

Illinois’ Response to the Opioid Epidemic

Drug Overdose Prevention Program

Legislation

Illinois’ Good Samaritan Law ([PA-096-0361](#)) took effect in 2010, making 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. The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA) established the Drug Overdose Prevention Program (DOPP) as a result of this law. The Good Samaritan provision of the law also ensures the individual seeking emergency medical assistance and the person experiencing the overdose are not charged or prosecuted for felony possession (within specified limitations).

Heroin Crisis Act ([PA-99-0480](#)) – On September 9, 2015, Illinois passed Public Act 99-0480, landmark legislation amending nearly 25 existing state laws to facilitate coordinated activity across multiple state agencies and key stakeholders to increase substance use disorders prevention, treatment and management of opioid overdoses. PA-99-0480 supports:

- Education and training initiatives involving law enforcement, schools, emergency responders, health care providers and interested individuals to enhance awareness, access and use medications for treating drug overdoses.

Legislation

- Good Samaritan Law (PA-096-0361)
- Heroin Crisis Act (PA-99-0480)

Statewide Initiatives

- Illinois Health and Human Services Transformation
- Medicaid 1115 Demonstration Waiver
- Medicaid State Plan Amendments (SPAs)

State Agency Initiatives

- Illinois Department of Insurance (IDOI)
- Illinois Department of Healthcare And Family Services (IDHFS)
- Illinois Department of Public Health (IDPH)
- Illinois Department of Human Services (IDHS)
 - Office of Clinical, Administrative and Program Support (OCAPS) Bureau of Pharmacy and Clinical Support Services (BPCSS)
 - Division of Alcoholism and Substance Abuse (DASA)
- Illinois Department of Corrections (IDOC)
- Illinois Criminal Justice Information Authority (Authority)

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- Efforts to ensure that approved overdose training programs be established and conducted prior to naloxone being dispensed or acquired.
- Illinois' Prescription Monitoring Program, transforming it from being primarily a law enforcement tool for detecting drug seeking behavior to one that functions as a dynamic clinical resource for point-of-care providers.
- Medication-assisted treatment for individuals with opioid use disorders (OUD), without prior authorization mandates or lifetime limits for Medicaid-eligible patients in Illinois.

Statewide Initiatives

Illinois Health and Human Services Transformation – During the 2016 State of the State address, Governor Rauner announced a [Health and Human Services Transformation](#) that places a focus on prevention and public health; pays for value and outcomes rather than volume and services; makes evidence-based and data-driven decisions; and moves individuals from institutions to community care to keep them more closely connected with their families and communities. Over 12 state agencies representing health, human services, education, criminal justice, and child welfare have come together to work with community stakeholders to bring these focus areas to fruition.

The initial focus of the transformation effort has been on behavioral health (mental health and substance use) and specifically the integration of behavioral and physical health service delivery. Behavioral health was chosen due to both the urgency of the issue and the potential financial and human impact. Medicaid members with behavioral health needs or “behavioral health members” represent 25 percent of Illinois Medicaid members but account for 56 percent of all Medicaid spending. Further, building a nation-leading behavioral health strategy will help turn the tide of the opioid epidemic, reduce violent crime and violent encounters with police, and improve maternal and child health.

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

Medicaid State Plan Amendments (SPAs)

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

Integrated Health Homes – IDHFS is currently collaborating with numerous state agencies to develop a SPA to support an [integrated behavioral and physical health home program](#) that promotes accountability, rewards team based integrated care, and shifts away from fee for service (FFS) towards a system that pays for value and outcomes. The development of integrated

behavioral and physical health homes and the payment model to support them sustainably will be a significant step in realigning the Illinois delivery system.

The State envisions that these Integrated Health Homes (IHH) providers and teams will have:

- Access to enhanced integration funding to facilitate the creation of these health homes;
- Reimbursement (e.g., per member per month (PMPM) payments) for care coordination activities that promote whole person care for eligible populations in need; and
- Outcomes-based payment models that reward measurable, positive outcomes associated with integrated care (across behavioral and physical health indicators).

State Agency Initiatives

ILLINOIS DEPARTMENT OF INSURANCE (IDOI)

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

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (IDHFS)

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

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All patients approved to take chronic narcotics must complete an opiate treatment agreement with their healthcare provider. This agreement requires that the patient comply with the treatment program and not misuse their opiates. It also permits random urine screens to ensure compliance.

Other methods to reduce inappropriate narcotic use include a requirement for prior approval for acute narcotic requests greater than 30 days; narcotic edit for at risk patients which restricts the participant to one prescriber and one pharmacy; limitations for one short acting and one long acting agent for chronic use; restrictions on concomitant narcotics and benzodiazepine use; and a Recipient Restriction Program that requires that all prescriptions be limited to one pharmacy and/or prescriber.

