

Illinois Opioid Crisis Response Advisory Council Meeting

February 24, 2020

MEETING MINUTES

Social Equity Presentation

Director Danielle Kirby, IDHS/SUPR, welcomed the group and introduced Dr. Evonda Smith, Assistant Director, Illinois Department of Public Health (IDPH). Dr. Smith gave the following presentation, “Social Equity 101” (see attached handouts). The goal of Dr. Smith’s presentation is to increase awareness of how historical and current policies lead to social and health inequities. This background is needed as we form the Council’s Opioid Social Equity (OSE) Committee, described in more detail below.

- Our perspectives, beliefs and world view shape our decisions and policies we make. When considering social equity, it is important to be mindful of whether and how our own world view impacts policies for others.
- Social inequity excludes people from full and equal participation in society. Historical forces, such as discriminatory mortgage practices, middle class and white flight, and disinvestment in urban centers have contributed to social inequities for people of color.
- Social inequities are the root causes of health inequities. Health inequities are differences in health status or in the distribution of health resources—including those related to opioid use disorder (OUD) treatment—between different population groups. There is a social inequity for every health inequity.
- Social equity is concerned with justice and fairness of social policy. It ensures that people who are impacted by a problem are involved in decision making and are part of the solution. It also means meeting people where they are and asking and using their definitions of justice and fairness. For our OSE Committee, this means that people with OUD and community members are included and serve as committee members.
 - Carie Bires, Children & Families Committee Chair, shared the Illinois Early Learning Council’s Racial Equity Definition: “A racially equitable society values and embraces all racial/ethnic identities. In such a society, one’s racial/ethnic identify (particularly Black, Latino, Indigenous and Asian) is not a factor in an individual’s ability to prosper”.
- We can achieve social equity by developing a working knowledge of possible treatment barriers among racial and ethnic minorities, with a consideration of patient, provider and community factors that influence those treatment barriers; assessing beliefs and expectations about OUD treatment; and developing culturally appropriate care for OUD.
 - Examples: Think about people holistically and identify every barrier a person or community experiences that prevents them from accessing care; and think about ways to bring treatment to the community versus people leaving the community for treatment.
- Traditional approaches that focus on individual behaviors and symptom change are not working. We need to apply a social equity lens to our work that tackles racism, class and gender exploitation and uses an activist perspective to creating conditions for good health that protects the common good.
- Other principles that should inform our social equity work include recognizing that: 1) health is more than health care, 2) social policy is health policy, 3) racism imposes an added burden, 4) health is tied to the distribution of resources, and 5) we all pay the price for poor health.

IDHS Updates

Director Kirby gave the following updates:

- The Helpline’s chat box function is now “live” (<https://helplineil.org/>). The text function will be rolled out by April.
- Federal State Opioid Response (SOR) monies will end in September. Funding is guaranteed through September 29th; however, SUPR intends to fund projects for as long as possible and anticipates that additional federal funding may become available.

- Sarah Pointer, Clinical Director of the IL Prescription Monitoring Program (PMP) shared that the PMP team is working on several enhancements to the system, including adding more datasets, continuing work on electronic health record (EHR) integration, getting injury, accident and rapid deployment notifications up and running, and helping to drive traffic (treatment inquires) to the Helpline.

IDPH Updates

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

- IDPH is working on an intergovernmental agreement (IGA) with the PMP to share IDPH opioid-related datasets.
- Dr. Leyden, the state epidemiologist, has left her position. She is the signatory on the Standing Order. Director Ezike will sign the Standing Order; if you need a copy, contact Jenny at Jennifer.Epstein@illinois.gov.
 - Council members discussed issues related to naloxone inventories and naloxone expiration dates. Concern was expressed that organizations that have a current inventory of naloxone with short expiration dates may run out and not be able to afford to purchase additional supplies. It was noted that studies show that 20 year old naloxone is still effective. It was also noted that only 25% of people who experience an overdose fill a naloxone prescription when leaving the hospital. Helping hospitals dispense naloxone at discharge—without a prescription—may increase these individuals’ naloxone use in the event of a subsequent overdose.

Department of Healthcare and Family Services (HFS) Update

Dr. Arvind Goyal gave the following updates:

- HFS should hear soon from federal CMS whether the 1115 waiver for 12-month Medicaid coverage for postpartum women that was submitted in November 2019 has been approved.
- Doc Assist now provides physician consultation free of charge for Medicaid patients who are pregnant or postpartum women with OUD. To date, there have been 20 requests for this consultation.

