



State of Illinois Overdose Action Plan

NOVEMBER 2024 IMPLEMENTATION REPORT

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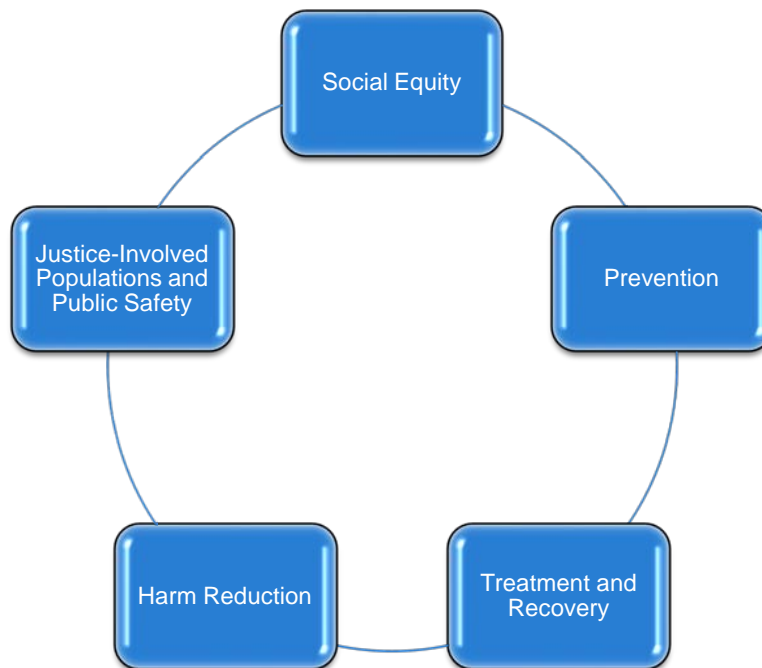
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State of Illinois Overdose Action Plan Implementation Report

Introduction

On March 21, 2022, Governor Pritzker released the Illinois State Overdose Action Plan (SOAP). The SOAP forms the strategic framework for addressing the overdose epidemic in Illinois. It builds on our prior progress in stopping fatal and non-fatal overdoses and includes new initiatives to address the ever-changing nature of the overdose crisis. The SOAP includes 25 high priority recommendations developed by the Illinois Opioid Crisis Response Advisory Council (Council) and reviewed and approved by the Governor's Opioid Overdose Prevention and Recovery Steering Committee (Steering Committee). These priorities have been compiled into five categories that form the basis of the 2022 SOAP.



The SOAP has one broad goal: to reduce the number of overdose deaths in Illinois. State agencies, Council committees, and stakeholders are working together to achieve this goal by implementing the recommended initiatives developed by the Council to address each priority. Each priority includes a set of metrics that document our progress in achieving these recommended initiatives. Metrics have been assigned to the State agency (or agencies), Council committee(s), or other group(s) that can best implement a specific activity. Metrics are reviewed twice a year. We use a social equity lens to implement and assess SOAP activities to ensure that our efforts address structural racism and the social and geographical determinants of health that underlie the racial disparities in overdose deaths. The SOAP is available at [State of Illinois Opioid Action Plan 2022](#).

The November 2022 SOAP Implementation Report summarized work on each of the recommended initiatives as of September 30, 2022. This November 2024 SOAP Implementation Report summarizes work on recommended initiatives through December 2023 and, for some initiatives, work through October 2024. As we noted in the November 2022 report, work began on all 25 SOAP priorities within the first six months of the SOAP's release. Numerous additional accomplishments are documented in this report and are a testament to the ongoing statewide work to reduce overdose deaths.

The report includes overdose data analyzed by the Illinois Department of Public Health (IDPH) to help us understand the status of the overdose epidemic in Illinois, the challenges we face, and how SOAP initiatives can address these challenges, reduce deaths, and save lives.

The Steering Committee's and Council's feedback on this report will help us determine what metrics need to be revised, as well as identify any initiatives listed in the Additional Recommendations section of the SOAP that need to be implemented. Please note that SOAP priorities addressed by activities supported by the Illinois Opioid Remediation Trust Fund (IORTF) are summarized in the [Illinois Opioid Remediation Funds State Fiscal Year 2024 Annual Report](#).

Addressing Racial and Social Disparities in the Overdose Crisis: Illinois Opioid Remediation Trust Fund Vision and RISE Goals



By 2039, Illinois will eliminate health inequities related to opioid misuse and reverse the harms inflicted on our communities, with a particular focus on those disproportionately impacted by the overdose crisis. This report contains a description of the initiatives funded by the IORTF. The IORTF will help Illinois RISE from the overdose crisis and strengthen our recovery-oriented system of care through the following goals:

Relieve intergenerational harms associated with structural racism and health inequities, more prevalent in Illinois' Black communities, that create the context for substance use and overdose disparities by:

- Increasing access to comprehensive, culturally competent opioid use disorder (OUD) services for Black communities, centering around individuals with lived experience.

- Establishing policies and programs to address social determinants of health and to ensure consistency in delivering services that promote trauma-informed care to decrease intergenerational harms.

Increase access to harm reduction services that meet people using substances where they are in their recovery journey, especially in communities with high overdose and fatality rates, by:

- Increasing the availability of harm reduction services for historically underserved communities (HUC).

Support treatment and prevention services to ensure Illinois’ recovery-oriented system of care is available, accessible, and attainable to all by:

- Expanding mobile and telehealth services in HUC.
- Expanding prevention services in HUC.

Enhance access to recovery supports that promote equity in health outcomes by:

- Increasing the rates of patients receiving medication assisted recovery (MAR).
- Increasing access to recovery support services in HUC.

A full description of all recommendations implemented with IORTF can be found in the Illinois Opioid Remediation Funds State Fiscal Year 2024 Annual Report.

Overdose Data

In September 2024, the Centers for Disease Control and Prevention (CDC) highlighted provisional data that predicts a 12.7% decrease in drug overdose deaths nationally (113,211 predicted deaths in May 2023 to 98,820 predicted deaths in May 2024; see [CDC Quarterly Provisional Estimates for Mortality Dashboard](#)). **This decrease marks the first decline in drug overdose deaths in five years.** Decreases in the predicted number of deaths occurred in all drug classes, including opioids. Opioid fatalities comprised over 70% of all drug fatalities.

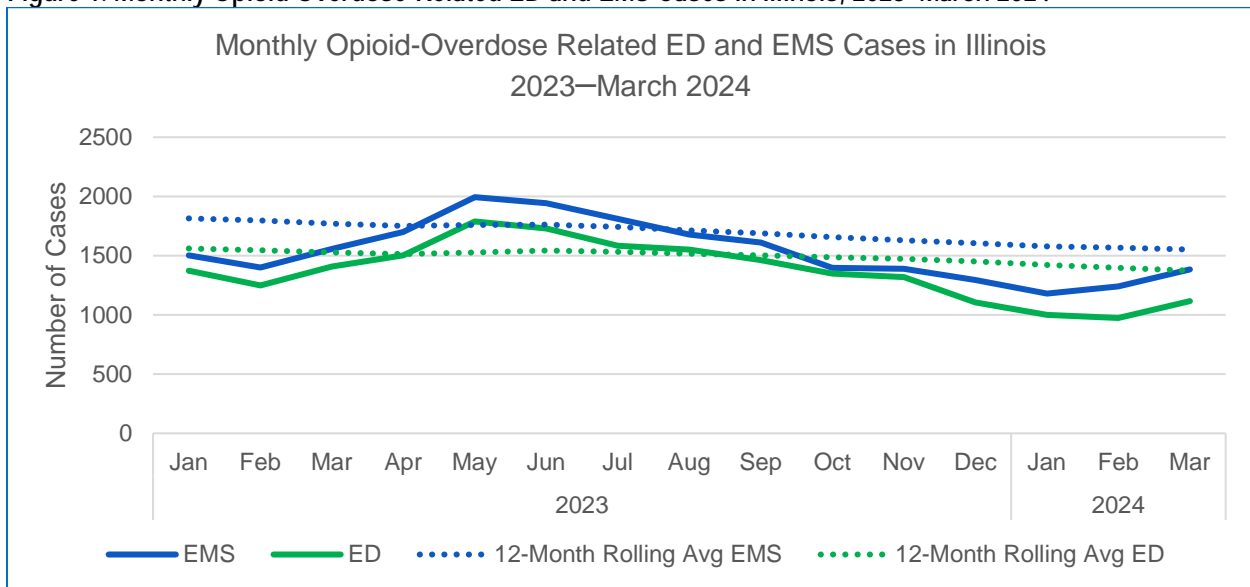
Table 1. Predicted Drug Overdose Deaths by Class for the 12-Month Period Ending May 2023 and May 2024, United States

Drug Class	May 2023	May 2024
All Drug	113,211	98,820
Opioids	86,279	72,755
<i>Synthetic opioids</i>	79,018	66,545
<i>Natural & semi-synthetic opioids, including methadone</i>	14,741	12,291
<i>Heroin</i>	5,167	3,509
Cocaine	30,421	28,060
Psychostimulants	37,181	34,298

In Illinois, recent data from emergency departments (ED) and emergency medical services (EMS) also show a decreasing trend. While exhibiting a seasonality of monthly increases in the

spring and summer, the 12-month rolling average of ED and EMS opioid overdose-related cases show an overall decrease through March 2024 (Figure 1).

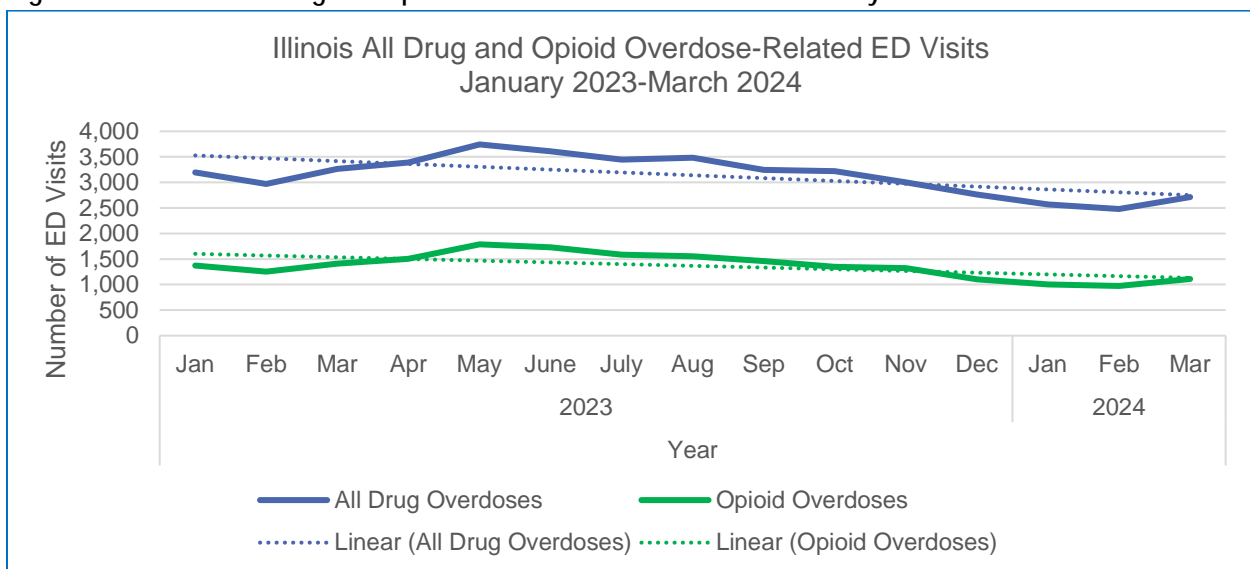
Figure 1. Monthly Opioid Overdose-Related ED and EMS Cases in Illinois, 2023–March 2024



Source: IDPH Syndromic Surveillance; EMS Encounters report by IDPH Prehospital Emergency Medical Services.

The most recent ED data from January to March 2024 show a statewide decrease in the number of monthly visits for “All Drug” and “Opioid Overdose” (Figure 2).

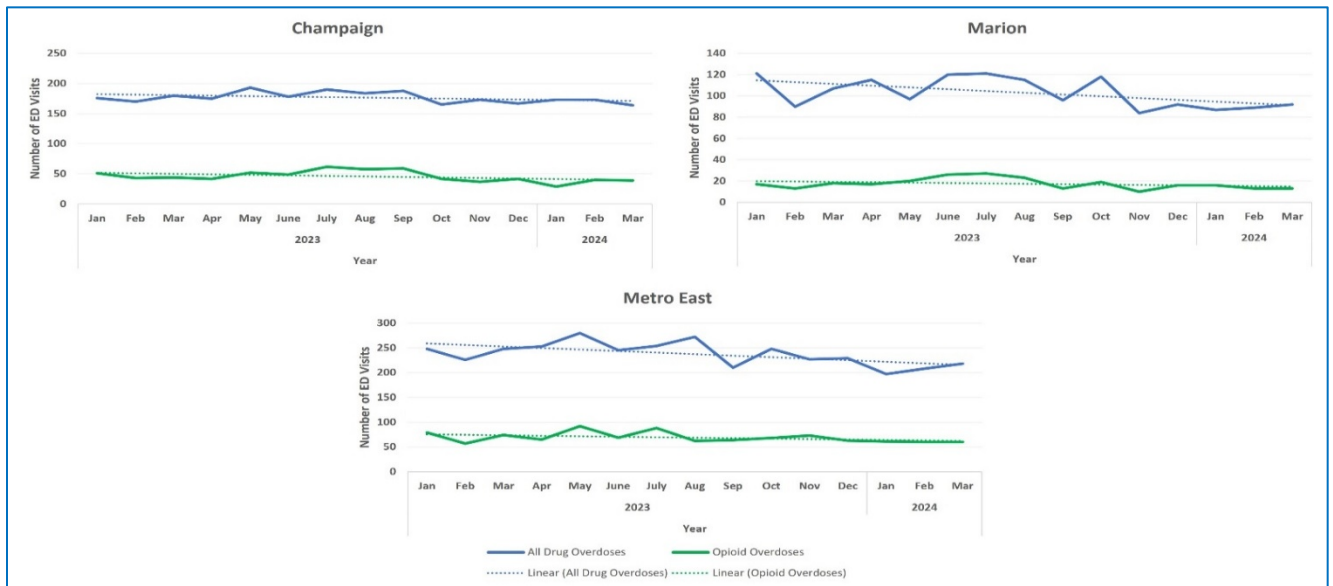
Figure 2. Statewide All Drug and Opioid Overdose-Related ED Visits January 2023-March 2024



Source: IDPH Syndromic Surveillance Data.

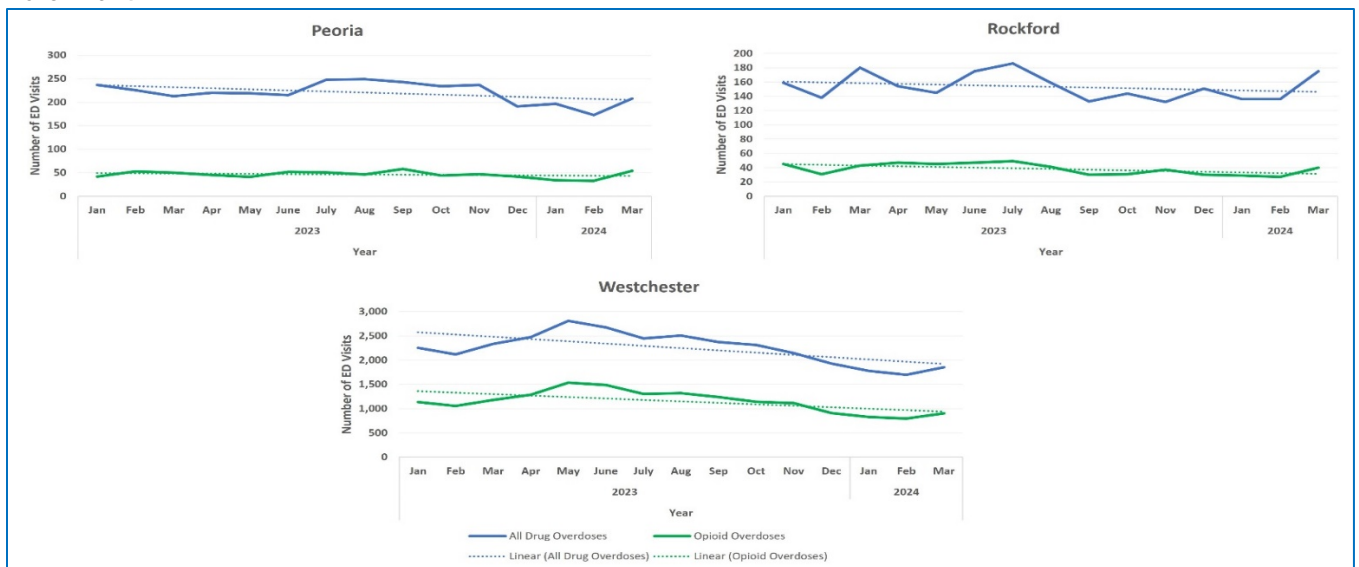
“All Drug” ED visits include potential overdoses with any substance, including marijuana, prescription medications, and over-the-counter medications. When separated by [IDPH Health Region](#), all regions showed stable or decreasing trends (Figures 3 and 4).

