The Opioid Crisis in Illinois

Data and the State’s Response
The Opioid Crisis in Illinois: Data and the State’s Response

Statewide Drug Overdose Trends

Nature of the Opioid Use Disorder Problem – The opioid crisis has manifested itself in the form of multiple public health problems. An analysis of the nature and extent of these problems provides evidence of the seriousness of the opioid crisis in Illinois, the widespread prevalence of these problems across our state, and the existence of populations and local areas with the most critical gaps in services.

Opioid Overdose Deaths – Perhaps none of these problems has heightened the awareness of the general public to the same degree as the recent dramatic increase in opioid overdose deaths. Drug overdose deaths in this country nearly tripled from 1999 to 2014. Among the 47,055 drug overdose deaths that occurred in the U.S. in 2014, 28,647 (60.9 percent) involved an opioid1. Like many states, Illinois has recently experienced a notable increase in drug overdose deaths that can primarily be attributed to an increase in opioid overdose deaths. Provisional death records data obtained from the Illinois Department of Public Health (IDPH) show 2,278 drug-related overdose deaths during 2016. This represents a 44.3 percent increase over the 1,579 drug-related overdose deaths that were reported by IDPH for 2013.

Of the 2,278 Illinois statewide drug overdose deaths during 2016, over 80 percent (1,826) were opioid-related fatalities.

The 1,826 opioid-related overdose deaths represents an over 70 percent increase in the number of such deaths that were reported in 2013, and a 32.1 percent increase over the 1,382 opioid-related overdose that were reported by IDPH for 2015. The number of Emergency Medical Service (EMS) runs that required two Naloxone administrations increased by over 50 percent from 2013-2015, and the number of runs that require three administrations increased by over 75 percent over this time period. This increase can be attributed to the presence of fentanyl and other synthetic opioids in the substances being used.

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increase over the 1,579 drug-related overdose deaths that were reported by IDPH for 2013. This statewide increase in drug-related overdose deaths is almost totally accounted for by an increase in opioid-related overdose deaths. Of the 2,278 Illinois statewide drug overdose deaths during 2016, over 80 percent were opioid-related fatalities. The 1,826 opioid-related overdose deaths among Illinois residents that have been provisionally reported for 2016 represents an over 70 percent increase in the number of such deaths that were reported in 2013, and a 32.1 percent increase over the 1,382 opioid-related overdose that were reported to IDPH for 2015.

The maps below illustrate the number and population rates of opioid overdose deaths across Illinois’ 102 counties during 2016. The map based on the number of opioid overdose deaths during 2016 provides evidence that the opioid crisis continues to impact communities and individuals throughout Illinois. Cook County accounted for nearly 50 percent of the opioid overdose death in Illinois during 2016. The 911 opioid overdose deaths reported for Cook County in 2016 represented an 87.4 percent increase from the 486 such death that were reported for this county during 2013. Specific to the City of Chicago, the 581 opioid overdose deaths in 2016 represented a 93 percent increase from the 301 such deaths reported in 2013. As has been the case in previous years, the counties bordering on Cook and other counties with relatively high resident populations, particularly Madison, Peoria, St. Clair, and Winnebago counties, were major contributors to the statewide number of opioid overdose deaths in 2016.

The state map based on county population rates of opioid overdose deaths provides further insight into the locality-specific and statewide severity of this problem in Illinois. This map shows that several Illinois counties have resident population rates of opioid overdose deaths that are not only equal to, but greater than, that of Cook County. In fact, there were 18 Illinois counties that had 2016 population rates of opioid overdose deaths that were greater than that of Cook County. Twelve (12) of the counties with the highest 2016 population rates of opioid overdose deaths are in IDHS Regions 4 and 5. These two service regions have the lowest levels of currently-available opioid use disorder (OUD) medication assisted treatment (MAT) resources in the state.
Naloxone Administrations – In response to the increasing problem of opioid overdose deaths among our state’s residents, Illinois Public Act 096-0361 took effect in 2010. This act made it legal in Illinois for non-medical persons to administer the drug overdose reversal medication Naloxone to another individual in order to prevent an opioid/heroin overdose from becoming fatal. In 2012, the Illinois Public Act 097-0687 Good Samaritan law ensured that the individual providing emergency medical assistance and the person experiencing the overdose are not charged or prosecuted for felony possession (within specified limitations). IDHS/DASA established its Drug Overdose Prevention Program (DOPP) as a result of this law. Through this program, IDHS/DASA provides 1) training for ‘Enrolled Programs’ that then train multiple sites within their communities to administer Naloxone and 2) assistance with access to Naloxone, including actual distribution of the medicine, but also training regarding additional paths to access Naloxone. Naloxone has been successfully prescribed and distributed to many heroin and opioid users, their families and friends, and first responders including law enforcement, non-profit agencies, hospitals, treatment facilities, and public health departments in Illinois and throughout the United States.

