Illinois Opioid Crisis Response Advisory Council Meeting

November 8, 2017

MEETING MINUTES

Dr. Maria Bruni, Assistant Secretary of Programs, welcomed the group. She thanked the Council for its hard work during the past year, acknowledging that the Council has helped advance the Action Plan and its priorities. The Council will continue to meet and work with the Task Force. Standard meeting dates for the Council will be scheduled after the New Year.

Lt. Governor also thanked the Council for their work and gave a brief update on the listening tours she has convened to date. These statewide events have been very well received, and some have been standing room only. Upcoming events are listed below:

Lee County: Monday, November 13, 2017 1:00 P.M. – 3:00 P.M.
Old Lee County Courthouse
112 E. 2nd Street
3rd Floor Board Room
Dixon, Illinois 61021

McHenry County: Thursday, November 16, 2017 1:00 P.M. – 3:00 P.M.
McHenry County Administration Building
667 Ware Road
2nd Floor
Woodstock, Illinois 60098

Peoria: Wednesday, November 29, 2017 11:00 A.M. – 1:00 P.M.
Morton Community Bank – Clock Tower Facility
201 Clock Tower Drive
East Peoria, Illinois 61611

IPDH Director Dr. Nirav Shah reported that the Task Force has been working on a skeleton implementation plan of how the strategies in the Action Plan will be track and measured. The Task Force is working in creating a dashboard to do this tracking that could be potentially be made public to track the implementation process and progress. The Task Force's charge to the committees is to finalize recommendations and submit them to the Task Force in January. Recommendations need to be ranked, taking into account impact on the opioid crisis, and costs. Goals and metrics should be included with all recommendations. The Task Force will discuss the recommendations at its February meeting and give feedback to the Council at its March meeting.

- Council members asked for guidance on where to direct reporters who contact them about the opioid crisis, and the work of the Council and Task Force. Director Shah and Assistant Secretary Bruni recommend that reporters be directed to DASA's Public Information Officer, Meghan Powers (Meghan.Powers@illinois.gov; 312-793-0629) and/or IDPH's Public Information Officer, Melaney Arnold (Melaney.Arnold@illinois.gov; 217-558-0500.
- It was suggested that the dashboard include statistics on the progress on the Illinois laws currently in place that address the opioid crisis.

Sue Pickett reported that each of the Council committees, as well as two new MAT subcommittees, had met in the past two weeks and are finalizing and ranking their recommendations, per the Task Force's charge. (Note: Committee meeting minutes are posted on the Council's website).

Barb Cimaglio, former Deputy Commissioner, Division of Alcohol and Drug Programs, Vermont Department of Health, led a discussion on the Hub and Spoke model. Ms. Cimaglio, who helped create the Hub and Spoke model, is a former Director of IDHS/DASA and has recently returned to Illinois. She will work with the MAT Committee's Hub and Spoke subcommittee, and help IDHS/DASA and the Council develop a pilot Hub and Spoke model for Illinois.

