

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

Overview

The opioid epidemic in Illinois continues to manifest in multiple ways that include historically high rates of overdoses and overdose-related fatalities. Although more difficult to measure directly, use and misuse of opioids in Illinois also continues to have substantial associated public health consequences including increased rates of infectious diseases such as hepatitis C and HIV, lost productivity in the workplace, crime, neonatal abstinence syndrome, and homelessness.¹

Amidst this troubling, now well more than decades-long epidemic, there is some potentially good news; in 2018, the number of opioid overdose-related fatalities in Illinois leveled off. For the first time since 2013, Illinois did not experience an increase and, in fact, had a small decline (1.6%) in opioid-related overdose fatalities as reported through February 2019, a trend consistent with national overdose fatality data.² This positive indicator is tempered by the fact that the number of such fatalities remains well above the comparable 2013 figure. In addition, although the fact that the number of deaths in Illinois caused by opioid overdose went down in 2018 is encouraging, there is growing disparity in opioid overdose death rates among different demographic groups. The Illinois Department of Human Services (IDHS)/Division of Substance Use Prevention and Recovery (SUPR) is committed to addressing health disparities within the current Illinois opioid crisis. This falls in line with IDHS's overall focus on equity and inclusion.³

OPIOID AVAILABILITY AND USE. Illicit opioids continue to be readily available throughout the state, driving the continuing

Statewide Drug Overdose Trends

- Final death data obtained from the Illinois Department of Public Health (IDPH) show 2,722 drug-related overdose deaths during 2018.
- Of the 2,722 statewide drug overdose deaths in 2018, 2,167 (79%) were opioid overdose-related fatalities. For the first time since 2013, Illinois did not experience an increase and, in fact, had a small decline (1.6%) in opioid-related overdose fatalities.
- Other trends temper this positive indicator, including health disparities, the volume of opioid-related overdoses, the increase in non-fatal opioid overdoses and the continued presence of fentanyl in the illicit opioid supply.
- The state has made progress toward expanding medication assisted treatment for opioid use disorders in the past year. Between June 2018 and June 2019, 15 Illinois counties added at least one MAT prescriber, increasing the number of Illinois counties which now offer MAT to 59.93% of Illinois residents live in a county where MAT is available.

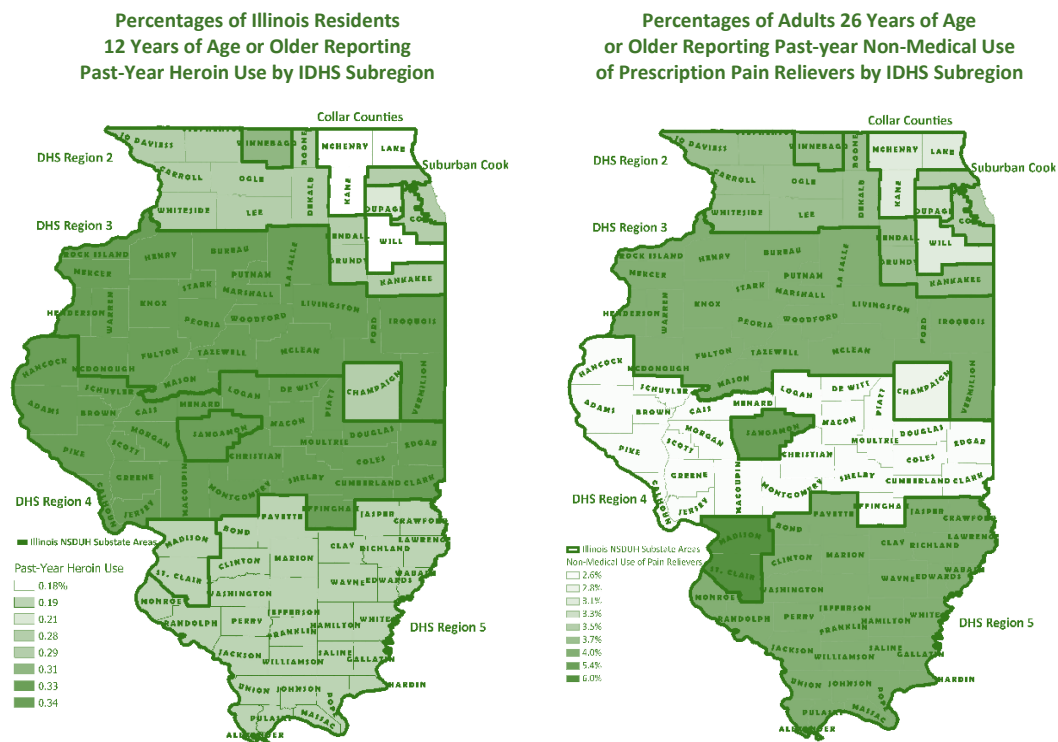
¹ National Institute on Drug Abuse (January 2019). *Opioid overdose crisis*. Retrieved June 26, 2019 from: <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

² Goodnough, A., Katz, J., & Sanger-Katz, M. (July 2019). Drug overdose deaths drop in U.S. for first time since 1990. *The New York Times*, Retrieved from <https://www.nytimes.com>

³ IDPH Report: <http://www.dph.illinois.gov/sites/default/files/publications/91219/oppsopioid-semiannual-report.pdf>

high prevalence rates of use and misuse. According to the most recent DEA national drug threat assessment report and per the Chicago Field Division Office, controlled prescription drug as well as heroin availability remained stable and at high levels.⁴ Moreover, in both Chicago and St. Louis, which supplies users in adjacent areas of Illinois such as Madison and St. Clair counties, an increasing number of seized heroin samples were found to contain the potent synthetic opioid, fentanyl. As will be discussed further, the increasing presence of fentanyl in the illicitly manufactured opioid supply over the past few years has been directly responsible for a large proportion of fatal and non-fatal overdoses.

Estimates based on the 2017 National Survey on Drug Use and Health (NSDUH) of opioid use and misuse rates among Illinois youth ages 18 to 25, the age group with the highest rates of drug use generally, indicate that between 4,280 (0.3%) and 6,848 (0.48%) reported using heroin in the past year. Among Illinois adults 26 years of age or older, the number of past-year heroin users is estimated between 14,412 (0.17%) and 19,498 (0.23%). Much larger numbers of 18 to 25-year-old Illinois youth (101,306, 7.1%) and adults (271,289, 3.2%) reported misusing prescription pain relievers in the past year.



Note: Data obtained from estimates based on National Survey on Drug Use and Health data aggregated for years 2014, 20015, and 2016. Survey results are aggregated to the DHS subregion level and are not available by county. Non-medical use of pain relievers means any use of such drugs that is not at the direction of a health care provider such as physicians and nurses. Results for heroin use restricted to adults 26 and older were not available owing to suppression rules.

The problems of opioid use and misuse affect the entire state, albeit to varying degrees depending on the particular drug or class of opioid (e.g., prescription analgesics, heroin, fentanyl). As shown in the maps immediately above, which present the percentages of Illinois residents ages 12 or older who

⁴ U.S. Department of Justice, Drug Enforcement Administration (October 2018). 2018 National Drug Threat Assessment. Retrieved June 27, 2019 from: <https://www.dea.gov/sites/default/files/2018-11/DIR-032-18>

reported any use of heroin in the past year and the percentages of Illinois adults 26 years of age or older who reported any past-year non-medical use of prescription pain relievers, no area of the state is unaffected by opioid use/misuse. The percentages of users vary by DHS region, the most granular area for which National Survey on Drug Use and Health (NSDUH) estimates are available. The percentages of heroin users across regions varies from 0.18% to 0.34% while higher percentages of adult residents report misusing prescription pain relievers in the past year, with the percentages varying from 2.6% to 6.0%. It is important to note that these are percentages. Although some of the lowest percentages of use occur in relatively populous areas of the state such as the collar counties of Chicago, these areas typically and historically have had the highest numbers of users/misusers because of population size.

OPIOID OVERDOSES AND OVERDOSE-RELATED DEATHS. In 2018, Illinois continued to experience high rates of drug overdose-related deaths but as indicated there are signs the epidemic might finally be plateauing. Final death data obtained from the Illinois Department of Public Health (IDPH) show 2,167 opioid-related overdose deaths during 2018. Although this total represents a 60% increase over the 1,579 opioid-related overdose deaths reported in 2013, it is the first time since 2013 where there has not been an annual increase. Compared with the 2,202 opioid-overdose-related deaths reported in 2017, the 2018 figure represents a 1.6% decrease.

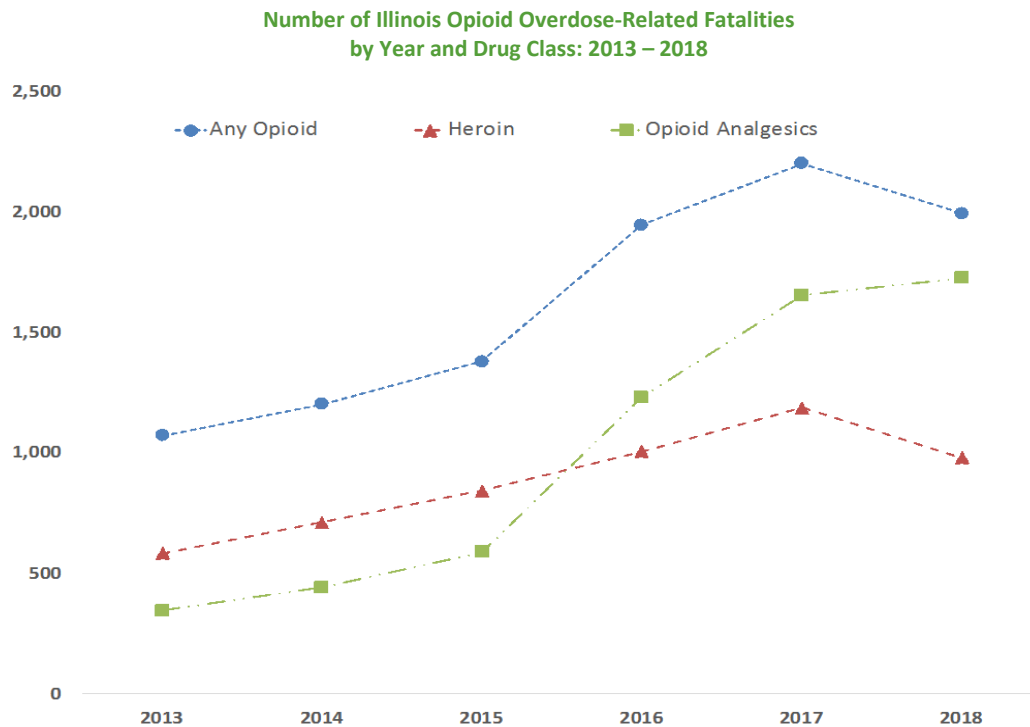
As in past years, Illinois' overdose-related deaths in 2018 were largely attributable to opioids. Of the 2,722 drug overdose deaths, 2,167 (79%) were opioid overdose-related fatalities. Moreover, opioid overdose-related fatalities represent only about 13% of the 15,679 total (i.e., fatal and non-fatal) opioid-related overdoses reported to IDPH in 2018.⁵ Based on their review of multiple national databases, the Centers for Disease Control and Prevention (CDC) concluded that for every opioid overdose death there are 130 individuals with a past-year opioid use disorder (OUD) per DSM-5 diagnostic criteria. Applying this factor to Illinois, it can be estimated that in 2018 there were about 259,000 persons (2.6% of the adult population 18 or older) with an OUD. A higher estimate is obtained applying the World Health Organization (WHO) estimate of an annual incidence rate of 0.65% of fatal overdoses per opioid dependent individuals.⁶ This translates to a population estimate of 306,615 Illinois residents (3.1% of the adult population) with an OUD.

The majority of opioid overdose-related fatalities in Illinois (and nationally) were attributable to opioid analgesics, a broad class of drugs that includes natural, semi-synthetic opioids, methadone, and synthetic opioids other than methadone. To a substantial extent, these fatalities remain attributable to heroin overdoses. Heroin accounted for 48% (1,050 of 2,167) of Illinois' fatal overdoses and 69% (9,389 of 13,616) of non-fatal overdoses. As previously noted, and as shown in the figure below, heroin-related overdose deaths declined from 2017 to 2018 while overdose-related deaths owing to analgesics – primarily fentanyl – continued to increase relative to 2017, albeit slightly.

⁵ Illinois Department of Public Health Opioid Data Dashboard. Retrieved from: <http://idph.illinois.gov/opioiddatadashboard/>, June 22, 2019.