Local governments and organizations voluntarily provide information regarding Naloxone training and education activities, Naloxone administrations, and overdose reversals back to the DOPP. In state fiscal year 2016, IDHS/DASA enrolled 13 new programs. Enrolled programs trained 127 new sites and 8,888 individuals throughout the state that year. As a result of these efforts, 10,970 opioid overdoses were prevented. From the inception of the DOPP in SFY14, a total of 57 overdose prevention programs have been enrolled, with 267 separate trained program sites. In addition, since SFY14, a total of 18,665 first responders have been trained and 25,545 overdose reversals have been reported to DHS. Given the additional federal funding through SAMHSA grant awards to DHS, it is expected that there will be an increase in the number of enrolled programs and first responders trained, with an expected 20 percent increase in the number of prevented opioid overdoses reported in SFY 2018, as compared to SFY 2016.

<table>
<thead>
<tr>
<th>DHS Drug Overdose Prevention Program (DOPP)</th>
<th>SFY 2016</th>
<th>SFY 2018 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled Programs</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Trained Sites</td>
<td>127</td>
<td>190</td>
</tr>
<tr>
<td>Individuals Trained</td>
<td>8,888</td>
<td>13,332</td>
</tr>
<tr>
<td>Prevented Opioid Overdoses</td>
<td>10,970</td>
<td>13,164</td>
</tr>
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IDPH collects data for Naloxone administrations that are provided as part of emergency medical service (EMS) runs. The 9,272 EMS Naloxone administrations that were reported to IDPH for 2015 represented a 32.6 percent increase over the 6,992 such administrations that were reported in 2013.

Further analysis of this IDPH data provides evidence of another alarming aspect of the opioid crisis not just in Illinois, but virtually every other state that has been impacted by this problem. The below table categorizes EMS runs from 2013 through 2015 based on the number of Naloxone administrations that were provided. The number of EMS runs that required two Naloxone administrations increased by over 50 percent from 2013-2015, and the number of runs that require three administrations increased by over 75 percent over this time period. This
increase can be attributed to the presence of fentanyl and other synthetic opioids in the substances being used.

### Illinois Naloxone Administrations Per Reported EMS Event: 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>5,902</td>
<td>918</td>
<td>172</td>
</tr>
<tr>
<td>2014</td>
<td>6,180</td>
<td>1,060</td>
<td>189</td>
</tr>
<tr>
<td>2015</td>
<td>7,425</td>
<td>1,422</td>
<td>302</td>
</tr>
<tr>
<td>Percent Increase 2013-2015</td>
<td>25.8%</td>
<td>54.9%</td>
<td>75.6%</td>
</tr>
</tbody>
</table>

Provided below and on the following page are Illinois maps depicting numbers and population rates of Naloxone EMS administrations that were reported to IDPH for 2014 and 2015. The annual totals for these maps are somewhat higher than those in the above table, primarily due to the inclusion of events that involved more than three Naloxone administrations. Cook and its bordering counties account for the majority of the number of Naloxone administrations. Nevertheless, the maps that illustrate population rates of administrations by county provide evidence that just as opioid overdose deaths are a problem throughout our state, so are the efforts in response.

Up until now, the purchase of Naloxone kits, their distribution, and the training and education that support these activities have been provided in Illinois through local public health departments, other units of local government, various public and private organizations, and in some cases, individuals who have been directly impacted by this crisis. However, the funding to support these activities is often temporary and almost always not sufficient to meet the need. In 2016, IDHS was awarded a Prescription Drug/Opioid Overdose (PDO) grant from the Center for Substance Abuse Prevention/Substance Abuse and Mental Health Services Administration (CSAP/SAMHSA). Through this grant, funding for the purchase and distribution of Naloxone kits...
is being provided to coordinating entities in the following six counties: Cook, Madison, St. Clair, Du Page, Lake and Will. To further address this need, IDHS/DASA included proposed funding for Naloxone kit purchases and support services in several additional counties in Illinois in its Opioid State Targeted Response (STR) application to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). A notice of award is anticipated in May 2017.

