

Illinois' State Targeted Response to the Opioid Crisis Grant (Opioid STR)

Illinois recently received \$16.3 million in grant funding from the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) in 21st Century Cures Act-authorized funding under the State Targeted Response to the Opioid Crisis Grant (Opioid STR) program. The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD), including prescription opioids as well as illicit drugs such as heroin.

Summary of Projects

The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA), proposed a set of projects to SAMHSA in February, including multiple approaches to address the opioid crisis in Illinois. Most of the proposed projects needed to be fully described in the application, including the following:

Hospital Emergency Department-Based Screening, Recovery Coaching, and Linkage Services
There is much evidence of the impact of the opioid crisis on opioid-related emergency department and hospital visits across the state. From 2009 to 2014, Illinois experienced a population rate of 269.1/100,000 of opiate-related inpatient hospital stays. This was the seventh highest rate among the 50 states. To help hospitals serve patients with OUD, the Opioid STR grant will support licensed treatment providers who will provide screening, recovery coaching, and “warm hand-off” services to community-based MAT providers for hospital patients who are indicated to have OUD. Treatment providers will recruit and maintain a team of recovery coaches and counselors who will work with the medical teams at seven Illinois hospitals to create a continuing care plan for individuals who present in the ED with heroin or other opioid use. The staff will work with the patient to provide education, perform a clinical assessment, create a continuing care plan, and make firm community referrals once the patient is released. The goal is for staff to coordinate a direct transfer or referral to treatment upon discharge from the hospital. For those who are not ready to take this step, the patient will be provided with education and information on how to access treatment services.

Pre-Release Medication Assisted Treatment (Vivitrol) and Post-Release Linkage to Community Based Services for County Jail Prisoners and Drug Court Offenders with OUD in Counties of High Need

Access to behavioral health care is critical for people who are in or are being released from correctional facilities. More than 50 percent of people in prisons and nearly 70 percent of people in jails have known SUDs. In addition to a need for intervention and possibly treatment while incarcerated, the weeks immediately following release are also when those with SUDs are most vulnerable to relapse and likely criminal recidivism. To assist in dealing with the opioid crisis in Illinois, the Opioid STR grant will support

four IDHS/DASA licensed treatment providers who will provide case-finding, Vivitrol, and post-release linkage services for persons with OUD who are incarcerated in Illinois County Jails in areas of high need. Pre-release case management services will begin while the client is still detained in jail and will be followed by a warm hand-off to community based treatment with on-going case coordination upon release. The provider will enroll participants in post-release continued care, which may include the following evidence-based treatment services: cognitive behavioral treatment; substance use disorder treatment; wrap around strength based case management; co-occurring disorder counseling; and, employment readiness services. Rosecrance, Inc. will provide these services in collaboration with the **Winnebago County** Jail, with possible expansion to county jails in **McHenry** and **DuPage** Counties. Gateway Foundation, Inc. will provide services in collaboration with the **Sangamon County Jail**, with possible expansion to county jails in **Lake, Kane, Pekin, Jackson, and St. Clair** counties. Family Guidance Centers, Inc. will work in collaboration with the **Will County** Jail. Chestnut Health Systems, Inc. will provide these services in collaboration with the **McLean** and **Madison** County Jails. Cook County Hospital and Health Care Systems (CCHHS) will provide these services through the Cermak Health Clinic for individuals being released from **Cook County** Jail.

Community Triage Center – Chicago Westside

The Opioid STR Grant will support Cook County Hospital and Health Care Systems (CCHHS) in the developing and maintaining a Community Triage Center on Chicago's west side which will provide specialized screening, linkage case management, and recovery support services for persons with OUD. A disproportionate share of the overdoses and opioid-related deaths happen on Chicago's west side, near the so-called "heroin highway" where heroin trafficking is prominent. According to a study from Roosevelt University, 35 percent of Chicago's hospitalizations for opioids in 2013 occurred on the west side. That figure was 7 percent for the north side and 20 percent for the south side. Such areas would likely include Austin, East and West Garfield Park, the Near West Side, Humboldt Park, and West Englewood, among others. CCHHS has identified the need for readily accessible services to support both prevention and diversion of criminal justice involvement for individuals with opiate use disorders in within these west side Chicago communities. Similar programs have shown success across the country, including Houston and San Antonio, Texas. CCHHS is currently operating a crisis center in Roseland, a neighborhood in Chicago's south-side. CCHHS therefore has a model developed on how to design and create the Community Triage Center which will be supported by the Opioid STR grant.

