

## Illinois Opioid Crisis Response Advisory Council

April 16, 2018

### MEETING MINUTES

Dr. Nirav Shah, Director, IDPH and Dr. Maria Bruni, IDHS Assistant Secretary of Programs, welcomed the group. Director Shah thanked the Council for their recommendations for implementing the *State of Illinois Action Plan* strategies. Director Shah reported that the Governor's Task Force reviewed each recommendation in detail. This review included assessing the ability of the Task Force and state agencies to implement recommendations and planned implementation activities. Today's discussion focuses on the Task Force's review of each recommendation, progress implementing recommendations and questions to clarify some of the recommendations. Since the Implementation Plan (see below) is still in progress, it is not available for public review and no copies of the meeting presentations were distributed.

#### Task Force Response to Advisory Council Recommendations

- The Advisory Council's recommendations were submitted to the Task Force in January and can be found on the Council's website:  
<http://www.dhs.state.il.us/OneNetLibrary/27896/documents/CommitteeRecommendationsGoalandMetricsJanuary122018.pdf>
- Implementation of the Action Plan will occur in multiple phases over the next few years. Council recommendations form the basis of the current Implementation Plan. Director Shah noted that Implementation Plan is currently in development and planned for release to the public next month. Actual implementation of activities will occur in multiple phases over the next few years. The Implementation Plan will be periodically updated with further recommendations and initiatives developed in collaboration with the Council as activities progress.
- Director Shah thanked the Council and the Committees for their work developing recommendations, goals and metrics. He discussed the Task Force's decision on each recommendation (accept the recommendation, accept with modifications, or defer). These decisions are briefly summarized below.
  - Accept: Recommendations 1.1, 1.2, 2.2(i), 3.1, 3.2 Children & Families Committee 3.3, 6.1, 7.1, 7.2, 8.5, 9.2, 9.3.
  - Accept with modifications: Recommendations 2.1, 4.1,6.1 Children & Families Committee, 6.2, 7.3, 8.1, 8.2, 9.1
  - Defer: Recommendations 2.2(ii), 3.1 Children & Families Committee, 3.2, 6.2 Children & Families Committee, 6.3, 8.3, 8.4
- Director Shah, Assistant Secretary Bruni, Danielle Kirby, Director of IDHS/Division of Substance Use Prevention and Recovery (SUPR; formerly DASA, see Announcements below) and Amanda Kim, IDPH Head of Strategic Initiatives shared progress to date on current implementation activities related to each recommendation.

#### Discussion

- Recommendation 2.1: Sarah Pointer, Clinical Director the Illinois PMP, reported that the PMP is in the process of revising administrative rules to expand PMP access to non-licensed professionals. She invited Council members to join discussions about which non-licensed delegates should have access to PMP. Please email suggestions to Ms. Pointer at [Sarah.Pointer@illinois.gov](mailto:Sarah.Pointer@illinois.gov).
- Council members asked whether insurance companies could have access to the PMP, noting that care coordinators work with high utilizers; care coordinators can monitor use via claims data for those who use insurance to pay for their prescriptions, but they have no way

of tracking this data for people who pay by cash. Care coordinators could use PMP information to help direct people to treatment. Ms. Pointer noted that the PMP is not opposed to this as long as searches are made for clinical reasons versus denying claims and preventing people from receiving needed treatment.

