

Minutes of the DuPage County HOPE Taskforce

August 11, 2023

The Heroin Opioid Prevention and Education (HOPE) Task Force met on Friday, April 28, 2023

Dr. Wilson called the meeting to order at 8:32AM

Task Force Member Name	Title	Attended
Bob Berlin	DuPage Co. State's Attorney	X
Dr. Richard Jorgensen	DuPage Co. Coroner	
Amber Quirk	DuPage Co. Regional Office of Education	X
Sheriff Mendrick (Mr. Drugan)*	DuPage Co. Sheriff	X
Jeff York (DuPage Co. Public Defender	X
Dr. Lanny Wilson	Vice-President, DuPage County Board of Health	X
Adam Forker	Executive Director, DuPage Co. Health Dept.	X
Bernadine McFarland (Sue Murphy)*	Program Manager, DuPage Co. Probation Dept.	X
Roy Newton (Dave Peterson/ Roy Sewitc)	DuPage Police Chief's Association	X
Keith Krestan	DuPage Fire Chief's Association	X
Rich Veenstra	DuPage Mayors and Managers Conference	X
Jim Scarpace	Executive Director, Ascension	
Lisa Schvach	Community Development	
Brad Gerke	Community Member	X
Deb Lewin	Path to Recovery Foundation	X
Andrew Anselm	Illinois State Police	X
Chief Judge Kenneth Popejoy (Brian Jacobs)	Chief Judge – 18 th Judicial Circuit	X
Greg Schwarze	DuPage County Board	X
Karyn Charvat	PowerForward DuPage	
Megan Corrigan	Advocate Good Samaritan Hospital	
Dr. Michael Nelson	Cook County Health	X

II. Acceptance of the Minutes

Dr. Wilson asked for consensus to accept the minutes of the April 28 2023 meeting as presented. The minutes will be filed as presented.

III. Public Comment

There was no public comment.

IV Legislative Update

Felicia Miceli, Advocacy Lead for the Louie's Law Project shared the following:

- Governor Pritzker recently passed into law, Louie's Law which is a K-12 non-mandated curriculum on substance use prevention that is age-appropriate, comprehensive, reality-based, safety-focused, medically accurate and evidence-informed information that reduces substance-use risk factors and promotes protective factors.
- Continued funding is needed.

Member Quirk asked for additional information that could be used for teacher institute day in March which would be an opportunity to provide a way to introduce the legislation to teachers.

Dennis Brennan shared information on recent bills before the State Legislation that were recently passed and applicable to the work of the taskforce.

1. HB 3203: Amends the Overdose Prevention and Harm Reduction Act. Provides that a pharmacist may sell fentanyl test strips over-the-counter to the public to test for the presence of fentanyl, a fentanyl analogue, or a drug adulterant within a controlled substance. Provides that a county health department may distribute fentanyl test strips at the county health department facility for no fee. Amends the Drug Paraphernalia Control Act. Provides that "drug paraphernalia" does not include equipment, products, or materials to analyze or test for the presence of fentanyl, a fentanyl analogue, or a drug adulterant within a controlled substance. LHD can provide at no cost. Effective Jan. 1 2024 passed unanimously
2. HB 2039: Provides that each disclosing State department or agency (rather than only department) shall execute a single master data use agreement that includes all data sets and is in accordance with the applicable laws, rules, and regulations pertaining to the specific data being requested. Provides that the State department or agency may require the names of any authorized users who will access or use the data provided. Provides that any data shared between State departments and agencies that is requested by a certified local health department shall be reviewed and approved by the State department or agency providing the data to ensure that all disclosures are made in accordance with procedures set forth in the data use agreements. Effective Jan. 1, 2024

V. DCHD Substance Use Disorder and Mental Health Crisis System Update

Lori Carnahan, Deputy Director of Behavioral Health Services at the Health Department shared the following:

Funding approval has been approved by the DuPage County Board to support the building of The Crisis Recovery Center (CRC) which is the critical next step in DuPage County Health Department's decades-long journey to build the infrastructure needed to support a best-in-class behavioral health system and ensures all DuPage County residents will have **"someone to call, someone to respond, and somewhere to go"** when experiencing a mental health or substance use crisis.

The CRC will help residents de-escalate, stabilize, and connect to community resources catered to their individual mental health and substance use treatment needs. The building design and operations will ensure individuals and their families feel welcome, respected, and secure throughout every step of their care. The CRC serves as an alternative to hospital emergency departments and creates a single point of entry for all individuals, families, and first responders. With the approval of this funding and previous funding commitments from other sources the next developmental stage can begin.

