

Illinois Opioid Crisis Response Advisory Council

October 15, 2018

MEETING MINUTES

Dr. Maria Bruni, IDHS Assistant Secretary of Programs, welcomed the group. IDHS/SUPR continues to work with HFS on the implementation of the four 1115 Waiver substance use disorder pilot projects. This includes work on the data collection and evaluation component that will document pilot project effectiveness and cost savings. Provider notices also have been sent out. For more information on the 1115 Waiver and the pilot projects go to: <https://www.illinois.gov/hfs/SiteCollectionDocuments/BetterCareIllinoisFAQs.pdf>.

IDPH Updates

Dr. Nirav Shah, Director of IDPH, introduced Jenny Epstein. Ms. Epstein is the new Director of Strategic Opioid Initiatives at IDPH. She will be responsible for aligning federal funding that IDPH receives and applies for with strategies in the State Opioid Action Plan (SOAP). This will help ensure that federal funds are directed to key initiatives outlined in the SOAP.

IDHS/SUPR Updates

Danielle Kirby, Director of IDHS/SUPR gave the following updates:

- Director Kirby introduced Stephanie Frank, the new Deputy Director of Planning, Performance Assessment and Federal Projects. Ms. Frank is responsible for the planning and performance assessment of all Federal Projects, which includes the Substance Abuse Prevention and Treatment Block Grant (SABG) and the federal money for the Opioid Crisis.
- IDHS/SUPR received its State Opioid Response (SOR) notice of award from SAMHSA. SOR is for \$28.9 million a year for two years. SUPR will hire a SOR resource director who will identify and coordinate information on opioid-related activities statewide. SOR funds will expand current STR projects, including the Helpline, jail-based MAT, naloxone training and distribution, and other services. Three additional Hub and Spoke projects also will be funded through SOR. Application information on two of the new SOR projects, Service Enhanced for Pregnant and Postpartum Women with OUD (PPW-OUD) and Hospital Screening and Warm Handoff is available on SUPR's Notice of Funding Opportunity (NOFO) page: <http://www.dhs.state.il.us/page.aspx?item=101591>. Applications are due 11/26/2018 for the PPW-OUD project and 12/3/2018 for the Hospital Screen and Warm Handoff project. NOFOs for other new projects, including Oxford Houses, MAT induction centers and digital toolkits to support people in recovery will be released in the next 4-6 weeks.

Community Naloxone Distribution

Dr. Arvind Goyal, HFS Medical Director, shared information on the three cities in the USA, including Elk Grove Village, IL, that are making naloxone publicly available (see attached handout). Council members reported that the Veterans Administration is co-locating naloxone in heart defibrillation cabinets in its facilities. It was also noted that more naloxone distribution efforts targeting people who are at very high-risk for overdosing—people who are actively using opioids, and people recently released from jail and detox—are needed.

Opioid Crisis in Rural and Urban Settings

Chuck Klevgaard and Dave Closson of Prevention Solutions at the Education Development Center are working with SAMHSA First Responder- Community Addition and Recovery Act (FR-CARA) grantees. FR-CARA grantees are required to provide naloxone training and distribution to first responders in their communities and establish treatment referral processes and procedures. Two Illinois FR-CARA grantees gave an overview of their projects, noting differences in what the crisis looks like in urban and rural counties.