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

ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)

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

- IDPH provides public health leadership through the [engagement](#) of over 65 task forces, coalitions, advisory groups and organizations, including regional and local public health, law enforcement, public safety, and non-profit and advocacy groups dedicated to a broad range of issues such as education, prevention and treatment for substance use disorder. Engagement is coordinated through the IDPH Regional Health Officers and aims to promote information sharing, prevent duplication, de-silo activities and communicate funding opportunities.
- IDPH performs surveillance and analysis of a number of public health datasets related to opioid use and associated morbidity and mortality. Specifically, as required by The Heroin Crisis Act (Public Act 99-0480), the IDPH Office of Policy Planning and Statistics [publishes](#) trends in opioid drug overdose deaths stratified by heroin and prescription opioids, opioid-related hospitalizations and emergency room utilization. Additional activities include provision of a core for epidemiological and statistical analysis of inter-office data including syndromic surveillance, Emergency Medical Services (EMS), and infectious disease surveillance. IDPH applies this core to support analysis proposed in the Illinois Prescription Monitoring Program's (ILPMP's) CDC's Prescription Drug Overdose Prevention for States Grant through an executed data use agreement and Declaration of Medical Study.
- Prevention activities include promotion of safe opioid prescribing guidelines, PMP utilization, naloxone prescribing, and screening for substance abuse disorder through direct curriculum development and engagement of graduate medical education (GME) internal medicine residency programs. IDPH publishes information on drug take-back events and provides data to support the IDHS Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PDO) expansion of naloxone access. IDPH supported IDHS in the development of pharmacist protocols for naloxone administration.
- Injection drug use with shared needles and other equipment increases risk for infectious diseases such as Hepatitis C Virus (HCV) and HIV. Related treatment activities include application to the National Institutes of Health (NIH)/Center for Disease Control/Substance

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Abuse and Mental Health Services Administration (SAMHSA) "HIV, HCV and Related Comorbidities in Rural Communities Affected by Opioid Injection Drug Epidemics in the United States" opportunity to expand harm reduction services and office-based opioid treatment in rural areas of the state. Applications to the CDC "Strengthening Surveillance in Jurisdictions with high incidence of HCV and HBV infections" and the CDC/March of Dimes "Building Existing Infrastructure of Population-based Birth Defects Surveillance Systems to Estimate the Incidence of Neonatal Abstinence Syndrome (NAS)" are in preparation. IDPH continues to support viral hepatitis testing, HIV testing, case management, treatment, HIV pre-exposure prophylaxis (PrEP) and perinatal HIV prevention.

ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)

Office of Clinical, Administrative and Program Support (OCAPS) Bureau of Pharmacy and Clinical Support Services (BPCSS)

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

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

Division of Alcoholism and Substance Abuse (DASA)

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

Outpatient Methadone Treatment (OMT) – DASA licenses 71 outpatient methadone providers and 31 of those are funded with a combination of Substance Abuse Block Grant and General Revenue (state) Funds. In State Fiscal Year 2016, \$18,532,060 was spent on OMT services. There are approximately 5,500 state-funded methadone treatment “slots” for individuals in Illinois. Research has demonstrated that those in OMT programs experience dramatic improvements while in treatment and for several years following, including decreases in opioid use, drug dealing, and other criminal behavior as well as increases in employment. There is also evidence that OMT is an effective means of reducing the spread of HIV.

Drug Overdose Prevention Program (DOPP) – The Illinois Department of Human Services (IDHS), Division of Alcoholism and Substance Abuse (DASA) established the [Drug Overdose Prevention Program](#) (DOPP) in 2010. The purpose of the DOPP is to reduce the number of deaths in Illinois by training and educating first responders to an overdose. First responders may include law enforcement officers, school nurses, bystanders, friends and family members of heroin or other opioid dependent persons, and others. Training for first responders includes information on methods that can reduce overdose fatalities, including the administration of Naloxone. Naloxone is a medication that reverses an overdose by blocking opioids, including prescription opioids and heroin. During the period of time when an overdose can become fatal, respiratory depression can be reversed using Naloxone if properly administered. IDHS/DASA has published guidelines to inform programs about how to become enrolled in the DOPP. Enrollees include substance use disorder treatment programs, community-based organizations, hospitals, and local health departments, health care providers, including Federally Qualified Health Care Centers (FQHCs) and Health Care for the Homeless clinics, urgent care facilities, and faith-based organizations. Agencies engaged with incarcerated individuals, such as jails, prisons, probation and parole, problem-solving courts, and police and sheriff departments are also encouraged to enroll as a Drug Overdose Prevention Program. IDHS/DASA has also provided Drug Overdose Prevention Guidelines and ongoing webinars to help enrolled programs take the steps necessary to operate a Drug Overdose Prevention Program.