Figure 3. Monthly All Drug and Opioid Overdose–Related ED Visits by IDPH Health Region, January 2023–March 2024



Source: IDPH Syndromic Surveillance Data.

Figure 4. Monthly All Drug and Opioid Overdose–Related ED Visits by IDPH Health Region, January 2023–March 2024



Source: IDPH Syndromic Surveillance Data.

As documented in the 2022 SOAP, non-Hispanic Blacks ages 55-64 had the highest overdose death rate in the state. Provisional data suggest that Illinois is still experiencing racial disparities

despite the overall reduction in overdose deaths. The most recent data from 2023 are still being finalized and will be shared as soon as these data are available.

Social Equity

While the SOAP's social equity framework addresses disparities across all priorities and recommended initiatives, the four social equity priorities focus on specific factors related to the underlying causes of these inequities. These include addressing structural racism, increasing the active involvement of people of color in developing and implementing initiatives that address these inequities, reviewing data to better identify and mitigate disparities in the access and receipt of treatment and recovery support services, and supporting all families impacted by the overdose crisis.

Note: Priorities, Recommended Initiatives, and Metrics are from the 2022 SOAP. Activities accomplished since the last Implementation Report are documented in the Initiative Activities and Progress sections.

Priority 1: Address structural racism through community engagement activities and other meaningful representation of people with lived experience (PLE), including people who use drugs (PWUD) and people from racially and geographically diverse communities, on the root causes of treatment inequities and by increased representation in State workforces and systems changes.

Recommended Initiatives

- Convene summits in racially and geographically diverse communities that include PWUD, pregnant and postpartum women (PPW) with opioid use disorder (OUD)/substance use disorder (SUD), people in recent recovery, faith leaders, local Recovery Oriented Systems of Care (ROSC) Councils, and Regional Leadership Centers (RLCs) to identify the causes of inequity and the potential interventions that can address those inequities.
- Conduct focus groups, surveys, and peer-led key informant interviews with PWUD, people in recent recovery and PPW with OUD/SUD in racially and geographically diverse communities to learn how the current structure of the treatment and recovery system serves them, and what the State can do from their perspective to improve accessibility.
- Conduct focus groups with faith leaders in racially and geographically diverse communities to learn how the current structure of the treatment and recovery system serves their communities, and what the State can do from their perspective to improve accessibility.
- Submit a report summarizing summit discussions and focus groups, surveys, and peer-led key informant interview results. The report should highlight strategies identified by summit, focus group, survey, and key informant interview participants to address treatment and

recovery system inequities and increase the active involvement of stakeholders (PWUD, people in recent recovery and community members) in the State's prioritization, implementation, and funding of these strategies.

- Conduct a brief survey with summit, focus group, survey and peer-led key informant participants six months after the report is released to assess their satisfaction with the State's implementation and funding of their recommended strategies.
- Monitor the Illinois state legislature and U.S. Congress for bills that arise related to SOAP social equity principles, including the Drug Policy Reform Act (DPRA) of 2021 and other drug decriminalization efforts. This will help us pursue systemic change by determining which bills should be supported, and uplift efforts from our legislative partners.

Metrics

- Summits on the causes of inequity and potential interventions to address those inequities convened in racially and geographically diverse communities.
- Number of summit participants who are PWUD, people in recent recovery, faith leaders, ROSC Council members and RLC members.
- Focus groups, surveys, and peer-led key informant interviews that collect data from PWUD and people in recent recovery in racially and geographically diverse communities on treatment and recovery system services conducted.
- Focus groups with faith leaders in racially and geographically diverse communities on treatment and recovery system services conducted.
- The report summarizing summit discussions, focus group, survey and peer-led key informant interview results that identifies strategies to address treatment and recovery system inequities and active involvement of stakeholders submitted to the Steering Committee and the Governor's Office.
- Brief survey assessing summit, focus group, survey and peer-led key informant participants' satisfaction with the State's implementation and funding of their recommended strategies conducted.
- State and federal legislatures monitored by the Council's Opioid Social Equity (OSE) Committee for bills related to drug decriminalization and other social equity-related issues.
- Reports on these bills shared with the Steering Committee and Council to inform decisions on which bills and efforts from our legislative partners should be supported.

Initiative Activities Implemented and Progress Made

- The OSE Committee has drafted and reviewed focus group, survey, and peer-led key informant interview discussion topics and questions for PWUD, people in recent recovery, PPW with OUD/SUD, and faith leaders in racially and geographically diverse communities. The OSE Committee will finalize these draft discussion topics and questions during the next reporting period.
- ROSC Councils build collaborations in their communities that connect everyone who can support recovery. This includes PLE; PWUD; faith leaders; hospitals; primary care providers; mental health care providers; landlords; local business owners; law enforcement; local government representatives and policymakers; SUD intervention, treatment, prevention, and

recovery support service providers; harm reduction providers; and others. The Illinois Department of Human Services (IDHS)/Division of Substance Use Prevention and Recovery (SUPR) has implemented local ROSC Councils in numerous communities through its ROSC – Illinois Statewide Network program ([IDHS: Illinois ROSC Councils](#)). As of December 2023, there were 43 ROSC Councils in Illinois. A total of 672 ROSC Council meetings were convened statewide in 2023. On average, 1,120 people participated in monthly ROSC Council meetings. ROSC Councils are working toward implementing system-level changes in their communities. Some of Illinois' goals include reducing stigma, promoting MAR and other evidence-based practices, promoting harm reduction, ensuring effective service delivery, and prioritizing equity.

- There are 8 ROSC Councils in IDHS Region 1 (Cook County) serving more than 50 communities. The 6 ROSC Councils in IDHS Region 2 serve 9 counties in northern Illinois; 6 ROSC Councils in IDHS Region 3 serve 11 counties in north-central Illinois; 11 ROSC Councils in IDHS Region 4 serve 15 counties in south-central Illinois; and 12 ROSC Councils in IDHS Region 5 serve 21 counties in southern Illinois. A list and location of all ROSC Councils can be found at [Find Your Local Illinois ROSC Council](#).
- The 43 ROSC Councils are made up of an estimated 2,650 members that include but are not limited to PLE; PWUD, faith leaders; business owners; OUD/SUD prevention, treatment and recovery providers; representatives of Black, Indigenous, and People of Color (BIPOC) and other marginalized communities; and representatives of county health departments, law enforcement, employment programs, violence prevention programs, youth and family support programs, universities and community colleges, and local and state government.
- Carle Health's RLC held 16 trainings in 2023; 778 people participated in these trainings. Topics included stigma, faith communities and SUD, harm reduction, and perspective change. In-person trainings were held in Champaign, McLean, Sangamon and Vermilion Counties; virtual trainings were offered statewide.
 - Carle Health's RLC also held 90 coalition and community outreach meetings in 2023 in Piatt, Ford, Vermilion, Douglas, and Livingston Counties. More than 870 people participated in these events, including people in recovery, faith leaders, people of color, treatment providers, law enforcement officers, students, harm reduction providers, business owners, and OUD/SUD treatment providers.
- Chestnut Health Systems' RLC held 18 trainings in 2023; 641 people attended these trainings. Participants included community members, coalition members, and ROSC Council members. Topics included the impact of trauma on substance use and mental health, stigma, and building faith partnerships. Virtual trainings were held statewide; in-person trainings were held in Bond, Madison, and St. Clair Counties.
 - Chestnut Health Systems' RLC held 274 community outreach events and technical assistance meetings with local ROSC Councils and coalitions in 2023.
 - Chestnut Health Systems' RLC's Illinois Faith & Recovery Collaborative integrates faith leaders into ROSCs and local coalitions. The Illinois Faith & Recovery Collaborative seeks to support and empower faith communities in their work by providing training, toolkits, networking opportunities, and connections to local resources. These core

trainings include “Substance Use/Recovery 101;” “Mental Health 101;” “Narcan;” and “Question, Persuade, Refer (QPR) Suicide Prevention Training.” Each of the trainings include information related to stigma and its impact on individuals, families, and communities. Congregations that complete the trainings are identified as Certified Recovery Congregations. Certified Recovery Congregations are known and promoted publicly as safe and welcoming to people in recovery and/or families and loved ones of those in recovery, as equipped and informed communities for people currently struggling with substance use and mental health challenges, and as a place to go for resources and information when help is needed with substance use or mental health challenges. As of September 2024, there are 11 Certified Recovery Congregations in Illinois.

Toolkits and other resources are available at [Illinois Faith-Based Recovery Initiative](#).

- Prevention First’s RLC held 10 trainings in 2023; 190 people participated in these trainings. Participants included people in recovery, family members and friends of PLE and PWUD, community members, and prevention professionals. Topics included harm reduction and Narcan training. In-person trainings were held in St. Clair, Madison, and Sangamon Counties. Virtual trainings were held statewide.
 - Prevention First’s RLC participated in six outreach events and meetings, including the Illinois Municipal League’s Annual Conference, which was attended by 1,500 municipal leaders from across the state.
- Rush University Medical Center’s RLC convened 160 trainings and community outreach activities in 2023 on Chicago’s West and South Sides, communities that have the highest statewide overdose disparity rates by race. SUD education topics included harm reduction, stigma, social equity, and Narcan training. More than 3,000 community members participated in these training and educational events.
 - Rush University Medical Center’s RLC held outreach activities in churches, food pantries, beauty shops, libraries, laundromats, health clubs, beauty supply stores, social service agencies, high schools, and correctional facilities (including Cook County Jail). In 2023, more than 8,000 people participated in the RLC’s community outreach events.
 - Rush University Medical Center’s RLC also convenes Latino OUD outreach events. These events have been held at the Latino Resource Center, Telpochalli, Blue Kangaroo Lavanderia, and Latinos Progresando. Materials are provided in English and Spanish. In 2023, the RLC held 31 Latino OUD outreach events.
 - The RLC held perinatal OUD outreach events at Women, Infants, and Children (WIC) offices, health fairs, Chicago Birthworks Collective, and the IDHS Home Visting Program. The RLC held 23 perinatal OUD outreach events in 2023.
- Southern Illinois University’s (SIU’s) RLC held 66 trainings in 2023; 1,560 people participated in these trainings. Participants included PWUD, women and children in recovery, foster parents, community members, business owners, public health staff, behavioral health providers, university students, and probation officers. Topics included overdose response training, drugs and the family, rural drug courts, and addiction and the brain. In-person trainings were held in Alexander, Crawford, Hardin, Jackson, Lawrence, Marion, Perry, Pope, Richland, Saline, Sangamon, Union, Washington, and Williamson Counties. The RLC also offered in-person and virtual statewide trainings.

- SIU's RLC also convened 104 coalition, task force, faith and recovery, and ROSC Council meetings in 2023.

Priority 2: Promote equitable organizational practices by hiring and paying a living wage to PWUD, people in recovery, and people who have criminal justice records.

Recommended Initiatives

- The State should offer training and technical assistance to employers to support recovery-friendly workplaces and cultures and ensure equitable work environments for people in recovery.
- State-funded services should provide ongoing staff training on culturally-competent and trauma-informed care.
- Rate structure development for State-funded services should incorporate living wages, particularly for PWUD, people in recovery, and people who have criminal justice records.

Metrics

- Training and technical assistance materials on recovery-friendly workplaces and cultures developed.
- Training and technical assistance materials on recovery-friendly workplaces and cultures posted on IDHS/SUPR's website.
- Number of training and technical assistance materials disseminated to organizations that provide State-funded services, the Illinois Chamber of Commerce, and local community chambers of commerce.
- Number of training and technical assistance materials on recovery-friendly workplaces and cultures downloaded from IDHS/SUPR's website.
- Number of visits to training and technical assistance materials on recovery-friendly workplaces and cultures webpage.
- Number of culturally-competent and trauma-informed care staff trainings delivered at organizations that provide State-funded services.
- Number of people who participate in culturally-competent and trauma-informed care staff trainings delivered at organizations that provide State-funded services.
- Rate structure development for State-funded services incorporates living wages, including for PWUD, people in recovery, and people who have criminal justice records.

Initiative Activities Implemented and Progress Made

- Funded by IDHS/Division of Mental Health (DMH), the Certified Recovery Support Specialist (CRSS) Success Program is designed to support students with lived experience of mental health or substance use recovery to successfully complete all requirements necessary to obtain either the CRSS or Certified Peer Recovery Specialist (CPRS) credential and enter the substance use and mental health workforce. This grant-funded program is operated

through 13 designated postsecondary educational institutions across Illinois. Grant funds also provide for wraparound supports to help students overcome practical barriers to success, such as childcare and transportation. A February 2024 report found that CRSS internship supervisors rated CRSS students as highly prepared in general practice skills, intervention skills, and work readiness ([CRSS Success Program Student Readiness Evaluation](#)). To learn more about the program, go to: [IDHS: CRSS Success Program](#).

- IDHS/SUPR, in partnership with the Illinois Certification Board (ICB), launched the Certified Alcohol and Other Drug Counselor ([CADC](#)) [Workforce Expansion Program](#) in 2023. The program aims to increase the number of trained professional substance use counselors entering and being retained in the workforce in Illinois by providing scholarships, internship stipends, and wraparound support for individuals seeking CADC certification. The broader goals of the CADC program are to mitigate workforce shortages and address the ongoing overdose crisis and increased behavioral health needs of Illinoisans. In FY24, 120 students participated in the program through one of the ICB Accredited Training Programs, and there were 462 new CADC applicants, up from an average of 385 in the preceding five years.
- Peer recovery support services are culturally responsive, strengths based, and supportive of an individual's treatment goals through all stages of the treatment and recovery process. In accordance with the Wellness Checks in Schools Program Act ([Public Act 102-1037](#)), peer recovery support services will be covered by Medicaid beginning October 1, 2024.
- In 2022 and 2023, IDHS/SUPR sponsored trainings on cultural humility, recovery coaching, recovery-empowered language and healing-centered engagement, and spirituality in recovery coaching. A total of 13 training sessions were held; 92 people participated in these trainings.
- IDHS/SUPR sponsored eight recovery support service trainings; 43 people participated in these trainings.
- In 2022 and 2023, IDHS/SUPR sponsored trainings on two evidence-based trauma-informed care interventions for people with SUD: Seeking Safety and Trauma and Beyond. A total of 12 trainings were held; 131 people participated in these trainings.
- IDHS/SUPR and Rush University Medical Center's RLC sponsor Recover-Con, an annual SUD prevention, treatment, recovery, and advocacy conference held in northern Illinois. Recover-Con provides continuing education unit (CEU) hours with training on best practices in recovery. A total of 250 people participated in the 2024 conference. For more information, go to: [Recovery | Recover-Con 2024](#).
- IDHS/SUPR and the Illinois Department of Healthcare and Family Services (HFS) have increased the SUD services rates to increase opportunities to address health inequities and improve health outcomes for individuals with SUD. Significant rate increases allow organizations to adjust salaries to remain competitive. IDHS/SUPR and HFS made the following rate increases:
 - On July 1, 2022: 47% rate increase for SUD outpatient services.
 - On July 1, 2023: 2% rate increase for SUD outpatient services.
 - On January 1, 2024: 30% rate increase for SUD inpatient services.
 - On July 1, 2024: 2% rate increase for SUD outpatient and inpatient services.

Priority 3: Review client demographic data to help identify and address disparities in access to and receipt of medication assisted recovery (MAR), harm reduction and recovery support services.

