

Addressing Opioid Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

Background on State Targeted Response and State Opioid Response Grants

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. The STR program was designed 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 support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SAMHSA SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

Single State Agency (SSA): Illinois Department of Human Services (DHS) Division of Substance Use Prevention and Recovery (SUPR)

In FY 2017 and 2018, the Illinois Department of Human Services (DHS) Division of Substance Use Prevention and Recovery (SUPR) received a total of \$32.6 million in STR funds. From FY 2018 through FY 2020, the state received a total of \$109.8 million in SOR funding.

Overview of Illinois' efforts to address opioid misuse and disorders

The State Overdose 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 3 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 an 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 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.

Innovative service delivery models

- Improved Prescription Monitoring Program (PMP)
- Access to Medication Assisted Treatment (A-MAT) Networks
- Correctional facility–based MAT services
- MAT in Federally Qualified Health Centers (FQHCs)
- Recovery Home service expansion
- Treatment Service Enhancement for Pregnant and Postpartum Women with OUD
- Doula Certified Peer Recovery Specialists

Building workforce capacity

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 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 in 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. So far, the Rush program has trained 160 fellows from across the state. Senior fellows are now mentoring and leading the work of this program. Ongoing technical assistance, including coaching and additional training, is being provided to these cohorts.

Collaborating with public and private entities

Illinois convenes an Advisory Council on Substance Use Disorder, whose mission is to assist and advise DHS/SUPR in attaining the best possible comprehensive system of substance use prevention, intervention, treatment, and recovery support services. It includes committees on women’s issues, licensing and rules, mobile treatment, and Recovery-Oriented Systems of Care (ROSC).

Illinois also convenes the Illinois Opioid Crisis Response Advisory Council monthly, which includes the Governor’s Opioid Overdose Prevention and Recovery Steering Committee and committees on opioid social equity, medication-assisted recovery, prescribing practices, public awareness and education, criminal justice populations, and children and families.

Illinois also has a Statewide ROSC Council and collaborates with numerous entities including the West Side Opioid and Heroin Task Force and the South Side Opioid and Heroin Task Force. Illinois also participates in Region V SAMHSA and SOR leadership meetings.

Student Athlete OUD Primary Prevention Services

The state uses SOR and STR funds to 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 disseminating awareness information 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 March 28, 2021, the Rx Playbook has been shared in 32 counties statewide and at national events and conferences, reaching 949 school staff, parents, and/or community members; comprehensive opioid educational and awareness materials have been distributed to more than 153 prevention providers; social media responses have included a total 81,890 reaches on Twitter and 104,678 reaches on Facebook; and the Rx Playbook website has received over 31,553 page views with 3,619 visits to the Rx Playbook page, with a membership of 259 individuals.

Improved Prescription Monitoring Program

The Illinois PMP receives controlled substance prescription data from retail pharmacies, enabling 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. Illinois DHS/SUPR is 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 Controlled 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 March 31, 2021, there were 830 PMP/EHR connectivity implementations (PMPnow) and 74,463 registered PMP users. During March 2021, there were 259 new users and 8,307,250 searches conducted through PMP connections. More information on PMPnow can be found here: <https://www.ilpmp.org/PMPnow.html>

Education and public awareness

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. Two of these 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. Final distribution numbers for the *#EOM* campaign include 102,745 posters in English and Spanish; 125,868,000 CTA bus and rail card impressions; and 203,196,350 gas stations/convenience stores impressions.

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. Final distribution numbers for the Guard and Discard campaign include over 379,380 posters and 1,096,260 postcards in both English and Spanish; 493,500 stickers; and 46,000 magnets being displayed or circulated.

In May 2019, Illinois DSH/SUPR added an important component to the overall statewide public awareness campaign by launching the **A Dose of Truth** campaign, which is focused on creating a baseline of 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. For the final month of this campaign, social media and Facebook posts reached an estimated 18,049,187 individuals, engaged (likes, comments and shares and more) 75,849 individuals, and had 3,008,400 video views.

In June 2019, Illinois DHS/SUPR added another public awareness campaign, **Naloxone NOW**, building on the #EOM campaign. The Naloxone NOW campaign addresses issues of stigma and acceptance of this lifesaving medication within the general population, equating it to other lifesaving medications and devices. As of October 31, 2020, messaging that includes interior rail and bus cards displayed on Chicago's trains and buses, with an estimated 543.2 million impressions. Currently there are more than 12.75 million impressions through Pace interior bus cards and bus shelters. Displays in gas stations and convenience stores statewide have an estimated 131.4 million views, and the final number for bar restrooms is 37,675,400 million views by members of the public.