⁶ World Health Organization (August 2018). *Information sheet on opioid overdose*. Retrieved from: https://www.who.int/substance_abuse/information-sheet/en/, March 16, 2019.

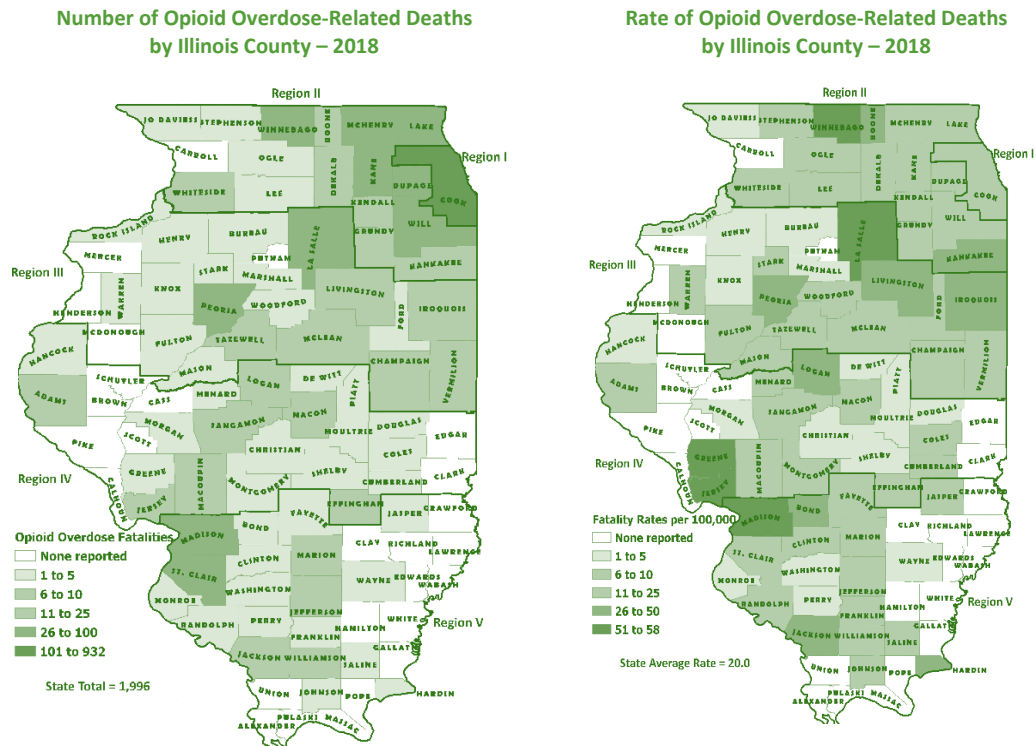
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Note: Opioid-related fatality data were obtained from Illinois Department of Public Health Division of Health Data and Policy, February 6, 2019. Records with underlying causes of death due to drug-poisoning were selected using ICD-10 codes: X40-X44, X60-X64, X85, and Y10-Y14. Multiple cause of death codes were used to identify a specific drug or drug classes: T40.0-T40.4 and T40.6 (any opioid); T40.1 (heroin); and opioid analgesics composed of T40.2 (natural and semi-synthetic opioids), T40.3 (methadone), and (T40.4) synthetic opioids other than methadone. Natural and semi-synthetic opioids include morphine, oxycodone, codeine, and hydrocodone. Synthetic opioids other than methadone include fentanyl and analog drugs as well as tramadol.

The following maps show the number and population rates of opioid overdose-related deaths across Illinois' 102 counties in 2018. Both maps provide evidence – in addition to the opioid use data – that the opioid crisis continues to affect communities and individuals throughout Illinois. As has been the case in previous years, the counties bordering 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 2018. There were also a high number of fatalities in LaSalle County. Cook County accounted for 46% (1,001 of 2167) of the opioid overdose-related deaths last year. As with the statewide data, while the 1001 Cook County opioid overdose-related deaths in 2018 was still well above the number of such deaths reported in 2013 (486) the 2018 figure represents a 3.5% decline relative to 2017.

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Note: Opioid fatality data provided by the IDPH Division of Health Data and Policy and reflect fatalities related to use of any opioid (e.g., heroin, analgesics). Fatality rates per 100,000 are based on the number of opioid overdose-related fatalities within a given county, divided by that county's adult population 18 years of age or older per 2017 American Community Survey estimates.

The map based on county population rates of opioid overdose-related deaths provides further insight into the locality-specific as well as statewide severity of this problem. The overall rate of opioid-related fatalities for the state was 20.0 deaths per 100,000 residents ages 18 or older, just below the U.S. national average of 21.4 as reported for 2017, the most recent year available. The map shows that in 2018, 16 Illinois counties had rates of opioid overdose deaths greater than the Cook County rate of 22.9 deaths per 100,000 residents ages 18 or older. Winnebago (57.1), Greene (47.6), LaSalle (40.3), Jersey (40.2), and Madison (38.2) had the highest fatality rates per 100,000 residents 18 or older in the state. As in years past, many of the counties with high rates of opioid overdose deaths were again in IDHS Regions 4 and 5.

NALOXONE ADMINISTRATIONS. In response to the increasing problem of opioid overdose-related 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/SUPR established its **Drug Overdose Prevention Program (DOPP)** as a result of this law. Through this program, IDHS/SUPR 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 other opioid users, their families and friends, and first responders including law enforcement, non-profit agencies, hospitals, treatment facilities, and public health

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departments in Illinois. Illinois has joined a group of other states in offering a statewide standing order with accompanying opioid overdose educational resources for naloxone to all pharmacists and opioid overdose education and naloxone distribution (OEND) programs.

Local governments and organizations voluntarily provide information regarding naloxone training and education activities, naloxone administrations, and overdose reversals back to DOPP. In State Fiscal Year (SFY) 2018, IDHS/SUPR enrolled 29 new programs. Enrolled programs trained 3,215 new sites and 27,134 individuals throughout the state. As a result of these efforts, 1,449 opioid overdoses were reversed. From the inception of the DOPP in SFY 2014, a total of 99 overdose prevention programs have been enrolled, with 4,410 separate trained program sites. In addition, since SFY 2014, a total of 54,966 first responders have been trained and 2,288 overdose reversals have been reported to DHS.

IDPH collects data on naloxone administrations provided as part of emergency medical service (EMS) runs or "events" by fire department, private, governmental non-fire or hospital-based ambulance services. As reported to IDPH for 2018, there were 16,451 EMS events that involved one or more naloxone administrations, representing a 125% increase over the 7,301 EMS reported naloxone administration events in 2013.

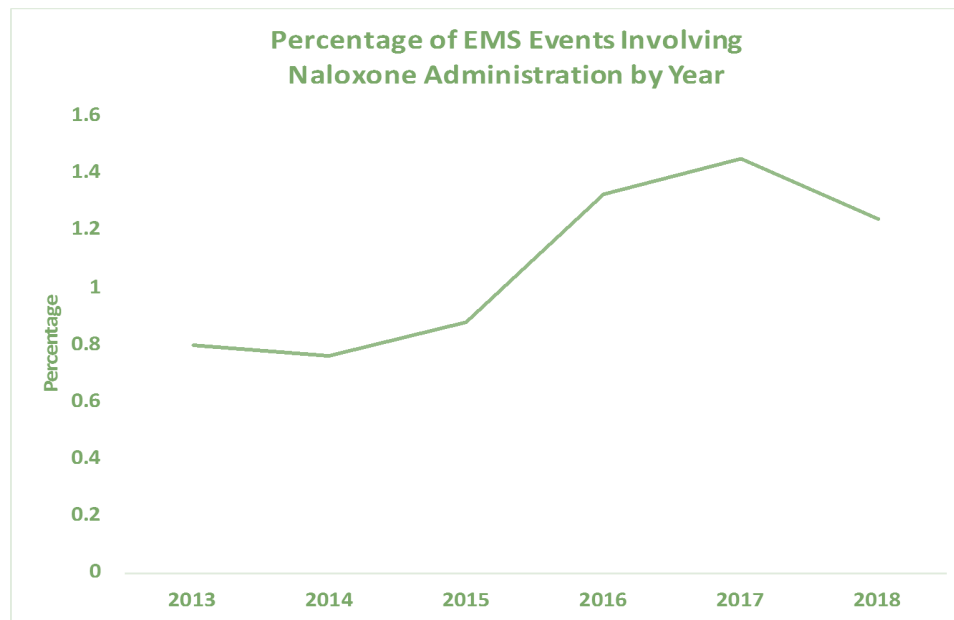
Number of Naloxone Dosages per Reported EMS Event where Naloxone was Administered: 2013-2018

	Year					Totals
	1	2	3	4	4+	
2013	5,944	942	171	55	189	7,301
2014	6,246	1,063	190	51	89	7,657
2015	7,491	1,444	310	67	84	9,396
2016	10,807	2,671	580	109	145	14,312
2017	10,794	3,164	716	196	166	15,036
2018	11,782	3,430	855	219	165	16,451
Percent Change: 2013-2018	98%	264%	400%	298%	-13%	125%
Percent Change: 2017-2018	9%	8%	19%	12%	-1%	9%

Note: Estimates of the number of EMS events involving naloxone administration as well as naloxone dosages per reported EMS event are based on the EMS data set maintained by the IDPH Division of EMS and Highway Safety.

The number of all EMS events involving naloxone administration has steadily increased from 2013 to 2018, with the largest increase occurring between 2015 and 2016. However, in 2018, even though the total number of naloxone runs has continued to increase (9% over the 2017 figure), the year-to-year increases have gotten smaller. Additionally, the percentage of all EMS runs where naloxone was administered decreased slightly last year for the first time since 2013 as shown in the graph below. Together with the figures on overdose-related fatalities, the EMS data suggest the Illinois opioid epidemic might have reached, or is reaching, a plateau.

Consistent with these data is the continuing, albeit somewhat diminished, trend in the number of naloxone dosages administered per run. As noted in last year's report, this number has steadily increased from 2013 to 2018. However, the size of this increase was smaller in 2018. Compared with the number of such runs in 2013 (171), the number of EMS runs where three dosages of naloxone were administered (855) in 2018 reflected a 400% increase but *only* a 19% increase compared with the number of such runs in 2017 (716).



As in last year's report, we believe this suggests overdoses requiring multiple dosages of naloxone occur as a result of persons who overdose using either a greater amount of or more potent opioids or both than in prior years.⁷ Specifically, the increase in naloxone dosages is likely attributable to continued increase in the presence of fentanyl and related synthetics in the illicitly manufactured opioid supply in Illinois. There are also reports of a recent "supply shock" to the U.S. heroin distribution system whereby certain drug distributors have been flooding the market with highly pure (~75% pure) heroin to corner the market, potentially contributing to the need for multiple naloxone dosages to achieve revival.⁸

This provisional positive news of a leveling off in fatalities, number and percentage of EMS-reported naloxone runs must be balanced against the fact that all of these figures remain extremely elevated by historical standards. While increases in the consequences of the current opioid epidemic in Illinois might be slowing down, they remain prevalent and a clear reversal has not yet been attained. Still, there is now evidence that the extensive efforts undertaken by the state to address the epidemic at multiple levels and across multiple agencies are having an effect.

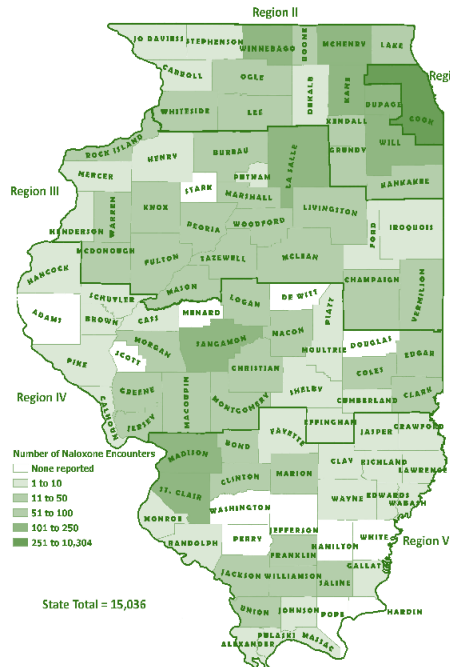
As the fatality data indicate, however, the EMS-provided naloxone administration data also show the epidemic continues to be broadly manifest with some counties experiencing increases in fatalities and naloxone administrations as shown in the maps below. These maps show the number and rates of EMS runs (per all EMS runs) where naloxone administration was reported to IDPH for 2017 and 2018. Counties experiencing increases in the number of EMS naloxone events include Kane, DuPage, Will, LaSalle, Adams, Madison and Peoria. The table that follows shows which counties had the highest number of EMS naloxone events, those that had the highest proportion of EMS events involving naloxone administration, and counties with the highest population rates of EMS naloxone events per 1,000 population.

