

Illinois Department of Human Services Division of Substance Use Prevention and Recovery Opioid Crisis Response Grants March 2019 Update

The Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR) is receiving funds across four federal grants to address the opioid crisis, awarded by 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	August 2019	3	\$1	\$3
IPDO	September 2016	August 2021	5	\$1	\$5
Opioid-STR	May 2017	April 2019	2	\$16.3	\$32.6
SOR	October 2018	September 2020	2	\$44.1*	\$73.1**

*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, new opportunities are being posted 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=101591>.

March 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 March 22, 2019, **12,977** 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 to increase access to OMT among 12 community-based OTPs expanded OMT services, admitting **2,985** clients through March 21, 2019. Through March 5, 2019, **179** persons were admitted to expanded OMT services through the MAT-PDOA grant to IDHS/SUPR. One hundred and forty-seven (147) 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 88% 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” in that there are no MAT providers located within their geographic boundaries. One of IDHS/SUPR’s approaches to increase access to MAT is via the Hub and Spoke model. The focus of the Hub and Spoke model is to have a substantial population center surrounded by “MAT desert” areas. Through a Notice of Funding Opportunity (NOFO) process, Illinois currently has two Hub and Spoke Programs, one in central Illinois and the other in the southern area of the state. These programs initiated services in November 2018 and through March 22, 2019, **52** clients have been admitted. An additional three Hub and Spoke programs were awarded Illinois OCR Grant funding through a second NOFO that closed in mid-October. These new Hub and Spoke programs are projected to begin client admissions in April 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 March 21, 2019, **131** clients have been admitted to these services.

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 10 county jails, with services in the planning stage at four additional jails. Through March 21, 2019, **665** persons have been served. Of these 665 released offenders, **93.5% (622)** were admitted by the community-based treatment providers to which they were referred. Through March 5, 2019, 45 males were identified and engaged while at Sheridan Correctional Center and 36 have been involved in the project long enough for a six-month post-admission follow up interview. Of the 36 males interviewed, 94% reported reduction in days of heroin use, 67% increase in heroin abstinence, and 93% reported reduction in the number of crimes reported at follow-up as compared to the 30 days prior to their incarceration.

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 currently provide OCR Grant-supported screening and warm hand-off services for persons with OUD in Illinois hospitals. Services have thus far been initiated at 12 hospitals and multiple Cook County Health and Hospitals System (CCHHS) locations, with **2,998** patients having been served to-date. Of these 2,998 patients, **72.7% (2,181)** were admitted by the community-based treatment providers to which they were referred following 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 through March 22, 2019 are: Recovery Support and Linkage Services for Homeless Persons with OUD – **75**; Recovery Support and Linkage Services for Women with OUD – **98**; West-side Triage Center Screening and Linkage Services for Persons with OUD – **119**.

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 February 2019, Rush provided Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to 14,833 patients, of whom **2,535** screened positive for any SUD, with **904** of these patients screening positive for OUD. Buprenorphine services were initiated for **237** patients, and **305** 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. Through the end of February 2019: 5,661 persons were provided outreach services; **3,140** of these persons screened positive for opioid and other illegal substance use and expressed an interest in treatment; **1,873** of these completed a meeting with a linkage manager; and **1,553** presented for the treatment intake.

Technical Assistance for MAT Providers. Rush University Medical Center recruited a cohort of 20 prescribers who participated in an immersion weekend that was held on the Rush campus on November 17-18, 2018. The purpose of these services is to increase the number of active office-based buprenorphine prescribers in Illinois, especially within counties with limited or current access to MAT. Ongoing technical assistance, including coaching and additional training, will be provided this cohort over the following months. The interest in these services necessitated a waiting list of future participants. Rush will support a second cohort beginning in the spring of 2019.

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 **11,610** calls as of March 25, 2019. The Helpline's website was launched in March 2018 and has received **21,583** visits by **16,226** unique individuals as of March 25, 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.

