

ILLINOIS

USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim 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) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

Allocations for Illinois.

Illinois received \$16.3 million through STR for each of FY 2017 and 2018, and \$28.9 million through SOR in FY 2018. In FY 2019, Illinois received a total of \$44.1 million through SOR.

Overview of Illinois's efforts to address the opioid crisis

The Statewide Opioid Action Plan (SOAP) forms the strategic framework for addressing the opioid epidemic in Illinois, setting a statewide goal of reducing opioid-related deaths by one-third in three years and formulating a set of evidence-based strategies to achieve this goal. The SOAP focuses on efforts falling into three pillars:

1. **Prevention:** preventing people from using opioids;
2. **Treatment and recovery:** providing evidence-based treatment and recovery services to Illinois citizens with opioid use disorder (OUD); and
3. **Response:** avoiding death after overdose.

The programs supported through STR/SOR are designed to address the range of serious opioid-related problems and issues that are being experienced among residents across Illinois. These programs primarily aim to address the opioid crisis by expanding the availability of medication-assisted treatment (MAT), improving the quality of the MAT provided, reducing opioid overdose related deaths, and increasing public awareness of opioid-related problems and access to the resources that are available to address these problems. The range of public awareness, prevention, outreach, MAT, and recovery support programs that

are supported by these grants include a focus on the problematic use of prescription opioids as well as the use of illicit opioids such as heroin.

Primary prevention: stopping opioid misuse before it starts

Student Athlete OUD Primary Prevention Services

The Illinois Department of Human Services (IDHS)/Substance Use Prevention and Recovery (SUPR) SOR and STR funds support a regional program that focuses on the risk of increased access to opioid pain medications for student athletes. The Student Athlete Opioid Use Prevention Project conducts educational and awareness activities that target high school coaches, athletic directors, parents, and student athletes regarding the misuse and risk of misuse of prescribed opioid pain medications by youth athletes. These activities include training on the Rx Playbook and dissemination of awareness promoting key messages, partnering with key organizations who focus on High School athletes, collaborating with existing prevention resources to promote key messages, promoting the Rx Playbook to targeted High Schools, and establishing social media connections with targeted schools and athletes attending those schools. As of May 30, 2019, Rx Playbook has been shared in **19** county, statewide, and national events and conferences, reaching **596** school staff, parents, and/or community members; comprehensive opioid education and awareness materials have been distributed to more than **60** prevention providers and grantees and **200** staff members from **100** high risk high schools identified through the Illinois Youth Survey data; social media responses include a total of **2,844** reaches on Twitter, **126** impressions on Instagram, and **315** reaches on Facebook; the Rx Playbook website received close to **5,500** page visits, and has a membership of **128** individuals.

Improved Prescription Monitoring Program

The Illinois Prescription Monitoring Program (PMP) receives Controlled Substance prescription data from retail pharmacies which enables prescribers and dispensers to view the historical data for current and prospective patients. Prescribers are required to review the PMP when considering opioids for individual patients, but this manual process is burdensome for medical practitioners in a busy practice. IDHS/SUPR SOR and STR funds are supporting a portion of the PMP's "[PMPnow](#)" campaign, an effort to support improved opioid prescriber reporting in commonly used Electronic Health Record (EHR) systems among Illinois medical provider systems. These "automated connections" make it more convenient for prescribers to check the PMP through their EHR, rather than logging into an external system. Senate Bill 722 (SB722), which took effect on January 1, 2018, mandates that all prescribers possessing an Illinois Control Substance license must register with the PMP. The PMP attributes the new law, along with the increase in automated connections, to a massive influx of PMP registrations. As of May 31, 2019, there were **166** PMP/EHR connectivity implementations (PMPnow), **69,998** registered PMP users. During May 2019, there were **290** new users and **5,079,343** searches conducted through PMP connections. This translates to an increase in prescribers and dispensers (pharmacies) checking the PMP before prescribing opioids.

Public Awareness Campaigns

Illinois SOR and STR supported public awareness approaches are underway to deliver messaging and education to various audiences regarding the impacts of the opioid crisis in Illinois and the availability of programs and activities that have been developed in response. The two implemented [campaigns](#), *#EOM* and *Guard and Discard*, have multiple messages that are rotated over a 5-month period. *#EOM, Ending Opioid Misuse in Illinois*, targets individuals who are misusing opioids as well as their friends, families, and communities, using non-stigmatizing messaging in both English and Spanish. As of May 20, 2019, over **74,565** English and **27,105** Spanish *#EOM* posters have been distributed throughout Illinois communities. Interior rail and bus cards are being displayed on Chicago's trains and buses with an estimated **115.08** million views. Displays through gas stations and convenience stores statewide have an estimated **180.6** million views by members of the public.