- Recommendation 2.2: The Illinois Department of Financial and Professional Regulations (IDFPR) has presented a proposed bill (SB 2777) to require 10 hours of opioid prescribing training in order for prescribers to obtain a controlled substance license. See <http://ilga.gov/legislation/fulltext.asp?DocName=10000SB2777sam001&SessionID=91&GA=100&DocTypeID=SB&DocNum=2777&print=true> for more information on this bill.
- Recommendations 3.1: Council members stressed the importance of educating the media to stop using stigmatizing language (e.g., “addict”). It was suggested that the Illinois Department of Insurance could educate the media by hosting educational videos on terminology on their website. Council members who are interested in doing a 30-minute video script were encouraged to send those scripts to Sue Pickett at [spickett@ahpnet.com](mailto:spickett@ahpnet.com).
- Council members noted that parent education on opioid use in teens often occurs via school-based training. Council members asked whether the Illinois State Board of Education (ISBE) might conduct an inventory of school-based training programs to better inform Recommendation 3.1. developed by the Children & Families Committee.
- Chronic pain patients need to be included in discussions for recommendations, especially Recommendations 2.1 and 3.2. Many of these individuals are being forced into withdrawal because physicians are afraid to prescribe needed opioids. Messaging should include the needs of chronic pain patients and that they can and should continue to receive prescribed opioid treatment.
- Recommendation 4.1: It was suggested that any items added to the Illinois Youth Survey (IYS) be clearly operationalized and assess opioid use only. Council members requested ISBE assistance in encouraging school districts to participate in the IYS.
- IDPH has released its opioid data dashboard <https://idph.illinois.gov/OpioidDataDashboard/>. Individuals can use the interactive map to see how opioids are affecting Illinois residents at the state, county and local levels. Council members suggested that the dashboard also include data on the availability of MAT and pharmacies that provide naloxone.
- IDHS/SUPR will use SAMHSA Opioid STR monies to fund two Hub and Spoke pilot projects in MAT deserts – geographic areas of the state in which residents have limited access to MAT. The Notice of Funding Opportunity (NOFO) was released on April 30, 2018. Go to <http://www.dhs.state.il.us/page.aspx?item=105591> to view the NOFO.
- A bidders’ conference call will be held shortly after the NOFO is released. Lessons learned from the pilots will be used to inform training and replicate the Hub & Spoke and sustain it outside of STR funding. Council members suggested that Spokes consider using telepsychiatry and providing warm handoffs for people who present with opioid overdoses in hospital emergency departments (EDs).
- Use of medical marijuana for people with opioid use disorder (OUD) was discussed. It was noted that this is an overlooked alternative to opioids that has not been explored by the Council or the Task Force. The Illinois Senate passed SB366 on April 27, 2018. This bill amends the medical marijuana program to allow those prescribed opioids to use cannabis instead as an alternative to opioids. For more information see: <http://www.ilga.gov/legislation/BillStatus.asp?GA=99&DocTypeID=SB&DocNum=336&GAID=14&SessionID=91&LegID=100276>
- DCFS will begin an inventory of its Foundations training to identify what and how training on opioids might be incorporated. Council members who are interested in assisting with this process should email Sam Gillespie at [Sam.Gillespie@illinois.gov](mailto:Sam.Gillespie@illinois.gov). Assistant Secretary Bruni

will follow up with the IDHS/Division of Family and Community Services to explore what child care assistance supports are available for families of people with OUD.

- Recommendation 7.2: Council members discussed bridge services for people deflected by law enforcement and the need for case management and care coordination within hospital EDs to help stabilize people who have experienced an opioid overdose and connect them to outpatient care. The Illinois Hospital Association (IHA) is working with Southern Illinois University to implement Project ECHO in southern and central Illinois hospitals. This program will help physicians become DATA-waivered and provide training on how to provide buprenorphine treatment to people with OUD. IHA emphasizes that this is a community program and not a hospital program: hospitals are part of the community and can work with the community and law enforcement to help deflect people to treatment. Assistant Secretary Bruni suggested that the Committee providing input on Recommendation 7.2 include hospital EDs in deflection models and that a deflection subcommittee might be useful in fine-tuning this recommendation.
- Next steps: Dr. Sue Pickett will review the Task Force's decisions and requests for further input with Committee Chairs. Chairs will share the Task Force decisions with their respective Committees.

### **Announcements**

- On April 27, 2018, IDHS/DASA officially changed its name from Division on Alcoholism and Substance Abuse to the Division on Substance Use, Prevention and Recovery (SUPR).
- The next Illinois Opioid Crisis Response Advisory Council meeting will be held on Monday, May 14, 2018 from 1:00-3:00 PM. Please email Brian Pacwa at [Brian.Pacwa@illinois.gov](mailto:Brian.Pacwa@illinois.gov) if you plan to attend this meeting. Chicago and Springfield locations are listed below:

Chicago: IDHS – Clinton Building  
401 S. Clinton Street  
7<sup>th</sup> Floor, Executive Video Conference Room

Springfield: IDHS – Harris Building  
100 S. Grand Avenue East  
3<sup>rd</sup> Floor, Executive Video Conference Room

Call in number: 1-888-494-4032 Access Code: 7298230793#

Council meeting minutes and materials can be found on the Council's website:  
<http://www.dhs.state.il.us/page.aspx?item=97186>