prescriber reporting in commonly used Electronic Health Record (EHR) systems among Illinois medical provider systems. These “automated connections” make it more convenient for prescribers to check the PMP through their EHR, rather than logging into an external system. Senate Bill 722 (SB722), which took effect on January 1, 2018, mandates that all prescribers possessing an Illinois Control Substance license must register with the PMP. The PMP attributes the new law, along with the increase in automated connections, to a massive influx of PMP registrations. As of July 31, 2019, there were **231** PMP/EHR connectivity implementations (PMPnow), **70,507** registered PMP users. During June 2019, there were **555** new users and **5,387,371** searches conducted through PMP connections. This translates to an increase in prescribers and dispensers (pharmacies) checking the PMP before prescribing opioids.

ODU Public Awareness Activities. Public awareness approaches are underway to deliver messaging and education to various audiences regarding the impacts of the opioid crisis in Illinois and the availability of programs and activities that have been developed in response. The two implemented [campaigns](#), *#EOM* and *Guard and Discard*, have multiple messages that are rotated over a 5-month period. *#EOM*, *Ending Opioid Misuse in Illinois*, targets individuals who are misusing opioids as well as their friends, families, and communities, using non-stigmatizing messaging in both English and Spanish. As of July 31, 2019, over **75,165** 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 **125.8** million views. Displays through gas stations and convenience stores statewide have an estimated **203.1** million views by members of the public. The *Guard and Discard* is a statewide campaign that focuses on raising public awareness of the importance of safe use, storage, and disposal of prescription pain medications. As of July 31, 2019, over **211,750** *Guard and Discard* posters and **807,180** postcards in both English and Spanish, **492,000** stickers, and **45,500** magnets are being displayed or circulated. In May 2019, IDHS/SUPR added an important component to the overall statewide public awareness campaign by launching the *A Dose of Truth* campaign. The *A Dose of Truth* campaign is focused on creating a baseline of knowledge in the general population about what are opioids. Many people understand that heroin is an opioid and the dangers related to it but are not aware of the breath of medications that are opioids, which they may have in their own medicine cabinets. For the *Dose of Truth* campaign, in 3 months Facebook posts reached an estimated **14,677,916** individuals, engaged (likes, comments and shares and more) **359,829** individuals, and had **1,953,769** video views (video played for at least 3 seconds and excludes replaying the video during a single instance). In June 2019, IDHS/SUPR has added another public awareness campaign, *Naloxone Now*, building on the *#EOM* campaign. The *Naloxone Now* campaign will address issues of stigma and acceptance of this life-saving medication within the general population, equating it to other life-saving medications and devices. As of July 31, 2019, for messaging that included interior rail and bus cards displayed on Chicago’s trains and buses, an estimated **543.2** million impressions were expected. 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.

Student Athlete OUD Primary Prevention Services. 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

who 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 targeted schools and athletes attending those schools. As of July 31, 2019: The Rx Playbook has been shared in **19** counties, statewide, and national events and conferences, reaching **620** school staff, parents, and/or community members; comprehensive opioid education and awareness materials have been distributed to more than **67** prevention providers and grantees; social media responses include a total of **5,166** reaches on Twitter, **352** impressions on Instagram, and **503** reaches on Facebook; the project website has received over **16,245** page views with **2,393** visits to the Rx Playbook pages and has a membership of **132** individuals.

Expansion of OUD Primary Prevention Services. IDHS/SUPR awarded OCR grant funds to a cadre of primary prevention providers, who are already networked with Illinois schools, to 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 turn down invitations to misuse substances and positive alternatives to cope with the demands of life. As of June 30, 2019, more than **16,900** youth have received this evidenced-based opioid focused education across Illinois across **68** prevention provider organization sites. Additional youth will be served when the school year starts in September 2019.

Upcoming Programs/Initiatives

Illinois OCR Grant funding opportunities have been and will be made available for competitive bid at: <http://www.dhs.state.il.us/page.aspx?item=114615> (FY20 Opportunities).

