

# Illinois Opioid Crisis Response Advisory Council Meeting

May 18, 2020

## MEETING MINUTES

IDHS/SUPR Director Danielle Kirby welcomed the group.

### IDHS/SUPR Updates

- Director Kirby announced that the Steering Committee (SC) will hold its first meeting on May 26<sup>th</sup>. The meeting agenda is focused on orienting the SC on Council activities over the last three years and setting goals for how the SC will guide the Council's work. The EO calls for a person with lived experience to serve on the SC. Candidates are being reviewed by the Governor's Office.
- The Helpline's chat feature is now 'live' on the website: <https://helplineil.org/>. The texting feature will be available this summer.

### IDHS Updates

Dr. Sarah Pointer, Clinical Director of the Prescription Monitoring Program (PMP), gave the following updates:

- The PMP's intergovernmental agreement (IGA) with IDPH is finalized, allowing the PMP and IDPH to share opioid-related datasets.
- The PMP is updating its website and building linkages to care with the Helpline. Collaborations with drug courts also are being developed.
- Pilot sites are being identified for the Admission, Discharge, Transfer (ADT) Notification System. This initiative uses PMP EHR connections to create an ADT notification system to alert prescribers and SUD treatment providers regarding opioid overdoses, which would layer in additional data to support rapid deployment activities and allow providers to more quickly connect patients to care.
- The PMP is working with UIC on academic detailing to educate pharmacists on the standing order and co-prescribing of naloxone.

### Department of Healthcare and Family Services (HFS) Updates

Dr. Maria Bruni, Senior Policy Advisor, shared the following updates:

- HFS put emergency telehealth rules into place to address COVID-19. Video and phone visits for individual and group therapy are covered for Medicaid fee for service and MCO patients. Providers should contact HFS if they are experiencing billing issues for video and phone-delivered services.
- HFS is working with Medicaid MCOs to infuse revenue system for behavioral health providers to make providers whole and to increase revenue going out to providers as they experience decreases in utilization and billing due to COVID-19.

### Committee Updates

Dr. Sue Pickett, Deputy Director of Research & Evaluation at Advocates for Human Potential, Inc. gave the following Committee updates:

- The Opioid Social Equity held its first meeting on May 4<sup>th</sup>. The committee has drafted an initial social equity statement and will continue to revise the statement in its next meeting (date to be determined).
- The MAR Committee met at the end of April and per the EO, began discussing issues related to residential providers connecting clients to medication assisted recovery.
- The Children & Families Committee will meet on May 28<sup>th</sup>. Contact Dr. Pickett if you are interested in attending this (or any other committee) meeting.

## Illinois Department of Public Health (IDPH) Update

Jenny Epstein, Director of Strategic Opioid Initiatives gave a presentation on provisional 2019 overdose data (see attached handouts):

- While provisional 2019 fatal overdose data show a decrease in death due to overdose, IDPH is estimating a 0.5% increase from 2018.
- Racial disparities in overdose death continue to persist with non-Hispanic black individuals dying at more than two times the rate of non-Hispanic white individuals.
- Hospitalizations due to all opioids increased by 24% from 2015 to 2016, decreased by 6% from 2016 to 2018 and decreased by 3% in 2019. Hospitalizations due to heroin overdose increased 28% from 2015 to 2016, increased by 17% from 2016 to 2018 and decreased by 4% in 2019.
- Emergency department (ED) visits related to opioid overdose have continued to increase each year from early 2013 through 2019.
- There are growing racial disparities in non-fatal opioid overdoses. The non-fatal overdose rate for non-Hispanic black individuals is six times higher and the rate for Hispanic/Latinx individuals is four times higher than the overdose rate for non-Hispanic Whites.
- Syndromic surveillance data show an increase in ED visits in 2020 since the onset of COVID-19.
- Discussion
  - The group noted that hospitalizations are needed for more complex cases. The group suggested that data be cross-walked with the IL SOR Hospital Warm Hand-off project to examine whether these projects have decreased ED visits and hospitalizations.
  - The group also suggested that it would be helpful to examine the raw numbers for ED visits and hospitalizations by county.