⁷ Lynn, R. R., & Galinkin, J. L. (2018). Naloxone dosage for opioid reversal: current evidence and clinical implications. *Therapeutic Advances in Drug Safety*, 10, online publication.

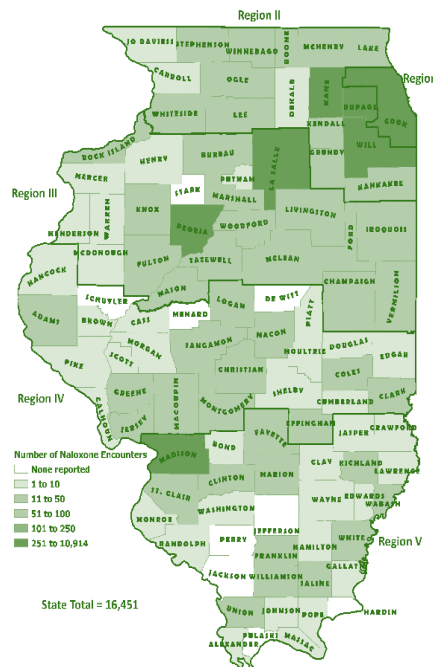
⁸ Ciccarone, D. (2017). Editorial for "US heroin in transition: Supply changes, fentanyl adulteration and consequences" IJDP special section. *International Journal on Drug Policy*, 46, 107-111.

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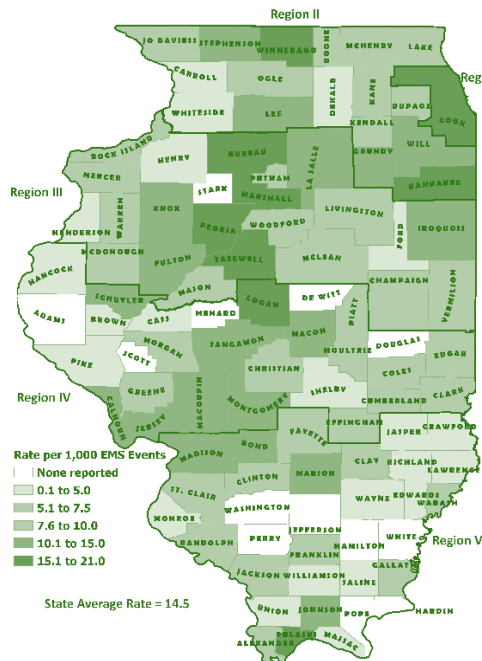
Number of Reported EMS Encounters
with One or More Naloxone Administrations – 2017



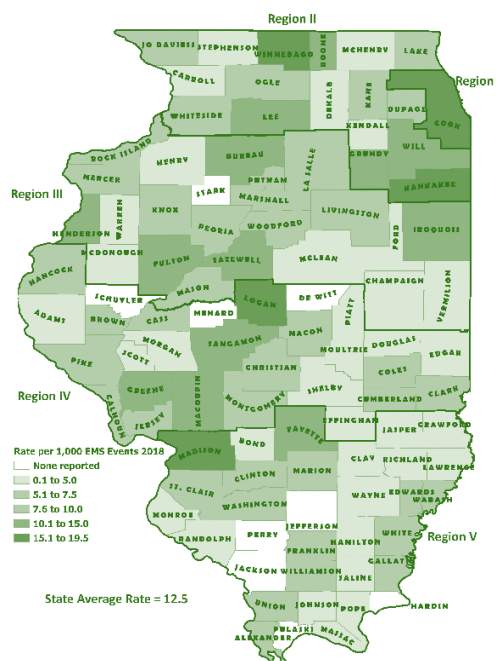
Number of Reported EMS Encounters
with One or More Naloxone Administrations – 2018



Rate/1,000 Reported EMS Events
with One or More Naloxone Administrations – 2017



Rate/1,000 Reported EMS Events
with One or More Naloxone Administrations – 2018



Note: Estimates of the number of EMS events involving naloxone administration are based on the EMS data set maintained by the IDPH Division of EMS and Highway Safety. Rates per 1,000 are based on the number of EMS events involving naloxone administration within a given county, divided by that county's adult population 18 years of age or older per 2017 American Community Survey estimates.

Illinois Counties with the Highest Number, Rates per All EMS Activations
and Population Rates of Naloxone Administrations in 2018

Highest Number of Naloxone Runs		Highest Rate of EMS Activations per 1,000 Activations		High Population Rates of Naloxone Runs per 1,000 Population	
Cook	10,914	Madison	19.5	Madison	43.0
Will	778	Cook	17.5	Sangamon	31.1
Madison	590	Winnebago	15.6	St. Clair	8.0
LaSalle	490	Kankakee	15.5	LaSalle	4.5
DuPage	420	Logan	15.5	Macoupin	3.7
Peoria	320	Fayette	14.8	McHenry	2.8
Kane	312	Greene	14.4	Logan	2.3
Winnebago	224	Bureau	13.7	Cook	2.1
Sangamon	219	Iroquois	12.3	Macon	2.0
St. Clair	192	Lee	12.2	Coles	1.9

Until 2016, 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).

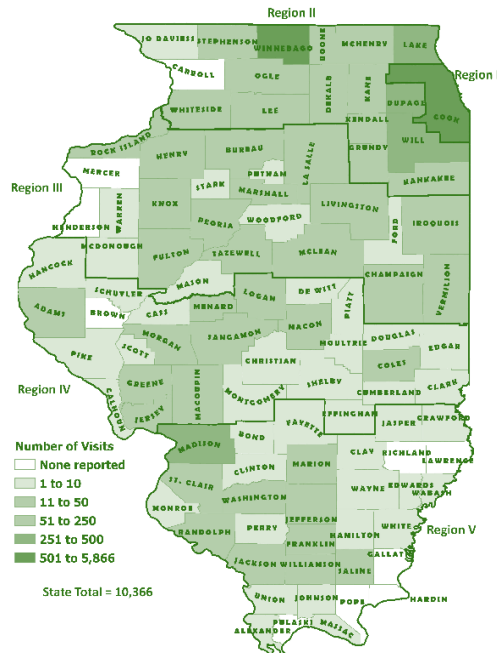
Through this grant, funding for the purchase and distribution of naloxone kits is provided to coordinating entities in the following six counties: Cook, Madison, St. Clair, Du Page, Lake and Will. To further address this need, IDHS/SUPR included proposed funding for naloxone kit purchases and support services in additional counties in Illinois in its Opioid State Targeted Response (STR) application to SAMHSA. A notice of award was received May 2017, which allowed IDHS/SUPR to expand Overdose Education and Naloxone Distribution (OEND) across the counties that were not part of the PDO grant. The funds received allowed for the coordination and delivery of OEND services across the remaining 96 counties as local need was assessed and responded to by seven coordinating entities.

Opioid-Related ED and Hospital Visits

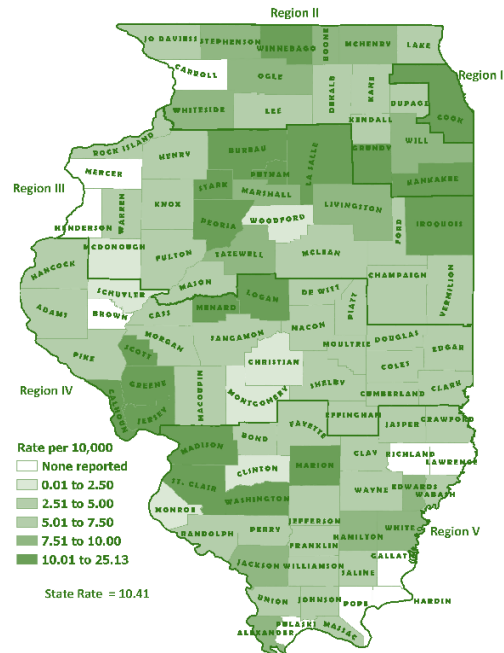
On the next page are maps of the number of adults (18 and over) and population rates of opioid-related ED visits and hospitalizations by Illinois county during 2018. In counties where there were fewer than 10 such visits/hospitalizations, the data were suppressed for confidentiality reasons. These counties were included on the maps as being in the range of 1 to 10 visits/hospitalizations to distinguish them from counties that had none. For the purpose of rate calculations, the number of opioid-related ED visits or hospitalizations in counties with fewer than 10 in either category was set to the midpoint of five. The table on the page following the ED and hospitalization number and rate maps summarized the mapped data by showing the 10 counties with the highest ED visits and rates as well as hospital admissions and rates in 2018.

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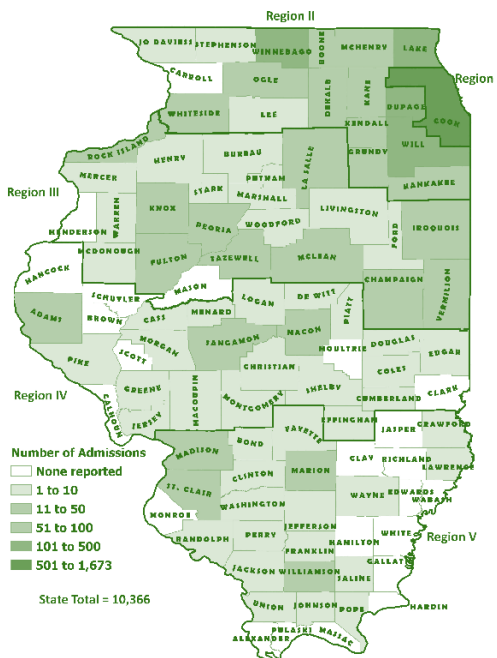
Number of Opioid-Related
ED Visits – 2018



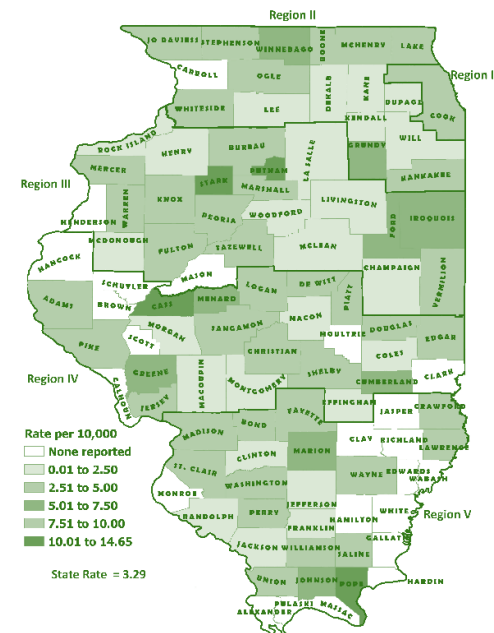
Rate per 10,000 Population of Opioid-Related
ED Visits – 2018



Number of Opioid-Related
Hospital Admissions – 2018



Rate per 10,000 Population of Opioid-Related
Hospital Admissions – 2018



Note: Hospital admissions and ED visit data provided by the Illinois Department of Public Health, Division of Patient Safety and Quality. Rates per 10,000 are based on the number of admissions/visits for opioid related health issues within a given county, divided by that county's adult population 18 years of age or older per 2017 American Community Survey estimates. Owing to suppression rules, the number of admissions/visits in counties with fewer than 10 was set to 5 for the purpose of rate estimation.