Governor Pritzker’s Executive Order

Director Kirby shared the following information about Governor Pritzker’s Executive Order (EO) 2020-02, “Executive Order Strengthening the State’s Commitment to Ending the Opioid Epidemic”

https://www2.illinois.gov/HISNews/21086-Executive_Order_2020-02.pdf

- Steering Committee: The EO establishes a Steering Committee to guide the work of the Council and serve as a liaison between the Council, other stakeholders, and the Governor’s Office. The Governor’s Office recognizes the Council’s dissatisfaction with the Task Force’s lack of transparency and inclusion; thus, in addition to state agency heads, the Steering Committee will include a Council Committee Chair and a person with lived experience of OUD. Sherie Arriazola, Criminal Justice Populations Committee Chair, has agreed to serve as the Council Committee Chair Steering Committee member. The person with lived experience of OUD will be appointed by the Governor. To nominate yourself or someone else, go to the following website: <https://www2.illinois.gov/sites/bac/SitePages/AppointmentsDetail.aspx?BCID=1222> <https://www2.illinois.gov/sites/bac/Pages/NominateForm.aspx>. The Steering Committee will be subject to the Open Meetings Act and Freedom of Information Act. Meetings and minutes will be available to the public. The Steering Committee will be chaired by the Lt. Governor, IDHS and IDPH and will work to align Council activities with priorities of the Governor’s Office, including social equity. The first meeting will be held in the next 2-3 months.
 - Council members asked whether the Illinois Department of Corrections would be included on the Steering Committee. Director Kirby noted that while this was unclear, the EO states that other state agencies and stakeholders may be asked to participate so that all partners—including criminal justice—are at the table.

- Opioid Social Equity Committee: Fatal overdoses continue to increase among people of color, and people living in racial and ethnic communities face greater difficulty than the majority population accessing OUD treatment and recovery support services. The OSE will address the social and racial equities of the crisis and will develop a social equity statement that will guide the Council's and Committees' work. The OSE also will make policy recommendations to the Steering Committee. If you are interested in joining the OSE, contact Sue Pickett at spickett@ahpnet.com.
- Executive Order Activities: Director Kirby noted that Governor Pritzker is committed to addressing racial disparities and other gaps noted in the EO with additional funding. The following five activities will begin this fiscal year:
 - Targeted Rapid Deployment: IDHS/SUPR and IDPH are establishing a protocol where syndromic data is regularly analyzed, leading to rapid deployment of community resources, along with distribution of 50,000 doses of naloxone in communities where we see spikes of overdose death.
 - Admission, Discharge, Transfer (ADT) Notification System: Utilizing current and potential PMP EHR connections, the PMP will create an ADT notification system to alert prescribers and SUD treatment providers about opioid overdose, which would layer in additional data to support rapid deployment activities and allow providers to more quickly connect patients to care.
 - Medication Assisted Treatment (MAT) Prescriber Support: This initiative will provide stipends to support prescribers who want to obtain DATA waivers and technical assistance to all Medication Assisted Recovery (MAR) prescribers.
 - Awareness of SSPs: Led by IDPH, this initiative will support a public awareness campaign through the Helpline and build capacity for SSPs in hardest hit areas of the state.
 - Engage Communities in Developing Overdose Prevention Sites (OPS): This initiative will target communities of high need on Chicago's West Side and study what the community believes about OUD and OPS and provide education on OPS and how they can save lives and help get people into treatment.

State Opioid Action Plan Implementation Report Recommendations

- Dr. Sue Pickett reported that the updated January 2020 Implementation Report (<http://www.dph.illinois.gov/sites/default/files/publications/soap-implementation-report-january-2020.pdf>) documents our progress in addressing the nine strategies in the current State Opioid Action Plan (SOAP). It contains five new recommendations, each of which are in the EO, to build on our current work and address the changing nature of the opioid crisis: 1) address the growing racial and social disparities of the crisis, 2) examine how harm reduction strategies can reduce overdose risks and stigma, 3) collaborate with law enforcement agencies to identify strategies to curtail illegal drug trafficking activities, 4) increase Helpline use by adding user-friendly features and targeted outreach efforts, and 5) create a comprehensive single state website. Next steps will include a process evaluation to assess our overall progress and create a new SOAP.

March Council Meeting

The next Illinois Crisis Response Advisory Council meeting will be held on Monday, March 16, 2020 from 1:00-3:00 PM. Information on Chicago and Springfield locations will be sent closer to the meeting date. Council meeting minutes and materials (including handouts from this meeting) can be found on the Council's website: <http://www.dhs.state.il.us/page.aspx?item=97186>