

# McHenry County

## Substance Use Disorder Treatment Needs Assessment

**Smart Policy Works**  
**June 2019**

## Table of Contents

Table of Figures.....	2
Executive Summary.....	3
I. Introduction .....	5
Summary of findings .....	6
1. The regulatory environment limits service availability .....	6
2. There are only 16 Level 3 and Level 4, and 5 MAT providers funded by IDHS within 40 miles of McHenry County .....	6
3. Inventory of McHenry County Services and Providers.....	6
4. Are McHenry County Residents Leaving the County for Treatment? .....	7
II. System Scan .....	7
Illinois Behavioral Health Landscape .....	7
Mental Health and Substance Use Disorder Parity .....	7
1115 Behavioral Health Transformation Waiver .....	8
Illinois Department of Public Health.....	8
Substance Use Treatment Modalities.....	9
Medication Assisted Treatment.....	9
Illinois Substance Use Treatment Service Continuum.....	10
III. Survey of Area Providers.....	12
Survey Methodology.....	12
Response Rate.....	12
Survey Results.....	13
IV. Discussion and Analysis .....	14
Data Sources .....	14
Research Analysis Limitations.....	15
<i>System Scan Limitations</i> .....	15
<i>Survey Limitations</i> .....	15
McHenry County in Context.....	16
McHenry County Capacity to Meet Need.....	18
SUD Treatment Inventory .....	18
Availability of those services.....	19
Survey findings.....	19
How many people are leaving MCH? .....	19

What treatment services are most provided?.....	20
What MAT, if provided, is most used?.....	20
What insurance is most used? .....	20
V. Conclusion.....	21
VII. Appendices .....	22
Appendix 1: Inventory of McHenry County Providers.....	22
Appendix 2: Illinois Administrative Code on Service Levels of Care.....	23
Appendix 3: Illinois Administrative Code on Detoxification Levels of Care.....	25
Appendix 4: Survey Respondents by location and response type.....	26
Bibliography .....	27

## Table of Figures

Figure 1. Illinois Opioid Action Plan goal to reduce opioid-related deaths.....	8
Figure 2. American Society of Addiction Medicine SUD Continuum of Care .....	11
Figure 3. McHenry County coroner report of substance-related deaths, 2012-2018.....	16
Figure 5. Opioid-related deaths in McHenry County by age in 2018 .....	17
Figure 4. Opioid-related deaths in McHenry County by age in 2017 .....	17
Figure 6. McHenry County drug crime arrests, 2015 and 2016.....	18
Figure 7. Naloxone distribution centers in McHenry County .....	19

## Executive Summary

The McHenry County Mental Health Board (MCMHB) is charged with supporting consistent and quality care for substance use disorders (SUD). As such, the county is conducting a needs assessment to help strategize planning for future services. The MCMHB has partnered with Smart Policy Works (SPW) to conduct this needs assessment to determine:

1. What is the regulatory environment of substance use service provision in Illinois?
2. What are the SUD treatment types and providers in McHenry County and surrounding counties?
3. What current services are available in McHenry County?
4. Are McHenry County residents leaving the county for SUD treatment services?

This analysis comprises two parts: a system scan and a survey of area substance use treatment providers. The system scan was completed to understand the landscape of SUD treatment modalities and the regulatory landscape of SUD treatment provision in Illinois. The online survey was created to assess the number of people leaving McHenry County for SUD treatment. Consequently, this report provides an analysis of the current state of available treatment provision, need for such treatment, and where residents currently receive treatment.

Our findings can be summarized as follows:

1. *The regulatory environment limits SUD service availability.*  
Multiple regulating bodies oversee and license substance use services at all systems levels, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (DHS), and the Department of Public Health (IDPH). This strict regulatory environment makes the provision of substance use services difficult, creating a lack of service availability.
2. *Level 3 services, Level 4 services, and MAT are scarce throughout the area.*  
Currently, providers in McHenry County and the surrounding counties predominantly offer Level 1 and Level 2 services. There are 15 Level 3 providers and one Level 4 provider, including hospitals, within 40 miles of McHenry County's center, though most providers are concentrated in the Chicago metro area. Although there are 7 MAT providers within 15 miles of Woodstock, those providers are private, do not receive funding from IDHS, and are not licensed to administer Methadone. Note that McHenry County is not the exception, but the rule in this instance as services through the entire state are few and far between.
3. *McHenry County lacks inpatient SUD treatment and MAT providers.*  
There are seven (7) private MAT providers, no Level 3 or Level 4 providers, and no Methadone clinics within McHenry County.
4. *An estimated 6,000 McHenry residents go without illicit substance abuse treatment, and even more may need treatment for alcoholism.*  
Because no Level 3 or Level 4 services exist in McHenry County, residents must leave the county for inpatient SUD treatment. Based on our survey to surrounding area providers, our review of public health research and policies, we estimate that annually 277 to 644 McHenry County residents receive Level 3 or Level 4 treatment from outside providers. However, this estimate

may only represent one-third of residents who require these services. Estimates show that about 10% of the population in McHenry County drink heavily, meaning that a large portion of people may go undiagnosed or untreated for alcoholism.<sup>1</sup> Additionally, based on figures from the Illinois Opioid Action Plan, we estimate that more than 6,000 McHenry County residents per year go without services for illicit substance abuse and up to 28,000 McHenry County residents per year go without services for alcoholism.