Illinois Counties with the Highest Number and Population Rates of Opioid-Related ED Visits and Hospitalizations in 2018

Highest Number of ED Visits		Highest ED Visit Rates per County Adult Population	
Cook	5,866	Winnebago	25.1
Winnebago	550	Madison	16.3
DuPage	410	Marion	16.1
Will	395	Jersey	15.5
Madison	339	LaSalle	15.1
Lake	281	Cook	14.4
St. Clair	233	Calhoun	13.1
McHenry	224	Grundy	13.0
Kane	220	Bureau	12.8
Peoria	143	Greene	12.4

Highest Number of Hospitalizations		Highest Hospitalization Rates per County Adult Population	
Cook	1,673	Pope	14.7
DuPage	178	Putnam	10.9
Lake	144	Stark	10.9
Will	122	Cass	8.7
Winnebago	109	Iroquois	6.8
McHenry	86	Grundy	5.8
Kane	77	Cumberland	5.8
Madison	70	Marion	5.6
St. Clair	60	Johnson	5.3
Peoria	58	Menard	5.1

IDHS/SUPR Treatment System

All IDHS/SUPR 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 the Division's Automated Reporting and Tracking System (DARTS).⁹ Based on an analysis of DARTS data for State Fiscal Year (SFY) 2018, there were 49,065 total admissions to IDHS/SUPR funded treatment services representing 33,880 unduplicated clients. A total of 14,937 (30.5%) of all admissions in SFY 2018 indicated opioids as their primary drug class. Of these clients, 12,638 (84.6%) reported heroin as their primary drug with 2,299 (15.4%) reporting other opioids/synthetics as their primary drug class. Among all admissions, 2,839 (5.8%) were admitted to ASAM level I, outpatient methadone treatment (OMT). This represents an increase of 125% over OMT admissions in SFY 2017 (N = 1,257, 2.9%). Persons admitted to state-funded treatment for opioid misuse were significantly older (mean age = 38.6 years) than persons admitted for other types of drug misuse (mean age = 33.9). Compared with persons admitted for misuse of

⁹ Drug treatment data on services reimbursed by Medicaid Managed Care Organizations (MCO's) and third-party funding sources such as insurance and self-pay, are not reported into DARTS and, therefore, data on MCO-based admissions and services are not included. Beginning in State Fiscal Year 2016, an increasing number of Illinois Medicaid patients belonged to an MCO and did not have MCO-reimbursed substance use disorder treatment service data reported to DARTS. Since that time, DARTS information applies to a shrinking proportion of Illinois residents in publicly funded drug treatment.

drugs other than opioids, persons admitted for opioid misuse were also more likely to be female (37.8% vs 29.5%).

Medication Assisted Treatment

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, primarily but not exclusively opioid use disorders (OUD). According to the CDC, expanding access to MAT is essential to an effective response to the dramatic increase in opioid-related problems.¹⁰ Research indicates that MAT for clients with an OUD, particularly those in outpatient methadone treatment (OMT), has the potential to save significantly more lives and money than other forms of treatment.^{11,12} The cost-saving impacts of MAT are attributable not only to reductions in use and overdoses but also to a wide range of improvements in the health conditions commonly experienced by clients with an OUD. These improvements include increased access to health care and other recovery support services, improved interpersonal relationships and living conditions, and decreased rates of behaviors such as injection drug use that increase risk for infectious diseases such as hepatitis C and HIV/AIDS. The longer-term involvement of opioid users in MAT, as opposed to shorter term use of MAT for detoxification, plays a significant role in overall harm reduction practices. There is additional evidence of harm reduction benefits among both primary opioid clients who continue to use opioids while in MAT and those who prematurely discontinue treatment.¹³

MAT for an OUD includes one of several medication options, delivered in tandem with counseling and social supports. These medications are analogous to taking medication for diabetes or asthma; while not curative, they help people manage their disorder, so they can maintain recovery. It is NOT the same as substituting one addictive drug for another. For example, once stabilized on medication, patients do not experience the obsessive thoughts and corresponding compulsive behaviors that define an OUD nor do these drugs induce euphoria as do street drugs such as heroin. Moreover, these medications are much longer acting than illicit opioids and consequently require less frequent dosing, allowing a person to more fully engage in health sustaining activities such as work and social relationships. FDA-approved OUD medications include methadone, injectable extended-release naltrexone (e.g., Vivitrol®), and buprenorphine in a variety of formulations such as tablets (e.g., Subutex®), a long-acting injectable (e.g., Sublocade®), a sublingual film (Belbuca®), a subdermal implant (e.g., Probuphine®), as and in tablet form in combination with naloxone (e.g., Suboxone®).¹⁴

Each medication class works differently and is subject to different regulations regarding where, how and by whom they might be prescribed and dispensed. Naltrexone, an opioid antagonist, blocks the effects of opioids, making the person unable to get high from using them but has no effect on cravings or withdrawal symptoms. It has no diversion risk or “street value” because it does not cause the psychoactive effects of an opioid, is not itself an opioid, and is not classified as a narcotic. Because it is not an opioid and not a controlled substance, naltrexone may be prescribed by any health care professional licensed to prescribe medications. Methadone, an opioid agonist, and buprenorphine, a partial agonist, reduce cravings and withdrawal symptoms without making the person feel high. Methadone must be provided by a federal and state approved clinic through a controlled dispensary

¹⁰ <https://www.cdc.gov/vitalsigns/heroin/>

¹¹ http://www.who.int/whr/2004/en/report04_en.pdf?ua=1

¹² Volkow, N. D., Frieden, T. R., Hyde, P. S., & Cha, S. S. (2014). Medication assisted therapies – Tackling the opioid-overdose epidemic. *The New England Journal of Medicine*, 370, 2063-2066.

¹³ Thiede, H., Hagan, H. & Murrill, C. S. (2000). Methadone treatment and HIV and hepatitis B and C risk reduction among injectors in the Seattle area. *Journal of Urban Health*. 77(3), 331–345.

¹⁴ Modesto-Lowe, V., Swiezbin, K., Chaplin, M., & Hoefer, G. (2017). Use and misuse of opioid agonists in opioid addiction. *Cleveland Clinic Journal of Medicine*, 84(5), 377-384.

procedure. Buprenorphine may be prescribed by a physician, physician assistant or nurse practitioner whose license allows them to prescribe medications. In order to prescribe buprenorphine, a practitioner must also obtain a waiver through SAMHSA and the Drug Enforcement Administration (DEA).

The development and aggressive marketing of synthetic opioid analgesics such as Oxycontin® in the mid-1990s, led to what became a rapid, geographically broad, and prolonged increase in misuse of prescription opioids that eventually led to corresponding increases in opioid overdose-related fatalities. These developments are widely cited as the genesis of the current opioid epidemic.^{15,16} In one of the first federal responses to the growing epidemic, Congress passed the Drug Addiction Treatment Act (DATA) in 2000. A primary intent of DATA was to expand availability and access to MAT beyond the highly restrictive constraints, geographical and otherwise, placed on clinics that can distribute methadone. DATA created a waiver program that allowed qualified physicians to prescribe buprenorphine to treat patients with an OUD. The number of patients for whom a waived physician could prescribe buprenorphine was capped at 30 in the initial year after receiving a waiver. However, after one year, a waived physician could apply to SAMSHA, which administers the waiver program, to increase the number of concurrent patients to 100. In a subsequent effort to further expand MAT access, particularly in rural areas where the shortage of MAT providers has remained especially acute¹⁷, the Comprehensive Addiction and Recovery Act (CARA) of 2016 extended buprenorphine prescription privileges for a time-limited period of five years to nurse practitioners and physician assistants. CARA also increased the number of patients a physician could treat following their initial waived year from 100 to 275.^{18,19}

SAMHSA maintains a national directory of buprenorphine waived health care providers and tracks the number of newly registered physicians each year.²⁰ The directory provides historical information on the number of DATA-waived physicians newly certified each year since the system's 2002 inception. For the purposes of this report, we examined the annual numbers of newly waived physicians in Illinois. The results of this analysis are shown in the graph below. As in other states and for the duration of the program, the majority of Illinois physicians are waived for 30 concurrent patients. As can be seen, the number of new physician waivers approved each year was relatively constant from 2002 through 2016. However, in the past two years, the number of waived physicians has increased dramatically from 139 (counting new waivers for 30 and 100 concurrent patients) in 2016 to 274 in 2017 and then to 464 in 2018.

¹⁵ Kanouse, A. B., Compton, P. (2015). The epidemic of prescription opioid abuse, the subsequent rising prevalence of heroin use, and the federal response. *Journal of Pain & Palliative Care*, 29(2), 102-114.

¹⁶ Hoffman, J., Thomas, K., Hakim, D. (2019, July 19). 3,271 pill bottles, a town of 2,831: Court filings say corporations fed opioid epidemic. *The New York Times*, Retrieved from <https://www.nytimes.com>

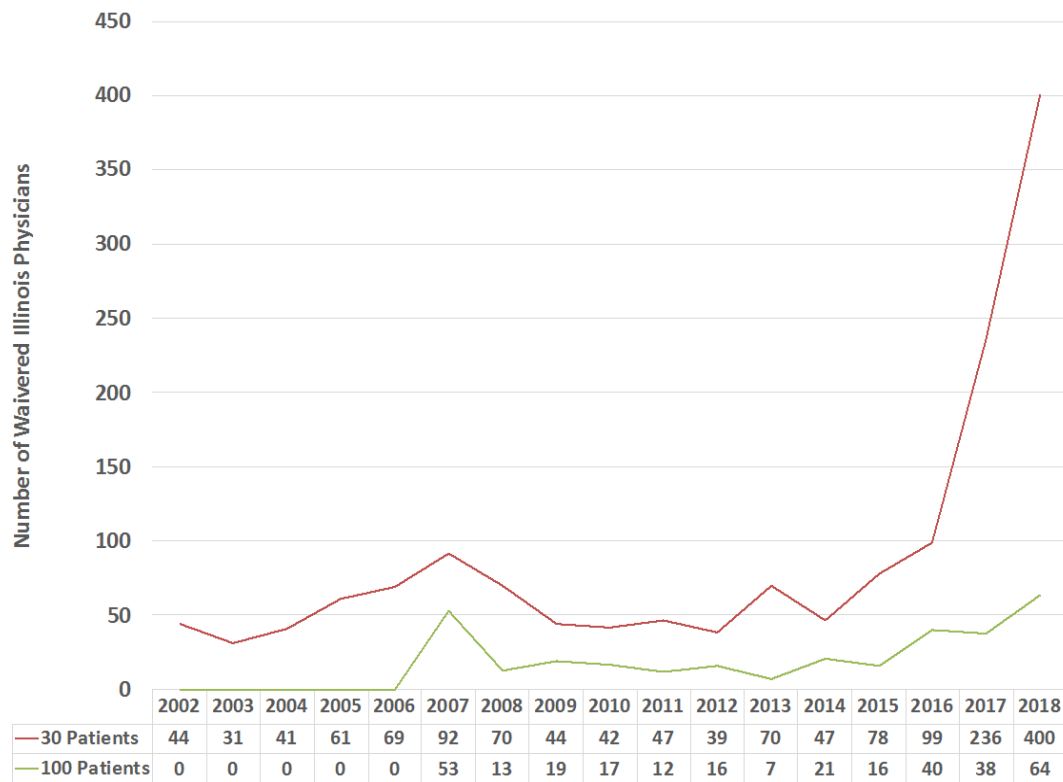
¹⁷ Sharma, A., Kelly, S. M., Mitchell, S. G., Gryczynski, J., O'Grady, K. E., Schwartz, R. P. (2017). Update on barriers to pharmacotherapy for opioid use disorders. *Current Psychiatry Reports*, 19. Online publication.

¹⁸ Comprehensive Addiction and Recovery Act of 2016. *Public Law 114–198*. Page 130 Stat. 695. Available at: <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>. Accessed July 3, 2019.

¹⁹ The SUPPORT for Patients and Communities Act of 2018 (*Public Law 115-271*) allows physicians to prescribe buprenorphine to 100 patients in their first year of receiving a waiver (instead of 30) if they are board certified in addiction medicine or psychiatry and provide MAT in a “qualified practice setting”.

²⁰ <https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>

Number of Illinois DATA-Waivered Physicians Newly Certified Per Year by Patient Limit



These figures do not include health practitioners other than physicians, such as nurses and physician assistants, who were not considered qualified to obtain a DATA waiver before CARA passed in 2016.

As this graph shows, there has been an increase in the number of buprenorphine waived practitioners. However, there are important limitations to the use of these numbers as indicators of MAT availability. First, waived providers can opt out of being listed in the database, which is used primarily as a tool for locating a provider who can prescribe buprenorphine and not as an exhaustive compilation of waived providers. Second, and perhaps more importantly, not all practitioners with waivers actively prescribe. For instance, a 2016 study of rural physicians with buprenorphine waivers found 53% were not treating any patients. Moreover, only 56% were accepting new patients even though the average caseload for physicians with a 30-caseload waiver was 8.8 and 56.9 for physicians with a 100-patient waiver.²¹ And third, the SAMHSA data do not include the small albeit important number of programs that provide outpatient methadone treatment or naltrexone.