The *Guard and Discard* is a statewide campaign that focuses on raising public awareness of the importance of safe use, storage, and disposal of prescription pain medications. As of May 31, 2019, over **205,370** *Guard and Discard* posters and **792,180** postcards in both English and Spanish, **490,500** stickers, and **45,500** magnets are being displayed or circulated.

In May 2019, IDHS/SUPR added an important component to the overall statewide public awareness campaign by launching the *A Dose of Truth* campaign. The *A Dose Of Truth* campaign is focused on creating base knowledge in the general population about what "opioids" are. Many people understand that heroin is an opioid and the dangers related to it but are not aware of the breadth of medications that are opioids, which they may have in their own medicine cabinets. During the first 28 days of the *A Dose of Truth* campaign, Facebook posts reached an estimated **1,066,681** individuals, engaged (likes, comments and shares and more) **36,099** individuals, and had **968,769** video views (video played for at least 3 seconds and excludes replaying the video during a single instance).

In June 2019, IDHS/SUPR has added another public awareness campaign, *Naloxone Now*, building on the *#EOM* campaign. The *Naloxone Now* campaign will address issues of stigma and acceptance of this life-saving medication within the general population, equating it to other life-saving medications and devices.

Increasing access to treatment

Access to Medication Assisted Treatment (A-MAT) Networks

Over 90% of Illinois citizens live in a county with at least one form of MAT available. However, there are 45 Illinois counties that are considered "MAT deserts", with no MAT providers located within their geographic boundaries. One of IDHS/SUPR's SOR and STR supported approaches to increase access to MAT is via the AMAT Project. The AMAT Project utilizes a "Hub and Spoke" model, the goal of which is to have a substantial population center surrounded by "MAT desert" areas. Illinois has implemented five AMAT Networks, two that were implemented in November 2018 (one in central Illinois and the other in the southern area of the state) and an additional three that began client admissions in May 2019.

Through June 24, 2019, **103** clients have been admitted to MAT through these service networks. More information about this project is posted at <http://www.dhs.state.il.us/page.aspx?item=115412>

Expanded Methadone Treatment Services

STR grant funds have allowed IDHS/SUPR to expand Outpatient Methadone Treatment (OMT) services to 12 community-based opioid treatment programs (OTPs), admitting **3,098** clients through June 24, 2019.

Correctional Facility-Based MAT Services

Illinois SOR and STR Grant funds support six (6) organizations providing injectable Naltrexone services for persons with OUD in county jails and at the Sheridan Correctional Center, one of Illinois' prisons. These services consist of screening, assessment, initial injections, and post-release treatment referrals while incarcerated. Services have been implemented at 12 county jails, with services in the planning stage at several additional jails. Through June 24, 2019, **800** persons have been served. Of these 800 released offenders, **94.4% (755)** were admitted by the community-based treatment providers to which they were referred.

Co-Located Hospital Warm Hand-off Services

Hospital Warm Hand-off Services involve robust, evidence-based screening and referral to treatment. Peer recovery support specialists "warm up" the referral to MAT services by going beyond providing a written referral or scheduling an appointment. It involves establishing a collaborative relationship with the patient, providing practical, personalized support for entering and adhering to treatment, and, in coordination with treatment providers, delivering ongoing recovery support services based upon patient needs. Five (5) organizations currently provide Illinois SOR and STR Grant-supported co-located screening and warm hand-off services for persons with OUD in Illinois hospitals. Services have thus far been initiated at 15 hospitals and multiple Cook County Health and Hospitals System locations, with **3,678** patients having been served to-date. Of these 3,678 patients, **73.0% (2,684)** were admitted by the community-based treatment providers to which they were referred following discharge.

Hospital Screening and Warm Hand-off Services

This is an expansion of the Co-Located Hospital Warm Hand-off Services, whereby hospitals provide Illinois SOR Grant-supported services directly rather than through sub-agreements with external organizations. These services build upon the co-located hospital warm hand-off OCR Grant awards in that services will be available throughout the hospital, and at more extended periods of time. Service delivery is consistent with the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model that has been the focus of multiple SAMHSA-funded cooperative agreements and discretionary grants. Eight (8) hospitals were identified through a competitive bid process and services began in June 2019. Through July 17, 2019, **26** patients have screened positive for OUD and referred to treatment.

