

Illinois Opioid Crisis Response Advisory Council Meeting

November 16, 2020

MEETING MINUTES

IDHS/SUPR Director David T. Jones welcomed the group.

IDHS/SUPR Updates

Director David T. Jones gave the following updates:

- Director Jones thanked the Committees for their work on the 85 recommendations that they submitted for the new State Opioid Action Plan (SOAP). Recognizing the effort put into developing these recommendations, the timeline for the SOAP will be amended so that State leadership can give each recommendation a careful and thoughtful review. Recommendations will be reviewed at the state agency level and prioritized by the Steering Committee. This will ensure that we create a SOAP that meets the needs of all Illinois citizens. Additional information on the updated SOAP timeline will be shared at the next Council meeting.
- To help with the enormous stress providers are facing with rising overdoses and the COVID surge, the Helpline will facilitate provider engagement sessions where substance use treatment and harm reduction providers can discuss their experiences, current challenges and share coping strategies. The first of these conversations will take place this week in Region 3.
- Cook County continues to experience one of the highest rates of fatal opioid overdoses statewide. IDHS/SUPR has begun to convene monthly meetings of stakeholders to identify strategies to reduce overdoses and address the disparities that contribute to these overdose deaths. For more information on the Cook County Overdose Prevention Strategies meetings, contact James Kowalsky at James.Kowalsky@illinois.gov.

IDHS/Prescription Monitoring Program (PMP) Updates

Sarah Pointer, PharmD, Clinical Director of the PMP, gave the following updates:

- PMPnow posted the mandated Electronic Health Record (EHR) integration rules on November 6, 2020.
- Last month, PMP reached almost 8 million queries (i.e., patient searches done by providers). PMP is focusing on how to guide providers using data with clinical tools and proactive notifications for prescribers so they can identify patients who could benefit from early intervention.
- PMP projects related to Department of Justice funding include: automating licensing process for information received from the Illinois Department of Financial and Professional Regulation (IDFPR), creating publicly available dashboards with interactive mapping and visuals, continuing to work on cumulative score validation to identify high prescribers, expanding interstate data sharing through RX Checkup, and creating linkages to care by collaborating with law enforcement to provide notifications to probation officers whenever a patient may need additional care.

HFS Update

Dr. Arvind Goyal, Medical Director, gave the following updates:

- HFS leadership met with SUPR and IDPH in October to collaborate on policies related to the opioid epidemic and to clarify responses to recommendations for the Opioid Use Disorder Medication Management Subcommittee. A written report is forthcoming and will be shared with the Council.

Illinois Department of Public Health (IDPH) Updates

Jenny Epstein, Director of Strategic Health Initiatives, gave the following updates:

- IDPH identified conflicting priorities in regard to syringes needed for COVID-19 vaccines and that, as a result, some syringes may be in limited supply. IDPH is investigating this issue.

Illinois Helpline Update

Chelsea McCarron, Project Manager, HRiA, gave the following updates:

- As Director Jones noted, the Helpline will be hosting provider engagement sessions for substance use treatment and harm reduction providers to discuss challenges and strategies in response to COVID. The first session will be held on November 18 for Region 3 providers. For more information go to: <https://www.dhs.state.il.us/page.aspx?item=128298>.
- The Helpline is collaborating with the PMP to provide a referral option for prescribers who have patients in need of substance use treatment.

