

Illinois Opioid Crisis Response Advisory Council Meeting

September 14, 2017

MEETING MINUTES

Maria Bruni, Assistant Secretary of Programs, welcomed the group and thanked Lt. Governor Evelyn Sanguinetti for attending the meeting. Assistant Secretary Bruni made the following announcements and introductions:

- Kim Fornero accepted a position with JBS International in July and is no longer with the Illinois Department of Human Services/Division of Alcoholism and Substance Abuse (IDHS/DASA). Rafael Rivera has been hired to fill Ms. Fornero's position and now oversees IDHS/DASA's prevention programming.
- Mike Nelson is the new chair of the Prescribing Practices committee. Dr. Nelson is a medical toxicologist, addiction specialist and emergency room physician, and has been working closely with Drs. Aks and Wahl on opioid prescribing issues. We thank David Porter for his prior leadership of this committee.
- Carie Bires and Julia Zhu are co-chairing a new committee that will focus on the impact of the opioid epidemic on children and families.

Nirav Shah, Director of the Illinois Department of Public Health (IDPH), gave an overview of the State of Illinois Opioid Action Plan that was released by Governor Rauner on September 6, 2017. Director Shah noted that recommendations made by the Council are included in the Plan. To download a copy of the Plan, go to:

<http://dph.illinois.gov/sites/default/files/publications/Illinois-Opioid-Action-Plan-Sept-6-2017-FINAL.pdf>

- The overall goal outlined in the Plan is to reduce opioid-related deaths by 33% in three years. It's important to note the original goal was to reduce deaths against the projected trajectory of overdose deaths; this is noted by the star in the graph on page five of the plan in and in a footnote.
- The Plan focuses on efforts that fall into three pillars, six main priorities and nine evidence-based strategies. Briefly, these include:
 - Prevention – preventing the further spread of the opioid crisis through safer prescribing and dispensing (i.e., increase PMP use, reduce high-risk prescribing via provider education and guidelines), education and stigma reduction, and monitoring and communication;
 - Treatment and Recovery – providing evidence-based treatment and recovery services to Illinois residents with opioid use disorder (OUD) by increasing access to care (i.e., medication-assisted treatment and recovery support services) and supporting justice-involved populations by increasing deflection and diversion programs statewide;
 - Rescue – averting overdose deaths by increasing the number of first responders and community members who are trained and have access to naloxone, and decrease the number of overdose deaths after an at-risk individual's immediate release from a correctional or other institutional facility.

Director Shah explained that the Action Plan is the “why and the what”: it describes what we need to do to meet our goal and why we need to do it. The next step is to create an Implementation Plan that details the “how”: the specific strategies or action steps that will be

implemented to achieve our goal. Governor Rauner's Executive Order establishes an Opioid Prevention and Intervention Task Force that will develop the Implementation Plan. The Task Force is chaired by Lt. Governor Sanguinetti; members include State agency directors. The Implementation Plan will be developed in close collaboration with the Council and other key stakeholders. Input and feedback from the Council and its committees are needed to help determine what strategies and activities should be put in place, how they are put in place, and how activities are coordinated across agencies and stakeholder groups. In addition to the Implementation Plan, the Task Force is charged with establishing the following policies and programs within the next 90 days:

- Issue a standing order for naloxone to increase its availability and accessibility statewide;
- Compile a comprehensive data report on opioid overdoses and fatalities statewide
- Establish a 24-hour crisis line;
- Create interagency data use agreement to support more effective and efficient public health and public safety response;
- Establish and expand diversion and deflection programs for individuals with substance use disorders who are involved in the justice system;
- Establish a statewide mechanism for tracking and mapping patterns of opioid use and overdose in real-time to identify and anticipate opportunities for intervention.

For a copy of the Executive Order, go to:

https://www2.illinois.gov/Pages/government/execorders/2017_5.aspx

IDPH Deputy Director Don Kauerauf led a discussion on the relationship between the Task Force and Council. He stressed that the Task Force does **not** replace the Council. The Task Force needs to work directly with the Council to ensure that the Implementation Plan has stakeholder input. Two-way communication between the Task Force and Council is essential. It is critically important that local and regional information brought to the Council and its committees is shared with the Task Force. Similarly, it's critical that the Task Force share its work with the Council.

Lt. Governor Sanguinetti is chairing field hearings across the state to get feedback from a wide variety of stakeholders, including people with lived experience of OUD and their families. She shared that the collective work of the Council has empowered her to go across the state and hold these meetings, and noted that we have a great deal of stigma to address. Information on the dates, times and locations of these listening sessions will be shared with the Council as soon as they are scheduled. To help increase our reach, please send information on upcoming regional and local task force meetings to Brian Colgan (Brian.Colgan@illinois.gov) or Sue Pickett (spickett@ahpnet.com) so we can try to coordinate hearings with those meetings.

Director Shah asked for the Council's feedback on each priority. He asked that the Council discuss how the State should approach each priority, what needs to be in place to get it right from Day 1, and what Council committee should be responsible for developing specific recommendations for each priority. The group asked whether there would be resources and funding capacity to implement their suggested recommendations. Assistant Secretary Bruni asked that the committees first develop recommended strategies and share them with the Council and Task Force. The next steps would be to identify the key state agencies and other who need to be involved to implement the strategies, and identify existing resources and what new resources are needed. (Note: Given time restrictions, discussion of the priorities focused on those listed below).