- In 2014, Vermont's governor declared the state's opioid crisis a public health emergency. This set the groundwork to look at systems and challenges comprehensively to address the crisis.
- Initial development of the model: A network of providers was recruited via an RFP to serve 5 regions in the state (VT). Each region has a central Hub – a opioid treatment provider (OTP) that takes leadership in organizing the network of community providers (Spokes) and providing a whole health approach to addiction treatment. Hubs are responsible for initial assessment of patients, MAT induction and stabilization. Spokes are primary care doctors, FQHCs and other specialty healthcare providers. The initial assessment determines the appropriate treatment options for patients: those with less complex needs are served by the Spokes once they are stabilized; those with more complex needs are served by the Hubs. Services are bi-directional and referrals are made back and forth between a Hub and its Spokes as needed. For example, if a patient's condition is too difficult to manage in primary care setting (Spoke), he/she can be referred back to the Hub.
    - Building a network (Spokes) takes time. Ms. Cimaglio recommends looking for opportunities for linkages and partnering across systems.
    - SBIRT (Screening, Brief Intervention and Referral to Treatment) was integrated throughout medical components of VT's system to help connect people to treatment. The group noted that IL has struggled with the diffusion of SBIRT. We need more leadership support of SBIRT. Referral outcome data may also encourage SBIRT update (i.e., more providers may be willing to do SBIRT if they know whether patients received the services that they were referred to).
    - This is a team-based model – nurses, recovery support specialists and counselors are essential team members. VT found that it's critical that Hubs had addiction specialists and administrative leadership to support the teams.
    - Peers were incorporated into the model as it became more refined. This includes having peer recovery coaches in emergency rooms to meet with people who have overdosed and help engage them in peer support.
    - VT initially had few physicians who wanted to be involved in MAT induction. Medical leaders who were willing to go out and train their peers, and learning collaboratives for physicians and providers were critical to increasing the number of providers who were willing to do MAT.
    - Payment: 1) While the Affordable Care Act helped fund the initial build out of the model, the VT legislature also invested in it, allocating funding to ensure the model continues. 2) VT did a bundled rate recognized by grant funding, Medicaid and private insurers. (Note: Unlike IL, VT only has two health plans). Providers are paid the full monthly rate if home health and addiction services were provided, and only receive part of the rate if only addiction services were provided. Spokes do normal billing (standard fee for service) for services provided by nurses and counselors.
    - Mobile services and telemedicine help connect people to treatment, especially in the most rural areas of the state.
    - Local champions are critical are creating community support for the model. Ms. Cimaglio convened many community meetings, talking with local physicians, citizens and community leadership. Local champions hosted meetings and helped demonstrate that the model was a true partnership between the state and community. She will share VT's

public health/public safety dashboards that document model implementation and progress.
    - Ms. Cimaglio will share the screen VT developed to identify individuals involved in the child welfare system and direct them to specialty family treatment.

Jennifer Toth of Health Resource in Action (HRA) gave an overview of the Helpline (see attached handout). HRA has been contracted by IDHS/DASA to operate the state's helpline. The helpline will be in operation 24 hours a day, 7 days a week, 365 days year. The anticipated launch date is December 1st. The Lt. Governor will announce the helpline at a press conference on December 5th. The full system will be launched in February; this will include a website that people can use to find resources and connect with the helpline.

- Helpline operators will have open, welcoming conversations with callers; they will not use scripts. Operators will use motivational interviewing, ASAM screening and warm handoffs to connect people to care that is appropriate for their needs and accepts their insurance. Operators are trained to use de-stigmatizing language. They will offer information about addiction, treatment and recovery. Callers who give verbal consent will receive follow-up calls to assess receipt of referred treatment services and collect feedback on how to improve helpline services.
- Council members suggested that MCO calls centers be trained on the helpline to ensure that warm handoffs are successful. Webinars on the helpline could help educate MCOs, providers, and other crisis hotlines about the helpline and how to connect people to it.
- HRA will start developing training materials on de-stigmatizing language specific for IL. HRA will share materials on stigma that it developed for MA's helpline. Council members suggested reaching out to IDHS/Division of Mental Health's Office of Recovery Support Services for guidance on person-first language.
- IDHS/DASA is doing a provider scan via the SAMHSA service locator to ensure that the helpline has current information on providers/prescribers. Council members shared that Healthy Chicago 2.0 is working on a statewide survey of MAT prescribers, and suggested that IDHS/DASA partner with them to avoid duplication of effort.
- Once the helpline is "live", information will be posted in all state agencies via internal notification. IDHS/DASA is working with its Family Community Resource Centers (FCRCs) on posting information in all FCRC offices. IABH will distribute helpline information to its membership. Prevention First is responsible for the marketing campaign to the general public and will reach out to the Council and Public Awareness & Education committee for help with testing media materials and messaging. Council members are encouraged to share outreach ideas with IDHS/DASA. (Please send your ideas to Sue Pickett at spickett@ahpnet.net).
- HRA will regularly share data on the # of calls received, where calls came from and where people are being sent for services. Assistant Secretary Bruni announced that the committees will share their recommendations at the Council's December meeting. She reminded the group about the Council's website, and asked that resources the Council would like to share be sent to Sue Pickett (spickett@ahpnet.com). Resources also will be posted on the Council website.