Recommended Initiatives

- The State should identify data sources that could be used to identify the demographic characteristics—particularly age, race, ethnicity, and language spoken—of individuals who seek and receive treatment for OUD/SUD. Suggested data sources include the Illinois Helpline for Opioids and Other Substances (Helpline) and Government Performance and Results Act (GPRA) data collected for services funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Overdose Response Funding (ORF) dollars. If these data are not available and/or reliable, the State should consider using zip code data on the racial/ethnic makeup of the municipalities and/or counties served by State-funded providers as a proxy for the racial and ethnic characteristics of people receiving these services.
- The State should regularly monitor and analyze these data to help identify potential treatment disparities and direct resources to address these disparities.
- Organizations that provide MAR, harm reduction, and recovery support services to people with OUD/SUD should be encouraged to collect and report client demographic data to 1) identify their own service inequities and 2) improve service delivery to people of color.

Metrics

- Appropriate data sources for demographic characteristics of people who receive State-funded treatment for OUD/SUD identified.
- Analyses identifying treatment disparities conducted annually. Reports summarizing results of disparity analyses shared with the Steering Committee and State agency directors.
- Client demographic data collection, analysis and reporting guidelines developed and shared with organizations that provide MAR, harm reduction, and recovery support services to people with OUD/SUD.

Initiative Activities Implemented and Progress Made

- GPRA data includes information on the demographic characteristics of people who receive ORF-funded services. IDHS/SUPR receives semiannual reports summarizing these data and will explore how these results can be used to help assess racial disparities in ORF-funded services.
- IDHS/SUPR's Division's Automated Reporting and Tracking System (DARTS) is used to report funded and/or Medicaid-certified and enrolled SUD intervention and treatment services as authorized by IDHS/SUPR. DARTS data is used to determine treatment and intervention service delivery patterns, measure outcomes and assist with long-term planning. Information submitted to DARTS by IDHS/SUPR-licensed providers includes client

demographic data. IDHS/SUPR is exploring how DARTS data can be “mined” to assess disparities in State-funded treatment.

- The [Illinois Helpline for Opioids and Other Substances](#) (Helpline) collects data on the age, race, gender, and county of callers and website users. As of February 29, 2024, the Helpline has received 83,043 calls, 1,125,683 website visits, 6,698 chat interactions, and 2,610 text interactions. Helpline demographic data can help identify racial and geographic disparities among the individuals who use this resource to find and access treatment and recovery support services.
- The Council’s Cross-Sector Data Workgroup on Overdoses created a subcommittee that will help develop guidelines on client demographic data collection, analysis, and reporting. As a first step, the subcommittee plans to survey organizations that provide MAR, harm reduction, and recovery support services to people with OUD/SUD to learn about organizations’ data systems and ability to collect, report, and analyze demographic and service data. The survey is currently being developed and will be administered to organizations in late 2024.
- Illinois’ Data Governance and Organization to Support Equity and Racial Justice Act ([Public Act 101-654 Article 20 ILCS 65/20](#)) will create a standard set of expended demographics that will be used across State agencies to identify areas of disparity in service provision by subgroups, which may not be evident with the current information collected. Statute implementation is ongoing.
- In 2023, IDHS/SUPR launched the Illinois Prevent Drug Overdose 2 (IPDO2) project, a five-year discretionary grant that focuses on addressing overdose disparities in Chicago. The project funds five direct service providers who serve the West and South Sides of Chicago, which are home to predominantly Black communities that are disproportionately impacted by overdoses. The project also funds an evaluator, who has supported the project by identifying the populations with the highest rate of overdoses, including Black men over 50 years old. This data-driven project has focused on targeted naloxone saturation, overdose prevention efforts, and linkages to health and social services among people at highest risk of experiencing an overdose.

Priority 4: Support communities in establishing and growing systems for supporting all families impacted by OUD/SUD and connect them to relevant services.

Recommended Initiatives

- Establish a state-wide system for collaboration that includes a lead entity and collaborations that serve all areas of the state to: 1) implement community-driven planning for 0-5 services and accessing funding opportunities; 2) support full enrollment and staffing in all programs; 3) engage families who most need services; and 4) implement a “no wrong door” approach for all families seeking services and supports.

Metrics

- Convene leadership from ongoing initiatives to identify common goals and a lead entity to oversee collaboration on planned activities to support families impacted by OUD/SUD.
- Conduct a needs assessment on parental OUD/SUD that identifies families most in need of OUD/SUD treatment, recovery supports, child and youth and family-centered services, the community-based organizations that provide these services, and barriers to accessing these services.

Initiative Activities Implemented and Progress Made

- IDPH's Office of Women's Health and Family Services currently oversees and coordinates two maternal mortality review committees. One committee reviews data pertaining to deaths due to drug-related causes and creates recommendations based on the preventable factors contributing to these deaths. This work is an ongoing needs assessment of the families that are most in need of OUD/SUD treatment; recovery supports; child-, youth-, and family-centered services; the community-based organizations that provide these services; and barriers to accessing these services. Identified factors result in recommendations and initiatives to prevent morbidity and mortality among PPW. A new list of recommendations from this needs assessment was recently published within the Illinois Maternal Morbidity and Mortality Report in October 2023 ([Illinois Maternal Morbidity and Mortality Report](#)). Furthermore, the report showed substance use disorder as the leading cause of pregnancy-related death in Illinois.
- IDPH's Office of Women's Health and Family Services hosted its second Maternal Health Summit in October of 2023, with more than 300 attendees. The virtual Summit included presentations based on findings from the *Maternal Morbidity and Mortality Report*, including leading causes of death, how State agencies play a role, and stories from survivors, in addition to legislators speaking to specific maternal health initiatives and next steps for action to improve maternal health in Illinois.
- The Women's Committee of the Illinois Advisory Council on Substance Use Disorder conducted a statewide survey to learn about women's experiences with substance use treatment, recovery, and harm reduction services they have received in Illinois and to gather women's insights on how services can be made more relevant and accessible. The Women's Committee is currently working on survey recommendations.
- DCFS has convened an oversight committee and working groups composed of multiple State agencies, PLE, and leaders in the field to develop and initiate Plans of Safe Care/Family Care Plans. As of October 2024, a draft of the Family Care Plan document had been developed and will be piloted prior to finalizing. Release of the Family Care Plan will coincide with an increased volume of training materials and resources, updated notification procedures, and a coordinated statewide communication effort.
- As described in Priority 8, the Children & Families Committee created a Naloxone Distribution for Youth Workgroup to explore messaging around naloxone distribution to minors.

- Through American Rescue Plan Act (ARPA) funding, IDHS/SUPR launched two special projects in State Fiscal Year (SFY) 25 aimed at providing substance use prevention services to youth whose parents or caregivers use substances: 1) a grief support project for youth who have lost a parent or caregiver to an overdose, and 2) a Youth and Caregiver Resource Center that develops and disseminates resources to help youth break cycles of intergenerational trauma, designed by centering youth voice.

Prevention

According to the CDC, some of the best ways to prevent overdose deaths are to improve opioid prescribing, reduce exposure to opioids and other substances, and prevent misuse. SOAP prevention priorities include promoting safer prescribing and dispensing practices, coordinating public education campaigns to reduce the stigma associated with OUD/SUD, and ensuring that evidence-based prevention programming reaches all young people in Illinois.

Note: Priorities, Recommended Initiatives, and Metrics are from the 2022 SOAP. Activities accomplished since the last Implementation Report are documented in the Initiative Activities and Progress sections.

Priority 5: Reduce diversion of controlled substances prescribing.

Recommended Initiatives

- Explore whether patient diagnosis should be included in all prescriptions for controlled substances.
- The Illinois Prescription Monitoring Program (PMP) should collect additional data to help identify at-risk patients, such as those with an accidental injury or opioid overdose, and proactively notify prescribers of the associated risk through the implementation of the Injury and Accident Notification System (IANS) within current PMPnow¹ connections.

Metrics

- Workgroup convened to explore whether patient diagnosis should be included in all prescriptions for controlled substances. Workgroup members include the PMP and the Illinois Department of Financial and Professional Regulation (IDFPR), the Council's Prescribing Practices Committee, people with OUD/SUD and people living with chronic pain.
- Complete connection for initial IANS pilot test sites.
- Notification system that alerts prescribers when a patient has potentially experienced an overdose created by the PMP.
- Implement IANS within PMPnow.

¹ PMPnow is the PMP's automated electronic health record connection service.

Initiative Activities Implemented and Progress Made

- The workgroup to explore whether patient diagnosis should be included in all prescriptions for controlled substances will be convened in late 2024. In the meantime, the PMP has proposed legislative updates to Public Act 100-0564 to allow the PMP team to gather diagnosis codes in multiple ways. SB0285 (2023-2024) revised the section of the statute including Public Act 100-0564. However, this legislation did not move forward due to concerns related to stigmatizing diagnosis.
- The PMP and IDPH have been collaborating to share data with each other. In November 2023, IDPH sent the PMP a dataset along with a patient-matching function that will be used for matching the datasets. In December 2023, the PMP team analyzed the patient-matching function and IDPH dataset. Due to the statute sunseting the project in January 2024, the PMP had to put the project on hold. Since then, IDPH and the PMP have collaborated and co-applied for a federal grant that will help move this project forward. IDPH and the PMP have a signed data-sharing agreement and intergovernmental agreement to collaborate on this project.
- The PMP continues to develop and reimagine the IANS project with IDPH. The new focus of the project will be identifying patients who have had a previous overdose. The PMP will obtain overdose data from IDPH and display that information directly on the PMP to notify PMP users whose patients have experienced an overdose and have been prescribed a controlled substance.

Priority 6: Address high-risk prescribing and dispensing through peer-to-peer academic detailing.

Recommended Initiatives

- Provide peer-to-peer academic detailing (AD) and/or technical assistance to prescribers and dispensers, including racial and ethnic minority medical providers and associations, to supplement their knowledge of chronic pain management, OUD/SUD, and opioid prescribing.
- PMP will work with project partners to develop a process for identifying high-risk prescribers and dispensers for education opportunities.

Metrics

- Roster of peer educators identified by the Council's Prescribing Practices Committee.
- Peer educators work with PMP and the University of Illinois at Chicago (UIC) to develop AD materials and guidelines for delivering AD.
- Peer educators provide AD to prescribers, dispensers, racial and ethnic minority medical providers, and associations.
- Number of peer education sessions provided to prescribers, dispensers, racial and ethnic minority medical providers, and associations.

- Number of prescribers, dispensers, racial and ethnic minority medical providers and associations who participate in peer education sessions.
- Process for identifying high-risk prescribers and dispensers developed by PMP and project partners.

Initiative Activities Implemented and Progress Made

- The Council's MAR Prescribing Practices Committee² developed a survey assessing the availability of opioid prescribing education, including AD, in Illinois healthcare systems. The survey was distributed statewide with the assistance of the Illinois Health and Hospital Association (IHA) and the Illinois Primary Health Care Association (IPHCA). Results from 159 hospitals show that 50% track and identify high-risk prescribers, and 81% provide direct education to identified high-risk prescribers. Three-fifths of the hospitals that provide education to their high-risk prescribers expressed interest in partnering with regional affiliates on peer-to-peer counseling.
- Targeted education outreach approaches, such as AD, are supported as an approach to supplement providers' knowledge in lieu of limited chronic pain management education to improve opioid prescribing and dispensing behaviors. AD is a method of educational outreach intended to modify and improve medical decision-making. The PMP worked with the UIC Department of Pharmacy Systems, Outcomes and Policy (PSOP), leveraging the statutory charge of the PMP Peer Review Committee (PRC) under 720 ILCS 570/320 to initiate an AD pilot program to educate prescribers identified by the PRC as possibly prescribing outside the standards of practice. One goal of this collaboration was determining the feasibility of a more extensive educational outreach partnership between the PMP and UIC PSOP.
 - This pilot education program, Opioid and Benzodiazepine Outreach, aimed to identify prescribers who have a consistent pattern of co-prescribing opioids and benzodiazepines and provide education on tapering strategies to mitigate the risk of overdose and death. The initiative focused on AD through virtual visits. Three detailers conducted a total of 24 AD visits from March through August 2023. The program was well received by the 19 prescribers who participated. The clinical evidence and resources that the detailers provided empowered prescribers to address the number of concurrent opioid/benzodiazepine patients through tapering or intentional use of strategies such as co-prescribing naloxone, utilizing the PMP, and conducting urine toxicology screening.
 - It was determined that the structure of this pilot program could be easily adapted for a larger pool of high-risk prescribers and has the potential to have an impact on provider behavior—and subsequently, patient care. A plan is currently being developed to expand this individualized, tailored approach to educational outreach to more Illinois prescribers.

² Since they share common goals, in 2023 the MAR Committee and Prescribing Practices Committee joined together to form one committee, the MAR Prescribing Practices Committee.

Priority 7: Continue to conduct and coordinate anti-stigma education campaigns.

Recommended Initiatives

- Over the past three years, numerous stigma reduction campaigns occurred simultaneously in the same geographic regions of the state. The State should coordinate stigma reduction campaigns to identify gaps in target populations, pool resources, strengthen messaging, and avoid duplication of effort.
- To better define stigma related to OUD/SUD, overdose and polysubstance use and create effective messaging campaigns, research with people who have experienced stigma (i.e., people with lived experience of OUD/SUD) should be conducted. A diverse group of people—those who have been incarcerated, people of color, and those who live in rural areas—need to be involved in this research to better address racial and geographic disparities.
- Conduct a broad, coordinated campaign on the benefits and availability of MAR via targeted messaging in racial and ethnic minority communities and rural communities. This campaign also should include anti-stigma messaging directed at providers. This messaging should be shared with local social service and advocacy organizations, as well as substance use treatment and healthcare providers, which serve identified and targeted communities.

Metrics

- Information about planned stigma reduction campaigns listed on the single state website and shared with the Steering Committee and the Council's Public Awareness & Education Committee to increase awareness of stigma reduction campaigns across State agencies and decrease duplication of effort.
- Focus groups on stigma convened with people with lived experience of OUD/SUD, including those who have been incarcerated, live in rural areas and are people of color.
- Focus group results used to develop stigma reduction campaigns targeting racial and ethnic minority communities and rural communities.
- Broad, coordinated campaign conducted on the benefits and availability of MAR via targeted messaging in racial and ethnic minority communities and rural communities that includes anti-stigma messaging for providers.

Initiative Activities Implemented and Progress Made

- IDHS/SUPR's [Rethink Recovery IL](#) is a public awareness campaign focused on encouraging people who use opioids to seek recovery through MAR. The campaign provides accurate information for PWUD and their families regarding the use of medications to treat OUD. It includes links to the Helpline to connect PWUD to MAR and materials to help support people in sustained recovery. Rethink Recovery IL materials include downloadable educational fact sheets and materials in English and Spanish.

- The campaign tracks social media impressions (the number of times paid or unpaid content was displayed to/seen by someone), social media engagements (the number of actions a person took on campaign content, including post likes/reactions, photo views, link clicks, post saves, shares/retweets, comments/replies, etc.), PDF clicks (the number of clicks on PDF resources) and website sessions (the number of unique visits to the Rethink Recovery IL website). As of June 2024, the Rethink Recovery IL campaign had a total of 56,529,305 social media impressions, 6,458,573 social media engagements, 662 PDF clicks, and 263,838 website sessions.
- Rethink Recovery IL materials also have been developed and made available to MAR prescribers and to partners and clients of MAR prescribers. As of June 30, 2024, 700 English-language packets, 300 Spanish-language packets, and 13,650 coasters have been distributed.
- The Helpline, Illinois' statewide multilingual 24-hour/day, 7-day/week, 365-day/year helpline, provides treatment referral and information support services for people with OUD/SUD, their family members, and other supporters. As previously noted, as of February 29, 2024, the Helpline has received 83,043 calls and 1,125,683 website visits, and it has responded to 6,698 chat interactions and 2,610 text interactions.
- A Dose of Truth seeks to prevent opioid-related overdoses by providing information and resources about fentanyl and harm reduction strategies such as naloxone. This public awareness campaign's content is aimed at PWUD and their supporters. The campaign runs several media activations, or "content packages," throughout the year. Each content package reaches a unique audience, providing them with tailored opioid risk education. The [A Dose of Truth](#) website and materials are available in English and Spanish. As of June 30, 2024, A Dose of Truth had 7,315,889 social media impressions, 13,063,171 social media engagements, and 721,123 website sessions.
- The Council's Public Awareness & Education Committee developed focus group discussion questions assessing stigma among people with lived experience of OUD/SUD, those who have been incarcerated, people who live in rural areas, and people of color. Focus groups with these target populations will be convened in 2025.