Community-based Outreach/Linkage/Referral Services

Specialized and specific community-based outreach, referral, and linkage services are available for persons with OUD in high-need areas through the Illinois SOR and STR Grants. As a means of identifying individuals who are currently using heroin or other illicit opioids, peer outreach workers canvass multiple locations that are frequented by high-risk individuals, such as parks, street corners, public transportation stations, mini-marts, and liquor stores. Through the end of May 2019: 6,152 persons were provided outreach services; **3,471** of these persons screened positive for opioid and other illegal substance use and expressed an interest in treatment; **2,088** of these completed a meeting with a linkage manager; and **1,747** presented for the treatment intake.

Service Enhancement for Pregnant and Postpartum Women with OUD

Illinois SOR Grant-supported enhanced services are being made available to pregnant and postpartum women with OUD by staff who are certified in the following evidenced-based practices: Community Reinforcement and Family Training (CRAFT), Motivational Interviewing, Seeking Safety, Real Life Parenting, Individual Placement and Support (IPS) Employment. The staffing pattern for the supported enhancement will include Doula Certified Recovery Coaches. A Doula Certified Recovery Coach is a person in active recovery who obtains dual certification as both a birth and a postpartum doula to assist the recovering mother through all phases of obstetrics and recovery from her addiction. Services have thus far been initiated at three (3) of the five (5) providers, which were selected through a competitive bid process. As of June 24, 2019, **16** women have been admitted to these enhanced services. The additional two (2) providers will begin services in July 2019. More information about this project is posted at <http://www.dhs.state.il.us/page.aspx?item=117624>

Rush University Hospital Multi-Disciplinary Programs

IDHS/SUPR SOR and STR funds support multiple programs within Rush University Hospital, which is located on the west side of Chicago. Through the end of May 2019, Rush provided Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to 16,806 patients, of whom **3,152** screened positive for any SUD, with **1,166** of these patients screening positive for OUD. Buprenorphine services were initiated for **288** patients, and **364** were referred to external SUD providers.

Technical Assistance for MAT Providers

Rush University Medical Center has developed a comprehensive weekend program for training and supporting medical staff to prescribe and treat individuals with the medication buprenorphine. Patients with OUD can be medically complex and sometimes medical staff are hesitant to treat these patients. The purpose of the program is to provide technical assistance to office-based buprenorphine prescribers in Illinois, especially within counties with limited or no current access to MAT. Physicians who have successfully begun prescribing buprenorphine share their challenges, successes and words of wisdom to assist their colleagues in breaking down the challenges to providing MAT. Rush recruited a cohort of **21** prescribers who participated in an immersion weekend that was held on the Rush campus

on November 17-18, 2018. An immersion weekend for a second cohort of **19** prescribers was held on March 23-24, 2019. Ongoing technical assistance, including coaching and additional training, is being provided to these cohorts. In response to a continued interest in these services, a third cohort weekend is scheduled for the summer of 2019.

Illinois Opioid Crisis Helpline

Illinois SOR and STR Grant funds are being used to support a statewide 24-hour, 7-day/week, 365 day/year helpline for persons with OUD-related issues. The Helpline was launched on December 5, 2017 and has received **14,014** calls as of June 24, 2019. The Helpline's website was launched in March 2018 and has received **29,823** visits by **22,768** unique individuals as of June 24, 2019. Federal funding is being used to support expanded outreach services to increase the reach of the helpline and the companion website. These outreach services include bus and other transit promotional items, outdoor billboard advertising, and a social media strategy. The social media strategy began on February 12 and results as of April 7, 2019 include: Facebook ads in English and Spanish with **580,955** English impressions and **389,069** Spanish impressions; contextual targeting, i.e. ads that appear when Helpline relevant websites are visited, with **1,130,225** impressions in English and **592,437** impressions in Spanish. Search retargeting in English, i.e. individuals are shown advertisements after searching for substance use information online, resulted in **1,127,752** impressions.