Information was also shared on services currently being provided by the Health Department on a wide variety of care for substance use disorders and behavioral health needs. For a comprehensive review of the services offered for both substances use disorders and behavioral health, visit the Health Department's website at www.dupagehealth.org

VI. HOPE Updates

Holly Lewendowski and Mimi Doll of Candeo Consulting shared a presentation titled Qualitative Findings: DuPage Adult Substance Use Focus Outcomes. A copy of the presentation is included with the minutes and a copy of the report will be posted on the Impact DuPage website.

Lauren McLaughlin, Director of Programming and Recovery Services from Path to Recovery Foundation and recipient of a Hope Taskforce Grant provided an update on the work their agency is doing to support individuals and families struggling with substance use disorders.

Family support meetings are offered weekly and have reached individuals from across the country because they are held in a virtual format.

- 2021 – 200 client visits
- 2022 – 771 client visits
- 2023 to date- 673 client visits

Path to Recovery is hosting an Overdose Awareness Day event to be held on August 31, 2023 at 6:30PM in Naperville. First responders will be recognized.

Mila Tsagalis shared with participants the 2022 Annual DuPage Narcan Program Report and updates on District 88 and Gateway's grant work.

Jarrett Burton from DuPage ROSC provided updates on public access to Narcan:

The second Narcan vending machine will be placed in the Glendale Heights municipal building and is currently on order. The other vending machine is at DuPage County Health Dept.'s LAK Community Center.

- International Overdose Awareness Day 2023 event @ Serenity House
- Narcan Vending wall mount machines are available and the ROSC is working on developing partnerships to make these available throughout the County. Suburban Fellowship Club in Naperville and 360 Youth Services have both committed to housing a wall mount unit.

- Ad Campaign for fentanyl awareness is appearing in communities throughout DuPage County.

VII. Opioid Settlement Status and Statewide Efforts

- State's Attorney Berlin provided updates on the June 2023 settlement from CVS and Walgreens. Once the agreement goes into effect, funds to Illinois will be allocated according to the Illinois Opioid Allocation Agreement.
- There are no updates currently on the Perdue Pharmaceutical Co settlement.

Chis Hoff, Deputy Director for Public Health at the DuPage County Health Dept. will replace Karen Ayala on the Illinois Opioid Remediation Advisory Board responsible for making advisory recommendations to the Committee regarding the use of the 55% of settlement proceeds that are allocated to the Illinois Opioid Remediation Trust Fund (Fund)

Mr. Hoff shared encouraged organizations including previous HOPE grantee to seek state funds and begin putting together their thoughts. More information, including information on the grant application process will be made available to members as it becomes available.

VIII. Taskforce Member Updates

- Members were encouraged to attend or watch online the Drug Court graduations.
- The Safety Act becomes effective Sept. 18, 2023 and DuPage County Judicial system is prepared to address the new procedure for detention hearings vs. monetary bonds for certain offenses.
- Chief Judge Popejoy shared that his term as Chief Judge ends 12/3. The 15th Circuit will elect a new Chief Judge whose term will become effective Dec. 4.
- Mr. Schwarze shared information on DuPage County's Community Partnership transformational grants established in 2022 for food security, housing stability, mental health and substance use disorders. The 3rd round of grants totaling 1.3 million dollars were recently distributed, \$640,000 of which went to mental health and substance use disorders.

Meeting concluded at 10:35AM

Respectfully submitted,

Penny Chanez
Executive Assistant

Qualitative Findings: DuPage Adult Substance Use Focus Outcomes

August 2023



ROSC
Resilient Opioid Response Support Center



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Engaging People with Lived Experience: Why Now?

As part of the Illinois opioid response, DCHD is conducting a mixed methods **needs assessment** across stakeholder groups. **Aim:** To respond most appropriately to local needs and ultimately reduce rates of opioid abuse, overdose and death

People with lived experience play a vital role in this information gathering process:¹

- Develop deeper understanding of conditions that promote and prevent risk
- Contextualize and inform policies, programs and practices
- Promote equity: Include PLEs at all decision-making points. "Not about us without us"

Guiding Questions

- What barriers do people in DuPage County face to accessing substance use treatment and recovery services?
- What gaps do DuPage County residents face during treatment and recovery?
- What facilitates people in DuPage County's engagement in treatment and recovery?