Priority 8: Increase the impact of prevention programming in schools, communities, and other settings where comprehensive evidence-based practices, programs and strategies that reduce risk factors and promote protective factors can reach all Illinois young people.

Recommended Initiatives

- Expand opportunities for collaborations across youth-serving State agencies and organizations specific to substance use prevention.
- Explore the use of evidence-based programs and practices across the prevention continuum from universal to selected strategies that address young people's substance use.

- Expand the reach of the current Illinois State Board of Education (ISBE) and IDHS/SUPR relationship driven by the Illinois School Code (105 ILCS 5/22-81).

Metrics

- Workgroup of State agencies and organizations that provide or support services to young people convened to explore opportunities to integrate youth substance use prevention efforts into existing programs and projects.
- Workgroup identifies and promotes evidence-based programs and practices across the prevention continuum from universal to selected strategies that address young people's substance use and develops guidelines for program implementation.
- ISBE and IDHS/SUPR comply with all aspects of the Illinois School Code Section 22-81.

Initiative Activities Implemented and Progress Made

- Effective January 1, 2024: Public Act 103-0399, Louie's Law, expands K–12 drug education guidelines to include comprehensive, safety-focused, and reality- and evidence-based standards that reduce substance use risks and promote protective factors ([Public Act 103-0399](#)). This legislation mandates that ISBE and IDHS/SUPR collaborate with relevant stakeholders, including the Council, to develop and update K–12 substance use prevention and recovery resource materials that align with the SOAP. Overdose prevention guides developed by ISBE are available at [School Wellness Drug Education Resources](#).
- Effective January 1, 2024, [Public Act 103-0348](#) requires that a school district, public school, charter school, or non-public school must maintain a supply of an opioid antagonist (i.e., naloxone) in any secure location where an individual may have an opioid overdose. The legislation also addresses training and documentation requirements. IDHS/SUPR's Overdose Education and Naloxone Distribution (OEND) providers have supported schools with overdose prevention training and naloxone. The Children & Families Committee's Naloxone Distribution to Youth Workgroup is exploring messaging around distribution to minors, education for youth, and developing guidance for schools that might help ISBE and IDHS/SUPR implement this legislation.
- Funded from November 2021 to June 2022, ISBE's Community Partnership program addressed gaps in opportunity and the COVID-19 pandemic's impact on interrupted learning by developing or expanding relationships between schools, community-based organizations, and mental health providers to benefit the well-being of children, parents, and school staff. The program supported local efforts to develop comprehensive school systems grounded in mental health and trauma-informed practices. Each of the 136 Community Partnership grantees were required to provide integrated wellness supports that included training on substance use prevention and treatment. ISBE worked with IDHS/SUPR to schedule and deliver these trainings.
- The Illinois Alliance on Reducing Youth Substance Use includes representatives from IDHS/SUPR, IDPH, the Illinois Department of Transportation (IDOT), the Illinois Liquor Control Commission, Alcohol Policy Resource Center, Youth Prevention Resource Center Student Advisory Board, Cannabis Policy Resource Center, the Center for Prevention

Research and Development, and local coalitions. The Alliance meets quarterly, and members work collaboratively to 1) share current youth substance use prevention efforts being implemented in Illinois, 2) share information on best practices to reduce youth substance use, 3) share data and research on efforts to reduce youth substance use, 4) review the Illinois Traffic and Pedestrian Stop Statistical Study (STOP) Act ([Public Act 103-107 Article 625 ILCS 5/11-212](#)) report, and 5) unify prevention efforts in Illinois. This group was originally named the Illinois Alliance on Reducing Underage Drinking but voted to change its name in 2022 to be inclusive of cannabis since alcohol and cannabis are often used together by youth.

- IDHS/SUPR expanded substance use prevention services by funding 31 organizations to expand school-based substance use prevention services to fourth- and fifth-grade students.
- Ahead of SFY25, the Illinois Regional Care Coordination Agency released a Notice of Funding Opportunity (NOFO) for Build, Amplify, Support, Empower (BASE) Prevention Programs, which funds subrecipients through opioid settlement funds to establish or expand innovative and evidence-informed programs for preventing, delaying, and reducing substance use among youth and emerging adults (ages 6–25), specifically those who identify as non-Hispanic Black; do not consistently attend school; or are more likely to use or misuse substances due to a history of Adverse Childhood Experiences (ACEs), mental health symptoms or conditions, familial history of OUD, and neurodivergent conditions.
- Through ARPA funding, IDHS/SUPR launched several special projects aimed at helping youth whose parents use substances break cycles of intergenerational trauma and build protective factors, including outside of school settings.

Treatment and Recovery

Ensuring that **all** people with OUD/SUD have access to and receive evidence-based treatment and recovery support services in every community statewide is critical to reducing overdoses and saving lives. SOAP treatment and recovery priorities focus on increasing access to MAR for all people with OUD/SUD, including PPW and in a variety of settings, such as street outreach and EDs. Treatment and recovery priorities also include increasing the number of MAR prescribers, especially those who prescribe buprenorphine. This involves initiatives to help qualified prescribers—physicians, nurse practitioners, and physician’s assistants—to obtain a Drug Addiction Treatment Act of 2000 (DATA) waiver. DATA waiver training is required for clinicians to prescribe buprenorphine for more than 30 patients.³ Other treatment and recovery priorities focus on MAR financing and reimbursement, telehealth, and insurance coverage.

³Prior SOAP initiatives focused on expanding access to buprenorphine by clinicians and supporting their application to obtain a DATA waiver. As noted in Priority 11, on December 29, 2022, Congress eliminated the DATA waiver requirement with the signing of the Consolidated Appropriations Act of 2023 (Section 1262). Given that the DATA waiver is no longer required, our focus now is to increase the number of MAR prescribers by providing the training and technical assistance needed to encourage and support clinicians to actively prescribe buprenorphine.

Note: Priorities, Recommended Initiatives, and Metrics are from the 2022 SOAP. Activities accomplished since the last Implementation Report are documented in the Initiative Activities and Progress sections.

Priority 9: Increase access to MAR.

Recommended Initiatives

- Increase access to low/no barrier 24/7 MAR via mobile MAR units—vans or other forms of mobile transportation—that provide MAR induction, prescribing, and dispensing as well as recovery and peer support services in targeted geographic areas of high-risk/high-need.
- Fund street outreach teams to initiate MAR and link people to MAR and other recovery support services. Build capacity for increased naloxone distribution by street outreach teams, especially in communities experiencing high rates of overdose.
- Increase access to MAR in recovery residences by 1) providing buprenorphine initiation in these settings and 2) establishing linkages to federally qualified health centers (FQHCs) and other prescribers to ensure that people are able to stay on buprenorphine while living in recovery homes or after completing residential treatment.
- Increase Opioid Treatment Programs' (OTPs') access to all three forms of MAR. Strategies include: training and technical assistance on buprenorphine and buprenorphine prescribing; developing sustainable funding for all three forms of MAR; and working with pharmacies to increase access and availability to all three forms of MAR.
- Create best practice guidelines for OTPs and American Society of Addiction Medicine (ASAM) Level 3.5 residential treatment programs that work with people who are prescribed methadone.
- Leverage the Helpline to identify recovery residences and OTPs that provide access to MAR.
- Explore best practice guidelines and standards of care for hospitals and healthcare systems to treat patients with OUD/SUD at every ASAM level of care.

Metrics

- Number of mobile MAR units that provide MAR induction, prescribing and dispensing and recovery support services in targeted geographic areas of high-risk/high-need.
- Number of people with OUD/SUD who receive mobile MAR services.
- Number of street outreach teams that 1) initiate MAR and link people to MAR and other recovery support services and 2) distribute naloxone in communities experiencing high rates of overdose.
- Number of people with OUD/SUD who receive street outreach team services.
- Number of MAR trainings and technical assistance provided to recovery residences and residential treatment providers.
- Number of recovery residences that participate in MAR training and technical assistance.
- Review and finalize the Council's MAR Committee's recommendations for guidelines on ensuring access to MAR for people living in IDHS/SUPR licensed recovery residences.

- Number of trainings and technical assistance on buprenorphine and buprenorphine prescribing provided to OTPs.
- Number of people who participate in OTP training and technical assistance on buprenorphine and buprenorphine prescribing.
- Develop financing mechanisms for all forms of MAR that allow OTPs to fully utilize all medications in an equitable manner.
- Best practices guidelines for OTPs and ASAM Level 3.5 residential programs developed.
- Number of recovery residences and OTPs identified by the Helpline that provide MAR.
- Workgroup convened to explore best practice guidelines and standards of care for hospitals and healthcare systems to treat patients with OUD/SUD at every ASAM level of care. Workgroup members include the Council's MAR Committee and Prescribing Practices Committee, IDHS/SUPR, IDPH, HFS and IHA.

Initiative Activities Implemented and Progress Made

- Family Guidance Centers' (FGC's) mobile MAR unit provides access to all three U.S. Food and Drug Administration (FDA)–approved medications for the treatment of OUD (methadone, buprenorphine, and naltrexone). A recovery support specialist works with clients to develop an initial recovery support service plan and assists with referrals to other services. As of December 31, 2023, the FGC mobile MAR unit had served 830 PWUD on Chicago's West Side.
- The Community Outreach Intervention Project (COIP) mobile unit dispenses buprenorphine and other forms of MAR. It also provides medical care, including comprehensive HIV and Hepatitis C care, COVID-19 testing and vaccination, and linkages to behavioral health services. From October 2022 to December 2023, the COIP mobile unit served 625 PWUD on Chicago's West Side.
- Live4Lali's mobile outreach project provided services to 7,247 PWUD in 2023 in suburban Cook, Winnebago, Boone, McHenry, DuPage, Kane, and Lake Counties.
- Street outreach teams operated by the West Side Heroin/Opioid Task Force (WSHOTF), Chicago Recovery Alliance (CRA), COIP, The Night Ministry, and Thresholds distribute naloxone to PWUD on Chicago's West Side and link them to MAR and other recovery support services. From March 2022 through December 2023, more than 31,000 PWUD received services from these street outreach teams. The WSHOTF's street outreach team provided services to 13,023 PWUD; CRA's team provided services to 7,901 PWUD; COIP's team provided services to 2,388 people; The Night Ministry's team provided services to 8,278 PWUD; and Thresholds' street outreach team provided services to 63 PWUD.
- Fourteen organizations were awarded funding in 2024 to deliver support services to individuals with OUD and other SUDs experiencing homelessness or housing instability through the Community Outreach and Recovery Support (CORS) program ([CORS Subawards Announcement - Illinois Opioid Settlements Initiative](#)). In accordance with the [Illinois Opioid Allocation Agreement](#), the Illinois Opioid Remediation Advisory Board (IORAB) recommended and the Steering Committee approved \$15,000,000 over a period of 3 years for CORS services in Illinois.

- There are 219 recovery residences listed in the Helpline's database. Of these, 205 provide MAR.
- IDHS/SUPR has provided training on MAR and harm reduction and one-on-one training on MAR to two of its licensed recovery homes.
- IDHS/SUPR convenes quarterly Recovery Home Learning Collaboratives. To date, four learning collaboratives have been convened; on average, 40–50 recovery home staff attended learning collaborative sessions. Topics include MAR, harm reduction, recovery capital, and supporting families in client recovery.
- There are 87 IDHS/SUPR-licensed OTPs and 24 non-licensed hospital-based MAR programs listed in the Helpline. All 111 programs provide MAR.
- IDHS/SUPR provided training on MAR, harm reduction, and recovery to staff at 233 of its licensed providers, including OTPs. In July 2024, IDHS/SUPR provided trainings to all OTPs on the updated 42 CFR Part 9 changes that include a focus on harm reduction, recovery, and MAR.
- IDHS/SUPR and the Chicago Department of Public Health (CDPH) launched MAR NOW in May 2022. MAR NOW connects Helpline callers to immediate treatment for OUD, including telephonic prescription and home induction of buprenorphine or same-day clinic appointments for methadone, buprenorphine, or naltrexone. MAR NOW can also connect patients to withdrawal management and residential treatment. After MAR induction, patients with MAR NOW are referred to community-based care for ongoing treatment. The Helpline has made 2,618 MAR NOW referrals as of August 4, 2024.
 - Initial data indicates that MAR NOW successfully connects people to care: 94% of people seeking buprenorphine were connected to that medication; 97% of people seeking withdrawal management and medical stabilization on MAR were connected to and attended appointments for that care; 93% of people seeking residential treatment were attended to the initial residential treatment appointment; and 81% of people seeking methadone attended the first appointment for methadone treatment.
- IDHS/SUPR has worked to address the limited reimbursement for medical services received by the Medicaid-certified OTPs to ensure that every patient with OUD treated at an OTP has access to quality and sustainable health care. As a result of working with HFS, Medicaid reimbursement is now allowed for additional medical services delivered at an OTP. This can include services within the scope of the clinical services provided, such as MAR for an alcohol use disorder, medication options for OUD (including buprenorphine/naloxone and naltrexone), and/or benzodiazepine use disorder as well as comorbidities associated with OUD, such as wound care.
- IDHS/SUPR has developed best-practice guidelines on MAR ([MAR Guidelines](#)), recovery homes and MAR ([Recovery Residences and MAR Guidelines](#)), and methadone dosing ([Medication Assisted Recovery with Methadone](#)).
- The workgroup to explore best-practice guidelines and standards of care for hospitals and healthcare systems to treat patients with OUD/SUD at every ASAM level of care will be convened during the next reporting period. ASAM and SAMHSA have several best-practice

guidelines for hospitals, including [Addiction Treatment in Acute Hospital Settings](#), [The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder](#) and [SAMHSA TIP 63: Medications for Opioid Use Disorder](#).

- Three organizations have been awarded funding for the Medication Assisted Recovery Mobile Health Units (MMHU) program ([MMHU Subaward Announcement - Illinois Opioid Settlements Initiative](#)). MMHU services include distributing OUD medications via acquired and leased vehicles to provide on-the-go care to individuals in need, ensuring that patients within the identified priority populations receive immediate care for acute and chronic conditions, including OUD and SUD, wherever it is sought in the service area. Transitions to additional recovery services will be supported. The IORAB recommended and the Steering Committee approved a total of \$15,000,000 over three years for MMHU services in the State of Illinois.
- Treatment Alternatives for Safe Communities (TASC) has been funded through June 2025 to serve as the Intramuscular Naloxone Distribution Hub (IMNH) subrecipient ([IMNH Subaward Announcement - Illinois Opioid Settlements Initiative](#)). The purpose of the IMNH is to improve the availability of intramuscular naloxone injection kits to people who use opioids statewide, particularly in areas disproportionately affected by the opioid crisis. The IORAB recommended and the Steering Committee approved a total of \$3,000,000 to be distributed over three years for intramuscular naloxone distribution services in the State of Illinois.

Priority 10: Increase initiation to buprenorphine in emergency departments for people who present with opioid overdoses and/or in acute withdrawal.

Recommended Initiatives

- Develop and implement ED buprenorphine initiation pilot program.
- Establish a learning collaborative for hospitals; topics should include “lessons learned” from existing ED buprenorphine initiation programs and address barriers to ED buprenorphine initiation such as the lack of ED clinicians who can prescribe buprenorphine and linkages to buprenorphine prescribers post-ED discharge.
- Use pilot program and learning collaborative results to 1) create best practice guidelines for ED buprenorphine initiation and 2) evaluate next steps in formalizing the practice in hospitals statewide.

Metrics

- ED buprenorphine initiation pilot program implemented.
- Learning collaborative on buprenorphine initiation in EDs established and offered to hospitals statewide.
- Number of hospitals that participate in ED buprenorphine initiation collaborative.
- ED buprenorphine best practice guidelines developed.

- ED buprenorphine pilot program and learning collaborative results used to evaluate next steps in formalizing the practice in hospitals statewide.