These issues raised the concern that people seeking treatment could be referred to prescribers who were not accepting new patients, thereby discouraging individuals seeking help for their OUD. There was also concern that at a time when IDHS is trying to improve access to MAT, lack of provider availability could pose a major barrier for patients seeking services. SUPR recognized the need to determine the number of actively prescribing physicians. To provide a more accurate and complete picture of MAT availability in the state, the information was matched with the SAMHSA directory against the Illinois' Prescription Drug Monitoring Program database to identify which practitioners with DATA waivers were actively prescribing buprenorphine in the past year. The data was combined

²¹ Andrilla, C. H. A., Coulthard, C., & Patterson, D. G. (2018). Prescribing practices of rural physicians waived to prescribe buprenorphine. *American Journal of Preventive Medicine*, 54(6), S208-S214.

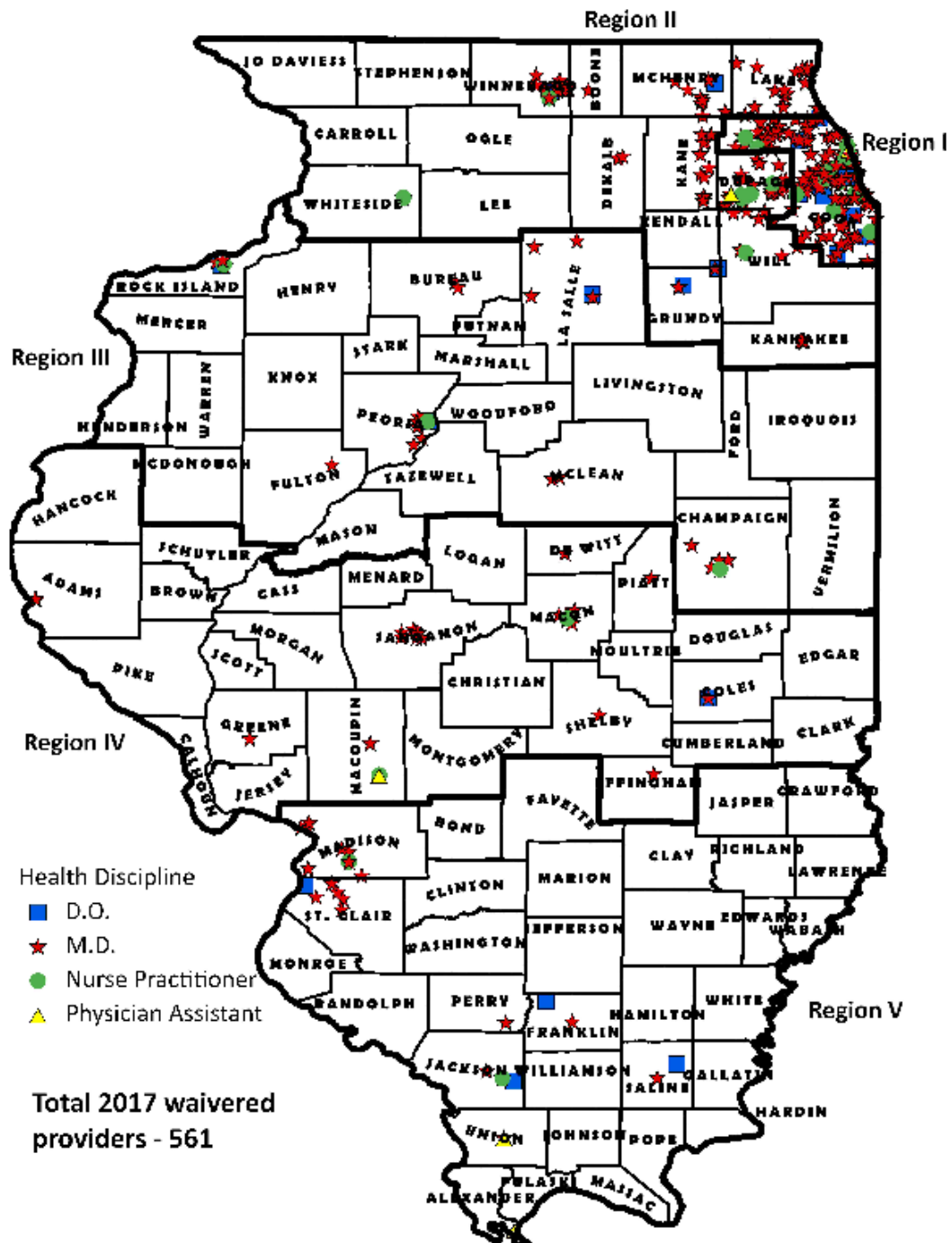
with the locations of SUPR-licenses OMT sites that provide methadone/buprenorphine or naltrexone. The maps on the next two pages provide the results for 2017 and 2018, which provide clear evidence of the progress the state has made in expanding MAT availability as well as the work that remains to be done to make MAT accessible statewide.

On each map, the text within each county's borders shows the number of Methadone/buprenorphine programs, health providers waived for and actively prescribing Buprenorphine, or the availability of Naltrexone. IDHS/SUPR currently licenses 71 OMT service sites in Illinois. Thirty-one (31) of these OMT sites receive public funding support through IDHS/SUPR. 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. A total of 7,370 unduplicated clients were served at the IDHS/SUPR-supported OMT sites during SFY 2017. As of June 2018, our analyses indicate that there were 707 actively prescribing buprenorphine practitioners in Illinois, 493 of whom were in Cook County. There are 136 practitioners in Region 4, and 105 in Region 5. Of the waived practitioners in Region 5, 23 were in Madison or St. Clair.

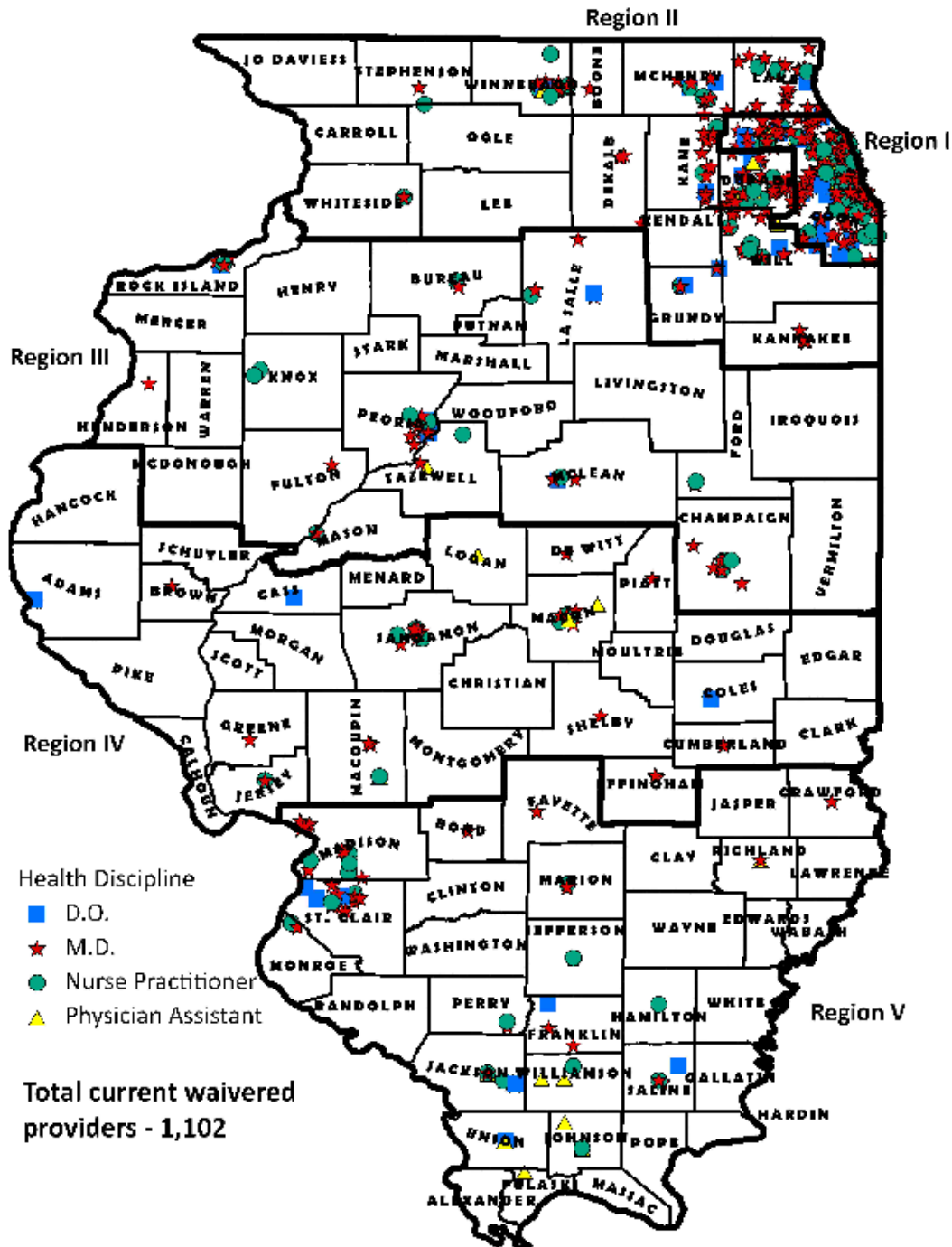
Several findings from these analyses are worth noting: While nurse practitioners and physician assistants can now apply for a waiver, they still comprise a relatively small minority of buprenorphine providers. A recent analysis by SUPR found that 80% of waived practitioners were physicians (either M.D. or D.O), 15% were nurse practitioners, and 5% physician assistants.

Collectively, both the number and geographic availability of waived health care practitioners throughout the state have expanded over the past few years, increasing from 561 in 2017 to 1,711 as of October 2019. In 2017, 39 counties (38% of the state's 102 counties) had at least 1 buprenorphine-waivered health practitioner; that number has now increased to 59 counties (57.8%). The 59 counties with any MAT available provide a minimal amount of access to 11.5 million (~90%) of Illinois' 12.8 million residents given their location within the state's most populous counties. Given that the data examined for this report consistently show the opioid epidemic continues to affect virtually every Illinois county, continued expansion of MAT to counties presently not served as well as to those counties underserved remains an important priority. The 43 counties with no MAT availability – designated as “MAT deserts” – have an estimated 850,000 residents or 6.6% of the state's population. The state has successfully reduced the number of MAT desert counties from 58 to 43 as of July 2019.

DATA-Waivered Illinois Providers with Buprenorphine Prescribing Privileges – 2017