SUPR's Oxford House Independent Living Initiative. This initiative supports community-based organizations that manage a two-year loan, a start-up stipend, recovery support services and tenancy support for new Oxford Houses. Oxford Houses are democratically run, self-supporting and drug free homes. Incoming grant funds will be used to expand this initiative for one or two community-based organizations to set up Oxford Houses that accept people who are active in some form of MAT. A NOFO process opened on August 21, 2019 that make two (2) awards totaling \$900,000 that are available for competitive bid at <http://www.dhs.state.il.us/page.aspx?item=114615>.

Summary of Funding Sources

Provided below is a brief overview of the funding sources, collectively referenced as the Opioid Crisis Response Grants and summarized above. Each of these grants were awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Targeted Capacity Expansion –Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA). Illinois received the MAT-PDOA (TI-026758) in September 2016. This is a three-year discretionary grant funded at \$1,000,000/year. This award supports an expansion and enhancement of expanded outpatient methadone treatment (OMT) services for persons with opioid use disorder (OUD) who are residents of City of Chicago community areas; expanded jail-based MAT services for primary opioid offenders who are released from incarceration in the Sheridan Correctional Center and are returning to Chicago community areas; and expanded (OMT) services for persons with opioid use disorders (OUD) who are residents of Sangamon County in central Illinois. A request was approved for a

nine month no-cost extension of this grant through June 30, 2020. The total amount of funding for this grant is \$3 million.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (IPDO). Illinois received IPDO (SP022140) in 2016. It is a five-year discretionary grant funded at \$1 million/year. The goals of the project are to 1) expand the existing infrastructure responsible for assessing, planning, and implementing strategies to prevent overdose-related deaths; 2) reduce the numbers of overdose-related deaths in six high need counties; 3) increase the availability of Naloxone to first responders; and 4) measure the short and long-term outcomes of the program. The total award is \$5 million and the grant period is September 2016 - August 2021.

Opioid State Targeted Response to the Opioid Crisis Grant (Opioid-STR). Illinois received \$16.3 million in grant funding (TI080231) for each of two years, in 21st Century Cures Act-authorized funding under the State Targeted Response to the Opioid Crisis Grant (Opioid-STR) program. This award supports a coordinated state effort to address 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 opioid use disorder (OUD). The grant period spans from May 2017 – April 2019 and the award totals \$32.6 million. SAMHSA has approved of a 12-month no-cost extension of the Illinois Opioid-STR grant through April 2020.

Opioid-STR supports new treatment and recovery services, including the establishment of the Illinois Helpline for Opioids and Other Substances and expanded medication-assisted treatment (MAT) for individuals with opioid use disorder. The funding also supports opioid-related enhancements to the Illinois Prescription Monitoring Program (PMP), the launch of a statewide opioid awareness campaign, new pilot programs to provide medications to treat opioid use disorder, and pre-release and post-release services for individuals who are incarcerated in county jails. In addition, this award supports an expansion of the naloxone purchase, training and distribution services initiated with the IPDO grant.

State Opioid Response (SOR) Grant. Illinois initially received \$29.0 million in grant funding for two years (TI081699) through a SAMHSA State Opioid Response (SOR) Grant. SOR Year 1 funds were increased through a supplemental award of \$15.1 million. This grant program's stated aim is "to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs)." The service initiatives included in the Illinois SOR project plan are designed to expand upon the services supported through the Opioid-STR grant, but also include new initiatives. The grant period spans from October 2018 – September 2020, contingent on an approved second year of funding, and funds total \$73.1 million.

These funds support the expansion of treatment and recovery support interventions across the state, medication-assisted treatment services for individuals with opioid use disorders who are incarcerated in county jails, and resources for hospitals to help link patients experiencing opioid overdoses to treatment programs in their communities. Housing for persons in recovery from opioid use disorder and supportive services for patients at federally qualified healthcare centers (FQHCs) are also supported as part of the grant. The award also strengthens and enhances the Illinois Prescription Monitoring Program (PMP), to continue the state's efforts to prevent the misuse of prescription opioids. In addition, this grant continues support of the availability of naloxone.