Initiative Activities Implemented and Progress Made

- SIU School of Medicine has implemented ED buprenorphine initiation protocols in two hospitals with six prescribers.
- IDHS/SUPR supports three MAR in healthcare pilot projects that include ED consultations. These programs are described in detail below.
 - PCC Community Wellness Center (PCC) provides an addiction medicine consultation service to West Suburban Medical Center, a safety net hospital serving Chicago's Austin community. Patients who present with an overdose in the ED are started on MAR and linked to PCC or other local clinics for follow-up care, including harm reduction and recovery support services. The team includes peer specialists. The program implemented Project Life, which links and treats eligible patients with long-acting injectable buprenorphine (LAIB). Since establishing this program in August 2022, more than 500 patients have received LAIB.
 - UIC's OUD MAR pharmacy-led inpatient consultation service began in July 2022. Patients who present in the ED with OUD, as well those in other hospital units, are assessed, offered MAR, and connected to recovery support services. The program has consulted on more than 900 patients and treated 583 people with MAR.
 - Rush University Medical Center's Substance Use Intervention Team (SUIT) assesses patients in the ED and various hospital units for OUD. Services include MAR initiation, LAIB, harm reduction, and linkage to recovery support services. The program averages 1,020 consults per month.
- The Illinois Public Health Institute (IPHI) and CDPH have created a new free webinar series, *Meeting the Opioid Challenge in the Emergency Department*. These sessions aim to close the gap for medical professionals and others who support people with OUD in EDs. The series includes "Overview of the Opioid Challenge;" "Overcoming Stigma and Bias in Opioid Treatment;" "Dosing, Risk, Readiness and other Technical Questions;" and "Treatment Referral Workflows, Billing and Resources." To date, a total of 49 medical professionals have participated in these webinar sessions; 37 (76%) are ED professionals. Participants provide services in metropolitan Chicago (Cook, Lake, and DuPage Counties), northern Illinois (DeKalb and Kankakee Counties), central Illinois (Sangamon and Coles Counties) and southern Illinois (Madison and St. Clair Counties).
- Rush University Medical Center's RLC is working with Loretto, Roseland, St. Bernard, Mount Sinai, Holy Cross, Rush Oak Park, and Humboldt Park Hospitals to develop ED buprenorphine protocols. Each of these hospitals is in racial and ethnic minority communities that have been disproportionately impacted by the overdose crisis.
- [MAR NOW](#) can be initiated in the community, in the ED, and in inpatient and outpatient services. The program can serve as an initiation bridge clinic with connection to local follow-up after initiation of MAR and assist patients with insurance enrollment and connection to recovery supports, as needed.

- The Helpline has several resources to help clinicians start prescribing MAR. ED and primary care clinicians who want to start prescribing buprenorphine can receive free, one-on-one support from a physician expert or join a learning collaborative: [Illinois Helpline for Opioids and Other Substances – Start MOUD](#). Interactive toolkits on prescribing MAR in EDs and primary care settings can be found at [Medication-Assisted Recovery/Treatment for OUD Toolkits – Illinois Helpline](#).

Priority 11: Increase the number of DATA-waivered prescribers.

Recommended Initiatives

- Promote existing DATA waiver training (as applicable) and provision of training and technical assistance (i.e., mentoring and coaching) to newly waived prescribers in racial and ethnic minority communities, and rural communities.
- Continue to provide stipends to incentivize clinicians to begin prescribing.
- Conduct a study exploring the reasons why non-public DATA-waivered prescribers do not want to be listed on SAMHSA’s online public registry of waived providers. Study results should be used to develop and implement strategies that address these prescribers’ concerns and encourage them to join the registry.
- Target primary care, ED clinicians and medical students for MAR and technical assistance, and DATA waiver training as applicable. Encourage hospitals and other facilities to actively support their buprenorphine prescribers.
- Make buprenorphine prescribing financially sustainable for practitioners: 1) integrate buprenorphine prescribers into Hub & Spoke networks and FQHCs and 2) consider requiring health systems to have linkages in place for people with OUD. Integration of buprenorphine prescribers into existing systems can improve care coordination for people with OUD as well as support prescribers (i.e., they have network partners where they can refer patients and connect them to services).

Metrics

- Number of existing trainings and technical assistance (i.e., mentoring and coaching) provided to new buprenorphine prescribers in racial and ethnic minority communities and rural communities.
- Number of new buprenorphine prescribers in racial and ethnic minority communities and rural communities who participate in training and technical assistance programs.
- Number of stipends provided.
- Study exploring the reasons why non-public DATA-waivered prescribers do not want to be listed on SAMHSA’s online public registry of DATA-waivered prescribers conducted.
- Study results used to develop and implement strategies to encourage prescribers to join SAMHSA’s online public registry.
- Work with the Illinois Hospital Association, Illinois Primary Health Care Association, Illinois State Medical Society, medical schools, and the Council’s Prescribing Practices Committee

to widely advertise buprenorphine prescribing technical assistance, DATA waiver trainings and stipends to primary care and ED clinicians and medical students.

- Number of primary care and ED clinicians and medical students who prescribe buprenorphine.
- Work with RLCs to develop guidelines for hospitals and primary care on how to support their buprenorphine prescribers.
- Number of clinicians prescribing buprenorphine.
- Number of patients clinicians treat with buprenorphine.
- Number of clinicians who prescribe buprenorphine who are linked to existing Hub & Spoke networks.
- Number of health systems that have linkage agreements with clinicians who prescribe buprenorphine.
- Payment mechanism that incentivizes clinicians who prescribe buprenorphine to increase their practices in their geographic location/area of the state developed.

Initiative Activities Implemented and Progress Made

- Prior SOAP initiatives had focused on expanding access to buprenorphine by training clinicians and supporting their application for a DATA waiver. On December 29, 2022, Congress eliminated the DATA waiver requirement with signing of the Consolidated Appropriations Act of 2023 (Section 1262). Given that the DATA waiver is no longer required, our focus for Priority 11 is to increase the number of MAR prescribers by providing the training and technical assistance needed to encourage and support clinicians to actively prescribe buprenorphine.
- People with OUD can be medically complex, and clinicians may sometimes be hesitant to treat these individuals. Extension for Community Healthcare Outcomes (ECHO) programs provide training and technical assistance to encourage and support clinicians to prescribe buprenorphine. Clinicians who are successfully prescribing buprenorphine support new prescribers in overcoming challenges to providing MAR. As of June 30, 2024:
 - SIU School of Medicine's MAR ECHO has held 77 training sessions. Approximately 355 clinicians have participated in these sessions. A total of 84 clinicians who participated in ECHO trainings from October 2022 to June 2024 serve patients living in rural communities. Of the 88 clinicians who attended ECHO trainings from November 2023 to June 2024, 34 serve patients in racial and ethnic minority communities; 23 are primary care providers, 2 are OB/GYNs, and 1 is a medical student.
 - SIU's Community Health Worker (CHW) Opioid ECHO enhances CHWs' ability to establish a plan to support clients with OUD. Six CHW Opioid ECHO training sessions were held in March and April 2024.
 - As of June 30, 2024, Carle Foundation Hospital has conducted four ECHO OUD training fellowships. A total of 75 clinicians completed the fellowship program. This includes 49 primary care providers, 2 ED clinicians, and 1 OB/GYN clinician; 41 clinicians serve patients in rural counties.
 - Rush University Medical Center offers three ECHOs. As of June 30, 2024:

- The Perinatal ECHO has held 29 trainings and has trained 29 clinicians.
- The OUD Treatment Fellowship ECHO has held 237 trainings and trained 222 participants.
- The Interprofessional ECHO has held 46 trainings and trained 62 clinicians.
- Of the 313 clinicians who have participated in Rush University Medical Center ECHOs, 243 are primary care clinicians, 4 are ED clinicians, and 3 are OB/GYNs. Fifty-five clinicians serve patients living in rural communities and 258 serve patients in racial and ethnic minority communities.
- SIU School of Medicine, through an IDHS/SUPR grant to incentivize MAR implementation, offered the MAR Stipend Program from July 2019 to June 2023. The program provided incentives to prescribers who implemented MAR services and began prescribing buprenorphine. A total of six healthcare organizations submitted an implementation plan and began providing MAR services to their patients between August 2021 and June 2022. Of the six healthcare organizations that received stipends, all six were in medically underserved areas as determined by the federal Health Resources and Services Administration (HRSA); four were located in rural communities. In FY23, 10 healthcare organizations received stipends. These organizations included two health centers, two family practices, two health departments, one hospital, and one mobile unit. These 10 organizations served 13 counties; 10 counties were rural, and 11 counties were in medically underserved areas as determined by HRSA.
 - As of the end of FY22, 661 clinicians participated in the stipend program. This includes 57 clinicians who received stipends for implementing MAR in their practices. Four healthcare organizations received \$10,000 each in FY22 for implementing a MAR program. Ten healthcare organizations qualified for \$20,000 each in FY23.
- There are 1,512 authorized buprenorphine prescribers in Illinois who are listed on SAMHSA's online public registry ([Buprenorphine Treatment Practitioner Locator | SAMHSA](#)).
- As reported in the November 2022 SOAP Implementation Report, federal funding from the Centers for Medicare & Medicaid Services (CMS) for Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act: Section 1003 Demonstration Project to Increase Substance Use Provider Capacity supported a collaboration between HFS, the UIC Jane Addams College of Social Work, Cook County Health (CCH), and SIH that assessed state infrastructure and provider capacity to deliver SUD treatment and recovery support services to Illinois Medicaid members.
 - A quantitative study conducted by UIC examined reasons why non-public DATA-waivered prescribers did not want to be listed on SAMHSA's online public registry of waived providers. Preliminary analyses suggest that providers did not want to be listed for the following reasons: 1) providers do not practice in a clinical setting in which they see people seeking MAR, such as an ED or inpatient unit; 2) providers have limited capacity to take on new clients; and 3) providers lack organizational resources and infrastructure support to put systems in place to allow them to prescribe buprenorphine.

- A qualitative study conducted by HFS, CCH, and SIH explored providers' challenges to prescribing buprenorphine. Challenges identified by providers include low reimbursement rates for provider/prescriber visits, inability to bill for additional support services such as case management, and concerns that complex patients require additional provider time.
- These study results will be used to develop and implement strategies to encourage prescribers to join SAMHSA's online registry. This work will be overseen by the Council's MAR Prescribing Practices Committee.
- As of June 2024, a total of 2,811 clinicians who prescribe buprenorphine and 19,516 patients who received buprenorphine were listed in the PMP.
- UIC received a Provider's Clinical Support System-Universities (PCSS-U) grant from SAMHSA. As reported in the November 2022 SOAP Implementation Report, through this grant, DATA waiver training was integrated into the curriculum for third-year medical students at the Chicago, Rockford, and Peoria medical school campuses. A total of 28 trainings were held, reaching 1,175 people (medical students, residents, and faculty). DATA waiver training is now a required part of the curriculum for UIC medical students.
- As of June 30, 2024, there are 20 buprenorphine prescribers who are linked to existing Hub & Spoke networks.
- As described in Priority 11, the Helpline has several resources to help clinicians start prescribing MAR. ED and primary care clinicians who want to start prescribing buprenorphine can receive free, one-on-one support from a physician expert or join a learning collaborative: [Illinois Helpline for Opioids and Other Substances – Start MOUD](#). Interactive toolkits on prescribing MAR in EDs and primary care settings can be found at [Medication-Assisted Recovery/Treatment for OUD Toolkits – Illinois Helpline](#). As of February 29, 2024, the MAR Toolkit – Emergency Room webpage has had 226 unique visitors and the MAR Toolkit – Primary Care webpage has had 145 unique visitors.
- From September 30, 2021, through September 29, 2022, a total of 1,023 people with OUD who received ORF-funded treatment services received buprenorphine.

Priority 12: Increase access to MAR for PPW with OUD/SUD.

Recommended Initiatives

- Encourage mobile MAR units to include maternal health clinicians either in-person or via telehealth.
- Leverage the Helpline to identify programs that provide MAR to PPW and share information about these programs to maternal health clinicians and community-based programs that serve PPW and their families.
- Build capacity of medical and community-based providers who work with PPW to increase their (providers') knowledge of substance misuse during pregnancy, conduct respectful and sensitive screening and provide appropriate referrals to MAR and recovery support services.

- Target maternal health clinicians for training and technical assistance on MAR, and DATA waiver training as applicable. Encourage birthing hospitals and other maternal healthcare facilities to actively support their buprenorphine prescribers.
- Develop and distribute messaging on DCFS policies related to PPW substance misuse to PPW and their families, providers, the general public, judges and family court staff, DCFS case workers, and DCFS/Purchase of Service (POS) child welfare agencies.
- Educate DCFS case workers and DCFS/POS child welfare agencies on OUD/SUD and MAR.

Metrics

- Number of mobile MAR teams that include maternal health clinicians.
- Number of programs that provide MAR to PPW identified by the Helpline.
- Number of birthing hospitals and community-based maternal health providers trained on OUD/SUD in pregnancy, standardized screening tools such as the Screening, Brief Intervention, and Referral to Treatment (SBIRT) and 5Ps Prenatal Substance Abuse Screen for Alcohol and Drugs (5Ps), MAR, and recovery support services for PPW with OUD/SUD.
- Number of birthing hospitals and community-based maternal health providers using the SBIRT and 5Ps to screen for and assess PPW substance use and recovery support service needs.
- Number of PPW screened for OUD/SUD.
- Number of maternal health clinicians receiving Illinois DocAssist consultations.
- Number of maternal health clinicians who prescribe buprenorphine.
- Number of PPW with OUD/SUD maternal health clinicians treat with buprenorphine.
- Workgroup convened to 1) develop and distribute messaging on DCFS policies related to PPW substance misuse and 2) identify educational materials on OUD/SUD and MAR for DCFS case workers. Workgroup members include DCFS, IDHS/SUPR, IDPH, Illinois Perinatal Quality Collaborative (ILPQC) and the Council's Children & Families Committee.
- Messaging on DCFS policies related to PPW substance misuse developed for PPW and their families, providers, the general public, the court system, DCFS case workers and DCFS/POS agencies.
- Number of messaging materials distributed to PPW and their families.
- Number of messaging materials distributed to providers.
- Number of messaging materials distributed to the general public.
- Number of messaging materials distributed to judges and family court staff.
- Number of messaging materials distributed to DCFS case workers and DCFS/POS child welfare agencies.
- Educational materials on OUD/SUD and MAR for DCFS case workers and DCFS/POS child welfare agencies identified and shared with DCFS leadership.
- Number of DCFS case workers and DCFS/POS child welfare agencies that receive educational materials on OUD/SUD and MAR.

Initiative Activities Implemented and Progress Made

- There are 70 programs in the Helpline database that provide MAR to pregnant people.
- As shared in the November 2022 report, IDPH funded the ILPQC from 2018 to 2020 to implement the Mothers and Newborns affected by Opioids (MNO) initiative. MNO worked with 101 birthing hospitals to train maternal health clinicians on OUD/SUD and MAR, increase standardized screening for PPW, and improve access to and initiation of MAR among PPW with OUD/SUD. Between 2017 and 2020, the proportion of women with OUD connected to MAR prenatally or by delivery discharge increased from 2% to 45% and 39% to 72%, respectively. For more information go to: [Mothers and Newborns affected by Opioids – OB initiative – ILPQC](#).
- IDHS/SUPR's ORF-funded Service Enhancement for Pregnant and Postpartum Women with OUD (PPW-OUD) uses multidisciplinary teams to provide specialized screening, referral, access to MAR, family-based treatment interventions, and recovery support services to PPW with OUD and their families. Teams include a doula CPRS—a person in active recovery who obtains dual certification as both a birth and postpartum doula—who supports PPW through all phases of obstetrics and their OUD recovery. For more information go to: [IDHS: Pregnant and Parenting Women with Opioid Use Disorder \(PPW-OUD\)](#).
 - As of December 31, 2023, 180 PPW have been admitted to these enhanced services and screened for OUD/SUD. Forty-two of these PPW have been prescribed buprenorphine.
- From July 1, 2023, through June 30, 2024, Illinois DocAssist trained 67 clinicians on perinatal mental health topics and provided 6 perinatal substance misuse consultation to providers.
- As described in Priority 11, Rush University Medical School's Perinatal ECHO programs began in September 2022. A total of 29 training sessions have been held and 29 clinicians participated in the training. Three of these clinicians are OB/GYNs.
- IDHS/SUPR and the Illinois Society of Addiction Medicine (ISAM) created resources for PPW, family members, providers, and the general public. These resources are available on the Helpline's website: [Illinois Helpline for Opioids and Other Substances – PPW Resources](#).
- As described in Priority 10, PCC Community Wellness provides an addiction medicine consultation service to West Suburban Medical Center, a safety net hospital serving Chicago's Austin community. The program includes pregnancy and postpartum MAR.
- Perinatal substance misuse resources, including pre-recorded training webinars and screening tools, are provided by Illinois DocAssist for Innovations to ImPROve Maternal OuTcomes-IL (I PROMOTE-IL) through the State Maternal Health Innovation Program: [Illinois Doc Assist - I PROMOTE-IL](#).
- IDHS/SUPR has published guidelines on the use of methadone in pregnancy: [Guideline – Methadone Use in Pregnancy](#).
- The workgroup that will 1) develop and distribute messaging on DCFS policies related to PPW substance misuse and 2) identify educational materials on OUD/SUD and MAR for

DCFS case workers has not yet been established. This workgroup will be convened during the next reporting period.

