

# Illinois' State Targeted Response to the Opioid Crisis Grant (Opioid STR) April 2018 Update

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In May, 2017, the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS/SUPR) 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. IDHS/SUPR has recently been notified that a second year of funding is confirmed.

The Illinois Opioid STR program 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 activities for opioid use disorder (OUD), including prescription opioids as well as illicit drugs such as heroin.

The first Illinois Opioid STR contracts were awarded in early June 2017 following a competitive bid process to 12 community-based organizations for an expansion of outpatient methadone treatment (OMT) services. Most of the remaining Illinois Opioid STR service contracts were executed on July 1, 2017. **At that time, IDHS/SUPR successfully encumbered nearly 90% of the Year 1 award.**

The only planned service contracts that were not awarded by July 1, 2017 were for a 24/7/365 Opioid Helpline and an expansion of recovery home services for persons with opioid use disorder. After a competitive bid process for each of these service groups, the Opioid-STR contracts for expanded recovery homes services were awarded to three community-based organizations on October 4, 2017, and a contract was executed with Health Resources in Action on November 1, 2017 to manage the Illinois Opioid Helpline.

As of April 25, 2018, **4,972 persons** had been served through Illinois Opioid-STR supported **treatment** and **recovery support** programs. Illinois Opioid-STR treatment, recovery support, and prevention services are supported through contracts with external organizations. Provided below are brief summaries of these services and activities, and their accomplishments as reported through April 25, 2018.

In Year 2, IDHS/SUPR will continue to fund these projects, in addition to two Hub and Spoke pilots. The pilot was posted via Notice of Funding Opportunity (NOFO) at <http://www.dhs.state.il.us/page.aspx?item=101591>. The Hub and Spoke Model is recognized as an evidence-based regional approach for delivering Medication Assisted Treatment (MAT) to clients who suffer from opioid use disorders. This approach is designed to coordinate opioid use disorder treatment with medical care and counseling, supported by community health staff and services, to effectively treat

the whole person as they make their way along the path to recovery. These pilots will target areas of Illinois which currently have relatively few treatment resources for persons with OUD.

### **Expanded Medication Assisted Treatment (MAT)**

Within the substance use disorder (SUD) treatment continuum of care, medication-assisted treatment (MAT) involves the use of an FDA-approved medication to treat opioid use disorder (OUD) in tandem with a comprehensive treatment plan that includes counseling and social supports. These OUD medications are analogous to taking medication for diabetes or asthma – they help people manage their disorder so that they can maintain their recovery. Once stabilized, patients do not experience the compulsive thoughts and behaviors that define a substance use disorder. OUD medications may include oral or injectable (long-acting) naltrexone (Vivitrol), buprenorphine (suboxone), and methadone.

**Expanded Outpatient Methadone Treatment (OMT) Services.** A total of 12 community-based licensed provider organizations responded to a competitive Notice of Funding Opportunity and have been contracted to provide expanded OMT services through the Opioid-STR grant. As of April 25, 2018, **1,770** clients have been admitted to these expanded OMT services.

**Vivitrol Assisted Services for County Jail Inmates.** IDHS/SUPR entered into contracts with five organizations to provide Vivitrol Assisted Services for persons with OUD in nine Illinois county jails other than Cook County. These services consist of screening, assessment, initial Vivitrol injections, and post-release treatment referrals while incarcerated. As of April 25, 2018, services have been implemented at eight of the nine county jails and **279** persons have been served. Of these 279 released offenders, **91.4% (255)** were admitted by the community-based OUD treatment providers to which they were referred.

### **Supportive Services for Persons with OUD**

Supportive services, including recovery coaching, recovery housing, and linkage/referral services are critical to removing barriers to patient engagement and retention in treatment services.