- Priority A: Safer Prescribing and Dispensing
 - The group agreed that the Prescribing Practices Committee should be responsible for developing recommendations for this priority.
 - Recommendations for this priority included:
 - Making the IL-PMP more user-friendly to increase use and improve work flow by 1) making it available in real-time and 2) integrating it with electronic health records (EHRs).
 - Use the PMP to identify high-risk prescribers and target them for education.
 - Require education on prescribing guidelines as part of physicians' CME and licensing.
 - The group discussed that PMP integration in EHRs is a high priority, but there are policy issues and barriers in mandating integration. Additionally, there is a need to integrate the PMP with EHRs beyond hospital systems. Incentives to use the PMP—such as tying it to CMEs and licensing—also are needed.

- Priority B: Education and Stigma Reduction
 - The group agreed that the Public Awareness & Education Committee should be responsible for developing recommendations for this priority.
 - Prevention First has been contracted by IDHS/DASA via Opioid STR funds to develop a media campaign. Recommendations from the Public Awareness & Education Committee have been woven into the preliminary strategies that Prevention First, and its subcontractor, are putting together as part of this contract. Target audiences for this campaign include the general public, people who have been prescribed opioids, and people who have an OUD.
 - The group noted that to develop effective messaging, it will be important to reach out and ask people with lived experience of OUD, as well as youth, what types of messaging will/would be most helpful to them.
 - Assistant Secretary Bruni shared that IDHS/DASA has selected a vendor for the 24-hour crisis line. The vendor will obtain an easy-to-remember number, and the crisis line will be established and in operation in the next 90 days.
 - The group noted the need to ensure that messaging also focuses on the children and youth affected by the opioid crisis.

- Priorities D & E: Access to Care and Supporting Justice-Involved Populations
 - The group agreed that the Medication-Assisted Treatment (MAT) and Criminal Justice Populations Committees should be responsible for developing recommendations for these priorities.
 - Stigma—both from the general public and providers—is a big barrier to increasing access to treatment. Both groups need education that treatment works and recovery is possible.
 - Ensuring that justice-involved people can access treatment at re-entry requires dedicated champions within IDOC and HFS to make sure that eligible individuals get enrolled in Medicaid.
 - We need incentives and strategies that encourage physicians who have been trained to prescribe buprenorphine, but who are not prescribing, to actually prescribe this medication (buprenorphine). Along with this, we need to activate the primary care workforce to prescribe MAT.

- Telepsychiatry, and the Hub and Spoke model, may be effective in connecting people to treatment in rural areas of the state.
- Providers – physicians, social workers, nurses, counselors, etc. – all need training and education on MAT and recovery support services.
- Priority F: Rescue
 - The group agreed that the Criminal Justice Populations Committee should be responsible for developing recommendations for this priority.
 - The group noted that, as previously discussed, it's critical to ensure that people are enrolled in Medicaid or other insurance coverage at re-entry and connected to MAT and other evidence-based treatment.
 - People also need a place to live at re-entry, but recovery homes often don't accept people who are on MAT. Assistant Secretary Bruni shared that the Opioid STR grant is funding recovery homes for people on MAT to help address this issue.

Assistant Secretary Bruni noted that additional, more in-depth discussions on the priorities, strategies and recommendations will take place in Committee meetings. If you are interested in serving on the new Children & Families Committee, or have ideas about any other committees that may be needed to address the priorities, please contact Sue Pickett (spickett@ahpnet.com).

Tess Benham and Katy Lane from the National Safety Council gave a brief presentation on the Council's National Opioid Awareness Public Education Campaign.

- The campaign, "Stop Everyday Killers" seeks to put a face on the opioid epidemic. The public education campaign has three objectives: 1) education the public to reduce demand for opioids; 2) eliminate excess pills from the market through pill returns; and 3) empower people to speak with their physician about limiting pain kill prescriptions with "Warn Me Labels".
- The campaign will launch in Chicago in November. It will feature a memorial wall comprised of 2,220 pills representing the number of people who overdose each year. The memorial wall will be included in the campaign's public service announcements. The campaign also will highlight the stories of 50 families.

The next Illinois Opioid Crisis Response Advisory Council meeting will be October 16, 2017 from 10 AM – 12 PM. Information on meeting locations and the agenda will be sent prior to the meeting.

Copies of Council and Committee meeting minutes can be found on the Council's website:

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

To join any of the committees, please send an email to Sue Pickett (spickett@ahpnet.com).

Committee Chairs and Meeting Dates:

Prescribing Practices Committee – Mike Nelson (Chair) – met by phone on September 25, 2017.

MAT Committee – Ron Vlasaty (Chair) – meets on September 28th from 1-3 PM at IDHS/DASA, 400 S. Clinton, 2nd Floor Large Conference Room (call in #: 877-746-4263; passcode: 0227925#).

Criminal Justice Populations Committee – Sherie Arriazola (Chair) – meets on October 3 from 1:30-3:00 PM at TASC Administrative Offices, 700 S. Clinton (call in #: 888-494-4032, passcode: 7298230793#).

Public Awareness & Education Committee – Chelsea Laliberte and Karel Homrig (Chairs) – meets on October 6 from 1:00-2:30 PM (call in #: 888-494-4032, passcode: 7298230793#).

Children & Families Committee – Carie Bires and Julia Zhu (Chairs) meets on October 10 from 1:00-2:30 PM (call in #: 888-494-4032, passcode: 7298230793#).