

Illinois Opioid Crisis Response Advisory Council
Committee Preliminary Recommendations for Action Plan Strategies

October 16, 2017

Strategy #1: Increase PMP use by providers

Preliminary recommendations developed by the Prescribing Practices Committee include:

- 1) Give delegates and non-traditional prescribers (nurses, physician assistants, certified nurse practitioners, medical examiners/coroners) access to the PMP.
- 2) Ideally, have full integration of PMP into electronic medical records, recognizing that it is difficult to mandate integration as not all systems are completely electronic.

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

Preliminary recommendations developed by the Prescribing Practices Committee include:

- 1) Identify the highest prescribers in the state (e.g., top 5%) and evaluate their practice (potentially excluding certain specialists such as pain management, oncology and addiction medicine).
- 2) Provide targeted outreach and education to high prescribers.
- 3) Require training on opioid prescribing as part of controlled substance (CS) licensing; also require that prescribers be registered with the PMP as part of CS licensing.

Strategy #3: Increase accessibility of information and resources

Preliminary recommendations developed by the Public Awareness & Education Committee include:

- 1) To ensure that information about and resources for opioid addiction reaches a range of audiences, a dedicated website that is easy to access and specific to Illinois is necessary.
- 2) Tailor the messages about opioids to different audiences.
- 3) Target the location/delivery of messages about opioids to different audiences.
- 4) Develop messaging for professionals (law enforcement, educators, clergy, etc.) who interact with people with OUD on a regular basis in non-clinical/treatment settings.

Strategy #4: Increase the impact of prevention programming in communities and schools

The committee chairs noted that DASA has dedicated programming focusing on prevention. They agreed that responsibility for developing recommendations regarding specific activities to implement this strategy should come from this DASA office, with input from the committees.

Strategy #5: Strengthen data collection, analysis and sharing to better identify opportunities for intervention.

The committee chairs agreed that responsibility for this strategy largely falls on state agencies, particularly IDPH and DASA, to help determine what and how data can be shared and analyzed. A separate committee is not needed; instead, chairs can work with state agencies to discuss data collection, analysis and sharing needs/requests.

Strategy #6: Increase access to care for individuals with OUD

Preliminary recommendations developed by the MAT Committee include:

- 1) Explore the efficacy of the Vermont Hub and Spoke model and how it can be effectively implemented statewide in Illinois.
- 2) Provide targeted training and technical assistance to: 1) encourage providers to become MAT prescribers and 2) support current prescribers.

Strategy #7: Increase the capacity of deflection and diversion programs statewide

Preliminary recommendations developed by the Criminal Justice Populations Committee include:

- 1) Implement funding for deflection and diversion programs to local law enforcement agencies.
- 2) Promote the five pre-arrest diversion frameworks' pathways to treatment, focusing on Naloxone Plus (engagement with treatment as part of overdose response with naloxone), and including diversion at the court level. Examples of pathways to treatment include: Safe Passage programs, Lake County's A Way Out program, and the Westside Narcotics Diversion and Treatment Initiative.
- 3) Cover prevention and intervention services pre-assessment, at the point of law enforcement or ER contact, removing Medicaid/insurance pre-authorization requirements or enacting presumptive medical necessity at the point of overdose reversal. Implement funding for the critical bridge services (linkage/case management, initial MAT, housing, etc.) people need immediately after they experience an opioid overdose to stay safe, stable—and alive—while they wait to enter formal OUD treatment.
- 4) Require training for all criminal justice system personnel (judges, prosecutors, defense attorneys, law enforcement, etc.) that people with OUD should be diverted to evidence-based treatment programs, including but not limited to MAT.

Strategy #8: Increase the number of first responders and community members who have access to and are trained to administer naloxone

Committee chairs agreed that this is a cross-committee strategy that will require input from all the committees, as well as several state agencies, on how to educate people about naloxone and how to administer it.

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

Preliminary recommendations developed by the Criminal Justice Populations Committee include:

- 1) Expand naloxone training and distribution.
- 2) Expand treatment for opioid addictions within correctional facilities.
- 3) Ensure linkage/case management, timely access to treatment, including MAT, and other resources to support treatment, are available to individuals leaving jails and prisons.
- 4) Increase opioid addiction screening within correctional facilities at both entry and release.
- 5) Eliminate the legal "loopholes" in the Good Samaritan Law that may deter individuals from calling 911.

Children & Families Committee Preliminary Recommendations

While there are no strategies that specifically address children and families, the science is clear: investing more in supporting and protecting young children is the best and most cost-effective

strategy to address our greatest societal challenges, including Illinois' opioid epidemic. With that in mind, this committee is reviewing and developing recommendations for Action Plan strategies specific to the needs of children and families. This includes developing recommendations that address the needs of children and adolescents whose parents have OUD or have experienced a fatal opioid overdose; adolescents who have OUD and need age-appropriate treatment; NAS screening for pregnant and post-partum women; and the needs of families who are raising children whose parents have an OUD, died from an opioid overdose, or are imprisoned.

Note: All committee meeting minutes are posted on the Illinois Opioid Crisis Response Advisory Council's website: <http://www.dhs.state.il.us/page.aspx?item=97186>