**Number of Reported EMS Events with One or More Naloxone Administrations by Illinois County – 2015**

**Rate/10,000 of Reported EMS Events with One or More Naloxone Administrations by Illinois County – 2015**

**Opioid-related ED and Hospital Visits** – Based on their review of multiple national databases, the CDC has concluded that for every opioid overdose death it can be concluded that there are 130 individuals who have some form of OUD. If this estimation factor is applied to Illinois, it can be estimated that there are about 180,000 persons in our state with an OUD. Using the same approach, the CDC also estimates that for every opioid overdose death there will be about 35 hospital emergency department (ED) visits. Provided on the following page are maps of the number and population rate of opioid-related ED visits by Illinois county during 2015. The important thing to note about this data is that county values of less than 10 were suppressed for confidentiality reasons. This is certainly the reason why so many predominantly rural counties are in “white.” Nevertheless, these maps provide further evidence of the statewide impacts of the opioid crisis in Illinois. It is also worth noting that application of CDC’s projection factor of 35 opioid-related ED visits for every opioid overdose death would yield over 48,000 expected opioid-related visits. This is substantially lower than the actual number of visits that were reported in 2015, even considering the missing data due to the suppressed county values. This would seem to indicate the likelihood of substantial underreporting of these events. Also provided on the following page are maps of numbers and population rates of opioid-related hospital admissions. These maps were also subject to suppressed county values of less than 10. While providing additional evidence of the statewide impacts of the opioid crisis in Illinois, this data is most likely also subject to substantial underreporting.
The IDHS/DASA Treatment System – All IDHS/DASA licensed treatment organizations that provide services supported by state general revenue, Medicaid fee-for-service, and other sources of public funding are required to report client demographic and service provision data through our Division Automated Reporting and Tracking System (DARTS). Based on an analysis of DARTS data for State Fiscal Year 2015 (SFY 2015), there were 66,427 total admissions to IDHS/DASA funded treatment services. A total of 19,289 (29.0 percent) of these Illinois SFY 2015 admissions were persons who indicated opioids as their primary substance of abuse. Of these primary opioid admissions, 16,303 (84.5 percent) reported heroin as their primary drug, 2,946 (15.3 percent) reported other opioids/synthetics, and 40 (0.2 percent) reported non-prescription methadone as their primary drug in response to this question. The 16,303 primary heroin admissions that were reported in DARTS for SFY 2015 represented a 32.8 percent increase from the 12,279 such admissions that were reported for Illinois in 2002.
Within the substance use disorder treatment continuum of care, medication-assisted treatment (MAT) involves the use of a medication to treat a substance use disorder that includes one of several medication options in tandem with counseling and social supports. These medications are analogous to taking medication for diabetes or asthma – they help people manage their disorder so that they can maintain their recovery. It is NOT the same as substituting one addictive drug for another. Once stabilized, patients do not experience the compulsive thoughts and behaviors that define a substance use disorder. Medications may include oral or injectable (long acting) naltrexone, buprenorphine, or methadone.

Each medication works differently. Naltrexone blocks the effects of opioids, making the person unable to get high from using them. It has no diversion risk or “street value” because it does not cause the effects of an opioid. Methadone and buprenorphine reduce cravings and withdrawal symptoms without making the person feel high. Both of these medications work by masking the problem opioid. Patients must visit special methadone clinics daily to receive doses when they are on opioid maintenance therapy. Buprenorphine can be prescribed by a primary care doctor who has had special training and been granted a special waiver.

According to the CDC, expanding access to medication assisted treatment (MAT) is essential to an effective response to the dramatic increase in opioid-related problems. Research evidence indicates that MAT for opioid clients, particularly outpatient methadone treatment (OMT), has the potential to save significantly more money than other forms of treatment. These cost-saving impacts of MAT are attributable to a wide range of improvements in the health inequities that are commonly experienced by primary opioid clients, to include reduced rates of drug use, increased access to health care and other recovery support services, improved interpersonal relationships and living conditions, and decreased involvement in high-risk behaviors such as injection drug use. It has been observed that the regularly long-term involvement of opioid users in MAT plays a significant role in overall harm reduction practices. Additionally, there is evidence of harm reduction benefits among both primary opioid clients who continue to use while in MAT, and those who prematurely discontinue treatment.

IDHS/DASA was the recipient of two five-year CSAT-funded TCE-HIV grants in 2007. Each of these grants involved an expansion of OMT services to minority residents of Chicago. The following are some of the several statistically significant positive outcomes that were observed among these clients at six-month follow-up: an increase in the percentage of clients who reported being employed and an increase among the clients in average income from wages; a decrease in average income from illegal sources and a decrease in the average amount of money spent on illegal drugs; increases in the percentage of clients who reported attendance at groups that support recovery; reductions in average days of cocaine, marijuana and heroin use as compared to the 30 days prior to admission; an over 50 percent abstinence rate from heroin use at follow-up; and a significant reduction in the percentage of clients who report injection drug use.