## I. Introduction

The McHenry County Mental Health Board (MCMHB) is charged with supporting consistent and quality care for substance use disorders. Consequently, this report provides an analysis of the current state of available treatment provision, need for such treatment, and where residents currently receive treatment.

Substance use disorder (SUD) treatment is complex and ideally includes several layers of services such as medication assisted treatment, residential services, detoxification and preventative care. However, the availability of such an array is rare. McHenry County, Illinois, led by the McHenry County Mental Health Board, is interested in assessing whether their current services adequately meet the needs of their residents. This is a timely endeavor because the public's perception of substance abuse, or at least that of certain substances, is shifting toward recognition that addiction can happen swiftly and can happen to anyone, from a union worker hurt on the job given painkiller prescriptions to a stressed high school student.

McHenry County, like the rest of the United States, is grappling with, one of the greatest epidemics of our age: The Opioid Epidemic. Starting in the 1980s, and accelerating through the 1990s, the medical community began taking patients' claims of pain more seriously, urged by the president of the American Pain Society to treat pain as the "fifth vital sign".<sup>2</sup> Simultaneously, pharmaceutical companies began aggressively marketing opioid painkillers, such as Vicodin and Oxycodone.<sup>3</sup> Following unprecedented approval from the FDA to claim that OxyContin had a lower potential for abuse because of its time-release formula, Purdue Pharma claimed their famed OxyContin caused addiction in less than 1% of patients.<sup>4,5</sup> Combine aggressive marketing with a shifting perception of patients' pain, add in innovative heroine dealing tactics, and the United States is the scene of an epidemic that cuts across class, race, and party lines. Since then, pharmaceutical companies have been sued for millions of dollars, doctors have been imprisoned, and communities and families have been destroyed.

Substance use treatment has historically been underfunded and scarce for a variety of reasons. People with SUD have long been stigmatized and marginalized, labeled "addicts" and deemed to have moral failings that explain their destructive habits. However, new discoveries in neuroscience show that addiction fundamentally changes brain chemistry and cognitive functioning.<sup>6</sup> Nine substance use disorders, representing 33 diagnosis codes, are recognized by the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual and medications have been developed to assist people with recovery.<sup>7</sup> Substance use treatment is evolving, but still faces many challenges, such as low reimbursement rates for services, the turbulent nature of recovery, and lack of treatment providers. For example, over 900,000 U.S. physicians can write prescriptions for painkillers, but due to federal law, fewer than 32,000 doctors are authorized to prescribe a medication used to treat addiction, Buprenorphine.<sup>8</sup>

The regulatory resistance is curious since devoting resources to treatment provision saves money. According to the National Institute on Drug Abuse, every dollar invested in treatment saves \$4 to \$7 in criminal justice costs alone, with healthcare savings at a ratio of 12 to 1.<sup>9</sup>

One poignant benefit to the Opioid Epidemic has been the public outcry for help and demand for action. On par with the rest of the nation, families, advocates, and providers in McHenry County, Illinois, are now examining their own community and its capacity to provide treatment to people with substance use disorders. Led by the MCMHB, the county is conducting a needs assessment to help strategize

planning for future services. The MCMHB has partnered with Smart Policy Works (SPW) to conduct this needs assessment to determine:

1. What is the regulatory environment of substance use service provision in Illinois?
2. What are the SUD treatment types and providers in McHenry County and surrounding counties?
3. What current services are available in McHenry County?
4. Are McHenry County residents leaving the county for SUD treatment services?

## Summary of findings

This analysis comprises two parts: a system scan and a survey of area substance use treatment providers. The system scan was completed to understand the landscape of substance use disorder (SUD) treatment modalities, the regulatory landscape of SUD treatment provision in Illinois, and the current status of McHenry County in this arena. Second, an online survey was created to assess the number of people leaving McHenry County for certain types of substance use treatment services. The survey was implemented by Smart Policy Works and the MCMHB director by contacting area hospitals and other service providers. By assessing those leaving the county for services, the lack of services within the county may be assessed.

### 1. The regulatory environment limits service availability

Our goal was to sift through the various rules, regulations, and certifications to ascertain which were relevant to and affected residents of McHenry County who need help with substance use. We found that multiple regulating bodies oversee substance use services at all systems levels. The Federal Drug Enforcement Agency (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) license and keep track of providers certified to provide certain medically assisted treatments, notably methadone. In addition, Illinois's Department of Human Services and Department of Public Health promulgate and regulate rules for organizations providing levels of care (Level 1 through Level 4). Further, the state created an action plan to address substance abuse. As we discuss in more detail below, the regulatory environment makes the provision of substance use services difficult; consequently, creating a lack of service availability.

