

## **Illinois Opioid Crisis Response Advisory Council**

**December 10, 2018**

### **MEETING MINUTES**

Dr. Maria Bruni, Illinois Department of Human Services (IDHS) Assistant Secretary of Programs, welcomed the group. Dr. Bruni announced that IDHS is working with Governor-Elect Pritzker's transition team to inform the incoming administration of our ongoing efforts. IDHS worked with Lt. Governor Sanguinetti's office to submit a document summarizing the Council's and Task Force's work to date and our plans for how we will continue to address Illinois' opioid crisis.

#### **Illinois Department of Public Health (IDPH) Updates**

Jenny Epstein, Director of Strategic Opioid Initiatives, gave an update on IDPH's recent award from the Center for Disease Control and Prevention (CDC). IDPH received \$3.6 million in grant funding from the CDC Cooperative Agreement for Emergency Response: Public Health Crisis Response (Opioid Crisis CoAg) for the period of September 1, 2018 – August 31, 2019. The CDC released these funds to states in order to support the acceleration and enhancement of current and future opioid response activities. IDPH intends to use the funding to support the strategies outlined in the State Opioid Action Plan (SOAP) and address state and local response capacity, bio surveillance and information management, PMP use, and linkage to care (see attached document).

#### **IDHS/Division of Substance Use Prevention and Recovery (SUPR) Updates**

Director Kirby shared the following updates:

- Monthly updates on the services and activities supported by federal funding can be found on SUPR's website: <http://www.dhs.state.il.us/page.aspx?item=105980>. More than 10,000 people with opioid use disorder (OUD) have received outreach, treatment and recovery support services supported through these grants.
- Rosie Gianforte, who currently oversees SUPR's naloxone training efforts, has been hired for the Statewide Opioid Resource Director position. This position is a requirement of the State Opioid Response (SOR) grant. Ms. Gianforte will be responsible for identifying all opioid-related activities statewide and coordinating services and funding to avoid duplication of effort.
- It is anticipated that the SOR-funded Service Enhancement for Pregnant and Postpartum Women and Hospital Warm Hand-off Services projects and the four 1115 Waiver substance use disorder pilot projects will begin in January 2019.

#### **Increasing Medication Assisted Treatment (MAT) in Illinois**

Dr. Sue Pickett, Advocates for Human Potential, Inc., facilitated a discussion on ongoing efforts to increase MAT in Illinois. (See attached handouts).

- Ron Vlasaty, MAT Committee Chair, discussed the MAT committee's recommendations for increasing MAT statewide. These recommendations include implementing the Hub & Spoke model and providing targeted technical assistance and training to encourage providers to become MAT prescribers.
  - IDHS/SUPR is using federal STR and SOR monies to fund five Hub & Spoke pilot projects in MAT deserts (geographical areas of Illinois in which residents have limited access to MAT). Each pilot project is responsible for delivering comprehensive MAT and recovery support services to 100 people with OUD. The evaluation component of the project will document client outcomes and inform future implementation of the Hub & Spoke model statewide. (See attached handout). Barbara Cimaglio, SUPR's Access

to MAT (A-MAT) Project Director, noted that the Council, SUPR and local providers have supported this effort.

- The MAT Committee is creating a comprehensive toolkit that will include information to fully prepare providers to deliver MAT. This toolkit is in align with the committee's goals to expand the number of MAT providers in Illinois and assist those who are considering making MAT part of their practice. It will include information on processes and procedures that need to be in place before MAT can be provided as well those that need to be in place to "keep the doors open". Community education and awareness will be a topic this toolkit addresses. The toolkit will be reviewed and approved by the Task Force. Council members noted that it will be important to have trainers and mentors who can help implement the toolkit and work with new MAT prescribers.
- Julia Zhu, Children & Families Committee Co-Chair, discussed this committee's recommendation to invest in comprehensive OUD treatment and support that acknowledges and accounts for the unique dynamics and needs of youth and families, such as family-centered MAT. The committee chairs recently convened a meeting of the state agency workgroups that are addressing this issue to learn more about is happening statewide and how to leverage the Family First Prevention Services Act to fund opioid-related services for children and families. The Family First Prevention Services Act allows states with an approved Title IV-E plan the option to use these funds for prevention services that would allow "candidates for foster care" to stay with their parents or relatives. Parenting, mental health and SUD services will be federally-reimbursable under Family First, allowing DCFS to provide these and other supportive services to entire families. To read the Act go to <https://www.congress.gov/bill/115th-congress/house-bill/253>.
- Director Kirby gave an overview of the Opioid Use Disorder, Maternal Outcomes and Neonatal Abstinence Syndrome (OMNI) initiative. SUPR, IDPH, HFS and the Illinois Perinatal Collaborative are participating in a two year OMNI learning collaborative to develop a statewide plan to support programs and policies related to substance use disorder (SUD) among pregnant and postpartum women and infants diagnosed with neonatal abstinence syndrome (NAS). As illustrated in its draft vision statement, the team's overall goal is to create a system of care that will connect pregnant and postpartum women with OUD to MAT and support services to prevent NAS and support the development of healthy families.
- Director Kirby shared that Illinois is one of five states selected for the National Academy for State Health Policy (NASHP) State SUD Policy Institute. This initiative helps state teams to develop innovative strategies to increase access to improve the quality of SUD treatment, recovery and preventive services for Medicaid beneficiaries using federally qualified health centers (FQHCs). The Illinois team's draft goals include expanding access to MAT in Illinois FQHCs, helping FQHCs navigate administrative requirements for providing SUD services, and identifying and promoting models for delivering primary care to individuals with SUD within the context of integrated health homes.