## Access to MAR (A-MAR)/Hub & Spoke Pilot Program: Preliminary Process Evaluation Results

Barbara Cimaglio, A-MAR Project Director, IDHS/SUPR and Dr. Pickett gave the following presentation on the A-MAR project and process evaluation (see attached handouts)

- In the A-MAR project, MAR network models—evidence-based Hub and Spoke models—are being implemented in areas of Illinois that currently have relatively few treatment resources for people with OUD (“MAR deserts). For more detailed information on the project go to: <http://www.dhs.state.il.us/page.aspx?item=115412>
- Five organizations were funded by federal IL STR and IL SOR monies to serve as Hubs and develop networks in MAR deserts. These organizations include Centerstone of Illinois, Family Guidance Centers, Inc., Robert Young Center, Chestnut Health Systems, and Mathers Recovery.
- Preliminary process evaluation results show that projects have encountered the following implementation challenges:
  - Staffing: Projects have had problems finding, hiring and retaining physicians, nurses, counselors and other professionals who have experience treating OUD.
  - Stigma: Negative public attitudes about opioid misuse make it difficult to establish services, identify partners who are willing to treat OUD and prevent people with OUD from seeking and staying engaged in treatment.
  - Transportation: Lack of public and/or reliable transportation is a barrier to getting clients screened, assessed, engaged, and retained in treatment.
  - Network development: While all sites have added Spokes, network development is a slow, ongoing process.
  - Care coordination: Communication problems with Spokes, training Spokes to provide MAR, and some Spokes not implementing services as initially agreed make care coordination difficult.
- Strategies that sites have used to address these challenges include educating potential Spokes, providers and clients about the benefits of MAR and the Hub and Spoke model, public awareness campaigns, co-locating staff, and incentivizing DATA waiver training.
- Early A-MAR project successes:
  - As of April 2020, 444 people with OUD have been admitted to MAR through A-MAR services.

- Clients report high levels of satisfaction with A-MAR services. They report that A-MAR staff treat them (clients) with respect and connect them to needed services.
- Clients report that A-MAR services helped them reduce opioid misuse and improved their quality of life.
- All sites identified and added new Spokes.
- A-MAR sites are implementing innovative services to engage and retain clients, included telehealth and peer recovery coaches.
- Stacy Nonn, SUD Project Coordinator, Chestnut Health Systems; Mona Miller, LCSW, MAT Grant Coordinator, Centerstone; and Ron Vlasaty, Chief Operating Officer, Family Guidance Center, Inc. (FGC), gave updates on their A-MAR projects, including the impact of COVID-19 on services.
  - Chestnut's initial challenges included misunderstanding and misperceptions about MAR and the project in the four rural counties the project serves. Meetings with key stakeholders, hosting meeting with multiple agencies, participating in coalition groups, and providing technical assistance helped bring Spokes on board and develop a system of care. A unique feature of Chestnut's A-MAR project is recovery coaches. These staff work with and connect clients with services and provide transportation (Chestnut leased vehicles for the recovery coaches to take clients to appointments). Impact of COVID-19: Clients are calling their recovery coaches often, and recovery coaches are offering weekly recovery meetings via Zoom. Chestnut's SUD department is providing services via telehealth.
  - Centerstone's initial challenge was getting their methadone clinic built, up and running. Now that the clinic is open, MAR access has increased and eliminated the 2-4 hour trip people with OUD had to make to receive methadone treatment. The GPRA also is problematic. In regard to network development, it was noted that documentation from SUPR would give projects validity when meeting with potential Spokes. Impact of COVID-19: Centerstone offers curbside dosing for clients who may have been exposed to COVID-19.
  - Family Guidance Center's initial Spoke was a federally-qualified health center (FQHC). The two organizations had to learn each other's processes and procedures in order to best treat clients. The project formed an MAR team in which key staff in both organizations worked together to develop policies and procedures to support clients' access to care. The project co-located staff and placed a recovery support specialist at the FQHC. The project has 107 clients and notes that recovery supports are critical to engaging people in treatment. Impact of COVID-19: Recovery coaches are doing well-being checks and FGC has extended take-home dosing. FGC suggested that SUPR use telehealth data resulting from COVID-19 to explore the benefits of telehealth and support policy change (i.e., increase providers' ability to offer telehealth).
- Discussion
  - Council members suggested engaging people with lived experience, family members and others who support MAR to attend community meeting and focus groups to help educate people about OUD, MAR and A-MAR projects. These advocates can be powerful stigma-busters.
  - The group discussed what should be studied to determine telehealth's effectiveness for A-MAR clients. The effectiveness of different platforms, i.e., phone versus video, in engaging clients should be examined. FGC found that most clients prefer individual phone counseling versus group therapy via Zoom. It was noted that not all clients like telehealth; many clients may prefer coming to a clinic to connect with their providers and others. Client and provider concerns regarding client privacy and confidentiality, and procedures that must be in place to protect confidentiality should be explored.

### **June Council Meeting:**

- The next Illinois Crisis Response Advisory Council meeting will be held on Monday, June 15, 2020 from 1:00-3:00 PM. This will be a virtual meeting; information on how to connect will be sent closer to the meeting date. Council meeting minutes and materials (including handouts from this meeting) can found on the Council's website: <https://www.dhs.state.il.us/page.aspx?item=97186>