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 February 28, 2019, there have been **38,293** first responders trained. As of February 28, 2019, over **37,438** Naloxone kits had been distributed in these counties, and **2,093** overdose reversals have been reported through February 28, 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 February 28, 2019, there were **94** PMP/EHR connectivity implementations (PMPnow), **69,122** registered PMP users. During February 2019, there were **243** new users and **4,393,163** 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 February 28, 2019, over **74,565** English and **27,105** 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 **53.9** million views. Displays through gas stations and convenience stores statewide have an estimated **112.9** 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 February 28, 2019, over **205,375** Guard and Discard posters and **792,180** postcards in both English and Spanish, **490,500** stickers, and **45,500** magnets are being displayed or circulated.

Expansion of OUD Primary Prevention Services. IDHS/SUPR supports a cadre of primary prevention providers who are already networked with Illinois schools and will use OCR Grant funds to implement My Generation Rx, an evidenced-based Youth Prevention Education program. My Generation Rx, the teen 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.

Upcoming Programs/Initiatives

The following new opportunities have been or are being posted for competitive bid at <http://www.dhs.state.il.us/page.aspx?item=101591>. Release dates are estimated.

Project	Available Amount	Number of Anticipated Awards	Estimated NOFO Release Date
Digital Recovery Support Toolkit - SOR Grant	\$ 1,000,000	5-8	3/4/2019 Closes 4/2/2019
Residential Stabilization Centers for Patients with Opioid Use Disorder	\$1,000,000	4	2/15/2019 Closes 3/29/2019
Oxford House Independent Living Initiative	\$ 900,000	2	4/30/2019
Recovery Home Expansion	\$1,000,000	2-5	4/30/2019

Service Enhancement for Pregnant and Postpartum Women with OUD. Enhanced services will be 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. Three (3) provider organizations were identified through a NOFO process and services will begin in April 2019.

Hospital Screening and Warm Handoff Services. This is an expansion of the Hospital Warm Hand-off Services through a NOFO that was released in early October, with applications due on December 3, 2018. Eligible applicants are hospitals that will provide grant-supported services directly rather than through sub-agreements with external organizations. Service delivery will be 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 services will begin in April 2019.

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. This NOFO, which will support up to 10 SUPR-licensed FQHC's, was released on December 21, 2018. Applications were due on February 28, 2019. Seven (7) applications were received and they are currently under review.

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. This NOFO was released on February 15, 2019, and applications are due by 12:00 pm on March 29, 2019. It is anticipated that three (3) to four (4) SUPR-licensed providers will be selected to provide these services.

Digital Toolkit. In order to retain patients in MAT and offer additional supports, Illinois Recovery Community Organizations (RCOs) and SUPR-licensed providers are eligible for funds and technical assistance to develop digital toolkits and implement the use of recovery support mobile applications, or "apps", for persons with OUD who are active in some form of MAT. This NOFO was released March 4, 2019 and applications are due by 12:00 pm on April 2, 2019. We anticipate awarding five (5) to eight (8) providers with this funding.

Expanded Recovery Home Services. Stable and supportive housing is one of the primary challenges for many persons in recovery from OUD. As mentioned above, Recovery Home services are an ongoing initiative supported by Opioid Crisis Response Grants. New funds will be used to support an expansion of SUPR-licensed Recovery Home Services for persons with OUD. This NOFO will be released in April 2019.

SUPR's Oxford House Independent Living Initiative. This initiative will support community-based organizations that manage a two-year loan, a start-up stipend, recovery support services and tenancy support for Oxford House members. 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 specifically for people who are active on MAT. These funds will be available via a competitive NOFO to be released in April 2019.

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. It is a three-year discretionary grant funded up to \$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. The grant period for the award is September 2016 - August 2019 and the award totals \$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.

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 a widespread expansion of the naloxone purchase, training and distribution services initiated with the IPDO grant.

State Opioid Response (SOR) Grant. Illinois received \$29 million in grant funding each year for two years (TI081699) through a SAMHSA State Opioid Response (SOR) Grant. The Year 1 award was increased to 44.1 million with a supplemental that was awarded mid-year. 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 will 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) will also be supported as part of the grant. The award will also strengthen and enhance the Illinois Prescription Monitoring Program (PMP), to continue the state's efforts to prevent the misuse of prescription opioids. In addition, this grant will continue to support the availability of naloxone.