1. NASEM, Engaging People with Lived Experience to Improve Federal Research, Policy and Practice. <https://www.nasem.org/2019/04/24/engaging-people-with-lived-experience-to-improve-federal-research-policy-and-practice/>

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Participants & Methods

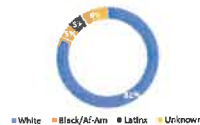
- Two focus groups and one interview were conducted in Spring 2023 with adults ages 26-72 (n = 22).

- Efforts were taken to achieve a diverse range of adults.
 - Length of time in recovery
 - Race/ethnicity
 - Gender (68% male, 32% female)

Recovery Duration (n=22)



Race/Ethnicity Endorsed by Participants



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Getting in the Door: Access Barriers to Substance Use Treatment

- **Uninsured Clients & Available Treatment Spaces:** Spaces are limited & do not meet demand, even more so for uninsured/public insurance patients; treatment costs as access barrier
- **Medically Necessary Detox; Insurance-Determined Eligibility Criteria:**
 - Substances that don't meet criteria for detox admittance limited access to care
 - Clients felt unsupported and sometimes returned to use
- **Emergency Departments** aren't always equipped to care for people with substance use disorders, people get turned away

"I wouldn't have had the option of treatment, the treatment program certainly that I went to, or very many options at all without having reasonable insurance."

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In Their Own Words: Access Barriers to Substance Use Treatment

It takes a tremendous amount of courage or desperation, whichever way you want to look at it to walk into an emergency room and present that I am in trouble, and I have nowhere to go and, and there's something wrong. I need help. And at that point, you know, in our advanced society today, nobody should be turned away and said, "Oh, you don't need help after that criteria. You can figure it out."

There should be no questions asked. You know, until they can sort that situation with crisis intervention and things like that, where they're doing warm hands offs, even police departments or ERs...where they have peer supports showing up where, you know, uh, emergency rooms, if you don't meet the criteria, they are trying to implement a network.

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When gaps exist between levels of substance use treatment, it can leave people without needed support and contribute to relapse.

- **The treatment system facilitates steps down in care more easily than steps up**
 - Spaces not guaranteed and insurance may not cover higher level of care with relapse
- **Insurance standards determine and limit length of stay at each care level**
 - Stay durations perceived as too short to be effective; not always at needed level of care
- **Stigma for relapse & differential treatment by providers**
 - Concern about being perceived by treatment staff as "unhelpable" after multiple relapses; fear of biased care or rejection for treatment; Shame and hopelessness with relapse relate to disengagement from treatment, poor mental health
- **Need for more robust mental health services in treatment settings.**
 - Participants felt there weren't enough highly trained mental health specialists to address trauma, co-occurring mental health disorders & root issues
- **Felt Need:** Responsibility is on patients to chart their own treatment course, which is especially difficult during early, fragile stages of recovery and/or when patients lack housing.

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In Their Own Words: Gaps in Treatment

We were talking about the scariest parts right after we get out in that few days between all that's, and all these phone calls and paperwork... I know for a fact you're sitting there like, you gotta call every day...And you get nervous. And then of course we're addicts. So I'm like, (expletive) that. I'm just gonna drink. I'm not making these calls, man, they're not gonna call me back.

It seems that the terms of treatment are starting to become shorter and shorter and the availability of state-sponsored beds or scholarships into these places for the uninsured or something like that, which I know we're all supposed to be insured, but there still are people that aren't...The availability seems to be shrinking along with the timelines that are available to the people who need the service.

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Findings: How Do People Fill the Gaps in Substance Use Treatment?

Housing and health/safety are primary needs that participants sometimes struggled to meet, due to lack of available spaces or gaps between levels of care. Solutions they developed included:

- Becoming detox eligible
- Family/friends as housing option, if allowed
- Jail & psychiatric wards as safe alternative housing
- Becoming strong self-advocates

Many of these solutions meet housing needs but leave treatment needs unattended or under-attended.

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Work Around Solutions to Gaps in Services

Detox Work Around:

- If it was heroin, they weren't gonna get in (to detox). We're gonna stop and get you a drink and they're gonna drink that drink and we're gonna go detox. Unfortunately, in my employment, that's what I had to do. But it was another one safe.

Housing Work Around:

- **Speaker 1:** I know a place that's open 24-7, holidays, never close it, and they accept anybody that's come.
- **Speaker 2:** Jail.
- **Speaker 1:** But you detoxing that's hard to wrap your head around. Like you can get locked up at any point, but I don't know the solution to it.