2 https://www.cdc.gov/vitalsigns/heroin/
Map of Available MAT/Opioid Services by Illinois County

The text in counties shows the number of Methadone/buprenorphine programs, Physician prescribers of buprenorphine, and Federally Qualified Health Centers (FQHC) with opioid use medication services expansion HRSA grants.
While OMT is arguably the most cost-efficient treatment modality for persons with OUD, there are of course other MAT options. Access to such options is of critical importance given both the preferences and geographic locations of individual persons in need, and the various infrastructure requirements associated with the establishment of OMT service sites. The map on the previous page provides an illustration of the distribution of major MAT resources in Illinois. IDHS/DASA currently licenses 71 OMT service sites in Illinois. Thirty-one (31) of these OMT sites receive public funding support through IDHS/DASA. The remainder of these OMT sites depend upon private or self-pay funding. It can be readily seen that the majority of the OMT service sites in Illinois are located in Cook County. There are only three OMT sites in IDHS Region 3, and only two in each of Regions 4 and 5. IDHS/DASA currently funds 5,631 OMT slots throughout Illinois. A little over 80 percent (4,506) of these funded OMT slots are accounted for by provider organization sites in Cook County. The annual state funding support for these statewide OMT slots is $20.7 million. During SFY 2015, 2,125 opioid-addicted clients were admitted to OMT services through these state-supported slots. The differential between the number of slots and the number of annual admissions is attributable to the length of time that most OMT clients remain in treatment. A total of 7,370 unduplicated clients were actually served through these state-supported OMT slots during SFY 2015.

As part of its response to the opioid crisis in this country, in March 2016 the Department of Health and Human Services, Health Resources and Services Administration (HRSA) awarded $94 million in Affordable Care Act funding to 271 Federally Qualified Health Centers (FQHCs) in 45 states, the District of Columbia, and Puerto Rico to improve and expand the delivery of substance abuse services in health centers, with a specific focus on treatment of opioid use disorders in underserved populations. These awards to health centers across the country were intended to increase the number of patients screened for SUD and connected to treatment, increase the number of patients with access to MAT for opioid use and other SUD treatment, and provide training and educational resources to help health professionals make informed prescribing decisions. Seventeen (17) FQHCs in Illinois received HRSA awards to expand medication assisted services for persons with OUD. However, only four of these centers are located in IDHS Regions 4 and 5, which essentially account for the southern half of the state.

The map on the previous page also indicates the locations of private physicians who have waivers to prescribe Buprenorphine for the treatment of OUD. As of February 2017, there are 715 such waivered physicians in Illinois. Over 400 of these physicians are in Cook County. There are only 50 waivered physicians in Region 4, and only 34 in Region 5. Seventeen of the waivered physicians in Region 5 are in two counties (Madison and St. Clair). It should be noted however, that even if a physician has been waivered to prescribe Buprenorphine for OUD, this does not mean that the physician actually provides this form of MAT.

In summary, there are large areas of Illinois within which residents have little or no access to any form of MAT for OUD. This is particularly problematic given the information provided through the maps on the following page that illustrate the distribution of IDHS/DASA-funded primary opioid admissions across the state, and the corresponding county-specific population rates of such admissions. While Cook County residents account for a major portion of the number of SFY 2015 primary opioid admissions to IDHS/DASA-funded treatment services, such admissions are distributed throughout the state. Given the marked differences in population size across Illinois counties, the companion map of primary opioid admissions per 1,000 residents provides a more
useful picture of the relative distribution of such cases. It can be seen that several counties have population rates of primary opioid admissions to IDHS/DASA-funded treatment services that are similar to that of Cook County. In addition, there are six counties that had SFY 2015 population rates of primary opioid admissions that were higher than that of Cook. Five of these were in Region 5 and the remaining one in Region 4, in areas in which meaningful access to MAT is extremely limited.
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The third map on the previous page illustrates the percentage of a county’s IDHS/DASA primary opioid admissions that were accounted for by admissions to OMT. It can be seen that several counties had no primary opioid admissions that were accounted for by OMT, and most others had less than 5 percent of such admissions who were served through this modality. Not surprisingly, those counties with the highest percentages of OMT primary opioid admissions corresponded with those who had OMT sites located within their boundaries. Given the limited availability of alternative forms of MAT in many areas of the state, it would seem safe to conclude that the majority of Illinois residents with OUD who are admitted to publicly-funded treatment do not participate in any form of MAT.

