

Thank you for the opportunity to submit testimony today. My name is Alicia Kusiak, and I am the Director of Operations in Cook County for TASC (Treatment Alternatives for Safe Communities).

Today I want to share what TASC and our partners have learned in responding to the challenges of heroin and other opiates across the State, so that we may be a resource to the Board and the County in addressing the opiate crisis, which has implications for the County's citizens and systems. Collectively, we have science, research, and direct experience that can be brought to bear in full force against this crisis.

Cook County's justice system has witnessed the opiate crisis first-hand, and has offered services and interventions to address the problem. Cermak Health Services in the jail, for example, has reported treating approximately 550 individuals per month for opiate withdrawal.

We must do more together now to provide additional evidence-based and innovative approaches to tackle the opiate crisis with maximum intensity. Not only will doing so help reduce the acute, life-threatening risk of opiate addiction, but also it will help break the cycles of addiction and criminal justice involvement that are so costly to individuals, families, communities, and the County.

**Employing What Works – Appropriate, Evidence-based Treatment and Case Management.** At TASC, we know from reaching tens of thousands of individuals across Illinois every year that drug addiction requires treatment and recovery management. The most effective treatments vary depending on the type of drug and the characteristics of the individual. Treatment can encompass a combination of behavior therapies, counseling, ancillary services, and medication.

The use of several FDA-approved medications—provided in conjunction with clinical therapy to prevent overdose and boost recovery—represents great advances in dealing with opiate addiction. Approved medications include methadone, buprenorphine, naltrexone, and naloxone. (There are various brand names for these medications and combinations of them, including but not limited to Suboxone, which is a combination of buprenorphine and naloxone; and Vivitrol, Revia, and Depade, which are different forms of naltrexone.)

- *Medication-assisted Treatment* – In the Winnebago County Drug Court, for example, TASC and our partners have witnessed the effectiveness of Vivitrol, which reduces opioid cravings and prevents relapse by blocking the opioid receptors. In this particular program, clients receive Vivitrol along with treatment and TASC case management. In the first year of this program specifically for drug court clients with opiate addictions, access on demand to medications and treatment resulted in zero client overdoses or hospitalizations.

We also know that client education, communication among systems, and intensive case management can literally be life-saving when a person with opiate addiction is released from incarceration, residential treatment, or hospitalization. Research has demonstrated that these individuals are highly susceptible to overdose death in the period immediately after release, due to the body's lower physiological tolerance for the drug following periods of abstinence. We can—and have—prevented tragedies by implementing alerts, intervention processes, and vigilant case management at these critical junctures of risk.

- *Case Management* – In Madison County, for example, rates of opiate overdose deaths among probation clients have been reversed, thanks to a smart and collaborative response by TASC, the probation department, jail personnel, and treatment providers. In June 2012, following the deaths of eight probation clients to opiate overdose in eleven months, the partners formed the *Madison County Opiate Alert Project*. In the first two years

of this project, client education, immediate cross-team communication, and intensive case management at the point of release from treatment or jail resulted in zero TASC client lost to opiate overdose.

**Partnering Toward an Intensified Opiate Crisis Response.** Collaborations in Cook County have provided valuable opportunities to address the opiate crisis. For example, the Cook County Access to Community Treatment (ACT) Court program, in which TASC is a partner, links prison-bound individuals charged with drug or retail theft offenses and serious substance use disorders to community-based behavioral health, vocational, and educational services while piloting the use of Medicaid resources available as a result of the Affordable Care Act to pay for eligible services. A significant portion of program participants—72 percent in the past quarter—were classified as having opiate addiction.

Additionally, through a partnership with the jail, detainees are provided Medicaid application assistance by TASC; over 10,000 individuals have been successfully enrolled in Medicaid through this program since it started in 2014. Program enrollment facilitates access to behavioral health and medical care in the community following release, which is especially critical for individuals in need of treatment for opiate addiction. CountyCare is a model plan in terms of understanding and meeting the needs of this extremely vulnerable, high-risk population, and provides an excellent example for other managed care plans to follow.

Another collaboration produced the jail's discharge planning program for detainees with serious mental illness. This program, in which TASC is a partner, provides referrals to treatment and outreach to families. This model could be adapted to focus on the discharge of individuals who have been treated in the jail for opiate withdrawal. Such a program could include the administration of Vivitrol prior to release, as well as intensive case management following release to ensure referral and linkage to appropriate community-based treatment services, as well as to provide the support indicated during this very-high-risk period immediately following release.

**Recommendations.** Based on the successes and lessons learned from our experience in Cook County and across the State, and on the potential of partnerships to leverage evidence-based interventions and innovative approaches, we offer the following recommendations to the Board:

- 1) *Recognize and address the need to support community capacity as the State continues to reduce funding for substance use treatment, case management, and other necessary supportive services.*

State funding for addiction treatment has been reduced by approximately one-third over the past six years. While the ACA offers the prospects of new and important funding for services, not all critical services are eligible for Medicaid-reimbursement, and not all individuals are eligible for Medicaid. Additionally, while community providers are working to adjust to a managed care environment, this transition cannot occur overnight. Without resources to continue providing services during this transition, many providers will face the real prospect of closing their doors. The County should do all it can to support the community provider infrastructure during this challenging fiscal time.

- 2) *Ensure immediate linkage to appropriate treatment and ongoing case management for detainees released from jail who have received treatment for opiate withdrawal.*

A study of detainees released from New York City jails found that the risk of drug-related death in the two weeks following release was eight times higher compared to those in the general population (Lim et al, 2012). The need for intensive case management and treatment for individuals with opiate addiction is especially critical during this period. County leaders should consider implementing a discharge planning program that would provide indicated treatment and case management to best prepare individuals with opiate addiction for safe release.

- 3) *Ensure integration of FDA-approved medications into addiction treatment, wherever such treatment is provided (e.g., through FQHCs, at specialized treatment facilities, in correctional settings).*

Despite the demonstrated efficacy of medication therapies to treat substance use disorders, strong stigma associated with the use of such medications remains among some in the treatment field and criminal justice system. Long-held beliefs that abstinence-based treatment is the only or the preferable path to recovery flies in the face of research and evidence to the contrary. As such, the County should support, require, and incentivize the full integration of medications into the provision of the addiction treatment it provides, oversees, mandates, or funds.

In closing, we are committed to assist in collaborating to bring evidence-based and innovative solutions to the crisis, and to do so quickly. We must meet tragedy with strategy. Many of the answers are in front of us. It is a matter of leveraging partnerships and implementing them at a scale sufficient to break heroin's grip on whole communities.

Thank you, and please feel free to contact me if TASC can be of assistance.

**Alicia M. Kusiak | Director of Operations, Cook County**  
TASC, Inc. (Treatment Alternatives for Safe Communities)  
1500 N. Halsted | Chicago, IL 60642  
Tel 312 573-8371 | Fax 312 787-9663 | Cell 312 375-6387  
akusiak@tasc.org