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Facilitators to Treatment

- **Health Insurance Accessibility**
 - No need for home address to get Medicaid
 - Clients with insurance had more choices of treatment facilities available to them
- **Treatment as a Requirement**
 - Treatment mandate as an incentive to remove felony charges
- **Improved Coordination of Care**
 - Diversionary court and treatment centers
 - Integration with homeless services
 - Counselors' knowledge and use of supportive services
- **Reduced Stigma associated with Substance Use**
 - More acceptable to discuss substance use, mental health, and coping

"The networking's changing between care systems, mental health, diversion programs, the communication is changing. You know, the collaboration with each other, helping each other. That's changing. It has gotten better."

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Barriers to Recovery

- **Municipal policies in DuPage County that block recovery residences have a direct negative impact on their quantity and quality; they also perpetuate community level stigma for people in recovery**
 - There are not enough recovery residences available, and people must look for them outside of DuPage County
 - Lack of public transportation around existing recovery residences makes finding and maintaining employment difficult; similar for other life needs (e.g., errands, social services, connection to family/friends)
- **Clients cite the risk of relapse during recovery is ongoing and fear that support will be withheld due to multiple relapses**
 - Relapse risk should be accounted for in treatment as well as recovery
 - Supports and services should be available to those that relapse while minimizing risk to others in treatment/recovery community

"And here the problem is like some communities, they don't even want the houses in there. Yeah. You know, like they don't even want you to have a sober house where they'll just kick you out or they'll vote you out of there and there's not enough."

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In Their Own Words: Recovery Barriers

The limitations of transportation are huge...Getting back to work, so it's a huge barrier...We've tried to network, to make it more accessible to work and it's not working. So, DuPage in general has its own barriers.

Help with getting their credit in order, not just the sober part of it, the life part. Like the adulting part of it, I guess the kids say. So, like getting that part is huge for us. Because I'm like 34 and I feel like I'm 19 again. Like getting myself back into check.

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Staying the Course: Facilitators to Recovery

Extended length of stay in treatment and wraparound services based on the client's needs were identified as facilitators to recovery (and aligned with research and best practices).

- **Support from treatment center staff**
 - Determine readiness to transition from treatment to a less structured environment
 - Warm hand-off to a recovery residence that is suitable to client
- **Supportive community in which to recover**
 - Recovery residence
 - Larger community accepting recovery residence

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Recommendations

- **Increase access to detox and treatment**
 - There are a range of entry points to detox for people in need, e.g., emergency departments, legal, community services; enhance capacity & coordination across all points of entry
 - Provide immediate support to people who don't meet "medically required" detox criteria, prevent loss to treatment
- **Close gaps across levels of care**
 - Provide interim housing, patient monitoring & support during gaps in care
 - Advocate for increased detox and treatment services; address funding and stigma concerns
- **Provide navigation support (detox, treatment, recovery)**
 - Treatment navigation was a strong access barrier for participants, especially while recovering from substance use.
- **Develop more robust mental health support during treatment**
 - Utilize highly trained professionals to address co-occurring mental health concerns, root causes, history of trauma
 - Expand mental health services; explore potential professional pipeline barriers

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Recommendations

- **Stigma busting community education/awareness building:** Communities may stigmatize, shun or shut out people in treatment and recovery.
 - Community level stigma contributed to blocking the development of treatment and recovery residences; hostile environment for existing residences
 - Engage in intentional efforts to reduce stigma and build understanding
- **Supportive services to promote holistic, productive, healthy life:** Reintegration into the community can be difficult after treatment. Legal, social, developmental and employment barriers exist.
 - Social Support/Community Support
 - Employment (criminal record, lack of employment history)
 - Housing (lack of affordable housing)
 - Transportation (DUI history, cost)
 - Life Skill Development (keeping a schedule, employment skills, household mgmt.)
 - Legal Services (ID, driver's license recovery, sealing/expunging records)

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Next Steps

- **Develop priority areas for action at the county level**
- **Collaborate with allied stakeholders**
 - DuPage ROSC Council
 - Behavioral Health Collaborative
 - Prevention Leadership Team
 - HOPE Task Force
 - People with Lived Experience
- **Report findings on DCHD website**
- **What else?**

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THANK YOU!

