

## Illinois Opioid Crisis Response Advisory Council Meeting

May 15, 2017

### MEETING MINUTES

Maria Bruni, Assistant Secretary of Programs and Nirav Shah, Director of the Illinois Department of Public Health (IDPH), welcomed the group. Director Shah thanked Lt. Governor Evelyn Sanguinetti for attending the meeting. He noted that her office has been actively working on the opioid crisis. Lt. Governor thanked the group for their own work in this area, and shared that she and her office have been focusing on the opioid crisis' impact in Illinois' rural communities.

Director Shah gave an overview of the work occurring at the state agency executive level. He shared that state agency administrators have been meeting for several months to coordinate and streamline the state's response to the opioid crisis. The focus of this work has been to identify common goals and concerns, inventory existing efforts, and identify the areas all agencies should target and advance.

Assistant Director Don Kauerauf (IDPH), provided more detail on the State Executive Team's current efforts. He noted that this group is trying to identify statewide goals that can be linked together and jointly achieved. Whereas other states have put their goals into distinct categories or "buckets", the Team chose to focus on broad topics that can move the state forward in addressing the opioid crisis in a coordinated way. To that end, the preliminary goals or metrics the Team have developed focus on prevention and responding to those suffering from opiate use disorder (OUD). These include:

- Prevention:
  - Increase the percentage of pharmacists/prescribers using the PMP
  - Decrease the volume of opioids prescribed through education, and potentially, prescribing guidelines
  - Map overdose and death data to track real-time incidents
  - Increase availability of information and resources to the public
  - Decrease the number of overdose deaths in the first 3-4 weeks after an at-risk individual's release from a correctional facility
  - Increase the impact of prevention programming in schools
- Addressing the needs of people suffering from an OUD:
  - Increase the number of public safety officers who are trained and have access to naloxone
  - Increase the impact of diversion programs statewide
  - Increase access to care for individuals with OUD

Assistant Director Kauerauf shared that the next step is to sketch out a statewide strategy – the Team will develop the framework for the strategy and will reach out to the Council and other groups at the state and local levels to ensure that what is created is truly a statewide plan. Given the current state of our opioid crisis, we cannot afford to wait. The Team is creating the framework; DASA (Sue Pickett/AHP), IDPH (Amanda Kim), and ICJIA (Jessica Reichert) are developing the draft, and this framework will be completed in the next 60 days. Director Shah emphasized that the Team truly wants the Council's feedback and input. He noted that the first step is focus on what we want to accomplish and change, and then determine what activities need to be put in place to achieve that change. The Council will be instrumental in determining those activities.

The group provided the following feedback:

- There is concern that the American Health Care Act may decrease the amount of funding for OUD/SUD treatment. It was noted that Governor Rauner's team in DC has been speaking with legislators and have made it known that we do not want to leave our residents in a precarious place in regards to their coverage.
- Assistant Secretary Bruni shared that federal resources provided via the Opioid STR grant will fund several efforts (see attached handout), including expansion of Naloxone training.
- Diversion is a term that means different things to different agencies. It was clarified that the Team is thinking broadly about diversion, and that it includes deflecting people from the criminal justice system as well as diverting those already in the justice system to treatment.

Committee chairs gave an overview of their work to date (see attached Committee reports).

- The MAT Committee reviewed its goal: Everyone in Illinois who wants and needs MAT services for OUD has access to it. To help achieve this goal, the MAT Committee recommends developing and disseminating a user-friendly tool that assists any professional who wants to prescribe MAT how to do it. Metrics focus on dissemination of the tool and dissemination results; these metrics target three areas: buprenorphine providers, behavioral healthcare service providers, and distribution and expansion of MAT. Baseline data can help identify the current number of MAT providers, where they are geographically and how increasing the number of MAT providers can increase access to care. Feedback included:
  - The importance of linkages to social services and ancillary supports to ensure that MAT is effective; the proposed tool would do that. Director Shah noted that this matches the Team's discussion on providing MAT in conjunction with other services, and linkages to those services are needed.
  - Using recovery in our goals and messaging, for example, medication assisted recovery (MAR)
  - Assistant Secretary Brun shared that the state can assist with data analytics to determine if access is increasing. This includes potential integration of Medicaid, PMP and other data to explore changes over time, including geographic changes in access.
- The Public Awareness and Education Committee's focus is on raising public awareness of the opioid crisis and educating the public about how it can play a role in addressing it. In addition to educating the general public, the committee has prioritized three target audiences: youth, people with OUD, and people who have been prescribed opiates. The committee has identified four content areas that they want everyone (i.e., all target audiences) to know: 1) basic facts about opioids and what they do to the body; 2) Naloxone and how it can save lives; 3) social and medical access to opioids; and 4) safe use and disposal of prescription medications. It was noted that the committee's work aligns with the Team's goal to increase accessibility of information and resources to the public; the committee highly recommends a comprehensive website and use of social media as a common access point for the four content areas listed above. Metrics currently under development require data from the PMP, the Illinois Youth Survey and other sources to understand factors related to opioid access and helping people become educated consumers when talking with their doctors about opioids. Feedback included:
  - The importance of addressing stigma and de-stigmatizing messaging about opioids, addiction and treatment. This includes general messaging that addiction is a disease, that treatment works, that the opioid crisis and OUD are health issues, and using person-first language.
  - A single website that is the source of information on prevention and treatment, that is hope and recovery-based is critical, and can also reduce stigma.
  - Incarcerated individuals may not have access to publicly-available information. IDOC has begun some work in this area, educating inmates at correctional facilities that provide treatment on MAT and exploring educating all parolees about Naloxone.