State Efforts to Address the Opioid Crisis

During the 2016 State of the State address, Governor Rauner announced a Health and Human Services Transformation that places a focus on prevention and public health; pays for value and outcomes rather than volume and services; makes evidence-based and data-driven decisions; and moves individuals from institutions to community care to keep them more closely connected with their families and communities. Over 12 state agencies representing health, human services, education, criminal justice, and child welfare have come together to work with community stakeholders to bring these focus areas to fruition. The initial focus of the transformation effort has been on behavioral health (mental health and substance use) and specifically the integration of behavioral and physical health service delivery. Behavioral health was chosen due to both the urgency of the issue and the potential financial and human impact. Medicaid members with behavioral health needs or “behavioral health members” represent 25 percent of Illinois Medicaid members but account for 56 percent of all Medicaid spending. Further, building a nation-leading behavioral health strategy will help turn the tide of the opioid epidemic, reduce violent crime and violent encounters with police, and improve maternal and child health. The following is a summary of state agency efforts to transform the behavioral health system of care and impact the opioid crisis.

State Agency Initiatives

ILLINOIS DEPARTMENT OF INSURANCE (IDOI)

- Convenes Working Group of health care insurance carriers, mental health advocacy groups, advocacy groups for patients with substance use disorders, and mental health physician groups in coordination with the Department of Human Services and the Department of Healthcare and Family Services. The working group is required to meet semi-annually for the purpose of discussing issues related to the treatment and coverage of substance use disorders and mental illness. IDOI submitted its Annual Report of the Working Group Regarding Treatment and Coverage of Substance Abuse Disorders and Mental Illness in January 2017, as required by The Heroin Crisis Act (Public Act 99-0480) and specifically pursuant to 215 ILCS 5/370c.1(h)(2), which included information about participation in the Working Group meetings, details on the issues and topics covered, and legislative recommendations as required by statute.
- Published a Consumer Toolkit for Navigating Behavioral Health and Substance Use Disorder with information to help consumers make good choices about getting the right care. It includes a glossary of terms that health insurers use and a checklist of questions to ask one’s health insurer and doctor to ensure the health plan pays for the appropriate care.
• Launched a Statewide Consumer Education Campaign on Parity in Spring of 2016, featuring live presentations from state agencies involved in parity coverage issues followed by Q&A with attendees.

• Established the Office of Consumer Health Insurance (OCHI), a consumer assistance office that helps with health insurance problems and questions as part of the Managed Care Reform and Patient Rights Act.

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (IDHFS)

Medicaid 1115 Demonstration Waiver – Though not solely addressing Opioid Use Disorders (OUDs), enhancements to the system of care for individuals with behavioral health needs envisioned through the HHS Transformation and proposed by the 1115 Waiver promise to improve care available to persons with OUDs. Pilot projects submitted within the 1115 Waiver include SUD treatment services for individuals prior to release from Illinois Department of Corrections (IDOC) facilities and Cook County Jail and a recovery coaching pilot for individuals with an OUD who have begun the recovery process through treatment services and need additional ongoing support to prevent relapse and return to higher intensity services.

Medicaid State Plan Amendments (SPAs)

Medication Assisted Treatment – Outpatient Methadone Services (OMT) – In October 2016 the Illinois Department of Healthcare and Family Services (IDHFS) submitted a State Plan Amendment (SPA) to allow Illinois to fully implement the requirement in The Heroin Crisis Act (Public Act 099-0480) to allow reimbursement of OMT through Medicaid fee-for-service and Medicaid Managed Care Organizations (MCOs), for Medicaid eligible patients.

Integrated Health Homes – IDHFS is currently collaborating with numerous state agencies to develop a SPA to support an integrated behavioral and physical health home program that promotes accountability, rewards team based integrated care, and shifts away from fee for service (FFS) towards a system that pays for value and outcomes. The development of integrated behavioral and physical health homes and the payment model to support them sustainably will be a significant step in realigning the Illinois delivery system.

In addition to leading efforts related to the Medicaid 1115 Waiver and SPAs, the Department has a Pain Management Program designed to decrease inappropriate prescribing of narcotic analgesics for chronic, non-cancer pain. It was developed using evidence-based literature including national guidelines and developed in conjunction with IDHFS’ medical advisers in April 2013. Prior Authorization pharmacists review requests and make approvals for three month blocks to encourage transition to other treatment modalities when appropriate and to provide opportunity for risk surveillance. Prescribers are contacted via telephone by Prior Authorization pharmacists for all requests that suggest inappropriate medication use. The Drug Utilization Review Program website includes prescriber educational materials on appropriate opioid prescribing and Prior Authorization pharmacists encourage prescribers to review this material.