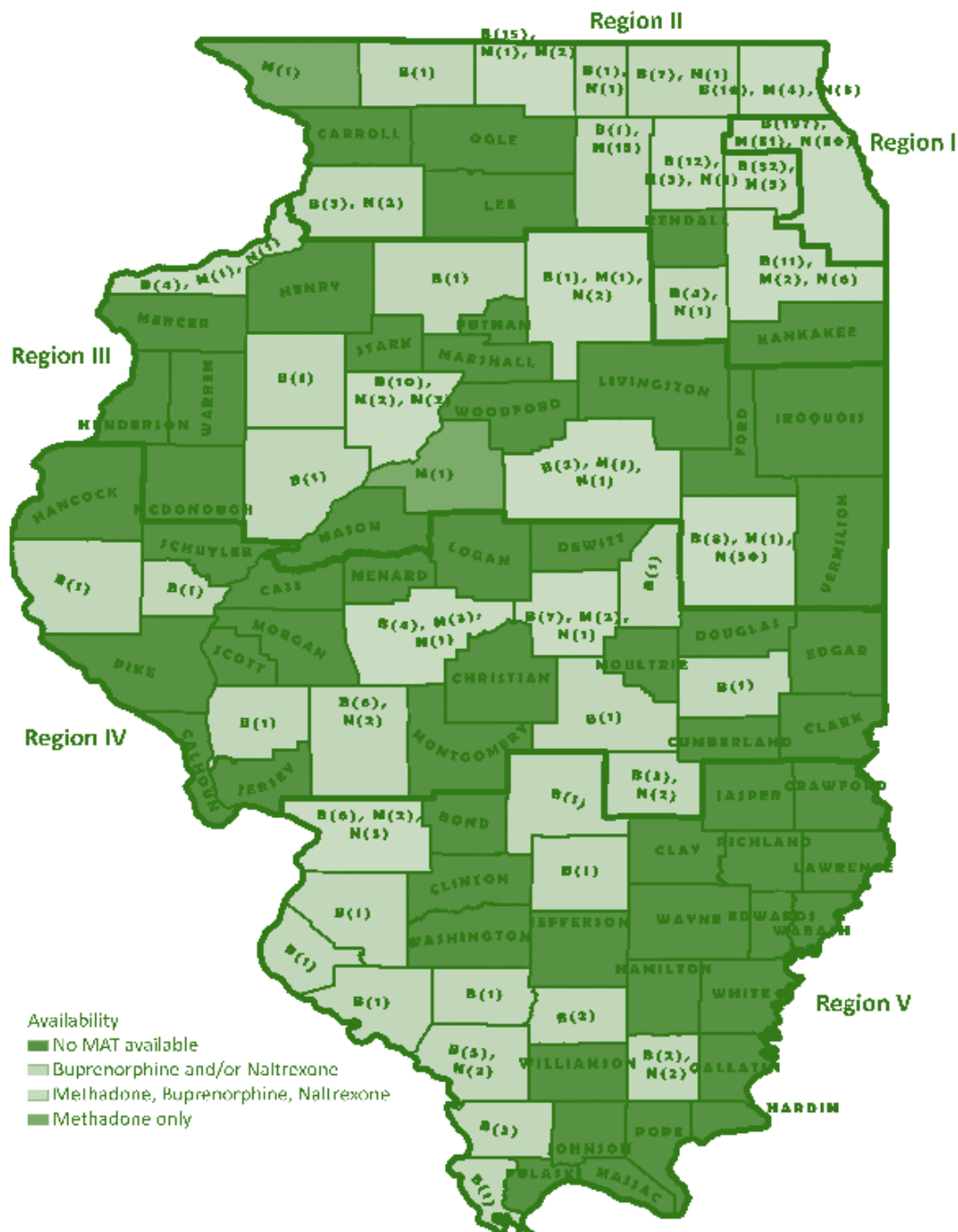


DATA-WAIVERED ILLINOIS PROVIDERS WITH BUPRENORPHINE PRESCRIBING PRIVILEGES – AUGUST 2019

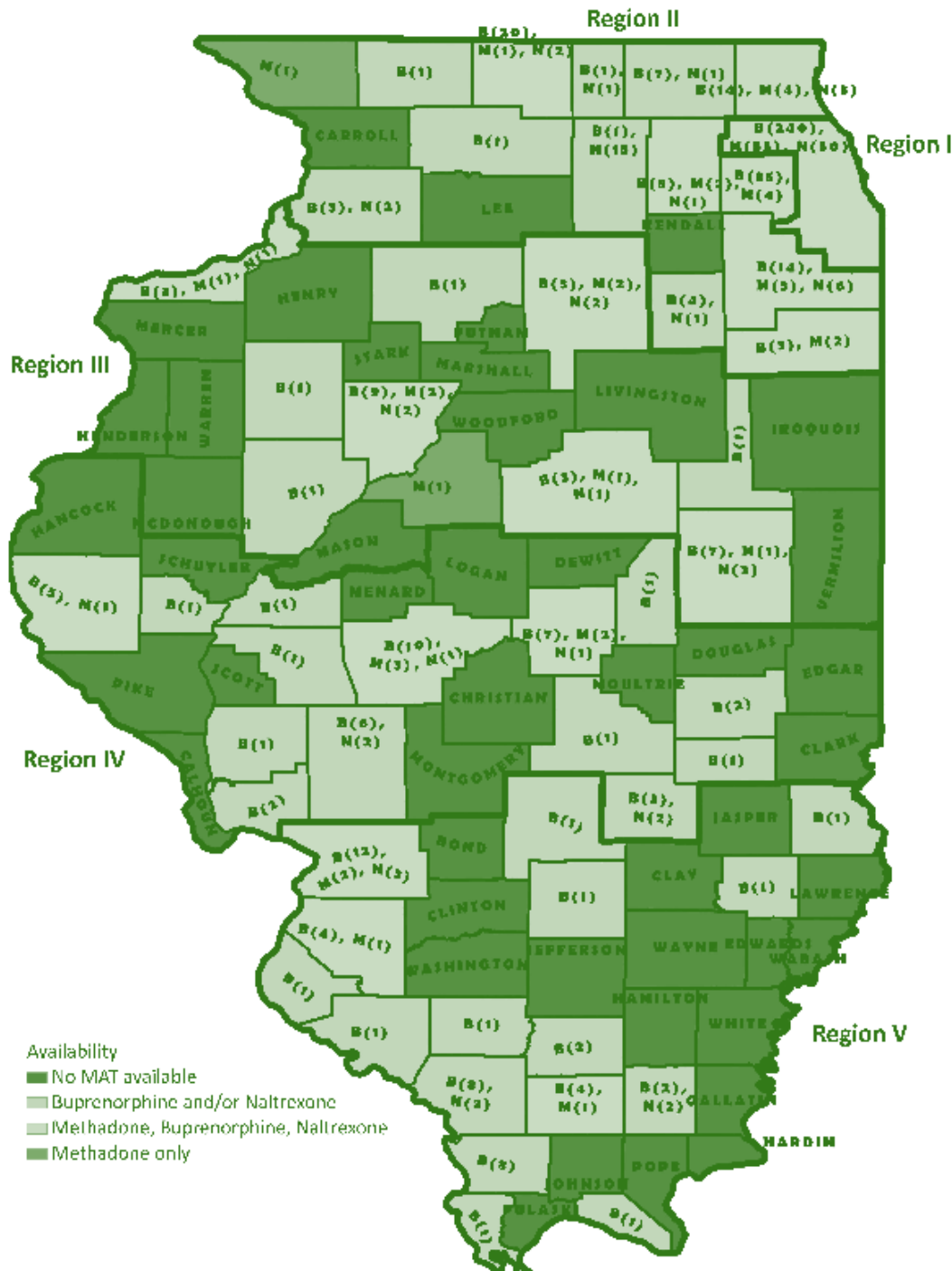


Note: Data obtained from the registration file of practitioners waived to prescribe buprenorphine under the Drug Addiction Treatment Act and maintained by SAMHSA available at: https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator?field_bup_physician_us_state_value=IL. Data for 2017 were downloaded July 27, 2017. Data for 2019 were accessed July 3, 2019. Locations within county are based on the practitioners' street addresses provided in the database.

Medication Assisted Treatment (MAT) Availability by County – 2017



Medication Assisted Treatment (MAT) Availability by County – 2018



In June of 2019, IDHS/SUPR surveyed 121 funded treatment providers to understand the relationships they have with MAT, and if they are providing or collaborating with providers of MAT in their communities. Eighty-five providers responded, resulting in a response rate of 68%. Of the 85 providers that responded, 21 of them were OTP's. We verified through other data sources that all 21 of the OTPs are dispensing methadone, rather than asking them that question.

Each question was voluntary and could be skipped, resulting in multiple sample sizes. Eighty-five of the providers answered, “Does your agency provide MAT for individuals with Opioid Use Disorder?” 49 (58%) indicated they do. We asked these follow up questions to determine what type of MAT they are providing:

“In your sites that operate Opioid Treatment Programs (OTPs), which form of medication does your organization provide?” (N=21)

Medication	Number	Percentage
Methadone ²²	21	100%
Buprenorphine	10	47%
Injectable Naltrexone	7	33%
Both	4	20%

“In your sites that are not OTPs, which form of medication does your organization prescribe or administer?” (N=28)

Medication	Number	Percentage
Methadone ²³	0	0%
Buprenorphine	15	53%
Injectable Naltrexone	3	12%
Both	10	35%

Of the 36 providers that did not offer MAT, all 36 (100%) indicated they had a formal relationship with someone in the community that did. So while the state is seeing growth in the number of providers offering all three forms of MAT, there is also an expansion in client access to MAT via providers who don't offer all forms. Providers are referring clients more often, and, they have more referral options in the community.

All providers were asked to identify any problems with prescribing MAT. There were 75 responses to this question, from which the following themes developed:

- Lack of access due to location in rural community;
- Lack of funding/ Medicaid eligibility;
- Lack of transportation; and
- Coordination of care/ waitlists.

These 75 respondents also identified potential solutions:

- Increase access through incentivizing providers or opening more clinics;
- Enhance public and private funding resources; and
- Develop streamlined advanced technology for EMR's.

Finally, providers identified ways in which they are helping to expand access to MAT. Providing MAT or linking to providers who provide MAT was the most common answer, followed by expanding access to funding sources i.e., scholarships/insurance. Some were looking into becoming a MAT provider within the next 1-2 years.

In summary, there remain large areas of Illinois within which residents have limited access to any form of MAT for OUD. Important gains have been made in this regard, particularly in the steadily increasing number of health providers waived to prescribe buprenorphine. IDHS recognizes the lack

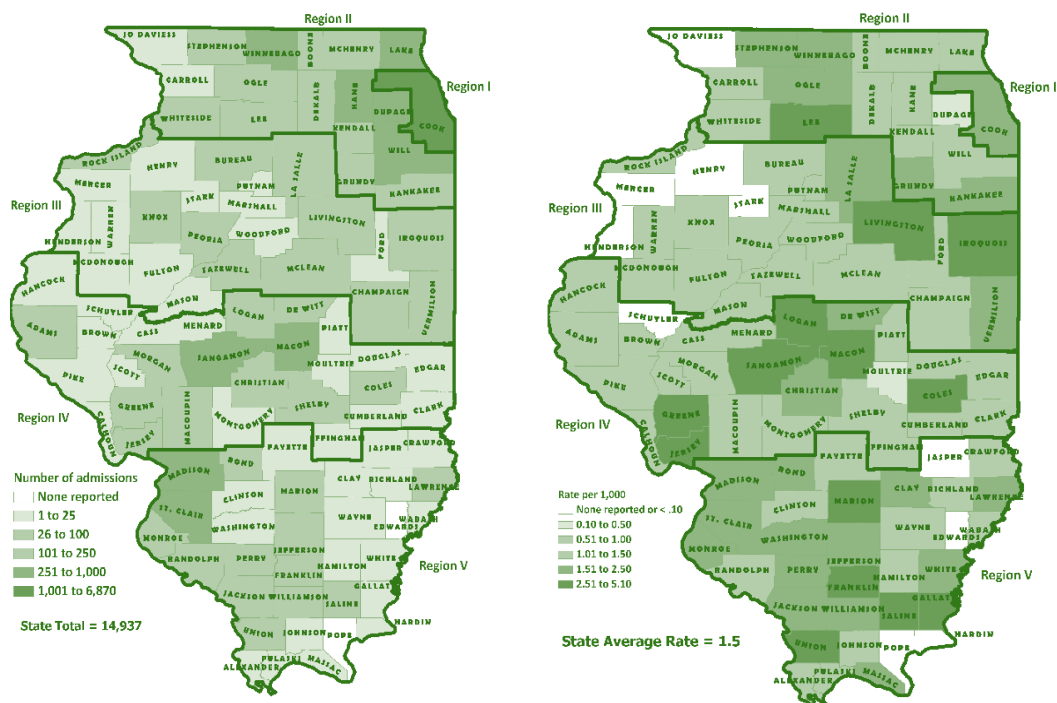
²² All of the OTPs are dispensing methadone

²³ Only OTPs can dispense methadone.

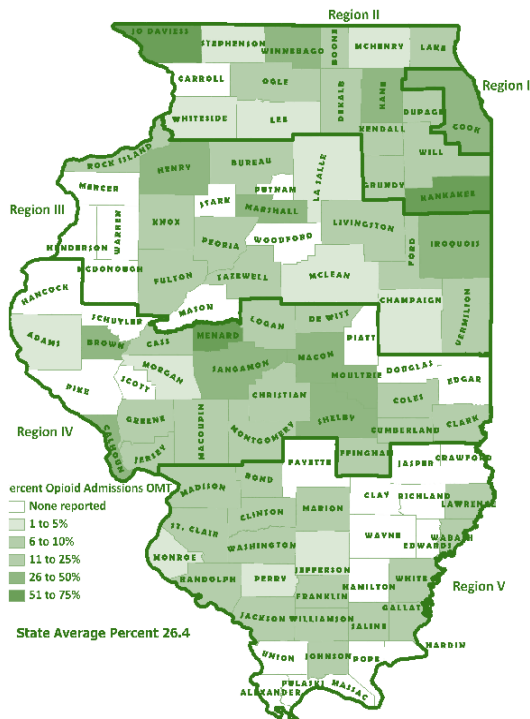
The Opioid Crisis in Illinois: Data and the State's Response

of access to treatment and particularly MAT in some parts of the state remains problematic. As shown on the maps on the following page, although Cook County residents account for a substantial portion (46.2%) of the 14,937 SFY 2018 admissions for opioid use to IDHS/SUPR-funded treatment services, such admissions are distributed throughout the state. This again underscores the geographically broad need for such treatment services; only two counties (Edwards and Pope) did not report any admissions of a primary opioid use disorder. 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. About a third of Illinois counties (N = 32) had rates of primary opioid admissions to IDHS/SUPR-funded treatment services that exceeded the Cook County rate of 1.7 admissions per 1,000 adult residents (> 17 years old). Counties with the highest rates include Macon (5.1 admissions per 1,000 adult residents); Gallatin (4.2); Sangamon, Livingston, and Union (3.9); Greene (3.7); and Coles (3.6).