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Scope and Scale of the Problem

- 18.8% of DuPage County adults reported excessive drinking in the past 30 days and 15% reported binge drinking at least once during this time frame. These rates are among the worst 25% in IL counties¹
- Illinois drug use deaths have increased dramatically over the past decade (10.9 per 100K in 2011 to 29 per 100K in 2021)² Opioid overdose deaths account for approximately 80% of IL drug overdose deaths in 2021³
- Recent overdose and death rates have been even more troubling with the introduction of Fentanyl and Xylazine to drug supply chains³
- DuPage County experienced 16.8 per 100K age-adjusted drug and opioid involved deaths between 2018-2020, with rates highest among men (24.7%) and Black/African American DuPage residents (28.4%)²
- 150 DuPage residents experienced opioid deaths in 2022, significantly higher than the prior 6 years (2016-2021) which ranged from 95-112 deaths²
- Since 2014, approximately 1,400 lives are known to have been saved due to the DuPage Narcan program

¹ OFF IL Fact Sheet: <https://www.offil.org/sites/default/files/mental-health-and-substance-use-state-fact-sheet/080922/>
² IMPACT DuPage: <https://www.impactdupage.org/indicators/index.html?filter=773&state=644>
³ DEA Public Safety Alert: <https://www.dea.gov/hot/18a-cannabis-reformers-should-be-aware-of-fentanyl-xylazine>

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Agenda

- Barriers Accessing Substance Use Treatment
- Barriers Participating in Substance Use Treatment
- Facilitators to Substance Use Treatment & Recovery Services
- Barriers to Substance Use Recovery
- Recommendations

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Gaps in the Substance Use Treatment Trajectory

- **Treatment system facilitates steps down in care more easily than steps up**
 - Not guaranteed space at higher level of care with relapse, if greater support needed
 - Insurance may not cover transition up to more intensive care
- **Stigma for relapse & differential treatment by providers**
 - Concern about being perceived by treatment staff as “unhelpable” after multiple relapses; fear of biased care provision or rejection for treatment
 - Shame and hopelessness associated with relapse relate to disengagement from treatment, poor mental health
- **Need for more robust mental health services in treatment settings.**
 - Participants felt there wasn’t enough mental health support as part of treatment/didn’t utilize highly trained mental health specialists to address trauma, co-occurring mental health disorders & root issues, active engagement with clients.

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In Their Own Words: Gaps and Barriers in Treatment

So, if it was just one drink, a lot of places won't let you slip. They, they throw the baby out with the bath water when they do that because someone might have made a whole lot of progress and started to plant roots in their new situation and have a job and, you know, starting to process that stigma within themselves and they just rubber stamped you. You made a mistake and you're gone.

I have sort of therapy sessions with my (addiction) counselor and it's great and she's helpful and I'm appreciative of it, but like, there's a difference between an actual licensed therapist. I feel like they're a lot more equipped to deal with that (significant mental health concerns).

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Getting in the Door: Facilitators to Treatment

- **Improved coordination of care**
 - Diversionary court and treatment centers
 - Integration with homeless services
 - Counselors' knowledge and use of supportive services
- **Reduced stigma associated with substance use**
 - More acceptable to admit substance use and addiction
 - More acceptable to discuss mental health issues and ways of coping

“The networking's changing between care systems, mental health, diversion programs, the communication is changing. You know, the collaboration with each other, helping each other. That's changing. It has gotten better.”

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In Their Own Words: Facilitators to Recovery

Support with transition to recovery

I mean, you know, they can push you to go to a sober living [home]. You don't have to go, but ...they'll get the bed for you. A lot of the treatment centers are linked up to a house [sober living home].”

Supportive community

“A lot of it is just knowing what's right for you and where to get that communal living and communal type structure that can help people stay sober for a protracted period of time.”

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Recommendations: In Their Own Words

Create a position, a transitional expert and have them make those calls for you...Have them make the transition a little easier for the cluttered mind that just got done detoxing or maybe had too many energy drinks or just whatever it may be. Find a person to ease that transition. Not so much a social worker or a counselor, but just a person that's on task at all times and wants to help; find someone who's got a personal stake in the game.

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Barriers to Accessing Substance Use Treatment

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Gaps Experienced During the Course of Substance Use Treatment

What gaps did people experience?
How did they manage these gaps?

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Treatment Facilitators

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Recovery Facilitators

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Substance Use Recovery: Experiences & Barriers

What were people's experiences with recovery residences?
What barriers and gaps in services did they face?

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Recommendations

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