Suboxone Education/Consultation/Support for Medical Staff

Rush University Medical Center is part of the Medical Home Network (MHN), an Accountable Care Organization including six hospitals and more than 100 clinics and physician practices in the Chicago area. Rush will expand the capacity to care for persons with OUD by adopting an opioid screening program and Medication Assisted Therapies (MAT) across MHN sites, including emergency department-initiated Buprenorphine with Medical Home follow-up. Rush plans to embed these enhancements within a comprehensive Substance Use Consultation Service and align this with a set of new training programs including an Addiction Medicine Fellowship and additional opportunities to train Physician Assistants and Nurse Practitioners to prescribe buprenorphine and more effectively use MAT.

Expanded Naloxone (Narcan) Purchase, Training, and Distribution Services

Naloxone (Narcan) purchase, training, and distribution services will be expanded in counties of high need and for emergency medical services (EMS) personnel through the following organizations:

- The **Champaign-Urbana Public Health District (CUPHD)** will be contracted to provide these services in Champaign, Vermilion, and other nearby counties. During 2015, both Champaign and Vermilion Counties had population rates of opiate overdose deaths in excess of 11 per 100,000, which was higher than the Illinois statewide rate. With this new grant opportunity, law enforcement officers as well as other agency staff who work with injection drug users will be trained throughout Vermillion County, focusing on the city of Danville; Coles County; Edgar County; Dewitt County, specifically the city of Clinton; and Clark County. CUPHD will contact the county public health administrators for these counties to offer Naloxone training to local agencies.
- The **Egyptian Health Department (EHD)** will be contracted to cover the 16 counties in the Healthy Southern Illinois Delta Network (HSIDN). The HSIDN serves Saline, Gallatin, White, Alexander, Franklin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Union, Williamson and Hamilton counties. The grant funds will be utilized to purchase Naloxone kits that will be distributed to all responders in the communities. The agency will also coordinate service mapping and training efforts with Southern Illinois Healthcare to ensure Naloxone distribution and training in all 16 counties.
- **Human Service Center of Peoria, Inc.** will collaborate with the Jolt Foundation to support an expansion of Naloxone distribution and education across an 11 county area (Peoria, Tazewell, Logan, Mason, Fulton, McDonough, Know, Woodford, McLean, LaSalle, and Livingston Counties). Many of these counties are primarily rural areas. The goal will be to train state, county and local law enforcement agencies in the central, eastern area of the state. In 2015, Peoria County had a population rate of 15.0 opiate overdose deaths per 100,000, which was nearly 50 percent higher than the Illinois statewide rate.
- The **Kane County Health Department (KCHD)** will be contracted to provide these services in Kane County, which borders on Cook County. The KCHD issues naloxone delivery systems and trains first responders in its use county-wide. As levels of usage and death rates from opioids per 100,000 have increased from 3.7 in 2006 to 10.4 in 2012, a number of funding sources and prevention strategies have been pursued, including the donation of naloxone delivery systems from private organizations, and collaboration with the Kane County Sheriff's Office to use funding from the Office's drug education fund in order to purchase naloxone. Resources from the Illinois Opioid-STR grant will assist these local efforts.
- The **Kankakee County Health Department** will be contracted to provide these services in Kankakee County. In 2015, Kankakee County had a population rate of opiate overdose deaths of 11.7/100,000 which was higher than the Illinois statewide rate. The Kankakee County Health Department has partnered with the Kankakee Sheriff's Department, Kankakee Coroner's Office, and Riverside Medical Center to help establish the Kankakee NARCAN Program. Training started in April of 2015 and to date over 125 officers have completed the Naloxone training. Kankakee County has identified that expanded efforts to train additional groups of first responders are needed to address the opioid crisis in this area.