All patients approved to take chronic narcotics must complete an opioid treatment agreement with their healthcare provider. This agreement requires that the patient comply with the treatment program and not misuse their opioids. It also permits random urine screens to ensure compliance.
Other methods to reduce inappropriate narcotic use include a requirement for prior approval for acute narcotic requests greater than 30 days; narcotic edit for at risk patients which restricts the participant to one prescriber and one pharmacy; limitations for one short acting and one long acting agent for chronic use; restrictions on concomitant narcotics and benzodiazepine use; and a Recipient Restriction Program that requires that all prescriptions be limited to one pharmacy and/or prescriber.

IDHFS prescribers are required to review the Illinois Prescription Drug Monitoring Program (ILPMP) when considering opioids for individual patients. This program can assist the prescriber in identifying opioid misuse. Prior authorization pharmacists review ILPMP when reviewing each request. Retail pharmacists are required to review prior to dispensing each prescription.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)**

The Illinois Department of Public Health (IDPH) has developed a four-pronged approach to addressing the opioid epidemic based on the Centers for Disease Control and Prevention (CDC) Safe States Alliance recommendations for state and local public health responsibilities and actions:

- IDPH provides public health leadership through the engagement of over 65 task forces, coalitions, advisory groups and organizations, including regional and local public health, law enforcement, public safety, and non-profit and advocacy groups dedicated to a broad range of issues such as education, prevention and treatment for substance use disorder. Engagement is coordinated through the IDPH Regional Health Officers and aims to promote information sharing, prevent duplication, de-silo activities and communicate funding opportunities.

- IDPH performs surveillance and analysis of a number of public health datasets related to opioid use and associated morbidity and mortality. Specifically, as required by The Heroin Crisis Act (Public Act 99-0480), the IDPH Office of Policy Planning and Statistics publishes trends in opioid drug overdose deaths stratified by heroin and prescription opioids, opioid-related hospitalizations and emergency room utilization. Additional activities include provision of a core for epidemiological and statistical analysis of inter-office data including syndromic surveillance, Emergency Medical Services (EMS), and infectious disease surveillance. IDPH applies this core to support analysis proposed in the Illinois Prescription Monitoring Program’s (ILPMP’s) CDC’s Prescription Drug Overdose Prevention for States Grant through an executed data use agreement and Declaration of Medical Study.

- Prevention activities include promotion of safe opioid prescribing guidelines, PMP utilization, naloxone prescribing, and screening for substance abuse disorder through direct curriculum development and engagement of graduate medical education (GME) internal medicine residency programs. IDPH publishes information on drug take-back events and provides data to support the IDHS Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PDO) expansion of naloxone access. IDPH supported IDHS in the development of pharmacist protocols for naloxone administration.

- Injection drug use with shared needles and other equipment increases risk for infectious diseases such as Hepatitis C Virus (HCV) and HIV. Related treatment activities include application to the National Institutes of Health (NIH)/Center for Disease Control/Substance Abuse and Mental Health Services Administration (SAMHSA) "HIV, HCV and Related Comorbidities in Rural Communities Affected by Opioid Injection Drug Epidemics in the United States" opportunity to expand harm reduction services and office-based opioid treatment in rural areas of the state. Applications to the CDC "Strengthening Surveillance in Jurisdictions with high incidence of HCV and HBV infections" and the CDC/March of Dimes "Building
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Existing Infrastructure of Population-based Birth Defects Surveillance Systems to Estimate the Incidence of Neonatal Abstinence Syndrome (NAS) are in preparation. IDPH continues to support viral hepatitis testing, HIV testing, case management, treatment, HIV pre-exposure prophylaxis (PrEP) and perinatal HIV prevention.

ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)
Office of Clinical, Administrative and Program Support (OCAPS) Bureau of Pharmacy and Clinical Support Services (BP CSS)

The IDHS-OCAPS-BPCSS has the Illinois Prescription Monitoring Program (ILPMP), which receives Controlled Substance prescription data from retail pharmacies and allows Prescribers and Dispensers to view the historical data for current and prospective patients. The ILPMP received the Center for Disease Control’s (CDC’s) Prescription Drug Overdose Prevention for States Grant in September 2015. Major initiatives include:

- Implementing opioid prescribing intervention guidelines
- Identifying high risk behaviors: Studies have indicated that opioid abuse can lead to other drug abuse including heroin
- Preventing drug overdoses/drug misuse
- Integrating Hospital and Pharmacy Electronic Health Record (EHR) systems with the use of the PMP Automated Connection
- Developing training and education and materials for:
  - Providers
  - Dispensers
  - Patients
- Enlisting local health department personnel to bring awareness to the PMP and disseminate regional statistics
- Educating prescribers on using the PMP as a standard of practice
- Focusing on “High Burden Areas” including:
  - Delta Region 16 counties in lower Illinois
  - Cook County