**Expanded Recovery Home Services for Persons with OUD.** Three community-based licensed provider organizations responded to a competitive Notice of Funding Opportunity and have been contracted to provide expanded recovery home services. Recovery homes provide a structured alcohol and drug free environment for congregate living, offer regularly scheduled peer-led or community gatherings (self-help groups, etc.), and provide recovery education groups. Participation in MAT is often a barrier to housing for persons with OUD, so a goal of Opioid STR was to remove that barrier by requiring these recovery homes to specifically engage participants who are active in some form of Medication Assisted Treatment (MAT). As of April 25, 2018, **35** clients have been admitted to expanded Opioid STR recovery home services.

**Hospital Warm Hand-off Services for Persons with OUD.** IDHS/SUPR contracted with four organizations to provide screening and warm hand-off services for persons with OUD in targeted Illinois

hospitals. Patients who survive opioid overdoses are often discharged from hospitals without a firm treatment referral. In hospitals with warm handoff services, the referral is strengthened or “warmed” by involving a peer who draws from their recovery experience to engage the client in services. Services have thus far been initiated at seven hospitals and **1,153** patients have been served to-date. Of these 1,153 patients, **81.5% (940)** were admitted by the community-based OUD treatment providers to which they were referred following discharge from the hospital.

**Community-based Outreach/Linkage/Referral Services.** Street-based outreach services are critical for patients with OUD who do not typically seek services on their own. IDHS/SUPR contracted with community-based outreach, referral, and linkage service providers for persons with OUD in high-need areas across the state. Through this contract, **2,598** persons have thus far been provided outreach services, **1,027** of these persons screened positive for opioid use and expressed an interest in treatment, **674** of these completed a meeting with a linkage manager, and **521** showed for the treatment intake.

**Rush University Hospital Multi-Disciplinary Programs.** IDHS/SUPR Opioid-STR funds also support multiple programs with Rush University Hospital, which is located on the west side of Chicago. During their first five months of operation, Rush provided SBIRT services to **2,517** of their inpatients, of whom **708** screened positive for any SUD, with **227** of these inpatients screening positive for OUD. Buprenorphine services were initiated for **94** of these inpatients, and **62** were referred to external substance use disorder providers.

**Opioid Crisis Helpline.** Concerned that stigma is preventing individuals from coming forward and asking for help, IDHS/SUPR ensured that funds were included in the Opioid STR grant 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, in conjunction with a press conference convened by Governor Bruce Rauner. The helpline has received **3,084** calls as of May 6, 2018.

**Expanded Naloxone Purchase/Training/Distribution Services.** Naloxone is a medication that reverses an overdose by blocking opioids, including prescription opioids and heroin. During the period when an overdose can become fatal, if properly used, Naloxone can reverse respiratory depression. IDHS/SUPR had previously received funding for naloxone purchase, training, and distribution services for the six counties with the highest opioid overdose rates via the FFY2016 SAMHSA/CSAP Prescription Drug/Opioid (PDO) Overdose grant. Illinois Opioid-STR prevention funding supports an expansion of these services to the remaining Illinois counties that were not represented in the PDO grant. As of April 25, there have been **3,589** individuals trained through these services, mostly first responders, **5,327** Naloxone kits have been distributed, and **409** opioid overdose reversals have been reported. Since reporting is voluntary, this is likely an underreporting of lives saved.

#### **Improved Medical Provider EHR Opioid-Prescriber Reporting.**

The IDHS Office of Clinical, Administrative and Program Support (OCAPS) - Bureau of Pharmacy and Clinical Support Services (BPCSS) has the Illinois Prescription Monitoring Program (PMP), which receives Controlled Substance prescription data from retail pharmacies and allows 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. IDHS/SUPR has transferred Illinois Opioid-STR funds to the IDHS-OCAPS-BPCSS 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. As of March 2018, there are a total of 32 PMP/EHR connectivity implementations (5 new connections in March) and 44 in the planning, development, or testing phases. In addition, 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. There are 65,106 total registered PMP users (1,324 new users in March). Increased registration resulted in an increase in queries. In March of 2018, there were 3,163,399 PMP queries, almost three times the number of November 2017 queries (1,103,635). This translates to an increase in prescribers and dispensers (pharmacies) checking the PMP before prescribing opioids.