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 March 31, 2021, there have been 77,370 first responders trained, over 99,306 naloxone kits distributed, and 5,571 overdose reversals through these STR- and SOR-supported services.

Increasing access to treatment

Access to Medication Assisted Treatment (A-MAT) Networks

Prior to the implementation of the STR and SOR grants, over 90% of Illinois citizens lived in a county with at least one form of MAT available. However, 39 of Illinois' 102 counties were "MAT deserts" in that no MAT providers were located within their geographic boundaries. One of DHS/SUPR's approaches to increase access to MAT is via the A-MAT Project. The A-MAT Project utilizes a "hub-and-spoke" model, the goal of which is to have a substantial population center working with the surrounding MAT desert areas. Illinois has implemented five A-MAT Networks. Through March 28, 2021, 781 clients have been admitted to MAT through these service networks. More information about this project, including a map of the A-MAT locations, is posted at <http://www.dhs.state.il.us/page.aspx?item=115412>. Additionally, SUPR no longer refers to MAT desert counties. Through the use of PMP data the state was able to see that patients are filling buprenorphine prescriptions in all 102 of Illinois' counties.

Correctional Facility–Based MAT Services

Illinois SOR and STR grant funds support six 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. Services have been implemented at 18 county jails, with services in the planning stage at several additional jails. Through March 31, 2021, 1,215 persons have been served. Of these 1,215 released offenders, 75% (913) 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. Three organizations have been contracted to provide STR and SOR grant–supported co-located screening and warm hand-off services for persons with OUD in Illinois hospitals. Services have been initiated at 15 hospitals and multiple Cook County Health locations, with 7,425 patients served through March 31, 2021. Of these 7,425 patients, over 70% were admitted by the community-based treatment providers to which they were referred following discharge.

Illinois expanded the program so that services will be available throughout the hospital and for more extended periods of time. Service delivery is consistent with the evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) model that has been the focus of multiple SAMHSA-funded cooperative agreements and discretionary grants. Eight hospitals were awarded funding. A total of 2,740 patients have screened positive for OUD through March 28, 2021, and were referred to treatment post-discharge.

Community-Based Outreach, Referral, and Linkage, Services

STR and SOR funds support specialized and specific community-based outreach, referral, and linkage services that are offered for persons with OUD in high-need areas. As a means of identifying individuals who are currently using heroin or other illicit opioids, peer outreach workers canvas 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 March 2021, 7,747 persons were provided outreach services; 4,855 of these persons screened positive for opioid and other illegal substance use and expressed an interest in treatment; 2,713 of these completed a meeting with a linkage manager; and 2,259 presented for the treatment intake.

Residential Stabilization Centers for Patients with OUD

These resources are targeted to the current gap in the service continuum for persons with OUD who lack housing and other supports to effectively engage in MAT during the early stage of their recovery process. Residential/inpatient care may be unnecessarily restrictive for many persons utilizing MAT, but many individuals still need safe, stable, temporary housing and supports like clothing, meals, and access to mental health services and primary health care. As of March 31, 2021, 377 clients have been admitted to the Residential Stabilization Centers.

OUd MAT in FQHCs

The intent of this initiative is to increase the number of persons who are receiving MAT at FQHCs in Illinois. FQHCs can bill Medicaid for MAT medications and support services, and this grant will support services for patients who are not Medicaid eligible and services that are not Medicaid billable. Such services include case management and recovery support services. As of March 31, 2021, 30 clients have been admitted to these services.

Rush University Medical Center Multidisciplinary Programs

Illinois DHS/SUPR SOR and STR funds support multiple programs within Rush University Medical Center, which is located on the west side of Chicago. Through the end of December 2021, Rush provided SBIRT services to 25,761 patients, of whom 6,097 screened positive for any substance use disorder (SUD), with 2,572 of these patients screening positive for OUD. Buprenorphine services were initiated for 566 patients, and 345 were referred to external SUD providers.

Illinois Opioid Crisis Helpline

Illinois SOR and STR grant funds are being used to support a statewide 24/7/365 helpline for persons with OUD-related issues (<https://helplineil.org/>). The helpline was launched on December 5, 2017, and has received 43,615 calls as of March 31, 2021. The helpline's website was launched in March 2018 and has received 218,403 visits by 162,575 unique individuals as of March 31, 2021. 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, including Facebook ads in English and Spanish. Beginning in September 2019, the "Help is Here" video ad campaign launched featuring stories of recovery in Illinois. Ads ran in television markets throughout Illinois outside the Chicago market. Spanish-language videos were especially successful in driving traffic to the Spanish helpline website.