### **Illinois Perinatal Quality Collaborative**

Dr. Anne Borders gave a presentation on the Illinois Perinatal Quality Collaborative (ILPQC) (see attached handouts)

- ILPQC is a multi-disciplinary, multi-stakeholder Perinatal Quality Collaborative comprised of 119 birthing hospitals in Illinois. It is one of the largest collaboratives in the US. ILPQC supports participating hospitals' implementation of evidence-based practices using quality improvement science, collaborative learning and rapid response data to address maternal morbidity. Collaborative members vote on the issues or initiatives they want to work on. In

2016, collaborative members voted to work on opioid-related projects. For more information on ILPQC go to: <http://ilpqc.org/>

- There was a 116% increase in recorded maternal opioid use between 2011-2015 and a 53% increase in the rate of NAS from 2011-2016 in Illinois. Pregnancy-associated deaths related to opioid poisoning increased almost six-fold.
- Challenges and barriers to treatment include:
  - Prenatal providers lack experience and process for linking moms to MAT.
  - Lack of MAT services statewide, especially for pregnant and postpartum women. MAT services also may not be easily accessible.
  - Very few OBs are DATA-waivered.
  - Criminalization fears – moms may be afraid that they will lose custody of their newborn/children if they enter treatment.
  - Provider and family bias and stigma.
- The Mothers and Newborns Affected by Opioids (MNO)-OB initiative has five goals: 1) Improve identification of pregnant women with OUD through universal screening and assessment for OUD at labor and delivery and at outpatient prenatal care sites and use of Screening, Brief Intervention, Referral to Treatment (SBIRT); 2) Improve linkage to MAT and support services for moms with OUD; 3) Optimize clinical care of pregnant women with OUD; 4) Improve outcomes for opioid exposed newborns (OENs) through key interventions including increased maternal participation in OENs newborn care; and 5) Optimize prevention of OUD through patient and provider education, including compliance with PMP and implementation of clinical guidelines to reduce opioid over-prescribing after delivery.
- Providers and moms need a safe space to talk about OUD. While women who screen positive for OUD will not lose custody of their newborns, this fear keeps them from seeking treatment. SBIRT and supportive providers can help address those fears and help women come forward and engage in care. Keeping moms and newborns together is the best treatment for NAS. We need to educate providers—and moms—that OUD is a chronic disease that needs treatment.
- MNO-OB work to date:
  - A standardized screening tool for OUD and SBIRT protocol has been created and implemented to identify OUD, assess risk, counsel moms and link them to care.
  - Hospitals have started mapping local MAT and recovery support services in their communities.
  - Educational materials for moms on OUD and NAS, and maternal participation in newborn care have been developed.
  - Clinical care checklists have been created and implemented.
  - 52% of women with OUD at delivery have been engaged in MAT.
  - 58% of OENs have been discharged with a safe discharge plan made in partnership with families, hospitals, and community primary care providers.
- ILPQC asked the Council for input on the following issues:
  - Improving community engagement: Council members invited local MNO-OB teams to attend opioid-related community workgroup/initiative meetings. ILPQC invited MAT providers to attend and participate in early childhood system cross-trainings.
  - Increasing the number of DATA-waivered OB providers: It was suggested that future DATA-waiver trainings could target these providers. The toolkit being created by the MAT committee also could be a resource.
  - Increase access to MAT providers, support services and behavioral health providers for pregnant and postpartum women: Council members suggested co-locating MAT and behavioral health providers in labor and delivery and encouraged use of warm-handoffs similar to the STR-funded hospital warm hand-off program.

## **February 2019 Council Meeting**

The next Illinois Crisis Response Advisory Council meeting will be held on Monday, February 4, 2019 from 1:00-3:00 PM. Please email Brian Pacwa at [Brian.Pacwa@illinois.gov](mailto:Brian.Pacwa@illinois.gov) if you plan to attend this meeting. 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>