Counterfeit Percocet Cluster/Overdoses

Natasha Dolgin, MD, PhD, Cook County Department of Public Health, Resident, Preventive Medicine & Public Health, gave a presentation on the “M30” overdose cluster investigation (see attached handouts):

- The investigation was conducted by the Cook County Department of Public Health and looked at an emerging cluster of overdoses cases caused by counterfeit pills sold on the street as “Percocet” (or “M30”) containing fentanyl with a wide range of dosages.
- Case features included severe altered mental state and respiratory depression by someone under 30 years of age. Individuals affected tended to be non-daily drug users.
- Thirty cases across multiple counties have been identified with five confirmed cases, six probable cases, and 15 possible cases.
- Intervention goals in response to the case investigation consist of harm reduction (e.g., community awareness, emergency personnel preparedness, and naloxone availability and utilization) and prevention (e.g., community awareness, fentanyl/street testing, and source control/getting M30 off the streets).
- Targeted messaging was used to reach specific audiences, including providers (using IDPH SIREN and Illinois ER professional organizations), community (through collaboration with community partners), and law enforcement (local, county, and the High Intensity Drug Trafficking Areas (HIDTA) program).
- Discussion
 - Committee members discussed strategies for sharing information about M30 with affected communities. These strategies include SIREN (IDPH’s rapid electronic notification system) to reach affected communities, mass emails to harm reduction organizations and substance use treatment centers, and press releases.
 - It was suggested that substance use treatment providers, children’s hospitals and child psychiatrists could be resources for alerting the community and tracking cases.

Presentation: Community Outreach and Overdose Prevention Partnerships

Dan Rabbitt, Heartland Alliance; Stephen Koruba, Night Ministry; Ann Brekke, Thresholds, gave the following presentation on effective community outreach/overdose prevention models (see attached handouts):

- Mr. Rabbitt discussed how harm reduction is critical to saving lives and creates a self-directed pathway to recovery. Outreach teams are an effective way to way to meet people where they are at and connecting them to services.
- Ms. Brekke described the Assertive Outreach Model. Key elements include: 1) outreach

efforts that are led by people with lived experience, 2) free PPE, naloxone training and distribution, 3) meeting clients where they are at by offering an array of substance use treatment options and 4) offering practical assistance to meet high priority needs (e.g., unemployment, unstable housing, health care, IDs/documentation). She noted that, in response to COVID, the team has started giving out Tracfones to connect people to counselors.

- Mr. Koruba discussed the Mile Square and Night Ministry's model of telemedicine for mobile outreach. The partnership between Night Ministry and Mile Square emerged in response to reduced telemedicine reimbursement restrictions due to COVID, thereby lowering barriers to real-time medication assisted recovery (MAR) and psychiatric medication management. The mobile outreach team provide Suboxone induction by phone to homeless and at-risk individuals. Clients are also connected to primary care and other services, including psychiatric medication management. The success of this outreach can serve as a model for community-based organizations and FQHC partnerships.
- Funding is needed for community outreach and sustainable reimbursement for community-based interventions via the implementation of the Early Mental Health and Addictions Act. The presenters also stressed the importance of investing in interventions that address disparities (stable housing, overdose prevention sites, naloxone training and distribution).
- Discussion
 - Council members discussed the use of Tracfones to connect homeless people to services. A recent study on smartphone use among homeless youth can be found here: <https://mental.jmir.org/2019/10/e15144/>
 - Council members raised concerns regarding telemedicine reimbursements, and whether guidelines put forth to address COVID-19 will end. Director Jones noted that he has been discussing the benefits of telehealth with federal partners.
 - Council members shared strategies for sustaining and/or expanding outreach services during COVID, including strong community partnerships, particularly with foundations that can provide funding for services, digital fundraising, and continuing to build on grant funding. Other recent efforts to expand outreach include partnerships with local food banks to distribute naloxone and PPE and hiring people with lived experience of OUD to distribute naloxone during street outreach. It was noted that people with lived experience are critical to outreach and expanding outreach efforts.

December Council Meeting

Please note: Due to various holiday schedules, the December Council meeting is cancelled. Our next Council meeting will be on Monday, January 11, 2021 from 1-3 pm. This will be a virtual meeting. The meeting agenda and information on how to connect to the meeting will be sent out to the Council closer to the meeting date. Minutes from prior meetings can be found at:

<https://www.dhs.state.il.us/page.aspx?item=97186>