### 2. There are only 16 Level 3 and Level 4, and 5 MAT providers funded by IDHS within 40 miles of McHenry County

Currently, providers in McHenry County and the surrounding counties predominantly offer Level 1 and Level 2 services. There are 15 Level 3 providers and one Level 4 providers, not including hospitals, within 40 miles of McHenry County's center. The nearest Level 4 providers are hospitals. Note that McHenry County is not the exception but the rule in this instance, as services through the entire state are few and far between. Level 3 services, relatively speaking, are closer to McHenry County and more readily accessed than Level 4 services. However, those providers are heavily concentrated in the Chicago metro area. There are 5 SUPR-funded MAT providers within 40 miles of Woodstock and all are licensed to administer Methadone, but none of these clinics are located within the county itself.

### 3. Inventory of McHenry County Services and Providers

Within McHenry County itself, there are seven (7) MAT providers, no Level 3 or Level 4 providers, and no Methadone clinics.

During our research, we compiled an inventory of the providers and current services available in McHenry County which is appended to this report at [Appendix 1: Inventory of McHenry County Providers](#).

#### 4. Are McHenry County Residents Leaving the County for Treatment?

Because no level 3 or level 4 services exist in McHenry County, residents must leave the county for SUD treatment. Based on our survey to surrounding area providers, our review of national and state public health research and policies, and interviews with stakeholders, we estimate that annually 277 to 644 McHenry County residents receive Level 3 or Level 4 treatment from providers outside of McHenry County. However, we believe this represents less than one-third of the residents who require these services. We estimate that more than 6,000 McHenry County residents per year go without services for illicit drug abuse, based on figures from the Illinois Opioid Action Plan, and as many as 28,000 go without treatment for alcoholism.<sup>10, 11</sup>

## II. System Scan

The system scan performed is a combination of professional expertise and research performed specifically for this project. The scan aims to outline the behavioral health landscape in Illinois, including regulation and current innovations. The system scan also provides an overview of substance use treatment modalities and the substance use treatment continuum in Illinois, allowing McHenry County services and needs to be understood in the full context of the substance use treatment environment.

### Illinois Behavioral Health Landscape

#### Mental Health and Substance Use Disorder Parity

Mental health and substance use disorder treatment providers and clients have historically faced difficulties in access to care, including high out-of-pocket costs to consumers, small provider networks, and discriminatory tactics by insurers. To address gaps in access between physical healthcare and behavioral healthcare, the federal government and state governments have been adopting “parity laws”. The term “parity” refers to the fair and equal access to treatment for mental health and substance use disorders as compared to equivalent physical health care services.

On the federal level, President George W. Bush signed in the Mental Health Parity and Addiction Equity Act of 2008 (“Parity Act”) with the goal of ending discriminatory tactics by insurers, including shorter covered lengths of care, exclusions of services, and high rates of claim denials.<sup>12</sup> Additionally, the Affordable Care Act requires non-grandfathered individual and small group market plans to cover SUD treatment and prevention services.<sup>13</sup>

However, achieving parity requires the involvement of states to pass and enforce regulations on private insurance companies and Medicaid. In 2018, Illinois passed SB1707 (now Public Act 100-1024) that requires commercial insurers and Medicaid managed care organizations (MCOs) to submit and publicly publish detailed analyses to demonstrate compliance with state and federal parity laws. Public Act 100-1024 also prohibits prior authorization and step-therapy requirements for FDA-approved medication assisted treatment (MAT) drugs, meaning that there less steps for someone trying to get these drugs. Additionally, generic MAT drugs are now required to be on the lowest tier of formularies, making them

more likely to be covered by insurance companies and more affordable to people in need of this treatment. Finally, this new bill in Illinois increases oversight responsibilities of the Illinois Department of Insurance to evaluate and enforce insurers' compliance with mental health and substance use parity rules.<sup>14,15</sup>

### 1115 Behavioral Health Transformation Waiver<sup>16</sup>

Illinois has been a national leader in behavioral health care innovation. In 2018, Illinois submitted an 1115 waiver to the Center for Medicaid and Medicare Services (CMS), the federal body that oversees both programs. The waiver was approved by CMS and Illinois has begun a 5-year demonstration period in which it must show improved behavioral health outcomes while remaining budget neutral. The 1115 waiver is extremely relevant to understanding SUD treatment for the Medicaid population because several pilot programs within the waiver are working to innovate care delivery. These pilot programs are:

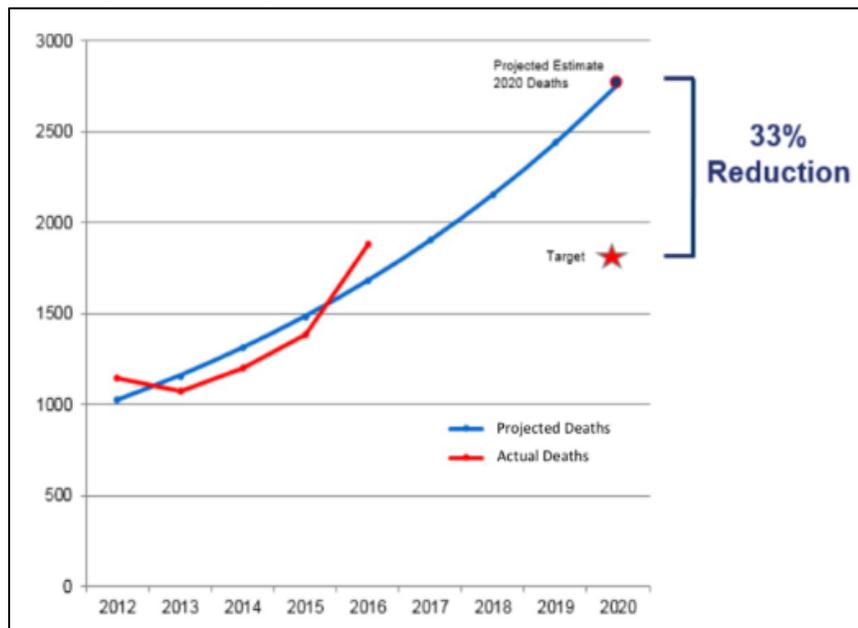
- Residential and Inpatient Treatment for Individuals with Substance Use Disorder (SUD) Pilot
- Clinically Managed Withdrawal Management Services Pilot
- SUD Case Management Pilot
- Peer Recovery Support Services Pilot

Other pilots within the 1115 waiver include services relevant to persons in recovery for SUD, such as the Supported Employment Services Pilot and the Assistance in Community Integration Services Pilot.

### Illinois Department of Public Health

In response to the ongoing national Opioid epidemic, the Illinois Department of Public Health (IDPH) began posting monthly drug overdose reports in January of 2016. IDPH also created the State of Illinois

Figure 1. Illinois Opioid Action Plan goal to reduce opioid-related deaths



Opioid Action Plan (OAP) to address the epidemic in Illinois, which has killed 11,000 in the state since 2008.<sup>17</sup>

The OAP has the overall goal of reducing opioid deaths by 33% in three years (*Figure 1*), with six main priorities:

- Safer Prescribing and Dispensing
- Education and Stigma Reduction
- Monitoring and Communication
- Access to Care
- Supporting Justice-Involved Populations
- Rescue

Current and future activities for each priority are outlined in the action plan. Some current activities include the Drug Overdose Prevention Program (DOPP), which educates and trainings first responders and families and friends of people with OUD on methods to reduce overdose fatalities, and the creations of training videos as guidance for new prescribers to screen for opioid misuse and monitor patients appropriately. For continuing information about opioid usage in Illinois, IDPH operates an online Opioid Data Dashboard, which can be found at <http://idph.illinois.gov/opioiddatadashboard/>.

According to the OAP, on page 22, “approximately 248,000 Illinois residents per year needed but not receive treatment for illicit drug use.” Taking McHenry County’s proportion of Illinois’s population, we can estimate that more than 6,000 McHenry County residents require help per year, but not receive help. This does not include alcohol abuse, so the number of residents that need help is most likely is even higher than our estimate. One source, using estimates from the National Survey on Drug Use and Health, estimates that only 6.7% of people get the treatment they need for alcoholism.<sup>18</sup> With the approximation that 10% (30,000 residents) of McHenry resident drink excessively, this means that about 28,000 residents do not get alcohol treatment.

## Substance Use Treatment Modalities

The landscape of substance use treatment in Illinois and around the country is a patchwork of entities, each of which is important to understand for a full picture of treatment options. This is not an exhaustive list, but rather aims to inform the reader on the breadth and depth of many substance use treatment modalities available.

### Medication Assisted Treatment

Medication assisted treatment (MAT) is a recovery method that uses medication to aid recovery and is typically paired with some form of psychosocial counseling. Some MATs are for use in emergency situations to reverse an overdose, but most are prescribed medications that reduce cravings for substances by inhibiting brain receptors.

#### *Naloxone*<sup>19</sup>

Naloxone, brand name NARCAN, is an emergency opioid overdose reversal drug used widely by emergency first responders and other professionals alike. In some states, Naloxone can be distributed to the general population as a form of overdose prevention in the community. Naloxone can be administered in a variety of ways, including by intravenous injection or nasal spray. Naloxone has no negative impacts and itself is non-addictive. Naloxone reverses opioid overdose by taking the place of opioid molecules would otherwise attach to brain receptors. If someone is believed to be overdosing, it can be administered to reverse overdose for approximately 30 minutes, during which time emergency medical personnel should be contacted and the person should receive professional medical attention as soon as possible.

### *Buprenorphine*

Buprenorphine is a semi-synthetic opioid that suppressed symptoms of opioid withdrawal, decreases cravings for opioids, and blocks the effects of other opioids.<sup>20</sup> Common Buprenorphine brands include Suboxone, Subutex, Zubsolv, Bunavail, and Probuphine.

### *Methadone*

Methadone is a synthetic opioid used to treat opioid addiction that is offered in pill, liquid, and wafer forms.<sup>21</sup> Methadone itself is considered a Schedule II drug by the U.S. Drug Enforcement Administration, meaning it is considered to have a high potential for abuse and the potential for severe psychological or physical dependence.<sup>22</sup> Methadone is heavily regulated because it can be addictive if its administration is not monitored closely by medical personnel.<sup>23</sup> Patients must receive the medication under the supervision of a physician dispensed through a SAMHSA-certified opioid treatment program (OTP), but may be allowed to take doses of methadone home between program visits if they have a proven record of stability and consistent program compliance.<sup>24</sup>

### *Naltrexone*

Naltrexone can be used to treat both opioid use disorders and alcohol use disorders. Different from Buprenorphine and Methadone, Naltrexone binds and blocks opioid receptors in the brain. Naltrexone has no potential for abuse. Naltrexone comes in a pill form that can be taken daily or in an injectable, extended-release form that is typically administered monthly into a patient's muscle.<sup>25</sup> Common brand names include Vivitrol and Revia.

