

Illinois Opioid Crisis Response Advisory Council Meeting

March 8, 2017

MEETING MINUTES

Maria Bruni, Assistant Secretary of Programs, and Kim Fornero, Bureau Chief, welcomed and thanked everyone for attending the meeting. Ms. Fornero reviewed the purpose of the meeting and noted that this second Council meeting will include a presentation on a local opioid crisis initiative and initial reports from the Council's four subcommittees.

Dr. Steven Aks presented information on Cook County Health and Hospital Systems (CCHHS) initiatives that are addressing the opioid crisis and behavioral health. (CCHHS presentation handouts are attached). These initiatives include:

- Roseland Community Triage Center: This center is a jail diversion partnership with law enforcement that provides crisis stabilization, case management, treatment and referral to people presenting with a mental health or substance use crisis.
- Naloxone training throughout CCHHS; of note is the training occurring with all CCHHS pharmacies.
- MAT initiatives include: expansion of MAT within CCHHS community clinics, a HRSA-funded MAT learning collaborative to build capacity for addiction services at three FQHCs; buprenorphine waiver training; and a new IDHS-funded Vivitrol pilot program at Cook County Jail.
- Behavioral Health Consortium: A one-stop, single-entry point for CountyCare members and CCHHS patients to access mental health and substance use treatment services.
- Prescribing practices: CCHSS is developing safe opioid prescribing guidelines for emergency room departments and ED physicians.

In the question-and-answer session following Dr. Aks presentation, the group discussed the importance of tracking Naloxone administration. Currently, there are limitations with the existing reporting systems. Patents are not required to report about receipt and use of Naloxone, and asking them to do so could discourage them from asking for and using Naloxone. Data on reversals could potentially help identify hot spots. The Chicago Department of Public Health (CDPH) is partnering with EMS to obtain data on high volume Naloxone runs and public health entities to get real-time data; CDPH's health alerts provides information on overdoses and hot spots. Assistant Secretary Bruni noted that a request for funding for additional Naloxone programs was included in Illinois' SAMSHA Opioid State-Targeted Response (STR) application. She also stressed the need to capture Naloxone use data; this might be achieved via existing data sources, and DASA is talking with HFS about capturing Medicaid billing on Naloxone. Chestnut Health Systems is obtaining these data from EMS and emergency rooms, and shared information about innovative efforts in Missouri, including a mobile phone app that shows users to provide data on their Naloxone use.

Ms. Fornero informed that group that four subcommittees had been formed shortly after the January 2017 Advisory Council meeting. These committees are: MAT, Public Awareness & Education, Prescribing Practices, and Criminal Justice Populations. Each committee has met and discussed preliminary goals. A one-page handout listing each committee's goals is attached.

- Ron Vlasaty (MAT Committee Chair) reviewed the MAT committee's preliminary goals, which focus on improving access to MAT throughout Illinois. This includes increasing MAT capacity and MAT education efforts statewide.
- Chelsea Laliberte (Public Awareness & Education Committee Chair) was unable to attend the Council meeting. Ms. Fornero provided this committee's update. This committee is focusing on the unique messages across prevention, treatment and recovery and how to tailor messages for various target audiences.
- David Porter (Prescribing Practices Committee Chair) shared that the committee's discussions regarding prescribing practices included the need to better understand prescribing practices across Illinois, as well as improve education and awareness. Understanding how Illinois' PMP works and exploring how data might be used to improve prescribing practices was also discussed.
- Sherie Arriazola (Criminal Justice Populations Committee Chair) shared that the committee had just met the day before and initial discussions focused on how the Sequential Intercept model might be used to identify issues related to access to treatment, best practices, treatment and education across the criminal justice continuum. Changes in funding—particularly the State's move to Medicaid managed care—and the resulting impact on treatment access, and provider willingness to serve a criminal justice population also are issues that need to be addressed.

Discussion related to the committees' reports addressed several topics.

- The group noted the need to create a central hub or registry of education materials that would allow stakeholders to access and share resources.
- Assistant Secretary Bruni reported that we need a structure for regional workgroups to report to the Council and be represented. Regional issues and efforts vary across the state, and this regional work is critical to the development of the State's comprehensive strategic plan. It's important that work that is happening at the regional level filter up to the Council, and vis versa. IDPH is helping to develop this structure and this will be a discussion topic for the next Council meeting.
- In regard to PMP, the group discussed whether Central Registry data could potentially be integrated with PMP data. PMP has been incorporated successfully into some, but not all, electronic health record systems (EHR). Example: PMP has not been incorporated into CCHHS's EHR (Cerner). Assistant Secretary Bruni shared that the STR application includes a request for funding to support, enhance and expand PMP. She will get more information on what standard reports PMP issues and whether PMP data are available for research purposes.
- Mapping how funding is driving services and treatment would be useful and help the group explore what treatment modalities and educational efforts are needed. Mapping also would show how different populations, such as the criminal justice population, moves through various systems. It would help illustrate where the cross-section or intercepts of where funding and interventions are occurring, as well as where funding and interventions are needed.
- It would be useful to have commercial insurance plans represented at the Council and on the committees to help address funding issues. Outreach will be conducted to invite MCO/commercial plan representatives.

- The group shared current workforce education efforts and emphasized the need to train medical students and residents, and pharmacy students about addiction, addiction medicine and safe prescribing practices.
- Assistant Secretary Bruni noted that several big issues exist across the committees (for example, education and treatment access). As committees move forward, it will be important to share information and work collaboratively on common goals. She also welcomes suggestions for any additional committees.

Sue Pickett (Advocates for Human Potential, Inc.) gave a brief update on the strategic planning process. A total of 31 organizations completed and returned the Opioid Activities and Initiatives handout. Of those organizations, 12 are located in Chicago, 11 are located downstate, 4 provide services statewide, and 3 are located in Chicago's collar counties. Twenty organizations provide direct services, i.e., opioid prevention, treatment and/or recovery services. Sue encouraged the group to complete and send in a form (attached). The information collected will be used to create an inventory of activities statewide.

Because the opioid crisis requires timely action, the Council and committees are meeting more frequently. Meeting schedules are listed below. Individuals who are interested in joining a committee should contact Sue Pickett (spickett@ahpnet.com) and Kim Fornero (Kim.Fornero@illinois.gov).

Illinois Opioid Crisis Response Advisory Council Meeting Schedule*

March 27, 2017

April 10, 2017

May 15, 2017

*All Council meetings will be held from 1:00 -3:00 P.M. at 401 S. Clinton. Phone/conference call and videoconferencing (Springfield only) will be available. Conference call number for all Council meetings: 888.494.4032, passcode: 4030829754#.

Committee Meeting Schedule**

MAT Committee: March 23, 2017, 2:30-4:30 PM at 401 S. Clinton

Criminal Justice Populations Committee: March 22, 2017, 12:30-2:30 PM at 401 S. Clinton

Public Awareness & Education Committee: March 24, 2017, 2:00-4:00 PM

Prescribing Practices Committee: March 21, 3:00 – 4:00 PM

**Conference call # for all committee meetings: 888.494.4032, passcode: 4030829754#