Division of Alcoholism and Substance Abuse (DASA)

Substance Use Disorder (SUD) System of Care – The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA) licenses 452 substance use disorder treatment providers and funds a total of 127 providers, through a combination of federal Block Grant dollars, state General Revenue Funds, and state Medicaid dollars. The state’s system of care includes providing prevention, screening, assessment, toxicology, case management, treatment, and recovery support services for individuals with substance use disorders. Treatment levels of care include Early Intervention, Outpatient, Intensive Outpatient, Residential Rehabilitation (including Child Care Residential), Withdrawal Management (detoxification), Halfway House and Recovery Home.

Outpatient Methadone Treatment (OMT) – As discussed earlier in this report, DASA licenses 71 outpatient methadone providers and 31 of those are funded with a combination of Substance Abuse Block Grant and General Revenue (state) Funds. In State Fiscal Year 2016, $18,532,060 was spent on OMT services. There are approximately 5,500 state-funded methadone treatment “slots” for individuals in Illinois.
Drug Overdose Prevention Program (DOPP) — The Illinois Department of Human Services (IDHS), Division of Alcoholism and Substance Abuse (DASA) established the Drug Overdose Prevention Program (DOPP) in 2010. The purpose of the DOPP is to reduce the number of deaths in Illinois by training and educating first responders to an overdose. First responders may include law enforcement officers, school nurses, bystanders, friends and family members of heroin or other opioid dependent persons, and others. Training for first responders includes information on methods that can reduce overdose fatalities, including the administration of Naloxone. Naloxone is a medication that reverses an overdose by blocking opioids, including prescription opioids and heroin. During the period of time when an overdose can become fatal, respiratory depression can be reversed using Naloxone if properly administered. IDHS/DASA has published guidelines to inform programs about how to become enrolled in the DOPP. Enrollees include substance use disorder treatment programs, community-based organizations, hospitals, and local health departments, health care providers, including Federally Qualified Health Care Centers (FQHCs) and Health Care for the Homeless clinics, urgent care facilities, and faith-based organizations. Agencies engaged with incarcerated individuals, such as jails, prisons, probation and parole, problem-solving courts, and police and sheriff departments are also encouraged to enroll as a Drug Overdose Prevention Program. IDHS/DASA has also provided Drug Overdose Prevention Guidelines and ongoing webinars to help enrolled programs take the steps necessary to operate a Drug Overdose Prevention Program.

Prevent Drug Overdose (PDO) Program — The Illinois Department of Human Services is the recipient of Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PDO) awarded by the Center of Substance Abuse Prevention/Substance Abuse and Mental Health Services Administration (CSAP/SAMHSA).

It is a five-year discretionary grant - $1 million/year for five years. Five providers serve the following six counties: Cook, Madison, St. Clair, Du Page, Lake and Will. 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 for first responders; and 4) measure the short and long-term outcomes of the program.

Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) – The Department is the recipient of Targeted Capacity Expansion – Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) awarded by the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration (CSAT/SAMHSA). It is a three-year discretionary grant funded at $1,000,000/year for three years. The City of Chicago and Sangamon County are the two targeted geographic areas that were selected to receive funds that will support an expansion and enhancement of outpatient methadone treatment (OMT) services for individuals with opioid use disorders (OUD) and expanded medication assisted treatment (Vivitrol) services for primary opioid offenders who are released from incarceration in the Sheridan Correctional Center. Vivitrol is a medication that has been found to be successful in treating opioid use disorders, especially among justice-involved populations, as it has the following benefits: it is non-addictive and has no mood-altering effects; it has little potential for abuse and has no street value; it is taken just once a month; it helps patients manage drug cravings and significantly reduces the risk of relapse.
The goals of the MAT-PDOA project are to 1) increase the number of admissions for MAT, including outpatient methadone therapy (OMT) and Vivitrol; 2) increase the number of clients receiving integrated care/treatment; 3) decrease illicit opioid drug use at 6-month follow-up; and 4) decrease in the use of prescription opioids in a non-prescribed manner at 6-month follow-up.