### *Disulfiram*

Commonly known by the brand name Antabuse, disulfiram neither reduces cravings for alcohol nor treats withdrawal, but rather is a deterrent to drinking. Disulfiram causes Individuals to suffer very unpleasant side effects if they ingest even a sip of alcohol. Within minutes of consuming any amount of alcohol, individuals may experience headache, vomiting, nausea, sweating, anxiety, hyperventilation, and tachycardia.<sup>26</sup>

### **Illinois Substance Use Treatment Service Continuum**

In Illinois, the Department of Human Services delegates coordination and funding responsibilities regarding SUD to the Division of Substance Use Prevention and Recovery (SUPR). SUPR maintains a list of licensed SUD treatment provider sites, delineated by location and service level, throughout the state. There are 996 SUPR-licensed SUD treatment provider sites on this list, but their distribution varies widely by county.<sup>27</sup> There are 18 SUPR-licensed providers in McHenry County, but none on this list are classified as Level 3 or Level 4 providers.

Figure 2. American Society of Addiction Medicine SUD Continuum of Care



Administrative Code of the Illinois General Assembly defines service levels for substance abuse treatment and intervention licenses, guided by service level definitions set forth by the American Society for Addiction Medicine (ASAM; *Figure 2*)<sup>28</sup>. [Appendix 2: Illinois Administrative Code on Service Levels of Care](#) and [Appendix 3: Illinois Administrative Code on Detoxification Levels of Care](#) provide full text of the Administrative Code’s definitions of care levels and detoxification levels. For the purposes of this document, we will use these abbreviated definitions of service levels:

- **Level 1: Outpatient.** Non-residential substance abuse treatment with one-on-one time with a clinician, totaling less than 9 hours per week.
- **Level 2: Intensive Outpatient** = Non-residential substance abuse treatment with one-on-one time with a clinician, totaling at least 9 hours per week.
- **Level 3: Inpatient Subacute/Residential** = Residential substance abuse treatment with individualized, planned regimens of clinical services for a minimum of 25 hours per week. Staff must be on duty and awake 24 hours per day, 7 days per week.
- **Level 3-D: Medically Monitored Detoxification** = Inpatient/residential treatment wherein a minimum of two staff persons must provide 24-hour observations, monitoring, and treatment to patients.
- **Level 4: Medically Managed Intensive Inpatient** = Residential substance abuse treatment for patients whose acute bio/medical/emotional/behavioral problems are severe enough to require primary medical and nursing care services. Such services will include 24-hour medically directed evaluation, care, and treatment and a physician must see each patient daily.
- **Level 4-D: Medically Managed Detoxification** = Inpatient/residential treatment wherein a minimum of two staff persons must provide 24-hour observations, monitoring, and treatment to patients and patients must be seen daily by a physician.

Certain populations are given priority admission to substance use treatment services due to their high impact on families and society. In rank order, these populations in Illinois are<sup>29</sup>:

- Pregnant injecting drug users
- Pregnant and post-partum women

- Pregnant, post-partum women and women with children
- Department of Child & Family Services (DCFS) referred persons
- [Persons eligible for] Temporary Assistance for Needy Families (TANF)
- Department of Corrections (DOC) releases, and Treatment Alternative for Special Clients (TASC) referrals

### III. Survey of Area Providers

SPW and the Executive Director of the MCMHB wanted direct input from area entities providing Level 3 and Level 4 care for SUD. Part of the survey's goal was to confirm or deny what community members alleged: that many residents require Level 3 and Level 4 services and, in those cases, must travel great distances to receive care. Consequently, this report attempts to gather firsthand data from the providers who would treat these residents.

#### Survey Methodology

The survey consisted of five multi-part questions. The questions asked if the respondent served patients 18 years of age or older from McHenry County for substance use or abuse treatment; how many McHenry County residents were served; what types of treatments types that provider offers; what kind of health insurance McHenry County residents used; and what specific MAT drugs the provider offers. All questions ask for aggregate information and never asked for identifiable information about individual patients. Further, the questions included the McHenry County zip codes for reference by the respondent as we expected that most providers' data or health records could be easily filtered by zip codes. In final, the survey included a hyperlink to the Illinois Administrative Code's definitions of care levels for the respondent's review.

We created the online survey through SurveyMonkey. The average respondent took two minutes and twenty seconds to complete the survey. We sent the survey to thirty-two providers within a 40-mile radius of McHenry County. We had direct contacts to staff at approximately half of these sites. Smart Policy Works staff cold-called the remaining sites to ask for their participation. The list of providers was comprised of hospitals and clinics that were a part of the McHenry County police diversion program (A Way Out), locations that local providers claim to make referrals to, and the SUPR inventory.