Overdose reversal efforts: saving lives

Expanded Naloxone Purchase/Training/Distribution Services

Illinois SOR and STR Grant funds are used for naloxone purchase, training, and distribution to traditional first responders like law enforcement officers and fire departments as well as *non-traditional* first responders like bystanders, friends, family members of heroin or other opioid dependent persons, and others. As of May 31, 2019, there have been **45,890** first responders trained. As of May 31, 2019, over **44,279** Naloxone kits had been distributed in these counties, and **2,968** overdose reversals have been reported through May 31, 2019.

Supporting recovery

Recovery Homes

Illinois SOR and STR Grants have allowed IDHS/SUPR to expand Recovery Home services for persons with Opioid Use Disorder (OUD) who have unstable living arrangements and are active in some form of Medication Assisted Treatment (MAT). Six (6) recovery home organizations were identified to provide expanded services for persons with OUD through a competitive bid process. As of June 24, 2019, **209** clients have been admitted to these services.

Additional positive outcomes

IDHS/SUPR chose to administer an abbreviated version of the SAMHSA/CSAT GPRA tool to clients admitted to the expanded OMT services supported by the Illinois STR Grant at time of admission and six-month post-admission follow-up for those clients who are still active in treatment when they come due for follow-up. As of May 15, 2019, **807** six-month follow-up

interviews have been completed. Provided below are summary results of an analysis of reported changes among these clients from admission to six-month post-admission follow-up.

Self-sufficiency

- There was a statistically significant change in the pattern of living arrangements among the clients from baseline to six-month follow-up, with an increase in the percentage of clients who reported living in their own home or apartment and a decrease in the percentage of clients who reported living in someone else's home or apartment.
- There was a statistically significant change from admission to six-month follow-up in the employment status pattern among the interviewed clients. Only 10.3% of the clients were employed at admission, but at six-month follow-up 25.6% reported being employed either full-time or part-time.
- There was a statistically significant increase from baseline (\$133) to six-month follow-up (\$261) among the interviewed clients in average income from wages during the past 30 days.

Criminal Justice Status

- There was a statistically significant decrease from admission (\$1,325) to six-month follow-up (\$98) in the average amount of money spent by the clients on illegal drugs during the previous 30 days.
- There was a statistically significant decrease from admission (6.2) to six-month follow-up (0.7) among the interviewed clients in average number of days of illegal activity for profit during the previous 30 days.

Social Support/Functioning

- There were statistically significant increases from baseline to six-month follow-up in the percentages of interviewed clients who reported attendance at non-faith-based support groups (10.6% vs 33.0%), faith-based support groups (8.8% vs 24.7%), and "other" groups or activities that support recovery (6.9% vs 26.2%).
- There was a statistically significant increase from admission (4.4%) to six-month follow-up (12.4%) among the interviewed clients in the percentage who reported having a twelve-step group sponsor.
- There were statistically significant increases from baseline to six-month follow-up in the percentages of interviewed clients who reported that they were "Satisfied" or "Very Satisfied" with their health (48.6% vs 60.1%), their ability to perform daily activities (53.4% vs 72.9%), their sense of self (49.2% vs 65.4%), and their personal relationships (62.2% vs 76.4%).
- There was a statistically significant increase from baseline (41.1%) to six-month follow-up (62.6%) in the percentage of interviewed clients who rated their quality of life as "Good" or "Very Good."

Illegal Drug Use

- There were statistically significant increases from admission to six-month follow-up in the percentages of clients who reported no feelings of stress (11.1% vs 48.3%), no reduction in important activities (22.4% vs 75.2%), and no emotional problems (31.9% vs 71.4%) due to substance use during the past 30 days.
- There was a statistically significant increase from admission (1.2%) to six-month follow-up (33.9%) in the percentage of clients who reported abstinence from any illegal substances during the past 30 days.

- There was a statistically significant increase from admission (2.9%) to six-month follow-up (42.4%) in the percentage of clients who reported abstinence from heroin use during the past 30 days.
- There was a statistically significant decrease from admission (27.1) to six-month follow-up (5.2) among the interviewed clients in the average days of heroin use during the past 30 days.
- There was a statistically significant increase from admission (1.5%) to six-month follow-up (42.1%) in the percentage of clients who reported abstinence from any opioid use during the past 30 days.
- There was a statistically significant reduction from baseline (14.0%) to six-month follow-up (4.8%) in the percentage of clients who reported injection drug use during the past 30 days.

For more information, contact Robert Morrison, Executive Director, at rmorrison@nasadad.org, or Shalini Wickramatilake-Templeman, Federal Affairs Manager, at swickramatilake@nasadad.org.