- Heidi Clark described the FR-CARA grant she oversees in 18 counties in south-central Illinois (see attached handout). This project partners with the Illinois Emergency Alarm System (ILEAS) to train and distribute naloxone to rural law enforcement officers. ILEAS is able to track naloxone use and anticipate when more is needed. Challenges include lack of MAT and barriers to connecting people to treatment. Lessons learned: don't make assumptions about rural law enforcement's opinions about naloxone. Officers in their project actively ask for help and support with naloxone training and connecting people they rescue to treatment.
 - Dr. Bruni noted that care coordination is a built-in function of all Medicaid MCOs, so people on Medicaid have access to that care coordination.
 - Council members suggested that care coordinators connect people to peer support, as peers can help people get and stay engaged in treatment.
 - The *USDA Rural Development Program for Opioid Addiction, Prevention, Treatment and Recovery* toolkit lists several resources that address rural challenges: <https://www.rd.usda.gov/files/Rural%20Development%20Programs%20Opioid%20Toolkit%20Final2018%201.pdf>
- Mila Tsgalis described the FR-CARA project in DuPage County (see attached handout). The DuPage Narcan Program (DNP) project has three goals: 1) get Narcan into the hands of first responders; 2) implement a social work model in police departments in order to develop wraparound services for people who overdose; and 3) increase awareness of drug take-back programs. DNP has trained over 5,000 people on how to use Narcan. Data show that most Narcan uses occur in homes and apartments. In 2017, 270 opioid reversals were made; 175 of these reversals were successful (lives saved). Over 52 tons of drugs have been collected since 2009. The project also is educating people about the Good Samaritan Law, encouraging business to include naloxone in their first aid kits, and developing resources for law enforcement based on reversal data. Challenges include lack of MAT providers in DuPage County and no seamless procedures for getting people who overdose into treatment. The project is implementing two strategies to address this challenge. The first strategy is a treatment navigator pilot project that will develop a network of substance use agencies and a 24/7 central resource to screen and link people to treatment. The second strategy is a specialty court for first time drug offenders.
 - Council members suggested incentivizing primary providers to become DATA-waivered to help address MAT-related challenges.

Safe Passages

Dr. Kathleen Burke, Director of Substance Use Initiatives, Will County Executive Office, gave an update on the Will County Safe Passage Network (see attached handouts).

- Safe Passage programs deflect people with a substance use disorder (SUD) away from the criminal justice system. People with SUD can go to police stations and ask for help accessing treatment without fear of being arrested. Police officers make an immediate referral to treatment with the help of community providers. Safe Passage programs help reduce drug-related crime and barriers to treatment. The Will County Safe Passage Network is overseen by Dr. Burke and has served 50 people to date. Dr. Burke works with each police department chief to standardize and implement the program.

- Challenges: Police officers were frustrated when they could not get immediate treatment referrals and stigma prevents people from seeking services. The Will County Safe Passage Network created a linkage with Family Guidance Centers (FGC) to ensure that people referred by the police get into treatment. An FCG care coordinator is on call 24/7 and performs an assessment based on the American Society of Addiction Medicine criteria to determine appropriate level of care. The care coordinator identifies the best treatment option for the participant based on the assessment and does a warm hand-off to ensure that the participant accesses and receives services. The program is expanding to include recovery coaches to follow up with participants once they complete treatment. Lessons learned: Find champions within police departments, train officers on OUD and that recovery is a life-long process; involve the entire community to help understand the local population and its unique needs and treatment barriers.
 - Council members asked about program eligibility criteria and why people under 18 could not participate without parental consent. It was clarified that under the Illinois Consent by Minors to Medical Procedures Act individuals over the age of 12 can consent to treatment and could participate in the program. See: <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1539&ChapterID=35> for more information on the Act.
 - ICJIA conducted a process evaluation of Lee County's Safe Passage program http://www.icjia.state.il.us/assets/articles/Safe_Passage_Report_100217.pdf. It was noted that police departments are interested in learning whether participation in Safe Passage programs reduce recidivism. There are no outcome data to date on this.
 - Illinois Senate Bill 3023, Community Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act, was signed into law on August 22, 2018. SB 3023 authorizes and encourages local law enforcement leaders to partner with treatment and community members on programs that deflect individuals who have overdosed or who have substance use problems away from the justice system and into treatment. TASC's Center for Health and Justice and Council member Danny Langloss helped initiate this legislation. http://www2.centerforhealthandjustice.org/sites/www2.centerforhealthandjustice.org/files/publications/SB3023_FactSheet.pdf

The next Illinois Crisis Response Advisory Council meeting will be held on Monday, December 10, 2018 from 1:00-3:00 PM. Please email Brian Pacwa at Brian.Pacwa@illinois.gov if you plan to attend this meeting. Chicago and Springfield locations are listed below.

Chicago: IDHS – Clinton Building
 401 S. Clinton Street
 7th Floor, Executive Video Conference Room

Springfield: IDHS – Harris Building
 100 S. Grand Avenue East
 3rd Floor, Executive Video Conference Room

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>