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

It is a five-year discretionary grant - \$1 million/year for five years. Five providers serve the following six counties: Cook, Madison, St. Clair, Du Page, Lake and Will. The goals of the project are to 1) expand the existing infrastructure responsible for assessing, planning, and implementing strategies to prevent overdose-related deaths; 2) reduce the numbers of overdose-related deaths in six high need counties; 3) increase the availability of Naloxone for first responders; and 4) measure the short and long-term outcomes of the program.

Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) – The Department is the recipient of Targeted Capacity Expansion – Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) awarded by the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration (CSAT/SAMHSA). It is a three-year discretionary grant funded at \$1,000,000/year for three years. The City of Chicago and Sangamon County are the two targeted geographic areas that were selected to receive funds that will support an expansion and enhancement of outpatient methadone treatment

(OMT) services for individuals with opioid use disorders (OUD) and expanded medication assisted treatment (Vivitrol) services for primary opiate offenders who are released from incarceration in the Sheridan Correctional Center. Vivitrol is a medication that has been found to be successful in treating opiate use disorders, especially among justice-involved populations, as it has the following benefits: it is non-addictive and has no mood-altering effects; it has little potential for abuse and has no street value; it is taken just once a month; it helps patients manage drug cravings and significantly reduces the risk of relapse.

The goals of the MAT-PDOA project are to 1) increase the number of admissions for MAT, including outpatient methadone therapy (OMT) and Vivitrol; 2) increase the number of clients receiving integrated care/treatment; 3) decrease illicit opioid drug use at 6-month follow-up; and 4) decrease in the use of prescription opioids in a non-prescribed manner at 6-month follow-up.

State Targeted Response to the Opioid Crisis (Opioid-STR) – IDHS/DASA is preparing the state's application to SAMHSA for the State Targeted Response to the Opioid Crisis (Short Title: Opioid STR) grant application, due on February 17, 2017. Through this non-competitive, formula award, SAMHSA is making \$16.3 million per year for two years available to Illinois to support a coordinated state effort to address the opioid crisis. DASA staff has been meeting with numerous stakeholders, including county health departments, substance use disorder treatment providers, pharmaceutical companies, hospitals, federally qualified health care centers, and others to gather information for the activities to be supported under the award. Overall, DASA aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery services for opioid use disorder (OUD), including prescription opioids as well as illicit drugs such as heroin. The award will support an expansion of medication-assisted treatment, recovery support services, and overdose prevention services for individuals with an OUD, as well as enhancement of the state's prescription drug monitoring program (ILPMP). Activities will also include a state-wide needs assessment, strategic plan and program evaluation.

ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC)

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

Eligibility is determined by those offenders from the grant targeted area of communities within the City of Chicago that have completed or are enrolled in the Sheridan Correctional Center SUD

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treatment program, are within 120 days of scheduled release and have a documented DSM V Opioid Use Disorder (F11-10, F11-11).

All offenders are administered the Texas Christian University Drug Screen II Tool (TCUDS II) with a score of +3. All offenders are also administered the Addiction Severity Index (ASI) by the WestCare treatment vendor to determine Opioid Use Disorder and to develop an appropriate SUD treatment plan. Offenders agree/volunteer to participate in the MAT/Vivitrol program.

TASC provides Pre/Post Case Management which will include referral to DASA funded MAT/Vivitrol program vendors in the community.

The goal of this initiative is to increase and improve SUD treatment post release, decrease recidivism, increase public safety and improve re-entry programming.

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY (Authority)

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

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

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

1. How was the initiative developed and how does it operate?
2. Who are the clients and what were their experiences with Safe Passage?
3. To what extent are police officers supportive of Safe Passage?

The evaluation will collect data via administrative intakes, police staff surveys, interviews with former clients, and focus groups with stakeholders.

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

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

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

The Authority, in collaboration with the University of Chicago Health and Crime Lab, is putting on a half-day forum and panel discussion on January 27, 2017 titled, Law enforcement efforts to combat the opioid epidemic: Improving access to substance abuse treatment. The forum and panel discussion focuses on promising law enforcement responses to address substance use disorders, in particular, the current heroin and opioid epidemic. In addition, discussion will focus on issues facing the criminal justice system in addressing substance use disorders, and include a question and answer discussion format on implementation, expansion, evaluation, design, treatment engagement, and community buy-in for strategies to address individuals with substance use disorders.