- The **Sangamon County Department of Public Health (SCDPH)** will be contracted to provide these services in Sangamon and Menard Counties. In 2015, Sangamon County had a population rate of opiate overdose deaths of 17.6/100,000, and neighboring Menard County had a rate of such deaths of 16.1/100,000. These county rates were respectively 70 percent and 60 percent higher than the Illinois statewide rate. In 2012, after three years of planning with local agencies, law enforcement and the local State's Attorney's Office, Sangamon County developed a comprehensive harm reduction program with detailed data collection and safety procedures. Funding for Naloxone kit purchase, training and distribution will substantially support these local efforts.
- The **Winnebago County Health Department** will be contracted to provide these services in Winnebago County. The number of heroin-opioid overdose deaths continues to rise in Winnebago County according to local and state statistics. Drug related deaths have nearly tripled in the past 10 years. In 2015, Winnebago County had a population rate of opiate overdose deaths of 22.3/100,000. This was twice the Illinois statewide rate. The Winnebago County Coroner reported heroin and cocaine were the cause of death in 87 percent (52) of the overdose fatalities in Winnebago County for the months of January through August 2016. The Mental Health Advisory Council in conjunction with the Community Health Improvement Plan (CHIP) for the county identified Mental and Behavioral Health concerns that contributed to an increase in drug overdose deaths. Goals developed in the fall of 2016 as part of the CHIP process included the *"development of a plan to train community members to recognize and reverse opiate overdose through the administration of naloxone"*. Funds from the Illinois Opioid-STR grant will assist Winnebago County in achieving this goal.

Expansion and Enhancement of the Illinois Prescription Monitoring Program (PMP)

The Illinois Department of Human Services - Office of Clinical, Administrative and Program Support (OCAPS) has responsibility for administration of the Illinois Prescription Monitoring Program (PMP), which receives Controlled Substance prescription data from retail pharmacies and allows Prescribers and Dispensers to view the historical data for current and prospective patients. Funds from the Opioid STR Grant will help support the PMP in its work to accomplish the following:

- Implementing opioid prescribing intervention guidelines.
- Identifying high risk behaviors: Studies have indicated that opioid abuse can lead to other drug abuse including heroin.
- Prevent drug overdoses/drug misuse.
- Integration of Hospital and Pharmacy EHR systems with the use of the PMP Automated Connection.
- Develop training and education and materials for providers, dispensers, and patients.
- Enlisting local health department personnel to bring awareness to the PMP and disseminate regional statistics.
- Educate Prescribers on using the PMP as a standard of practice.

Opioid Awareness Activities for Illinois High School Coaches and Athletic Directors

The Opioid STR Grant will help support the Illinois High School Association (IHSA) to provide education and awareness services for high school coaches and athletic directors regarding the use of prescribed

opiate pain medications for youth. An intensifying, nationwide epidemic, opioid use among high school students, particularly student-athletes, continues to grow. The IHSA will be able to produce a variety of messages aimed at identifying the problem and offering strategies for students, schools, parents, and the greater communities served by IHSA member schools to combat the use of dangerous substances.

Establishment of a Statewide Opiate Awareness Campaign

IDHS/DASA will work closely with Prevention First to develop a communication campaign focused on raising public awareness of the harmful consequences of opioid misuse, which includes prescription drugs and heroin. In addition, the campaign will address the issue of stigma associated with substance use disorders and encourage those struggling with an opioid use disorder to seek treatment. The goal of the campaign will be to create messages and tools that educate all Illinois citizens about the dangers of prescription opioid misuse and heroin use; safe use and disposal of prescription drugs; signs and symptoms of opioid misuse; the multiple paths to developing a disorder; and the importance of combating stigma as a barrier to seeking treatment.

Additional Projects to be Funded

Under the Opioid STR Grant IDHS/DASA is also making funds available by competitive bid, including the following:

Expanded Outpatient Methadone

As part of the Opioid STR application, a total of \$3 million was requested in each grant year to support an expansion of OMT services in areas of high need. These grant-supported services will be for clinically appropriate persons who are uninsured or under-insured. These OMT expansion funds are currently out for bid and applicants are required to be licensed and funded by IDHS/DASA to provide OMT services.

Expanded Recovery Home Services for Individuals with an OUD who are Participating Medication Assisted Treatment (MAT)

Both national and Illinois data show that a lack of stable living arrangements represents a barrier to many persons with OUD who might otherwise seek medication assisted treatment. In response, Opioid STR funds will be used to support an expansion of recovery home services for persons with OUD who are in need of temporary stable living arrangements and are active in some form of MAT. These funds will be bid out by IDHS in May 2017. Successful applicants will be required to be licensed by IDHS/DASA to provide recovery home services.

Illinois Opioid Crisis Line

IDHS/DASA will issue a competitive bid for an organization that will develop and maintain a telephone line that would be staffed at least 5 days a week (ideally 24/7) that would provide OUD-related initial screens, make recommendations on likely levels of care, inform callers about providers that have treatment openings, and schedule appointments for these individuals.