The third map illustrates the percentage of a county's IDHS/SUPR primary opioid admissions that were accounted for by admissions to OMT. There were many counties (N=30) where there were no OMT admissions. Twelve other counties had less than 5% of admissions for an OUD treated in an OMT setting. Not surprisingly, these counties tend to be clustered in DHS Region V, where there remain the fewest MAT facilities.



Percent of Primary Opioid Admissions SUPR-Funded OMT By Illinois County – SFY 2018



Note: DARTS data were obtained from electronic service records submitted to SUPR by treatment providers for services provided from July 1, 2017 through June 30, 2018. DARTS only collects data for services reimbursed through SUPR contracts and Medicaid Fee-For-Services (FFS) for income eligible clients.

State Efforts to Address the Opioid Crisis

The State Opioid Action Plan²⁴ (SOAP) forms the strategic framework for addressing the opioid epidemic in Illinois, setting a statewide goal of reducing projected opioid-related deaths by one-third in three years²⁵ 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); and
- 3) Response: avoiding death after overdose.

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 OUD. There are four SUD-specific pilot projects currently supported by the 1115 Waiver including the following: withdrawal management services (ASAM Level III.2); peer recovery coaching services for persons with OUD who have begun the recovery process through treatment services and need additional ongoing support to prevent relapse and return to higher intensity services; +SUD case management services for Medicaid members involved with the criminal justice system who are

²⁴ <http://www.dph.illinois.gov/opioids/ilplan>

²⁵ From the SOAP: “Our goal is to reduce the number of projected deaths in 2020 by a third.”

offered treatment as an alternative to incarceration; and a statewide pilot to allow the state to claim federal financial participation (FFP) on services delivered by residential treatment providers that have already been classified as an Institute for Mental Disease (IMD), in that they have more than 16 beds.

Medicaid State Plan Amendments (SPAs)

MEDICATION ASSISTED TREATMENT – OPIOID TREATMENT PROGRAMS (OTP). In January 2017, HFS began covering outpatient methadone treatment in OTP's through Medicaid fee for service (FFS) and Medicaid managed care organizations (MCOs) for Medicaid eligible patients. The Medicaid State Plan Amendment supporting the reimbursement of these services allows allow Illinois to fully implement the requirement related to Medicaid reimbursement for methadone treatment contained in The Heroin Crisis Act (Public Act 099-0480).

INTEGRATED HEALTH HOMES. IDHFS is currently collaborating with numerous state agencies to develop a Medicaid state plan option that will provide a comprehensive system of care coordination for Medicaid individuals with chronic conditions, including substance use and opioid use disorders. Health home providers will integrate and coordinate all primary, acute, behavioral health and long-term services and supports to treat the "whole-person" across the lifespan. Health home services for Medicaid members with chronic conditions will include the following: comprehensive care management; care coordination; health promotion; comprehensive transitional care/follow-up; patient and family support; and referral to community and social support services. The Integrated health homes will be designed to promote accountability, reward team based integrated care, and shift away from fee for service (FFS) towards a system that pays for value and outcomes.

Illinois Department of Public Health (IDPH)

IDPH in collaboration with other state agencies, continues to actively work on robust public reporting of opioid-related data, including the dynamic, searchable, public-facing Opioid Data Dashboard. Released in March 2018, the Opioid Data Dashboard,²⁶ which is continually updated, presents non-fatal and fatal opioid overdose data by county and ZIP code, trends by demographics and cause of overdose, prescribing trends, a more detailed breakdown of the type of opioid involved in fatal overdoses, an interactive map of all pharmacies and other entities in Illinois that provide naloxone without a prescription, opioid prescribing information from the PMP, and a map of all locations where naloxone is distributed and whether naloxone is distributed from a pharmacy or an OEND program. The number of people viewing the Opioid Data Dashboard has increased significantly over time. As of October 2019, the Dashboard has had 17,000 views, averaging about 1,700 views each month.

In the summer of 2019, IDPH updated the Opioid Data Dashboard with 2018 data along with the addition of two new resources: 1) a map of treatment providers and 2) syndromic surveillance data. The dashboard now includes the location of medication assisted treatment (MAT) providers and IDHS/SUPR-licensed treatment services. Treatment services provided by IDHS/SUPR licensed facilities includes outpatient, intensive outpatient, and residential rehabilitation. Syndromic surveillance data is the collection of opioid overdose related data reported at the county level and includes all Illinois acute care hospital emergency department (ED) visits. The data include visits based on where the patient lives in Illinois. Syndromic surveillance data presented in the Dashboard are updated monthly and are provisional.

²⁶ <https://idph.illinois.gov/OpioidDataDashboard/>

IDPH released the State of Illinois Comprehensive Opioid Data Report²⁷ in December 2017. The next report will consolidate data from IDHS and IDPH and will be released in 2020.

IDPH submitted the Opioid Overdose Semiannual Report to the Governor and General Assembly in September 2019. This report can be found on the IDPH website.²⁸ Additionally, IDPH reports fatal drug overdoses, including opioid overdose, by county and demographics, in its Drug Overdose Deaths report, which is updated monthly and can be found on the IDPH website.²⁹

In July 2019, IDPH sent a survey to local health departments to assess their overdose-related data needs and status of their opioid outbreak response planning efforts. The survey lays the foundation for outreach to Illinois local health departments to facilitate their use of syndromic surveillance for overdose outbreak information and to promote local response. IDPH analyzed survey and presented the preliminary results to a Cross Sector Data Work Group which includes local health departments. Upcoming plans include identifying strategies for supporting local health department efforts and a statewide syndromic surveillance training for local health departments.

Additional Initiatives

DOCASSIST CONSULTATION SERVICES RELATED TO THE DELIVERY OF MAT FOR PREGNANT AND POST-PARTUM WOMEN. In addition to leading efforts related to the Medicaid 1115 Waiver and SPAs, the Department has expanded its DocAssist consultation program to provide training and support for Medicaid providers serving expectant and post-partum mothers with substance use disorders. The DocAssist program originally began as a collaboration with the University of Illinois as a way to provide pediatric psychiatric and behavioral health consultation services to primary care physicians (PCPs) and allied providers enrolled with HFS. The Illinois DocAssist program currently provides free pediatric and perinatal psychiatric phone consultation to PCPs and mid-level mental health providers caring for Medicaid-enrolled youth (ages 0-21) and perinatal women's psychiatric and substance use needs. Effective July 1, 2019, Illinois DocAssist expanded its support to pregnant and post-partum mothers through the introduction of consultation services related to the delivery of medication-assisted treatment (MAT) during the perinatal period. Opioid agonist pharmacotherapy, also known as MAT, along with counseling, continues to be the recommended therapy for pregnant women with an opioid use disorder. In addition, DOCAssist will provide four face-to-face trainings on MAT for providers serving Medicaid beneficiaries in central/southern Illinois in State Fiscal Year 2020.

THE OUD WITHDRAWAL MANAGEMENT SUBCOMMITTEE OF THE MEDICAID ADVISORY COUNCIL (MAC). Stakeholders interested in the delivery of withdrawal management services to individuals with OUD requested the formation of a separate subcommittee of the MAC to discuss issues related to withdrawal management services and develop recommendations to the Department for improving the quality of care for Medicaid members. The overall goal of the Subcommittee is to develop strategies that can improve the rates of Medicaid members with OUD who are connected to community-based care, including MAT, upon discharge from withdrawal management services. The Subcommittee submitted recommendations to the Department in August 2019, which focus on creating strategies that move Illinois Medicaid providers towards a "medication-first" approach where patients presenting with OUD are educated about and immediately offered an agonist or partial agonist medication induction as the default course of treatment. Additional recommendations include the following:

- Ensure that providers educate patients about the full benefits and risks of engage in/declining medication-assisted treatment (MAT).

²⁷ dph.illinois.gov/sites/default/files/publications/publicationsdoil-opioid-data-report.pdf

²⁸ <http://www.dph.illinois.gov/opioids/idphdata>

²⁹ <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics/more-statistics>

- Require patients to sign a form acknowledging they were educated about their options.
- Require providers to document patient consultation regarding MAT and documentation to be submitted prior to reimbursement for services.

The Subcommittee's recommendations are currently under review as the Department continues to focus on ensuring that Medicaid members with OUD receive quality care and are connected with evidenced-based services in their communities.

Illinois Department of Insurance (IDOI)

- In 2019, published a booklet titled, "Accessing Care and Treatment: Navigating Behavioral Health and Substance Use Disorder Care Through Your Health Insurance Plan". This booklet was designed and printed to help Illinois consumers understand their rights regarding mental health and substance use disorder treatment and navigate their insurance plan when seeking care. The booklet includes important tips for consumers, a glossary of terms that health insurers use, and a checklist of questions to ask one's health insurer to ensure the health plan pays for the appropriate care.
- In 2018, developed and delivered presentations for consumers, stakeholders and providers titled "Illinois Department of Insurance Access to Care and Treatment: What Consumers and Providers Need to Know about Mental Health and Substance Use Disorder Parity". The presentation was the cornerstone of the IDOI 2018 ACT Tour which educated consumers on the scope of the Illinois opioid crisis, defined mental health and substance use parity, explained key insurance terms and how IDOI can assist, if needed.
- In 2018, created and distributed a pocket-sized brochure titled "Using Your Health Insurance".

The brochure explains the essential health benefits that insurance plans must provide, how a consumer's parity rights might be violated by an insurance company and how consumers can receive help from IDOI if they suspect that their rights have been violated.

- Since 2016, a Working Group made up of health 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) regularly convenes. The Working Group is required to meet semi-annually to discuss 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 February 2019 <https://insurance.illinois.gov/reports/MHSUDWorkingGroupAnnualRpt.pdf>, 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, the issues and topics covered, and legislative recommendations, as required by statute.

- In 2018, Illinois became the first state in the country to have Centers for Medicare and Medicaid Services approval for changes to the Affordable Care Act benchmark plan. The new plan allows alternative therapies for pain, limits opioid prescriptions for acute pain, removes barriers to obtaining Buprenorphine products for medically assisted treatment (MAT) of opioid use disorder, covers prescriptions for at least one intranasal spray opioid reversal agent when initial prescriptions of opioids are dosages of 50MME or higher, and covers tele-psychiatry care by both a prescriber and a licensed therapist.

Illinois Criminal Justice Information Authority (ICJIA)

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.

ICJIA's commitment to countering the opioid overdose epidemic is threefold:

- 1) through the administration of grants to support ongoing efforts to combat and mitigate opioid misuse;
- 2) through research and evaluation of programs and policies related to the opioid epidemic from prevention through incarceration and reentry; and
- 3) through participation on state, county, and local commissions and councils looking to counter the opioid epidemic.

ICJIA researchers have, and continue to, engage in evaluation of programs and practices targeting substance use disorders and substance misuse among the justice-involved population, including evaluations of Logan Correctional Center's Dual Diagnosis Program; Dixon, IL and Lake County, IL deflection programs in which police offer a warm handoff to those seeking help into treatment; surveys of probation and jail staff regarding use of substance use disorder treatment, specifically the incorporation of medication-assisted treatment (MAT) programs; and coordination of a conference on topics related to the opioid epidemic and medication-assisted treatment. In addition, ICJIA is a partner in a five-year National Institutes of Health grant led by University of Chicago to conduct clinical trials to understand changes in outcomes in corrections as they relate to the opioid crisis.

The Authority published 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 to publish, multiple articles detailing the opioid epidemic and substance use disorders for justice-involved populations. Further, ICJIA researchers have conducted state and national presentations and have been part of the various governor/state, county, and local councils, commissions, and collaboratives on working to reduce opioid overdoses and increasing Illinoisan access to treatment and services.