- Four organizations have been awarded funding for the Supportive Services and Treatment for Accessible Recovery – Together for Pregnant and Postpartum Persons and Their Families (START) program ([START Subaward Announcement - Illinois Opioid Settlements Initiative](#)). The START initiative will establish or expand comprehensive, holistic services to support pregnant and postpartum people with OUD and other SUDs, their families, including small children, and infants with Neonatal Opioid Withdrawal Syndrome (NOWS). START services will be available for up to 12 months after birth and address access to treatment and recovery support services. The IORAB recommended and the Steering Committee approved a total of \$6,000,000 to be distributed across 3 years for START services in Illinois.

Priority 13: Establish alternative financing structures for MAR reimbursement.

Recommended Initiatives

- Appropriate reimbursement for Medicaid providers caring for OUD/SUD populations in accordance with best practice guidelines, which includes Food and Drug Administration (FDA)-approved MAR if available and counseling, subject to budgetary and managed care considerations. Additional payment tied to pre-defined quality and outcome metrics might be available.
- IDHS/SUPR should consider structuring their payments for people with no insurance using payment structures that drive positive patient outcomes.
- Survey providers, OTPs, and people with OUD/SUD to assess capacity for MAR, patient and provider-level barriers to MAR services, and patient outcomes. Use survey results to help inform MAR investment and infrastructure needs.
- Explore implementation of a bundled rate for withdrawal management that includes the use of MAR or other medications.

Metrics

- Options for bundled Medicaid reimbursement rates that acknowledge budgetary and managed care considerations reviewed.
- Survey of providers, OTPs and people with OUD/SUD assessing capacity for MAR, patient and provider-level barriers to MAR services and patient outcomes conducted.
- Survey results used to help inform MAR investment and infrastructure needs.
- Quality metrics to inform fee for performance rates identified.

Initiative Activities Implemented and Progress Made

- The Chief Behavioral Health Officer (CBHO) is working with HFS and IDHS/SUPR to identify options for bundled Medicaid reimbursement rates that acknowledge budgetary and managed care considerations.

- The CBHO will work with the Illinois Department of Insurance (IDOI) to explore bundled rate options from private insurers supporting MAR treatment.
- HFS, partnering closely with the CBHO and IDHS, is developing a prospective payment rate for integrated SUD and mental health services under the Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration Program. Illinois has been selected by SAMHSA as one of ten states to participate in this program. Designed to expand and improve access to coordinated mental health care and substance use services, the CCBHC Demonstration Program provides Medicaid reimbursement for the full cost of services that CCBHCs provide, and at higher rates than community mental health centers previously received for Medicaid customers. CCBHCs provide access to a range of services (including crisis services available 24/7), offer care coordination, and incorporate evidence-based practices and other supports based on a community needs assessment. CCBHCs are also required to evaluate patients' needs for care within 10 business days after initial contact. HFS, which administers the Illinois Medicaid program, identified 19 mental health and substance use treatment providers across the state to participate in the Demonstration Program, which will build on HFS' ongoing work to expand access to behavioral health services statewide. HFS anticipates that this program will bring an additional \$150 million into Illinois' behavioral health system. For more information, go to: [HFS CCBHC Initiative](#).
- The survey of providers, OTPs, and people with OUD/SUD assessing capacity for MAR, patient- and provider-level barriers to MAR services, and patient outcomes will be developed and conducted in late 2024 through early 2025. The survey will incorporate results of the SUPPORT Act project described in Priority 11.

Priority 14: Evaluate telehealth policies on services related to OUD/SUD established during the COVID-19 Public Health Emergency (PHE).

Recommended Initiatives

- Request HFS and commercial payers doing business in Illinois for the recommendations for telehealth services, post-pandemic, based on their analysis of available elements of telehealth data identified above.
- Survey providers, people with OUD/SUD and other stakeholders to assess telehealth service delivery, patient and provider-level barriers to telehealth services, and patient outcomes. Use survey results to help inform telehealth investment and infrastructure needs.
- Request that HFS, IDHS and IDPH work together to conduct a literature review on COVID-19 telehealth provider and patient outcomes. Use the literature review to inform and develop telehealth best practice guidelines for Illinois.

Metrics

- Telehealth survey conducted.
- Telehealth best practice guidelines for OUD/SUD developed.

- Best practice guidelines shared with State policymakers.
- Quality metrics to determine incentives for improved performance implemented, if available.

Initiative Activities Implemented and Progress Made

- FGC conducted a survey of 1,914 patients receiving outpatient methadone maintenance treatment services across nine program locations in Illinois. Nearly all survey respondents (91%) reported that they would be interested in continuing to receive telehealth services. They noted that telehealth sessions were more convenient, reduced transportation problems associated with coming to the clinic, and were a better fit for their work schedules. Barriers reported included preference for seeing and being with staff in person, loss of social interactions with staff and other clients, and phone technology problems.
- The survey conducted by FGC may add to information about telehealth, but results are limited to one provider and only the specific population surveyed and are not generalizable to all SUD treatment providers, their clients, or various settings where care is delivered. It is included in this report as an example of survey findings on the perspectives of FGC's Illinois clients. In keeping with the Recommended Initiatives documented in the SOAP, we will conduct a survey assessing telehealth that includes providers, people with OUD/SUD, and other stakeholders. That survey will be developed by professional researchers and reviewed and approved by leadership at IDHS/SUPR and HFS to ensure that it is a high-quality, rigorous assessment of telehealth services, service quality, content and challenges, medical care, SUD treatment, and recovery support outcomes. The survey also will compare these outcomes to those of in-person care, with special attention to access, equity, and costs vs. benefits.
- Internal policy discussions related to telehealth are underway at HFS.

Priority 15: Ensure insurance coverage for MAR and recovery support telehealth services.

Recommended Initiatives

- Share literature review on COVID-19 telehealth provider and patient outcomes with HFS to help inform consideration of the continuation of Illinois Medicaid telehealth reimbursement policies.

Metrics

- Literature review shared with HFS.
- Current Illinois Medicaid telehealth reimbursement rates established during the COVID-19 pandemic continued, if supported by access, quality, and cost data, as well as provider and consumer surveys, and if determined to be budgetarily feasible.
- Quality metrics to inform fee-for-performance rates for telehealth identified.

Initiative Activities Implemented and Progress Made

- The literature review on COVID-19 telehealth provider and patient outcomes has been completed and shared with HFS.
- Prior to the COVID-19 pandemic, telehealth for the SUD population was not reimbursable through Medicaid. In 2020, during the COVID-19 PHE, the federal and Illinois state governments changed regulations to allow Medicaid to reimburse providers for telehealth services for people with SUD. Although the COVID-19 PHE ended in May 2023, the federal government extended these flexibilities, and Illinois [Public Act 103-0243](#), which became effective in January 2024, allows Medicaid to continue to provide coverage for telehealth mental health and substance use disorder services. A 2023 Medicaid State Plan Amendment allows the use of telehealth for SUD treatment.
- IDHS/SUPR updated Administrative Rule 2060 and adapted 42 CFR part 8, removing requirements that hinder use of telehealth services for people seeking SUD treatment.

Harm Reduction

We recognize that OUD/SUD is a chronic disease, that relapse is expected, and that recovery is possible. To save lives, we need to ensure that efforts are made to reach out and engage individuals in **all** stages of recovery who experience a relapse and who are at risk for both fatal and non-fatal overdoses. Harm reduction is a public health strategy aimed at reducing the negative consequences associated with substance use. Our harm reduction priorities include several strategies to meet people who are actively using drugs “where they are at,” encourage safer use of opioids and other substances, and reduce overdose risks. These include increased access to naloxone, syringe service programs, and fentanyl testing. Harm reduction initiatives also include educating communities disproportionately impacted by the overdose crisis about harm reduction and overdose prevention sites (OPS) and implementing interventions to reduce maternal morbidity and mortality among PPW with OUD/SUD.

Note: Priorities, Recommended Initiatives, and Metrics are from the 2022 SOAP. Activities accomplished since the last Implementation Report are documented in the Initiative Activities and Progress sections.

Priority 16: Continue to share information, listen to and support communities experiencing high rates of overdoses in their exploration of overdose prevention sites (OPS).

Recommended Initiatives

- Learn from and support community stakeholders—residents, business owners, faith leaders, social service providers, harm reduction and health care providers, PWUD, law enforcement, and local officials—as they explore OPS for their communities. Attend community meetings and other activities to collect information on stakeholders’ concerns

about OPS. Use data on OPS implementation in other countries to understand benefits and concerns and share with community stakeholders.

Metrics

- OPS community engagement activities expanded beyond the West Side to other communities statewide that are experiencing high rates of fatal and non-fatal overdoses.
- Number of OPS community engagement and education activities convened.
- Number of community stakeholders who participate in OPS community engagement and education activities.
- Community stakeholder survey and focus group data on OPS benefits and concerns collected and analyzed. Reports summarizing survey and focus group data submitted to State agencies.

Initiative Activities Implemented and Progress Made

- From April 2020 to June 2024, the WSHOTF's OPS Community Engagement Project engaged Chicago's West Side community members in discussions about OPS and how an OPS might benefit the West Side, a community that has one of the highest fatal and non-fatal overdose rates in the state. Community engagement and education activities included:
 - A local expert panel was convened, including 23 individuals who represented West Side SUD treatment, harm reduction, healthcare, and social service organizations as well as state and local government representatives, law enforcement, PWUD, IDHS/SUPR, IDPH, and CDPH. The local expert panel provided input on project activities and helps disseminate OPS education materials. Nine virtual meetings were held.
 - A community advisory council was convened to guide the work of the project and have input on OPS location and services. The community advisory council included 21 West Side business leaders, faith leaders, and residents. Community advisory council members made recommendations on how to engage community members in project activities and shared OPS education materials with their networks. Seven virtual meetings and two in-person meetings were held.
 - Three virtual town hall meetings were held. These included meetings on OPS and the OPS community education and engagement project, a webinar and discussion on the role of law enforcement in OPS, and a discussion with OPS operators in Canada; 130 people attended these events.
 - The project sponsored an OPS Blitz Day on August 25, 2022, that included a discussion with leadership from OnPoint New York City (NYC), operators of the first sanctioned OPS in the United States. More than 100 people attended the event. OnPoint's presentation and question-and-answer session can be viewed here: [OnPoint NYC OPS Meeting](#).
 - Fact sheets on OPS and harm reduction were developed in English and Spanish and distributed throughout the West Side by local expert panel and community advisory council members and by the WSHOTF street outreach team. An OPS education brief on the role of law enforcement was shared with Chicago Police Department (CPD) officers and other Illinois law enforcement officials.

- Key informant interviews were held with representatives of 13 West Side organizations that are interested in providing OPS services. Results emphasized the importance of working with West Side community members to identify potential OPS locations and operating procedures. Six key informant interview participants shared that their organizations would be willing and able to house and operate the OPS.
- Surveys assessing OPS benefits and concerns were completed by 573 West Side community members. Survey participants include West Side residents, business owners, PWUD, and social service providers. Surveys were available in both English and Spanish. Results show that 88% of survey participants believe that an OPS would be beneficial for the West Side and help save lives.
- Surveys assessing young adults' perspectives about OPS were completed by 109 West Side youth ages 18–30. Almost all young adult survey participants (92%) knew about the overdose crisis; 51% knew someone who had died from an overdose. The majority (87%) reported that an OPS would be beneficial for the West Side.
- Focus groups have been conducted with West Side faith leaders, business leaders, residents, PWUD, recovery home providers, peer recovery coaches and CPRs, CPD officers who work on the West Side, social service providers, abstinence-based providers, and providers who serve West Side Latinx community members. Ten focus groups have been conducted; 88 people have participated in the focus groups.
- OPS benefits identified by survey and focus group participants include decreased fatal overdoses (“An OPS will save lives”), reduced public drug use, and increased SUD and recovery support resources on the West Side. OPS concerns identified by survey and focus group participants include increased crime and decreased public safety, increased gang activity and drug sales, and increased number of PWUD coming to the West Side to buy drugs. The initial report summarizing survey and focus group results can be found at: [OPS Community Engagement Project June 2020 Report](#).

Priority 17: Improve equitable access to harm reduction and syringe service programs to decrease overdoses, transmission of infectious diseases, and bacterial and fungal infections.

Recommended Initiatives

- Provide capacity building and technical assistance to registered syringe service programs (SSPs).
- Partner with state and local law enforcement to launch an SSP awareness campaign designed to improve officers' knowledge and understanding of the Needle and Hypodermic Syringe Access Program Act, which legalizes syringe exchange programs statewide.
- Conduct pre/post-SSP awareness campaign knowledge tests to assess changes in law enforcement officers' knowledge and understanding of the Needle and Hypodermic Syringe Access Program Act.

- Use the jurisdictional vulnerability assessment of HIV and Hepatitis C outbreak risk related to injection drug use at a zip code-level to inform state-level prevention activities.
- Increase availability of harm reduction services across the state.
- Organize an annual statewide Harm Reduction Summit to provide individuals and organizations the opportunity to network, learn about best practices and evidenced-based strategies, and to hear from different harm reduction initiatives across the state. Harm reduction educational videos should be produced as part of the Summit and made publicly available.
- As a follow-up to the annual statewide Harm Reduction Summit, IDHS/SUPR and IDPH should collaborate on a white paper that positions harm reduction within the context of Illinois. This white paper should define harm reduction, present data on the evidence behind the interventions, provide guidance on national best practices, and give examples of programs in Illinois. The white paper should be published on the single state website and disseminated throughout the state.
- Continue the current harm reduction communications campaign.
- Conduct a survey to identify post-overdose outreach programs statewide. Use survey results to inform best practice guidelines for post-overdose outreach programs.
- Identify funding opportunities for culturally specific harm reduction services and organizations in communities where people of color are disproportionately impacted by overdose.

Metrics

- Number of SSP registrations submitted.
- SSP awareness campaign for law enforcement launched.
- Pre/post-SSP awareness campaign knowledge tests conducted with state and local law enforcement officers.
- Jurisdictional vulnerability assessment of HIV and Hepatitis C outbreak risk related to injection drug use analyzed and used to inform state level prevention activities.
- Number of harm reduction services provided statewide.
- Number of people with OUD/SUD who receive harm reduction services.
- Harm Reduction Summit held.
- Number of organizations participating in the Harm Reduction Summit.
- Harm reduction white paper written and disseminated.
- Harm reduction education videos created and posted on the single state website.
- Harm reduction communications campaign launched.
- Survey to identify post-overdose programs statewide conducted.
- Survey results used to develop post-outreach program best practice guidelines.
- Funding opportunities for culturally specific harm reduction services and organizations in communities where people of color are disproportionately impacted by overdose identified.