**State Targeted Response to the Opioid Crisis (Opioid-STR)** – IDHS/DASA recently received $16.3 million in grant funding from the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) in 21st Century Cures Act-authorized funding under the State Targeted Response to the Opioid Crisis Grant (Opioid STR) program. This award will support a coordinated state effort to address the opioid crisis, with numerous stakeholders including county health departments, substance use disorder treatment providers, hospitals, federally qualified health care centers and others. Overall, IDHS/DASA aims 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 services for opioid use disorder (OUD), including prescription opioids as well as illicit drugs such as heroin. The award will support an expansion of medication-assisted treatment, recovery support services, and overdose prevention services for individuals with an OUD, as well as enhancement of the state’s prescription drug monitoring program (ILPMP). Activities will also include a state-wide needs assessment and strategic plan.

**ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC)**

**Medicated Assisted Treatment (Vivitrol)** – Prescription Drug and Opioid Addiction Program –The IDOC/Addiction Recovery Management Services Unit in partnership with the Illinois Division of Alcoholism and Substance Abuse, TASC (Treatment Alternatives for Safe Communities) and WestCare Foundation have come together to implement a Medication Assisted Treatment (MAT) Vivitrol Re-Entry Initiative at the Sheridan Correctional Center. The purpose of the Medication Assisted Treatment (MAT) Vivitrol Re-Entry Initiative is to provide pre-release treatment and post-release referral for opioid – addicted offenders at the Illinois Department of Corrections/Sheridan Correctional Center. This program involves prison based substance use disorders (SUD) treatment and collaboration with community based clinics to provide aftercare treatment. The purpose is also to facilitate transition into an outpatient SUD treatment program which employs a multi-faceted approach to treatment including the use of the medication Vivitrol/Naltrexone, counseling, and aftercare referral to community based providers. The goal of this initiative is to increase and improve SUD treatment post release, decrease recidivism, increase public safety and improve re-entry programming.

**ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY (Authority)**

The mission of the Authority is to improve the administration of justice, ensuring its efficiency and efficacy. To do this, the Authority collaborates with key justice system leaders and the public to help identify current issues regarding the criminal justice system in Illinois. The Authority does this through grants administration, research and analysis, policy and planning, and information systems and technology.

Current grant funding focused on the opioid epidemic includes the Justice Assistance Grant (JAG) program and the Residential Substance Abuse Treatment (RSAT) program. The JAG program...
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provides funding to Metropolitan Enforcement Groups (MEG) and Drug Task Forces to assist in enforcement and prosecution drug trafficking in Illinois in addition to funding treatment within the Illinois Department of Corrections (IDOC). RSAT program funding supports residential substance use disorder treatment programs in the Illinois Department of Juvenile Justice (IDJJ) and IDOC.

The Authority is evaluating a police deflection strategy, Safe Passage, using a multi-method approach. The goal of Safe Passage is to increase individuals’ access to substance use disorder treatment, deflecting them away from the criminal justice system. Currently, Safe Passage is coordinated by the Dixon Police Department, available in Lee, Whiteside, and Livingston Counties.

The Authority is developing a web-enabled continuum of evidence-informed practices for individuals with substance use disorders. The continuum provides information on evidence-informed practices and programs to prevent, deflect, divert, intervene, and reintegrate individuals with substance use disorders: from early prevention through reentry for those in contact with the criminal justice system. This continuum can help guide local-level assessment, planning, and implementation efforts.

The Authority has published (or are in progress for publication) several opioid-related articles detailing the opioid epidemic and substance use disorders. The articles include:

1. An article series on the opioid and heroin crisis, treatment, and Medication-Assisted Treatment (MAT),
2. An article on police deflection and diversion, including harm reduction strategies such as naloxone (overdose reversal medication) and the Good Samaritan law, and
3. A technical report summarizing the Illinois drug threat assessment which surveyed police chiefs’ and county sheriffs’ perceptions of the most concerning and problematic issues related to drugs in their jurisdictions.

Next Steps

In order to better coordinate the state’s response to the heroin and other opioid crisis, in January, 2017 a statewide council was formed consisting of representatives from 15 state agencies, 17 trade and professional organizations, 10 county health departments and dozens of community based human service healthcare providers. The Illinois Opioid Crisis Response Advisory Council meets regularly to support a strategic planning process that has included information sharing regarding initiatives in response to the opioid epidemic, gaps in services and policy, and areas of alignment. The Council formed four subcommittees: Criminal Justice Populations, Medication Assisted Treatment, Prescribing Practices, Public Awareness and Education. The subcommittees are in the process of developing goals and objectives that will guide state officials in the development and implementation of a statewide Opioid Strategic Plan.
Programs, activities and employment opportunities in the Illinois Department of Human Services are open and accessible to any individual or group without regard to age, sex, race, sexual orientation, disability, ethnic origin or religion. The department is an equal opportunity employer and practices affirmative action and reasonable accommodation programs.