Over the past several years, ICJIA has funded a variety of services and programs that seek to counter the opioid epidemic. 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 provides funding to Metropolitan Enforcement Groups (MEG) and Drug Task Forces to assist in enforcement and prosecution drug trafficking in Illinois, as well as several police-treatment model programs to deflect and divert individuals away from the criminal justice system and into appropriate clinical treatment.

Illinois State Police (ISP)

In 2018, the Illinois State Police continued to focus on a variety of efforts regarding the nationwide opioid drug abuse epidemic. Through the management of the Metropolitan Enforcement Groups and Drug Task Forces, the ISP developed partnerships with substance abuse organizations and coalitions. The tenets of these relationships focused on prevention, education, recidivism reduction, alternative sentencing options, and traditional narcotics enforcement. In addition to their involvement in a multitude of outreach programs, ISP Investigative units opened 376 opioid related cases in 2018.

While the ISP's traditional role in narcotics is enforcement, the Department trained approximately 1,300 officers in Patrol and Investigations on the use and administration of NARCAN. NARCAN is a medication which can reverse the effects of an opioid overdose. In 2018, ISP personnel saved the lives of 16 individuals in Illinois by administering NARCAN.

The Department employed the ISP Medicaid Fraud Control Bureau (MFCB) to proactively combat the opioid epidemic by presenting proper narcotics safekeeping and accountability of prescription narcotics to personnel at long-term care facilities. The MFCB also investigates allegations of employee theft of narcotics at facilities like hospitals and nursing homes.

The ISP's Criminal Patrol (CRIMPAT) initiative encourages increased communication during traffic enforcement and more criminal arrests of egregious offenders. The ISP proactively targets illegal opiates by utilizing criminal patrol techniques through interdiction efforts on Illinois highways, bus depots, and train stations. In total, ISP patrol and investigative units seized 123,305 grams (271 pounds) of opioids in 2018.

In May 2018, an ISP Trooper seized approximately 65 kilograms (143 pounds) of Fentanyl during a traffic stop. This constituted the largest Fentanyl seizure in the United States in 2018. It was nearly three times larger than the second largest Fentanyl seizure in the United States in 2018.

The ISP Statewide Intelligence Center (STIC) is a participant of the Illinois Department of Public Health's Cross-Sector Data Workgroup. This workgroup aims to bring opioid and overdose data into one place for all agencies to access. The intention of the workgroup is to monitor and alert appropriate agencies to unusual spikes in opioid-related overdoses as determined by IDPH's syndromic surveillance data.

The Division of Forensic Services (DFS) has worked with user agencies to ensure the analysis needs on evidence submitted has been met. The Forensic Sciences Command (FSC) has purchased reference standards of newly emerging substances for use in comparative analysis. Second, the purchase of new gas chromatograph – infrared (GCIR) technology has allowed for needed research and validations to begin. The GCIR will provide a more efficient and effective analytical tool in the differentiation and identification of opioids as well as synthetic cannabinoids and cathinones. FSC also monitors legislation for opportunities to provide information for updates to the Controlled Substances Act to include emerging substances as controlled substances. Additionally, FSC also continues partner and provide statistical information to entities like Chicago High Intensity Drug Trafficking Area (HIDTA) (monthly for drug mapping) and other groups doing statistical research and tracking of the opioid impact.

Illinois Department of Human Services (IDHS)

There are two areas within IDHS charged with responding to the opioid crisis. The Office of Clinical, Administrative and Program Support (OCAPS) Bureau of Pharmacy and Clinical Support Services (BPCSS) maintains the Illinois Prescription Monitoring Program (ILPMP). The Division of Substance

Use Prevention and Recover (SUPR) manages grants funded through the federal Substance Abuse and Mental Health Services Administration (SAMHSA.)

Prescription Monitoring Program (PMP)

The Illinois PMP is currently funded by a combination of state General Revenue Funds as well as federal grant funding from CDC, SAMHSA, and DOJ. The program maintains the electronic database that receives Controlled Substance prescription data from retail pharmacies and allows prescribers and dispensers to view controlled substance prescription data for current and prospective patients. Information maintained in the ILPMP assists in improving clinical decision-making; reducing multiple provider episode; and identifying high risk behaviors of prescribers, dispensers, and patients that allow us focus education and intervention efforts.

Current ILPMP initiatives:

- Increasing accessibility and ease of use by expanding designee access and integration with Electronic Health Record (EHR) systems. Continuing integration efforts have led to almost 3,000 PMPnow connections integrating hospitals, practices, pharmacies, dentists, FQHCs and various other healthcare sites directly with the ILPMP.
- Enhancing the ILPMP by improving the quality and accuracy of data, providing valuable-added features to create more efficient access, incorporating additional datasets, increasing interstate data sharing, and incorporating Clinical Decisions Support (CDS) tools to help healthcare professionals make appropriate judgements in the care of their patients.
- Integrating state and local response efforts by expanding ongoing efforts in high burdened areas such as enlisting local health department personnel to educate providers on the ILPMP and to disseminate regional statistics that incorporate additional data statistics such as opioid overdose.
- Establishing linkages to care by facilitating the exchange of information between different healthcare setting types, such as linking hospital emergency departments to treatment facilities.
- Providing clinical education and training to assist providers in guideline implementation. The ILPMP plans to expand upon current efforts around academic detailing and continuing education.
- Improving interoperability with a primary focus on Medicaid recipients through HITECH and SUPPORT funding.
- Collaboration with other state departments through sharing of data and resources to improve patient safety.

Division of Substance Use Prevention and Recovery (SUPR)

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). 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.

STATE OPIOID RESPONSE (SOR) GRANT. Illinois received \$28.9 million in grant funding foreach of two years (TI081699) through a SAMHSA State Opioid Response (SOR) Grant. 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 and with a supplemental award of \$15.1 million in the first year, funds total \$73.1 million.

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.

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.

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.

As of June 24, 2019, **15,125** 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 **3,098** clients through June 24, 2019. Through June 7, 2019, **202** persons were admitted to expanded OMT services through the MAT-PDOA grant to IDHS/SUPR. One hundred and fifty-seven (157) of these clients have completed six-month post-admission follow-up interviews, with 93% 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”, 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 a competitive process. Through June 24, 2019, **103** 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>.

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 competitive process in May 2017. An additional four (4) recovery home organizations were identified to provide expanded services through a competitive process in August 2018, and IDHS/SUPR intends to fund another four (4) to six (6) providers, with applications currently under review. As of June 24, 2019, **209** 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 12 county jails, with services in the planning stage at several additional jails. Through June 24, 2019, **800** persons have been served. Of these 800 released offenders, **94.4% (755)** were admitted by the community-based treatment providers to which they were referred. Through June 7, 2019, **46** males were identified and engaged while at Sheridan Correctional Center and 39 have been involved in the project long enough for a six-month post-admission follow up interview. Of the 38 males interviewed, 90% 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.

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 do not 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 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 **3,678** patients having been served to-date. Of these 3,678 patients, **73.0% (2,684)** 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 competitive process and the first **3** (three) patients were served in June 2019.

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 May 22, 2019 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 May 2019, Rush provided Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to 16,806 patients, of whom **3,152** screened positive for any SUD, with **1,166** of these patients screening positive for OUD. Buprenorphine services were initiated for **288** patients, and **364** 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 May 2019: 6,152 persons were provided outreach services; **3,471** of these persons screened positive for opioid and other illegal substance use and expressed an interest in treatment; **2,088** of these completed a meeting with a linkage manager; and **1,747** 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 a competitive process. As of June 24, 2019, **16** women have been admitted to these enhanced services. The additional two (2) providers will begin services in July 2019. More information about this project is posted at <http://www.dhs.state.il.us/page.aspx?item=117624>.

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. Ongoing technical assistance, including coaching and additional training, is being provided to these cohorts. In response to a continued interest in these services, a third cohort weekend is being scheduled for the summer of 2019.

ILLINOIS 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 and has received 14,912 calls as of July 29, 2019. The Helpline's website was launched in March 2018 and has received 34,511 visits by 25,812 unique individuals as of July 29, 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. The time limited social media strategy resulted in 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 lead to 1,807,602 impressions in English and 913,433 impressions in Spanish. In addition, 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 May 31, 2019, there have been **45,890** first responders trained. As of May 31, 2019, over **44,279** Naloxone kits had been distributed in these counties, and **2,968** overdose reversals have been reported through May 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 May 31, 2019, there were **166** PMP/EHR connectivity implementations (PMPnow), **69,998** registered PMP users. During May 2019, there were **290** new users and **5,079,343** searches conducted through PMP connections. This translates to an increase in prescribers and dispensers (pharmacies) checking the PMP before prescribing opioids.

OUD 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 May 20, 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 **115.08** million views. Displays through gas stations and convenience stores statewide have an estimated **180.6** 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 May 31, 2019, over **205,370** *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. 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 base knowledge in the general population about what "opioids" are. 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. During the first 28 days of the *A Dose of Truth* campaign, Facebook posts reached an estimated **1,066,681** individuals, engaged (likes, comments and shares and more) **36,099** individuals, and had **968,769** 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.

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 opioid 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 May 30, 2019, Rx Playbook has been shared in **19** county, statewide, and national events and conferences, reaching **596** school staff, parents, and/or community members; comprehensive opioid education and awareness materials have been distributed to more than **60** prevention providers and grantees and **200** staff members from **100** high risk high schools identified through the Illinois Youth Survey data; social media responses include a total of **2,844** reaches on Twitter, **126** impressions on Instagram, and **315** reaches on Facebook; the Rx Playbook website received close to **5,500** page visits, and has a membership of **128** individuals.

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.

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 a competitive process five (5) providers were identified and will begin services on July 1, 2019.

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 a competitive process three (3) providers were identified and will begin services on July 1, 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 will be 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. Through a competitive process five (5) providers were identified and will begin services on July 1, 2019. Providers will create a collection of individualized digital resources that will be used as a recovery support to individuals in or seeking recovery.

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.

Providers will be identified via a competitive process in Fall 2019 at

<http://www.dhs.state.il.us/page.aspx?item=114615>.

Next Steps

This report demonstrates the progress the state has made – and is making- in response to the Illinois opioid crisis. As noted earlier, in 2018, the number of opioid overdose-related fatalities in Illinois leveled off. Building on the pillars of the State Opioid Action Plan, the integrated, multi-agency activities and projects described in this report continue to address the crisis. Through coordinated efforts in prevention, treatment and recovery, and response, the state continues to work towards the goal of decreasing opioid-related deaths in Illinois.

In order to better coordinate the state's response to the opioid crisis, in January 2017 a statewide council was formed that now includes over 200 members representing state agencies, members of the General Assembly, statewide provider organizations, professional/trade organizations, community-based providers, county health departments, county coroners, hospitals, and local coalitions. Membership is open to all and continues to grow, with new people participating in Council meetings. This next year, the Council will continue to serve as a way to gather stakeholder feedback as we implement programs and policies that will help us better address continued opioid misuse, racial disparities and the changing nature of the opioid crisis by:

- Coordinating with the Council's soon-to-be created Opioid Social Equity Committee to make policy recommendations regarding how to address social and racial disparities.

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- Establishing local recovery-oriented systems of care councils in communities that have been disproportionately impacted by the crisis in order to reach out to and engage individuals in all stages of recovery.
- Evaluating harm reduction programs that encourage safer use of opioids and recommending new harm reduction strategies that should be included in a new SOAP.
- Collaborating with law enforcement to curtail illegal drug trafficking activities that are increasing fatal and non-fatal overdose risks (e.g., fentanyl).
- Adding age-appropriate platforms, appeals and public communication tools to the Helpline to expand access to youth and young adults seeking opioid use disorder (OUD) treatment.
- Creating a comprehensive single, state website that includes links to all state agencies' online OUD prevention, treatment and recovery resources.

There are many ways to stay informed about the state's progress on the opioid crisis. Here are some of the state's websites that give information on the opioid crisis and regular progress updates:

Opioid Data Dashboard: <https://idph.illinois.gov/OpioidDataDashboard/>

Illinois Opioid Response Advisory Council: <http://www.dhs.state.il.us/page.aspx?item=97186>

SUPR Monthly Report: <http://www.dhs.state.il.us/page.aspx?item=105980>

SUPR Opioid Resources: <http://www.dhs.state.il.us/page.aspx?item=93882>

Drug Overdose Prevention Programs: <https://www.dhs.state.il.us/page.aspx?item=58142>

Illinois Helpline for Opioids and Other Substances: <https://helplineil.org/>