#### Response Rate

We sent the survey to thirty-two locations and eleven respondents completed the survey and one respondent emailed her responses for a total of 14 participants (~43.75% response rate).

## Survey Results

The following are tables for each question asked on the online survey to service providers. The answer choices, response percentage, and total number of responses are specified for each question. Please note that some respondents answer via email. Their results are not included in these tables. Email responses are reported upon later during our research analysis.

Since January 1st, 2016, have you served any patients 18 years of age or older from McHenry County for substance use/abuse treatment?		
Answer Choices	Response Percent	Responses
Yes	92.86%	13
No	7.14%	1

Do you provide any of the following types of treatment for substance use disorders? Check all that apply.		
Answer Choices	Response Percent	Responses
Inpatient residential	35.71%	5
Medically monitored or managed	28.57%	4
Medically assisted intensive inpatient	21.43%	3
We do not offer any Level III or Level IV treatment options	42.85%	6

Of those McHenry County residents age 18 years or older treated in your facility for substance use since January 1st, 2016, please indicate how many patients received the following levels of care per McHenry County zip code.					
Treatment options	1-2	3-5	6-10	10+	Number of Respondents
Level III: Inpatient Subacute/ Residential	1	3	1	14	6
Level III.7-D: Medically Monitored Detoxification	0	0	0	0	6
Level IV-D: Medically Managed Detoxification	1	2	2	13	6
Level IV: Medically Managed Intensive Inpatient	0	0	0	0	6

Of McHenry County residents age 18 years or older treated in your facility for issues related to substance use since January 1st, 2016, please indicate how many clients used the following insurance as their primary payer source per McHenry County zip code.					
Insurance options	1-2	3-5	6-10	10+	Number of Respondents
Medicaid	4	3	3	8	2
Medicare	3	6	2	6	2
Private/Commercial Payer	4	6	1	5	2
Uninsured	7	2	0	3	2

If your organization offers Medication Assisted Treatment (MAT), what is offered? Check all that apply.		
Treatment Options	Response Percent	Responses
We don't offer any MAT	64.29%	9
Methadone	14.86%	2
Buprenorphine	35.71%	5
Naloxone	28.57%	4
Vivitrol	21.43%	3
Other (Please specify) *Campral	7.14%	1

## IV. Discussion and Analysis

This data analysis incorporates what has been learned from the system scan and survey to assess the capacity of SUD treatment delivery system in McHenry County. Limitations are noted and should be considered when considering recommendations. Data analysis and discussion reflect the interpretation of data from a variety of sources to support the goal of ensuring McHenry County is serving residents with SUD in an effective manner.

### Data Sources

- American Addiction Centers
- American Society of Addiction Medicine
- Harm Reduction Coalition
- Illinois Department of Human Services
- Illinois Department of Public Health
- Illinois General Assembly
- Illinois State Police
- Kaiser Health News
- The Kennedy Forum
- National Institutes of Health
- McHenry County Police
- McHenry County Coroner's Office
- PEW Trusts
- Substance Abuse and Mental Health Services Administration

- United States Census Bureau
- United States Drug Enforcement Administration
- United States Surgeon General

## Research Analysis Limitations

### *System Scan Limitations*

There are several limitations to the system scan. First, alcohol abuse, like substance abuse, is difficult to accurately measure. Consequently, we pieced together multiple data sources to infer the estimated number of people who abuse substances. These data sources include DUI records, alcohol-related deaths reported by the coroner’s office, research literature, and patient admissions for help. Duplication is possible as, for example, one may have a DUI and seek help.

Another limitation is that the McHenry County Department of Health does not report upon substance use or alcohol-related prevention or treatment activities in their annual reports. Therefore, information on local activities and needs has been assessed through a variety of ways to form a proxy for local data.

Determining what services are available in McHenry County and the surrounding area faced one particulate limitation: contradictions in definitions between the administrative code and providers makes direct comparisons difficult between research literature, state reports, and admissions data. In addition, providers’ own lists of services are not up to date or current. Likewise, the SUPR list is not current as well.

### *Survey Limitations*

There are several limitations to implementing a survey of this nature. First, contacting area hospitals and providers for participation posed challenges such as navigating phone trees and lack of responsiveness. In some instances, the study team left multiple messages with hospital employees and never received a response.

Three respondents emailed their data, so data had to be manually inserted into the aggregated online data. Further, the survey ranges of residents who received treatment created wide estimations of total served. For example, response options to the item “Select how many received treatments for substance abuse in the particular zip code” were 1-2, 3-5, 6-10, or 10+. If a respondent selected the 10+ option, we cannot determine if that means 11 patients or 100 patients. This limitation is further compounded by the fact that only a few providers treated McHenry residents, and they treated hundreds of residents. In other words, there was not an equitable distribution of McHenry residents treated between providers. We at first expected to receive responses from most respondents that indicated they served 1-2, 3-5, or 6-10 residents. Instead, a minority of respondents indicated that they served residents and selected category numbers on the higher end of the spectrum, like 6-10 and 10+. Consequently, we analyzed the data with two numbers to provide both a lower bound estimate and an upper bound estimate of how many people from McHenry were served. The “minimum” bound estimate treated each category as indicating the low number and the 10+ category as indicating that they served 11 people (i.e. 1-2 = 1, 3-5 = 3, 6-10 = 6, and 10+ = 11). The “maximum” bound estimate treated the response categories as representing the high number and the 10+ as indicating that they served 45 people (the average of the providers who sent us gross numbers via email). Naturally, the ceiling of patients would increase as the 10+ category increased. We created models that, upon request, can estimate the ceiling based on new estimates for the 10+ category.