Initiative Activities Implemented and Progress Made

- There are 59 registered SSPs as of March 31, 2024.
- IDPH is working with the Illinois Law Enforcement Alarm System (ILEAS) to develop an Overdose Prevention and Harm Reduction Act educational webinar and training series for state and local law enforcement officers that will discuss Public Act 101-0356 (the law that legalizes SSPs in Illinois), SSPs, and harm reduction. The training will include a pre/post test to assess changes in law enforcement officers' knowledge and understanding of the Act. Results of a survey conducted by ILEAS of 475 law enforcement agencies in the state show that 72% of agencies are aware of the Act.
- As of September 29, 2023, ILEAS trained 2,602 emergency responders on overdose reversals and distributed 3,980 naloxone kits to public safety officers.
- As previously reported, IDPH used the CDC Social Vulnerability Index to assess HIV and Hepatitis C risk related to injection drug use to inform grantmaking.
- IDPH convened its second annual virtual Harm Reduction Summit on August 23–24, 2022. A total of 365 people attended the Summit. The Summit's web platform had 11,296 views. Detailed information about the Summit was documented in the November 2022 SOAP Implementation Report. All Summit sessions have been posted on the IDPH website: [Prevention & Harm Reduction Webinars](#).
- The harm reduction communications campaign was launched in 2021 and expanded in 2022. Resources are available on the Helpline: [Illinois Helpline for Opioids and Other Substances – Stay Safe](#).
- A harm reduction white paper based on the 2021 Harm Reduction Summit is underway. Results of the 2022 Harm Reduction Summit will be incorporated in the draft of the white paper.
- Surveys to identify harm reduction services and post-overdose programs statewide will be conducted in 2025. Survey results will be used to develop post-outreach program best-practice guidelines.
- IDHS/SUPR funds the West Side Heroin/Opioid Task Force and the South Side Heroin/Opioid Task Force. The goal of the Task Forces is to reduce overdose deaths and save lives in Chicago's West and South Sides through a coordinated, collaborative community coalition. Task Force activities take place in communities where people of color are disproportionately impacted by overdoses. These culturally specific harm reduction activities focus on increased awareness of the impact of drug use on PWUD and the community, increased supportive services for PWUD and their friends and families, and improved overdose response, including naloxone training and distribution.
- IDPH funds six organizations (five community-based organizations and one county health department) that cover the seven IDPH regions. The project funds local organizations for harm reduction beyond providing naloxone and includes linkages to care for SUDs, stigma reduction, and community education. Reported data indicate increased local capacity to conduct harm reduction or link individuals to harm reduction partners, referrals to SUD treatment and linkages to care, and recipient engagement with services.

Priority 18: Increase public access to naloxone.

Recommended Initiatives

- Conduct a survey to identify the number and type of naloxone take-home and leave-behind programs statewide. Use survey results to inform best-practice guidelines for take-home/leave-behind programs.
- Leverage IDHS/SUPR's Narcan purchasing initiative to increase Narcan distribution and use.
- Explore strategies to increase implementation of naloxone vending machines and rescue stations statewide.

Metrics

- Survey to identify the number and type of naloxone take-home and leave-behind programs statewide conducted.
- Survey results used to develop best-practice guidelines for take-home/leave-behind programs.
- Number of Drug Overdose Prevention Program (DOPP) enrollees that order Narcan.
- Number of Narcan doses ordered by DOPP enrollees.
- Number of Narcan doses distributed by DOPP enrollees to PWUD, their families and friends, and bystanders.
- Workgroup convened to explore strategies to increase implementation of naloxone vending machines and rescue stations statewide. Workgroup members include IDHS/SUPR, IDPH and harm reduction organizations.

Initiative Activities Implemented and Progress Made

- IDHS/SUPR created a Naloxone Saturation Plan, with a focus on expanding naloxone availability across Illinois, that will promote different distribution strategies (including naloxone take-home and leave-behind programs) and best-practice guidelines. The goal is to distribute 160,000 naloxone kits as the identified point of saturation and projected impact of overdose reduction for Illinois.
- IDHS/SUPR's Access Narcan program allows organizations that are interested in distributing Narcan to apply online to become a DOPP and order Narcan that is paid for by the State. As of February 29, 2024, 579,300 Narcan kits were purchased and shipped through Access Narcan. Each kit contains two doses of naloxone. For more information, go to: [IDHS/SUPR DOPP](#). Between July 1, 2018, and June 30, 2024, DOPP enrollees reported distributing 518,893 naloxone kits.
- DOPP data from July 1, 2018, through June 30, 2024, show that a total of 158,469 people in Illinois received naloxone training.
- A total of 581 community organizations and 171 hospitals and clinics have become DOPPs and enrolled in Access Narcan between September 30, 2021, and October 9, 2024.
 - As noted in Priority 9, street outreach teams provide naloxone to PWUD. In SFY24 alone, 34,395 naloxone kits were distributed to PWUD, while 71,781 kits were distributed

to family, friends, and community members to increase the chances that a person who may be likely to witness an overdose has access to naloxone.

- Chicago has one of the highest overdose rates in the state. IDHS/SUPR is working with CDPH and the City of Chicago's Office of Emergency Management and Communications (OEMC) to make Narcan distribution boxes available throughout Chicago. CDPH launched five public health vending machines in Chicago in November 2023. Go to [City of Chicago: Vending Machine PIN Request Form and Information](#) for more information on the vending machines and machine locations.
- IDPH's Leave-Behind Naloxone Distribution program provides naloxone kits for public safety officers to give to PWUD when responding to overdose-related emergency calls. As of September 30, 2023, IDPH provided 282 naloxone leave-behind kits. In addition to naloxone, the kits contain fentanyl test strips and instructions in English and Spanish on how to respond to an overdose and how to use the Narcan.

Priority 19: Provide education on naloxone insurance coverage.

Recommended Initiatives

- The Working Group Regarding Treatment and Coverage of Substance Abuse Disorders and Mental Illness—a working group mandated by The Heroin Crisis Act (PA 099-0480) that includes the Illinois Department of Insurance (IDOI), IDHS/SUPR, HFS, and health insurance carriers, mental health advocacy groups, substance use patient advocacy groups, and mental health physician groups—should explore naloxone insurance coverage education for consumers and develop and disseminate education materials to consumer groups.
- Develop naloxone insurance coverage education materials for consumer groups.
- Disseminate naloxone insurance coverage education materials to consumer groups.

Metrics

- Naloxone insurance coverage education added to the Working Group Regarding Treatment and Coverage of Substance Abuse Disorders and Mental Illness meeting agenda.
- Naloxone insurance coverage education materials for consumer groups developed.
- Number of consumer groups that receive naloxone insurance coverage education materials.

Initiative Activities Implemented and Progress Made

- Naloxone insurance coverage education was discussed at the November 4, 2022, Working Group Regarding Treatment and Coverage of Substance Abuse Disorders and Mental Illness meeting. Naloxone education will be a topic included in the mental health parity consumer education campaign, described below.
- IDOI's mental health parity consumer education campaign began in May 2023 and continued through 2024. The campaign had three goals: 1) increase awareness of mental health parity rights, 2) explain to consumers how to seek relief if their rights are violated, and

- 3) reinforce the importance of maintaining health coverage and guaranteeing support under the law. The consumer education campaign is anticipated to begin again in spring 2025.
- In October 2024, IDOI published a consumer FAQ explaining naloxone insurance coverage requirements under Illinois law. The FAQ can be found on [IDOI's website](#).
 - As previously reported, HFS has adopted policies to cover naloxone with no prior authorization and no co-pays with prescription by a physician or with IDPH's Standing Order.

Priority 20: Implement system-level policies and interventions to reduce rates of maternal morbidity and mortality among PPW with OUD/SUD.

Recommended Initiatives

- Identify harm reduction strategies that address the needs of PPW with OUD/SUD and their families.
- Provide naloxone training and distribute naloxone to PPW with OUD/SUD, their partners, and their families.
- Build capacity of medical and community-based providers who work with PPW to distribute naloxone.
- Explore how IDPH's Maternal Mortality Review Committee (MMRC) recommendations related to OUD/SUD can be incorporated into other SOAP harm reduction initiatives.

Metrics

- Workgroup convened to identify harm reduction strategies that address the needs of PPW with OUD/SUD and their families. Workgroup members include the Council's Children & Families Committee, IDPH, IDHS/SUPR and community-based harm reduction organizations.
- Number of naloxone trainings provided to PPW with OUD/SUD.
- Number of naloxone trainings provided to partners and family members of PPW with OUD/SUD.
- Number of PPW with OUD/SUD who receive naloxone training.
- Number of partners and family members of PPW with OUD/SUD who receive naloxone training.
- Number of PPW with OUD/SUD who receive naloxone.
- Number of partners and family members of PPW with OUD/SUD who receive naloxone.
- Number of birthing hospitals and community-based maternal health providers that receive naloxone training.
- Workgroup convened to explore how MMRC recommendations related to OUD/SUD can be incorporated into other SOAP harm reduction initiatives. Workgroup members include IDPH, IDHS/SUPR and the Council's Children & Families Committee.

Initiative Activities Implemented and Progress Made

- The workgroup to identify harm reduction strategies that address the needs of PPW with OUD and their families will be convened in 2025.
- PCC Community Wellness' addiction medicine consultation service to West Suburban Medical Center, a safety net hospital serving Chicago's Austin community, provides naloxone and naloxone training to PPW with OUD/SUD and their families.
- IDHS/SUPR's PPW-OUD project has provided 21 naloxone trainings. To date, 18 PPW with OUD/SUD have received naloxone trainings and naloxone; and one family of a PPW with OUD/SUD has received naloxone training and naloxone.
- All 101 birthing hospitals that participated in ILPQC's MNO initiative received naloxone training.
- In October 2023, IDPH published its third Maternal Morbidity and Mortality Report ([Illinois Maternal Morbidity Mortality Report](#)). The report, covering data from 2018 to 2020, highlighted the persistent trend of SUD as the leading cause of pregnancy-related deaths, and Black women experiencing the highest rates of pregnancy-related mortality. The report marked the initial examination of trends over time, spanning six years (2015–2020), utilizing the standardized CDC template. Additionally, the report delved into ED visits, community health indicators, and instances of discrimination among maternal deaths. It includes recommendations for improving maternal health.

Priority 21: Increase fentanyl testing.

Recommended Initiatives

- Develop and distribute best practice guidelines on fentanyl test strips and fentanyl testing programs.
- Encourage IDHS/SUPR's SAMHSA-funded ORF grantees to purchase fentanyl test strips and implement fentanyl testing programs.
- Increase access to mobile drug testing technologies.

Metrics

- Best practice guidelines on fentanyl test strips and fentanyl testing programs implemented.
- Number of ORF grantees that purchase fentanyl test strips and implement fentanyl testing programs.
- Number of fentanyl test strips distributed to PWUD.
- Number of PWUD who receive fentanyl test strips.
- Number of PWUD who receive training on fentanyl test strips.
- Number of mobile drug testing units.
- Number of drug samples tested via mobile drug testing technologies.

Initiative Activities Implemented and Progress Made

- To date, 25 SAMHSA-funded ORF grantees have purchased fentanyl test strips.
- Between July 1, 2022, and June 30, 2024, a total of 163,772 fentanyl test strips were distributed to PWUD by street and mobile outreach teams, task forces, harm reduction organizations, and RLCs.

Justice-Involved Populations and Public Safety

People with OUD/SUD are at high risk of being arrested and incarcerated. Criminal justice involvement and its limited treatment options may exacerbate OUD/SUD and overdose risks. Recognizing that punishment is **not** the solution to the overdose crisis, SOAP priorities focus on addressing the needs of individuals whose OUD/SUD is an underlying factor for their involvement in the criminal justice system in order to reduce their overdose risks.

Note: Priorities, Recommended Initiatives, and Metrics are from the 2022 SOAP. Activities accomplished since the last Implementation Report are documented in the Initiative Activities and Progress sections.

Priority 22: Address deflection/pre-arrest diversion program implementation barriers in order to increase capacity of these programs statewide.

Recommended Initiatives

- Explore community-level connections to deflection and diversion programs, including the broad range of treatment services outlined in the 5 ILCS/820 Community Law Enforcement and Other First Responder Partnership for Deflection and Substance Use Disorder Treatment Act. Strategies to consider include investment in knowledge-dissemination and technical assistance for communities, police departments and other first responders to implement deflection and diversion models using peer support recovery approaches and incentivizing law enforcement to deflect people into treatment.
- Conduct a survey to identify the number and type of law enforcement and other first responder deflection and diversion programs statewide.

Metrics

- Survey to identify the number and type of law enforcement and other first responder deflection and diversion programs statewide conducted.
- Number and types of deflection and diversion programs.
- NOFO for deflection and diversion programs released.
- Number of new deflection and diversion programs funded through the NOFO.

- Number of licensed treatment program and community member or organization partnership teams with agreements to provide OUD/SUD treatment as a part of a formal deflection strategy.
- Number of individuals deflected to treatment and/or services in lieu of formal charging actions.
- Number of peer recovery or recovery support programs helping to deflect people into treatment.
- Number of people transported by deflection and diversion programs to a licensed treatment provider or other program partner location.

Initiative Activities Implemented and Progress Made

- Illinois and three other states (Nevada, North Carolina, and Pennsylvania) were selected to participate in the Learning Collaborative on Strategies to Support the Development of State-Level Deflection and Pre-Arrest Diversion Initiatives. The learning collaborative is supported by the CDC and administered by the National Governors Association. IDHS is the state lead on the collaborative, with membership from the Governor's Office, the Illinois Criminal Justice Information Authority (ICJIA), and the Illinois State Police (ISP). After a January 2023 planning meeting in Washington, DC, the Governor's Office held a Deflection Learning Lab event in February 2023 to inform, collaborate, and plan deflection with critical stakeholders. The group continues to meet regularly.
- In SFY24, ICJIA awarded funding to five police deflection and diversion programs under the 5 ILCS/820 Community Law Enforcement and Other First Responder Partnership for Deflection and Substance Use Disorder Treatment Act. Grantees include the Elk Grove Police Department, the Mundelein Police Department, the Arlington Heights Police Department, the Kane County Sheriff's Department, and the Taylorville Police Department. Grantees were awarded funding for three years.
- IDHS SUPR and ICJIA conducted an inventory of known programs and found 28 total programs, 70 counties/cities covered, and 20 receiving State funding.
- ICJIA administered State funding through the Co-Responder Pilot Program under 65 ILCS 5/11-1.5 to the East St. Louis Police Department, Peoria Police Department, Springfield Police Department, and Waukegan Police Department in 2023. The program is to primarily assist crime victims and offer social services, case management, and diversion from the criminal justice system by addressing concerns through therapeutic intervention.
- IDHS/SUPR is partnering with ISP, ICJIA, and TASC's Center for Health and Justice to expand a deflection initiative to assist people with OUD/SUD encountered by law enforcement with access to a network of services and providers, diverting these individuals away from criminal justice involvement and into community-based SUD and mental health treatment, recovery support, housing, and social services. Through June 30, 2024, there were 781 police referrals and 219 participants. Program sites include:
 - East St. Louis Community Engagement Response Team (ESL-CERT) in the city of East St. Louis is fully operational.

- The Southern Illinois Community Engagement Response Team (SI-CERT) in Washington, Jefferson, Randolph, Franklin, Hardin, Massac, Pulaski, and Alexander Counties is fully operational.
- The Choices program in Calhoun, Greene, Jersey, Macoupin, Montgomery, Madison, St. Clair, and Monroe Counties is fully operational.
- Little Egypt Alternative Pathways (LEAP) in Jackson, Johnson, and Williamson Counties is fully operational.
- Springfield Engage Empower Deflect (SEED) in the city of Springfield is fully operational.
- The Empower program in Henderson, Hancock, McDonough, Schuyler, Adams, and Brown Counties is fully operational.
- Deflection Avenues Reconnection Team (DART) in Coles, DeWitt, Douglas, McLean, Piatt, and Vermilion Counties is fully operational.
- Cook County Deflection program in Cook County is fully operational.
- The Western Illinois Support & Engagement (WISE) site in Henry, Knox, Mercer, Rock Island, and Warren Counties is in development.
- Northwest Illinois Deflection Initiative in Boone, Carroll, Jo Daviess, Stephenson, and Winnebago Counties is in development.
- Sauk Valley deflection program in Carroll, DeKalb, Lee, and Ogle Counties is in development.
- The Chicago Youth Deflection Initiative (CYDI) in Chicago is in development.
- Six organizations have been awarded funding for Warm Handoff and Recovery Support Services (WARM) ([WARM Subaward Announcement - Illinois Opioid Settlements Initiative](#)). WARM will allow organizations to facilitate recovery support for individuals with OUD or SUD who are experiencing a housing transition upon reentering the community from incarceration. The IORAB recommended and the Steering Committee approved a total of \$6,000,000 over three years for WARM services in Illinois.

Priority 23: Ensure access to all forms of medications/MAR in correctional facilities.

