

Illinois Opioid Crisis Response Advisory Council Meeting

February 4, 2019

MEETING MINUTES

IDHS/SUPR Director Kirby welcomed the group. Dr. Maria Bruni, IDHS Assistant Secretary of Programs, shared that she will invite Deputy Governor Sol Flores, who will oversee IDHS, HFS, DCFS and IDPH, to attend Council meetings. Dr. Bruni reported that the Medicaid Advisory Council Group had considering creating an opioid workgroup, but decided not to have a committee separate from this Council. Dr. Bruni and Director Kirby will invite Kristine Hermann, who oversees behavioral health issues for HFS, to attend a Council meeting and discuss how the Action and Implementation Plans can meet the needs of Medicaid clients.

Illinois Department of Public Health (IDPH) Updates

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

- IDPH received funding from the Center for Disease Control and Prevention's Foundation to fund salary and staff for the Opioid Crisis CoAg's emergency medical services (EMS) data project (see attached handout).
- The Chicago Recovery Alliance (CRA) and the Chicago Department of Public Health are collaborating on the CoAg fentanyl testing project. This project moves beyond fentanyl testing strips to a fentanyl testing machine that can perform street-based testing of drug residue and provide quantitative data on fentanyl testing.
- CDPH received funding from the CDC and the National Association of City and County Public Health Officials (NACCHO) to develop a long-term community action plan to improve opioid misuse prevention and response efforts across Chicago's communities, and particularly among African American residents. A roundtable meeting was held on February 15th. For more information about this project, contact Dr. Allison Arwady at Allison.Arwady@cityofchicago.com
- CoAg also supports the Expand the State Unintentional Drug Overdose Reporting System (SUDOR) at Lurie's Children's Hospital. SUDOR extracts data on opioid deaths from death certificates and supports coroners and medical examiners to improve reporting for suspected opioid-involved overdose cases.

Brief Update on Opioid Alternative Pilot Program (OAPP)

Connie Moody, IDPH Deputy Director of Health Promotion for Medical Cannabis, gave a brief update on the Opioid Alternative Pilot Program.

- On August 28, 2018, Public Act 100-1114, the Alternative to Opioids Act of 2018 was signed into law—making changes to the Compassionate Use of Medical Cannabis Pilot Program Act. The Public Act created the Opioid Alternative Pilot Program (OAPP), which allows access to medical cannabis for individuals who have or could receive a prescription for opioids as certified by a physician licensed in Illinois.
- IDPH officially launched OAPP on January 31, 2019. Qualifying patients must be 21 or older. Licensed physicians must certify that qualifying patients have a medical condition for which an opioid has been or could be prescribed. Registered patients are eligible to purchase 2.5 ounces of medical cannabis every 14 days. Physician certifications are valid for 90 days but can be renewed to allow patients to continue accessing medical cannabis. There is a \$10 fee for each 90-day registration period. IDPH hosted webinars to reach physicians across the state and inform them about OAPP. For more information on OAPP, and to view the OAPP Patient Brochure, FAQ sheet, webinar, and registration links go to <http://www.dph.illinois.gov/content/opioid-alternative-pilot-program>.

- The University of Illinois and the University of Iowa are conducting the evaluation of OAPP. The evaluators will survey physicians, patients and dispensaries and will explore the impact of the program on patients and the long-term education needs.

IDHS/SUPR Updates

Director Kirby shared the following updates:

- SUPR publishes monthly progress reports on STR and SOR-funded projects on its website: <http://www.dhs.state.il.us/page.aspx?item=105980>.
- The Helpline has received over 10,000 calls as of late January 2019.
- Two SOR-funded service projects have been awarded. This includes the Pregnant and Postpartum Women with Opioid Use Disorders (PPW-OUD) project and the Hospital Warm Handoff project. Three providers were awarded PPW-OUD projects and eight hospitals were awarded Hospital Warm Handoff projects. To learn more about these projects go to: <http://www.dhs.state.il.us/page.aspx?item=116027>

MAT Committee Update

Dr. Sue Pickett, Advocates for Human Potential, Inc., gave updates on the two MAT subcommittee meetings that are creating a comprehensive toolkit that will include information to fully prepare providers to deliver MAT.