- The Prescribing Practices Committee is focusing on three goals: 1) to better understand prescribing practices in Illinois and relevant practice guidelines for the treatment of chronic and acute pain and appropriate use of opioids; 2) to gain a fuller understanding of how the IL PMP works both for prescribers and dispensers of high-risk patients that may benefit from additional education about access to Naloxone; and 3) to vastly improve education and awareness around appropriate prescribing of opioids for the treatment of chronic pain. It was noted that these goals align with those of the Team and that if Illinois does decide to develop prescribing guidelines, stakeholders need to be included in that process. Additionally, integrating PMP into electronic health records (EHRs) increases PMP use and the committee recommends that the Team explore this. PMP data are needed for this committee to establish its metrics. In short, work of this committee is consistent with the metrics proposed by the Team to increase use of the PMP and improve education related to prescribing. Feedback included:
  - It is extremely important that stakeholders be involved in developing prescribing guidelines. Other states—including PA—have done this with excellent results. The Illinois Health and Hospital Association has begun to create prescribing guidelines and would welcome a partnership with state agencies.
  - Illinois is behind other states in integrating the PMP with EHRs. This is primarily due to lack of financial and technological resources. Assistant Secretary Bruni noted that the Opioid STR funds will help support the PMP with EHR integration.
- The Criminal Justice Populations Committee’s goals focus on four areas: evidence-based practices, access to treatment, capacity and education. Goals related to evidence-based practice seek to identify what works to connect people to treatment and codify evidence-based services (i.e., how does this population access treatment and what services do they access), and to recommend what works for expansion throughout the state. Access to treatment focuses on promoting MAT and identifying and reducing barriers to treatment. Capacity goals recommend that the state implement a quality measure that assesses the number of people who linked to treatment post-release. Additionally, given that 90% of justice-involved individuals are Medicaid-eligible, Medicaid is a vehicle to connect this population to care, and fits with the State’s 1115 waiver that makes pre-release services Medicaid billable. Education goals focus on embedding education on MAT and its effectiveness throughout the criminal justice system. Feedback included:
  - Lt. Governor Sanguinetti noted that Safe Passage programs appear to be effective in deflecting people to treatment. ICJIA is currently evaluating the Safe Passage program in Dixon. It was noted that several counties have these programs but that these programs lack capacity to serve all who might benefit from them.
- The group discussed areas where Committee goals and Team metrics align. These include: education, diversion, reducing post-release deaths, and prescribing practices. It was noted that the committee could benefit from data sharing and information to further refine their metrics.
- Gaps that need to be addressed include:
  - Educating SUD providers on the effectiveness of MAT
  - Looking at holistic models of long-term recovery and what/how the current system needs to change to achieve MAR. Innovative pilot programs might include telehealth and web-based programs, training medical residents on addiction.
  - Importance of treating people with OUD’s underlying mental health issues. Assistant Secretary Bruni noted that HFS is moving Medicaid members into integrated health homes; care coordination via health homes may be able to connect individuals with needed mental health and primary care.
  - Director Shah reported that IDPH will being a pilot program identifying and educating high prescribers of opioids this summer.

- DCFS is seeing an increase in youth with heroin addiction. How do we address the OUD and opiate misuse in adolescents? The group discussed issues related to defining this age group, their opiate use, specific risks and barriers to treatment and the use of MAT. The Illinois State Board of Education is exploring how the Every Student Succeeds Act might look at both how the opioid crisis impacts students' ability to learn as well as the needs of young people with OUD. The Council discussed that a fifth committee on that Youth and Families may be warranted.
- There is a gap in regard to surveillance of illicit opioids and a need for real-time clinical analyses of seized drugs, especially fentanyl, to inform EDs and hospitals.
- We need to explore how we can strengthen communities so they are more resilient, and how we can support community organizations and infrastructure in their efforts to combat this crisis.

Next steps: Assistant Secretary Bruni and Director Shah will share the Council's feedback with the State Executive Team. Assistant Secretary Bruni encouraged the committees to work via email to finalize any metrics and recommendations. The next Council meeting will be held in early-mid June; date/time are forthcoming.