One of these three respondents provided only a gross number of how many clients from McHenry County were treated for substance abuse programming generally, with no differentiation between what types of services those residents received. In this case, the respondent wrote that “1,287 clients in our substance abuse programming were from McHenry County in 2018 and 1,434 in 2017.” This respondent served two times more than any other provider. Consequently, their response heavily influences the final estimate of how many residents leave McHenry County for services.

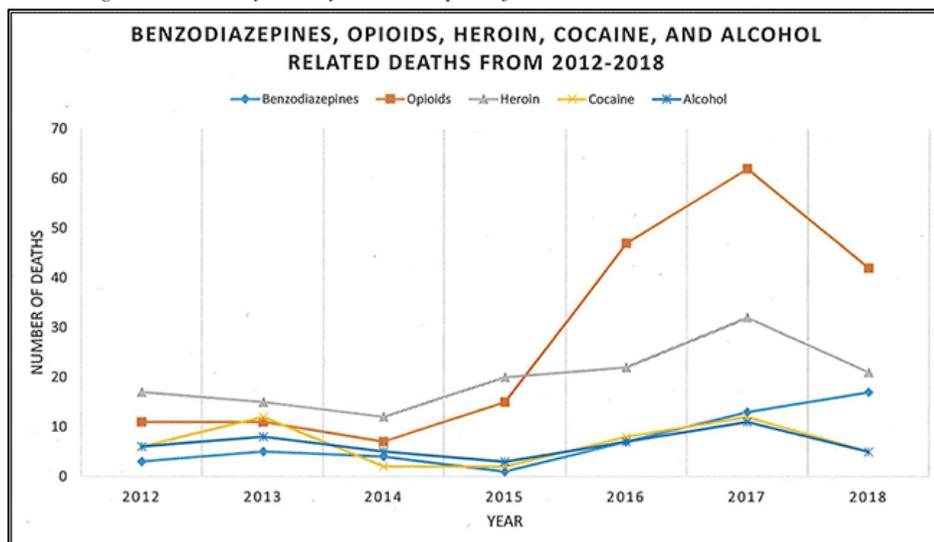
The final of the three respondents only provided numbers regarding how many clients from McHenry County were provided medical assisted treatments. According to that provider, “84 McHenry County residents received Methadone or Buprenorphine treatments in 2018.” As this was the only respondent who indicated that any McHenry County residents received MAT, the response also heavily influences the final estimates of how many residents leave McHenry County for MAT.

In final, the survey data may include duplicate patients. The numbers could be repeat visitors who annually, or more frequently, visited the providers. In addition, a patient may have received Level III care and Level IV care. Nevertheless, whether the data is a unique value, or a duplicate is less of a concern as the admission still designates a capacity need whether it is the same person or multiple people. The services were still used. The duplication may be a factor to consider when evaluating the gross number of residents leaving the county but is less of a factor when considering what the capacity of providers must be to meet the need. With this population, regression and relapse is common; so, the number of admissions is a better predictor of need than unique visitors.

### McHenry County in Context

Putting the scan and survey into the context of McHenry County requires a general overview of the county and the scale of alcohol and drug use within the county. According to 2018 estimates by the U.S. Census Bureau, McHenry County is Illinois’ 6<sup>th</sup> largest county with a population of 309,122 residents. 50.2% of the population is female, 93.3% of the population identifies as white, and the average household size is 2.76 persons. The median household income is \$82,230 annually and 6.1% of McHenry’s county’s population live in poverty.<sup>30</sup>

Figure 3. McHenry County coroner report of substance-related deaths, 2012-2018



95.2% of McHenry County’s population has health coverage, with 62.2% on an employer-provided plan, 10.4% on Medicaid, 11.3% on Medicare, 9.8% on non-group plans, and 1.5% on a military or VA plan.<sup>31</sup>

According to IDPH, McHenry County saw a 75.49% increase in emergency department visits related to opioid overdose between 2010 and 2015.<sup>32</sup> The McHenry County Coroner publishes records of deaths in the county, organized by reason for death. The county saw 56 drug overdose deaths in 2016, 78 in 2017,