Supporting long-term recovery

Recovery Homes

Illinois SOR and STR Grants have allowed DHS/SUPR to expand Recovery Home services for persons with OUD who have unstable living arrangements and are active in some form of MAT. Eleven Recovery Home organizations were identified to provide expanded services for persons with OUD through a competitive bid process. As of March 28, 2021, 681 clients have been admitted to these services.

Digital Toolkit Recovery Support Services

In order to retain patients in MAT and offer additional supports, Illinois Recovery Community Organizations (RCOs) and SUPR-licensed providers have been awarded funds and technical assistance to develop digital recovery support toolkits including secure messaging, web resources, and recovery support mobile applications (apps) for persons with OUD who are active in some form of MAT. As of March 31, 2021, 277 clients have been admitted to these services.

Serving special populations

Treatment Service Enhancement for Pregnant and Postpartum Women with OUD

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 Skills, and Individual Placement and Support (IPS) Employment. The staffing pattern for the supported enhancement includes Doula Certified Peer Recovery Specialist. A Doula Certified Peer Recovery Specialist is a person in active recovery who obtains dual certification as both a birth and a postpartum doula to assist the recovering mother through prenatal and postpartum phases, and with recovery from her addiction. As of March 31, 2021, 1,115 women have been admitted to these enhanced services. More information about this project is posted at <http://www.dhs.state.il.us/page.aspx?item=117624>.

Demonstrating outcomes for a healthier future

On June 20, 2020, SOR baseline Government Performance and Results (GPRA) interviews had been administered to **3,795** clients. Provided below is a partial analysis of reported changes among these SOR clients from admission to 6-month post-admission follow-up.

Self-sufficiency

- There was a statistically significant **change** in the pattern of living arrangements among the participants from baseline to 6-month follow-up, with 86.4% of the clients reporting being “housed” at 6-month follow-up compared to a rate of 83.0% at baseline.
- There was a statistically significant **increase** in the percentage of participants who were “Very Satisfied” or “Satisfied” with their living conditions from baseline (52.4%) to follow-up (66.3%).
- There was a statistically significant **change** from baseline to 6-month follow-up in the employment status pattern among the interviewed participants: 14.5% of the participants were employed at admission, and at 6-month follow-up 15.7% reported being employed either full-time or part-time.

Recovery Support/Quality of Life Indicators

- There were statistically significant **increases** from baseline to 6-month follow-up in the percentages of interviewed participants who reported attendance at non-faith-based support groups (15.6% vs. 32.9%) and “other” groups or activities that support recovery (6.5% vs. 8.9%).
- There were statistically significant **increases** from baseline to 6-month follow-up in the percentages of interviewed participants who reported that they were “Satisfied” or “Very Satisfied” with their health (37.8% vs. 60.1%), their ability to perform daily activities (44.9% vs. 67.1%), their sense of self (32.4% vs. 64.5%), and their personal relationships (58.5% vs. 74.8%).
- There was a statistically significant **increase** from baseline (33.3%) to 6-month follow-up (58.3%) in the percentage of interviewed participants who rated their quality of life as “Good” or “Very Good.”

Use of Physical/Behavioral Health Services

- There were statistically significant **decreases** from baseline to 6-month follow-up in the percentages of interviewed participants who reported inpatient treatment for physical health (13.1% vs. 4.1%), mental health (9.2% vs. 2.0%), and substance use problems (28.6% vs. 6.2%) during the past 30 days.
- There were statistically significant **increases** from baseline to 6-month follow-up in the percentages of interviewed participants who reported outpatient treatment for mental health (3.0% vs. 4.2%), and substance use problems (9.2% vs. 34.5%) during the past 30

days. The percentage change in participant involvement in outpatient SUD treatment at follow-up represented a nearly three-fold increase.

- There were statistically significant **decreases** from baseline to 6-month follow-up in the percentages of interviewed participants who reported hospital emergency department visits for physical health (21.2% vs. 8.9%), mental health (9.2% vs. 2.0%), and substance use problems (28.4% vs. 3.7%) during the past 30 days.

Substance Use and Related Impacts

- There were statistically significant **increases** from baseline to 6-month follow-up in the percentages of participants who reported no feelings of stress (10.2% vs. 65.2%), no reduction in important activities (24.2% vs. 75.8%), and no emotional problems (25.1% vs. 73.8%) due to substance use during the past 30 days.
- There was a statistically significant **increase** from baseline (11.3%) to 6-month follow-up (63.4%) in the percentage of participants who reported abstinence from heroin use during the past 30 days.
- There was a statistically significant **increase** from baseline (9.1%) to 6-month follow-up (62.5%) in the percentage of participants who reported abstinence from any illegal opioid drug during the past 30 days.
- There was a statistically significant **decrease** from baseline (19.5%) to 6-month follow-up (4.7%) in the percentage of participants who reported injection drug use during the past 30 days.

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