Recommended Initiatives

- Access to all forms of MAR should be made available to individuals with OUD/SUD as a standard part of correctional-based treatment. Individuals who are already maintained on medications/MAR should not have this treatment interrupted following arrest or incarceration.
- The State should explore and implement funding mechanisms that support the provision of MAR in correctional facilities.
- Explore strategies to ensure that linkages to continuing care/medication that are initiated during incarceration are arranged before release.
- Leverage the Helpline to identify programs that provide evidence-based care, including systematic education and access to all forms of medication/MAR, and share information about these programs with drug courts and correctional facilities to help ensure that people

with OUD/SUD who are referred to community-based treatment are referred to programs that provide evidence-based care.

- Provide targeted education and training on medications/MAR and OUD/SUD to probation and parole officers.

Metrics

- Number of county teams participating in the ORF-funded Health Management Associates (HMA) learning collaborative to prioritize at least two forms of MAR in jail and drug court settings.
- Number of county teams that implement MAR in jails and drug courts.
- Number of county teams that implement MAR in jails and drug courts that serve PPW.
- Strategies to ensure that linkages to continuing care/medication are arranged prior to release identified and shared with correctional facilities.
- Develop funding mechanisms that support the provision of MAR in correctional facilities.
- Number of community-based treatment programs that provide evidence-based care identified by the Helpline.
- Information on community-based treatment programs that provide evidence-based care shared with drug courts and correctional facilities.
- Number of trainings on medications/MAR and OUD/SUD provided to probation and parole officers.
- Number of probation and parole officers who participate in medications/MAR and OUD/SUD trainings.

Initiative Activities Implemented and Progress Made

- HMA's learning collaborative, IL MAR in County Jails, offers robust expert technical assistance for county teams starting or expanding MAR programs in their jails with continued recovery support in the community post-release. Teams include county jails, SUD and behavioral healthcare providers, probation, parole, jail healthcare, health departments, drug courts, county administrators, and other key community providers and partners. HMA has recruited Illinois jails statewide to participate in the program. To be eligible, teams must express interest in expanding access to at least two forms of MAR. As of February 29, 2024, 26 Illinois jails are participating in the learning collaborative with their county teams.
 - Training on MAR is provided to county teams; as noted above, team members include probation and parole officers.
 - The learning collaborative helps county teams develop strategies to ensure linkages to continuing care/medication.
- Community-based programs listed in the Helpline provide evidence-based care to all people with OUD/SUD. We will continue to share information about these programs with drug courts and correctional facilities and encourage drug courts and correctional facilities to use the Helpline to connect justice-involved people with OUD/SUD to evidence-based care at community re-entry.

- The Illinois Department of Juvenile Justice (IDJJ) has licensed substance use treatment providers who work with IDJJ medical staff in each facility to ensure youth can maintain MAR medications while in the custody of IDJJ. These staff also work with youths' community-based MAR prescribers to maintain treatment plans that were developed prior to their incarceration. IDJJ staff work to ensure that youth are linked back to MAR programming upon release into their home communities. IDJJ works to ensure both in-facility and community services division staff understand the needs of youth and are aware of the available resources for their youth.
- In 2024, IDOC secured SAMHSA technical assistance for expansion of MAR throughout Illinois correctional centers. As of August 2024, 165 IDOC inmates were receiving MAR.
- As of August 2024, a total of 70 justice-involved individuals were connected to MAR via MAR NOW and the Helpline.
- As of September 2024, in all IDOC facilities, individuals who have been prescribed MAR in a county jail should continue to be prescribed the same form of MAR upon entry into IDOC custody unless there is a medical consideration.
- A total of \$6,000,000 in opioid settlement funds was awarded to IDOC for fiscal years 2024 to 2026 for the treatment of individuals in custody with OUD/SUD.

Priority 24: Ensure linkages to services, case management, timely access to treatment and other resources to support recovery are available to individuals leaving jails and prisons.

Recommended Initiatives

- Explore strategies to ensure that linkage services, case management, wraparound services, timely access to treatment and other recovery support resources are available to individuals leaving jails and prisons as a standard part of the re-entry process.
- Continue HFS and IDOC discussions on the options for individuals to choose a plan at the time of Medicaid enrollment, so that they can gain access to Managed Care Organization (MCO) care coordination immediately upon release.

Metrics

- Strategies to ensure that linkage to services and recovery support resources are a standard part of the re-entry process identified.
- HFS and IDOC discussions on Medicaid enrollment options held.

Initiative Activities Implemented and Progress Made

- IDOC has a system in place for Medicaid enrollment for individuals in custody prior to release.
- IDOC is successfully enrolling people in Medicaid prior to release and meets with HFS to discuss enrollment as needed.

- IDJJ has a system in place for youth Medicaid enrollment prior to release.
- In July 2024, HFS received approval from CMS for an 1115 waiver that will expand Medicaid payment for healthcare services provided in jails prior to release. IDOC is included in this 1115 waiver. Once implemented, jails can provide healthcare services such as care management in the 90 days prior to release to assist Medicaid-enrolled individuals in custody at the time of re-entry, and the services will be paid by Medicaid. SUD treatment services including medications, nursing time to administer medications, and substance use counseling will be covered by Medicaid in the 90 days prior to release.

Priority 25: Ensure that people who are involved in the criminal justice system and their loved ones receive naloxone and naloxone training.

Recommended Initiatives

- All people leaving state prisons, and their loved ones, should receive naloxone training and be given take-home naloxone. This should be standard release practice from Illinois state prisons.
- All people leaving county jails, and their loved ones, should receive naloxone training and be given take-home naloxone.
- Some individuals may not accept naloxone if it is given to them by law enforcement or correctional officers. The State should explore and consider replicating successful distribution strategies, such as those used in Pennsylvania and at the Winnebago County Jail.

Metrics

- Cross-sector workgroup on naloxone training and distribution in state prisons and county jails convened. Workgroup members include IDOC, IDHS/SUPR, IDPH, Illinois Sheriffs' Association and community-based organizations that serve justice-involved individuals.
- Workgroup tasks include identifying barriers to naloxone training and distribution, reviewing current models and strategies used to distribute naloxone in prisons and jails, and developing recommendations for implementing naloxone training and distribution in state prisons and county jails.
- A white paper summarizing workgroup activities, including identified barriers to naloxone training and distribution, and recommendations for implementing naloxone training and distribution in state prisons and county jails submitted to the Steering Committee.
- Number of inmates⁴ who receive overdose prevention education provided by the IDPH and IDOC pilot project.
- Number of inmates who receive Narcan provided by the IDPH and IDOC pilot project.

⁴ The term "inmate" was used in the 2022 SOAP. IDOC no longer uses this term and prefers the term "individual(s) in custody." We will use this term in future reports.

Initiative Activities Implemented and Progress Made

- IDOC is providing naloxone training to all staff and parole agents. IDOC is ordering and distributing Narcan through IDHS/SUPR's Access Narcan program. As of February 29, 2024, IDOC has ordered 11,796 Narcan kits.
- From July 1, 2023, through June 30, 2024, 2,370 detainees received Narcan upon release from county jails participating in the MAR in County Jails Learning Collaborative.
- Cook County Jail began distributing Narcan in September 2022 to all detainees released from the jail. As of February 29, 2024, Cook County Jail ordered 8,160 Narcan kits from the Access Narcan program.
- The IL MAR in County Jails project works with the 26 county teams to ensure that access to naloxone is part of each team's program.
- IDJJ has enrolled in Access Narcan. IDJJ provides education on Narcan to youth and their caregivers prior to community release. Youth are given a Narcan kit as they are leaving IDJJ facilities. IDJJ Aftercare Specialists give caregivers a Narcan kit prior to youth returning home. Narcan training is provided in all annual staff trainings; all IDJJ staff are trained how to identify an overdose and how to use Narcan to reverse an overdose and save a life.

Additional Recommendations

The recommendations listed below are those that the Steering Committee and State agency workgroups ranked as lower priority during the SOAP recommendation review and prioritization process. The Steering Committee and State agencies will re-review these recommendations during their discussions of the Implementation Report to determine whether and how these recommendations can be implemented to address new challenges in the ever-evolving overdose crisis. Additionally, the Steering Committee may ask the Council and its Committees to further refine these recommendations to better define how recommended initiatives can reduce overdose deaths.

Social Equity: Additional Recommendations

- Incorporate holistic strategies across and within State agencies to address the social determinants of health that contribute to substance use.
- Partner with state universities to develop strategies to promote workforce development, recruiting and training in racially and geographically diverse communities.
- Reduce rates of Black maternal and infant mortality and morbidity due to OUD/SUD through targeted funding and interventions in Black communities.
- Elevate child and family voices by ensuring that the Steering Committee includes representation from individuals most proximate to the experiences of children and families who are impacted by OUD/SUD.
- Increase alignment and collaborations across family-service systems/State agencies, including early care and education, child welfare, health, and mental health systems, to establish systematic referral pathways, procedures to share information, and approaches to collaboratively serve families impacted by OUD/SUD.

- Promote positive health, development and well-being of young children and their families impacted by OUD/SUD.
- Increase participation of people from racial and geographically diverse communities, PLE and PWUD on the Council.

Prevention: Additional Recommendations

- Expand prevention services across the lifespan.
- Create a web-based “toolbox” for sharing evidence-based messaging.
- Promote the use of evidence-based messaging guidelines in public awareness and communications campaigns.

Treatment and Recovery: Additional Recommendations

- Facilitate access to recovery support resources through evidence-based digital tools.
- Reduce rates of maternal morbidity and mortality among PPW with OUD/SUD by prohibiting involuntary discharge during the postpartum period.⁵
- Support adolescent and young adult recovery by implementing evidence-based models that help adolescents and young adults with OUD/SUD initiate and maintain their recovery.
- Increase access to family-centered recovery services.
- Expand inpatient OUD/SUD treatment for adolescents, focusing on the needs of child welfare, juvenile justice, and other at-risk populations.
- Explore initiation of buprenorphine by EMS in cases where patients refuse transport to the hospital.

Harm Reduction: Additional Recommendations

- Provide education on naloxone prescribing and distribution to primary care and ED practitioners.
- Provide education to prescribers on naloxone, addiction, patient-centered care, and alternative treatments for pain management.
- Monitor the SSP policies of states bordering Illinois for potential impact on Illinois SSPs.
- Explore harm reduction education and training for PPW.
- Explore strategies to increase overdose, addiction and harm reduction education provided in Illinois law enforcement academies and in paramedic schooling to ensure that new officers and EMTs (Emergency Medical Technicians) are equipped to provide harm reduction services to PWUD.
- Explore strategies to enhance drug seizure data sharing between public health and public safety to help alert communities about changes in the drug supply (i.e., increased presence of fentanyl and/or other drugs) and overdose spikes.

⁵ This additional recommendation addresses the concern that some providers may involuntarily discharge PPW with OUD/SUD during the postpartum period without connecting them to MAR and other treatment and recovery supports needed to reduce their relapse risks.

Justice-Involved Populations and Public Safety: Additional Recommendations

- Improve outcomes for youth in care who use substances and who are dually involved with IDJJ.
- Promote strategies to link youth to community-based OUD/SUD services upon immediate release from IDJJ.

List of Acronyms

List of Acronyms and Abbreviations	
5Ps	5Ps Prenatal Substance Abuse Screen for Alcohol and Drugs
ACE	Adverse Childhood Experience
AD	Academic Detailing
ARPA	American Rescue Plan Act
ASAM	American Society for Addiction Medicine
BASE	Build, Amplify, Support, Empower
BIPOC	Black, Indigenous, and People of Color
CADC	Certified Alcohol and other Drug Counselor
CBHO	Chief Behavioral Health Officer
CCBHC	Certified Community Behavioral Health Clinic
CCH	Cook County Health
CDC	Centers for Disease Control and Prevention
CDPH	Chicago Department of Public Health
CEU	Continuing Education Units
CHW	Community Health Worker
CMS	Centers for Medicare & Medicaid Services
COIP	Community Outreach Intervention Project
CPD	Chicago Police Department
CPRS	Certified Peer Recovery Specialists
CRA	Chicago Recovery Alliance
CRSS	Certified Recovery Support Specialist
CYDI	Chicago Youth Deflection Initiative
DART	Deflection Avenues Reconnection Team
DARTS	Division's Automated Reporting and Tracking System
DATA	Drug Addiction Treatment Act of 2000
DCFS	Illinois Department of Children and Family Services
DOPP	Drug Overdose Prevention Program
DPPRA	Drug Policy Reform Act
ECHO	Extension for Community Healthcare Outcomes
ED	Emergency Department
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ESL-CERT	East St. Louis Community Engagement Response Team
FAQ	Frequently Asked Questions
FDA	Food and Drug Administration
FGC	Family Guidance Centers, Inc.

List of Acronyms and Abbreviations	
FQHC	Federally Qualified Health Center
FY	Fiscal Year
Helpline	Illinois Helpline for Opioids and Other Substances
HFS	Illinois Department of Healthcare and Family Services
HIV	Human Immunodeficiency Virus
HMA	Health Management Associates
HRSA	Health Resources and Services Administration
HUC	Historically Underserved Communities
IANS	Injury and Accident Notification System
ICB	Illinois Certification Board
ICJIA	Illinois Criminal Justice Information Authority
IDFPR	Illinois Department of Financial and Professional Regulations
IDHS/DMH	Illinois Department of Human Services / Division of Mental Health
IDHS/SUPR	Illinois Department of Human Services / Division of Substance Use Prevention and Recovery
IDJJ	Illinois Department of Juvenile Justice
IDOC	Illinois Department of Corrections
IDOI	Illinois Department of Insurance
IDOT	Illinois Department of Transportation
IDPH	Illinois Department of Public Health
IHA	Illinois Health and Hospital Association
ILCS	Illinois Compiled Statutes
ILEAS	Illinois Law Enforcement Alarm System
ILPQC	Illinois Perinatal Quality Collaborative
IPDO	Illinois Prevent Drug Overdose
IPHCA	Illinois Primary Health Care Association
IPHI	Illinois Public Health Institute
I PROMOTE-IL	Innovations to ImPROve Maternal OuTcomEs-IL
IORAB	Illinois Opioid Remediation Advisory Board
IORTF	Illinois Opioid Remediation Trust Fund
ISAM	Illinois Society of Addiction Medicine
ISBE	Illinois State Board of Education
ISP	Illinois State Police
GPRA	Government Performance and Results Act
LAIB	Long-Acting Injectable Buprenorphine
LEAP	Little Egypt Alternative Pathway
MAR	Medication Assisted Recovery
MCO	Managed Care Organization
MMRC	Maternal Mortality Review Committee
MNO	Mothers and Newborns Affected by Opioids
MOUD	Medications for Opioid Use Disorder
NOFO	Notice of Funding Opportunity
NOWS	Neonatal Opioid Withdrawal Syndrome
NYC	New York City
OEMC	Office of Emergency Management and Communications
OEND	Overdose Education and Naloxone Distribution

List of Acronyms and Abbreviations	
OPS	Overdose Prevention Site
ORF	Overdose Response Funding
OSE	Opioid Social Equity Committee
OTP	Opioid Treatment Program
ODU	Opioid Use Disorder
PCC	PCC Community Wellness
PCSS-U	Provider's Clinical Support System-University
PHE	Public Health Emergency
PLE	People with Lived Experience
PMP	Illinois Prescription Monitoring Program
POS	Purchase of Service
PPW	Pregnant and Postpartum Women
PPW-ODU	Service Enhancement for Pregnant and Postpartum Women with OUD
PRC	Peer Review Committee
PSOP	Pharmacy Systems, Outcomes and Policy
PWUD	People Who Use Drugs
QPR	Question, Persuade, Refer
RLC	Regional Leadership Center
ROSC	Recovery Oriented Systems of Care
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SEED	Springfield Engage Empower Deflect
SFY	State Fiscal Year
SI-CERT	Southern Illinois Community Engagement Response Team
SIH	Southern Illinois Hospital
SIU	Southern Illinois University
SOAP	State Overdose Action Plan
SSP	Syringe Service Program
STOP Act	Illinois Traffic and Pedestrian Stop Statistical Study Act
SUD	Substance Use Disorder
SUIT	Substance Use Intervention Team
SUPPORT	Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Providers and Communities Act
TASC	Treatment Alternatives for Safe Communities
UIC	University of Illinois at Chicago
WIC	Women, Infants, and Children
WISE	Western Illinois Support & Engagement
WSHOTF	West Side Heroin/Opioid Task Force