- The Pre-Opening Doors subcommittee is focusing on the processes and procedures needed in order to become a MAT provider. The Implementation subcommittee is focusing on processes and procedures necessary for providers to “keep their doors open”. The Implementation subcommittee would like the Council’s help obtaining information on referral and linkage resources. The group will draft a letter that Council members can send to their professional organizations requesting this information. Council members discussed the importance of reaching out and including information on recovery homes that accept MAT in the Toolkit. Ron Vlasaty, MAT Committee Chair, encouraged recovery home providers to join a subcommittee. All Council members are welcome to join either or both subcommittees. For more information contact Dr. Pickett at spickett@ahpnet.com or Ron Vlasaty at rvlasaty@fgcinc.org.

Addressing the Opioid Epidemic for Justice-Involved Individuals: Cook County

Juleigh Nowinski-Konchak, M.D., MPH, Sarah Elder, LCSW, CADC and Tina Richardson, M.D., gave a presentation on Cook County Health and OUD Programming for justice-involved individuals at Cook County Jail and Bond Court (see attached handouts).

- The goal of Cook County Health’s (CCH) OU programming is to provide patients access to all three forms of MAT and connect them to behavioral health supports. Multidisciplinary teams and care coordination are integral to supporting patients’ recovery goals, improving their well-being and reducing their overdose risks.
- The Bond Court screening and linkage program began in 2017 at the request of the Public Defender that CCH provide mental health and substance use care coordination and referral services, screening, and linkage to treatment at the bond courts to promote jail diversion. In this intervention, detainees are screened for behavioral health problems, including SUD and OUD, and linked to services in the community before they see the judge. Detainees show their appointments to the judge; those who are granted bond are followed by a care coordinator to help ensure that they make it to the appointment. Detainees who are not released receive referrals to jail behavioral health services. As of September 2018, 24% of people released on bond were successfully linked to services. Challenges include limited provider capacity, detainees being released quickly before they can meet with care

coordinators, and the complex issues this population faces (lack of social support, employment, housing, etc.).

- Cermak Health Services' CCJ program includes a medical detox unit and OMT. In 2017, Cermak implemented a dedicated space, staff, and a 5-day protocol to make it easier to take care of patients and give them the opportunity to safely detox, connect with recovery coaches, learn about and receive naloxone, and be offered suboxone and/or Vivitrol. Two-thirds of detainees who are motivated and want to start MAT do so while they are at CCJ. Approximately 100 doses of MAT are dispensed each day. Since there is no or very little MAT in IDOC facilities, the program will taper detainees who they believe will be sentenced to prison. Warm handoff to community providers is the best predictor of good outcomes post-release. The challenge, however, is that in most cases, it's unknown when a detainee will be released. Other challenges include limited jail team capacity to provide MAT to everyone who wants it; community partner capacity and acceptance of MAT (e.g., recovery homes not willing to take someone on MAT); and low/limited funding for jail-based OUD treatment.
- Naloxone education and dispensing on jail release began in 2016. Pharmacy leadership has been instrumental in supporting this program. A pharmacy team educates detainees who were identified at intake for detox; once education is completed the pharmacy generates an EHR alert that prompts the Sheriff's office to give the detainee a naloxone kit on release. To date, the program has educated 5,000 detainees and dispensed 3,500 naloxone kits. CCJ naloxone education currently does not include family and friends.
- Discussion
 - A qualitative study led by Dr. Tony Leung is examining whether detainees who return to CCJ used their naloxone. Dr. Joanna Katzman at the University of New Mexico recently published a study on the effectiveness of take-home naloxone: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5865489/>. Dr. Katzman has agreed to answer Council members' questions about this study; send emails to jkatzman@salud.unm.edu.
 - More formalized linkages with community providers are needed to improve continuity of care in justice settings. The 30 day provision in the waiver that was submitted to the Center for Medicare and Medicaid Services (CMS) but was not approved would have allowed Medicaid to be billed for these services.

March 2019 Council Meeting

The next Illinois Crisis Response Advisory Council meeting will be held on Monday, March 18, 2019 from 1:00-3:00 PM. Please email Brian Pacwa at Brian.Pacwa@illinois.gov if you would like to be added to the email list. Information on Chicago and Springfield locations will be sent closer to the meeting date.

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

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>