Figure 5. Opioid-related deaths in McHenry County by age in 2017

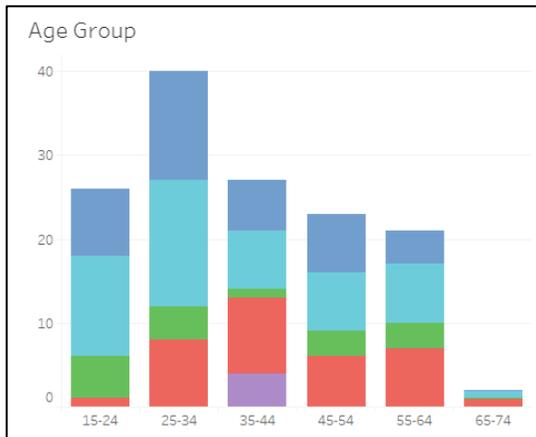
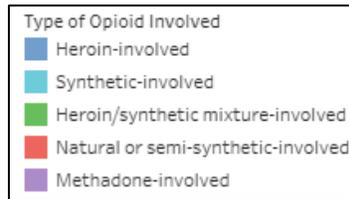
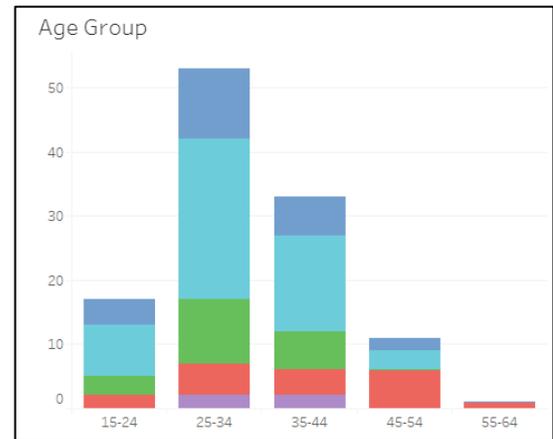


Figure 4. Opioid-related deaths in McHenry County by age in 2018



and 51 in 2018. Except for Benzodiazepines, McHenry County deaths by all drug types peaked in 2017, shown in *Figure 3*.<sup>33</sup>

The IDPH Opioid Data Dashboard tracks mortality trends by year. *Figure 4* shows the age distribution deaths of opioid type in 2017, while *Figure 5* represents 2018.<sup>34</sup> It is important to note that overdose deaths frequently involve more than one substance and these categories are not mutually exclusive, meaning the total number of deaths is overstated. These figures are striking, as they show that deaths in McHenry County are largely concentrated to people between the ages of 25 and 44. These figures also indicate that progress has been made in reducing opioid use in young people (under 24) and in older people (over 55), as these groups diminish or disappear altogether between 2017 and 2018.

The Illinois State Police issue an annual crime index and arrest report. The most recent published report available to the public compares crimes by category in every Illinois county from 2015 to 2016. The drug crime arrests in McHenry County between 2015 and 2016 are shown in *Figure 6*. Overall, McHenry County saw a decrease in total drug arrests, but this decrease only occurred for categories of cannabis control and drug paraphernalia. The county saw a slight increase in arrests for controlled substances, nearly double the amount of arrests for hypodermic syringes/needles and double the amount of arrests for methamphetamine. This may indicate decriminalization of cannabis, but an increase in use or abuse of controlled substances and substances injected via syringe or needle between 2015 and 2016.<sup>35</sup>

Figure 6. McHenry County drug crime arrests, 2015 and 2016

Drug Crime Arrest Comparison 2016/2015							
Year	Rate per 100,000	Total Drug Arrests	Cannabis Control Act	Controlled Substances Act	Hypodermic Syringes/ Needle Act	Drug Paraphernalia Act	Methamphetamine Act
2016	576.2	1,769	631	360	27	737	14
2015	632.9	1,947	722	356	15	847	7

With the information source intentionally excluding Chicago, McHenry County ranked 4<sup>th</sup> in the state for the most DUI arrests in 2017, at 249 arrests.<sup>36</sup> This is an increase from 202 DUI arrests in 2016 and 135 DUI arrests in 2015.<sup>37</sup> It is estimated that 9% of females and 12% of males in McHenry County drink heavily, with estimates for both genders being about 3% above the national average.<sup>38</sup> Though difficult to measure because alcohol is legal, these figures may indicate an increase of alcohol use and unsafe drinking practices in the county. Additionally, health conditions related to excessive alcohol consumption are estimated to occupy 40% of hospital beds across the country. Assuming this holds true for McHenry County, there may be substantial benefit, in healthcare cost-savings and capacity, for hospitals if alcohol treatment capacity is increased in the area.

## McHenry County Capacity to Meet Need

### SUD Treatment Inventory

In order to assess the capacity of McHenry County’s current SUD treatment continuum, the study authors compiled an inventory of available services in and around the county. The city of Woodstock sits approximately at the center of McHenry County, so it was used when compiling an inventory of providers within various radii.

Within a 40-mile radius of McHenry County, there are about 360 SUD treatment providers, across levels 1 through 4 and including MAT providers. However, the vast majority are Level 1 and/or Level 2 providers. Additionally, only 87 of these providers are SUPR-funded, meaning that services must be offered on a sliding scale and may be free if someone meets certain criteria.

There are no Level 3 or Level 4 providers within McHenry County itself. The nearest being Footprints to Recovery 20 miles away in Elgin, IL, which provides Level 3.1, 3.2, 3.5, and 3.7 services. Further, there are only 15 Level 3 providers within a 40-mile radius of the county and one Level 4 providers. Within McHenry County, there are 7 MAT providers, but none provide methadone. Extending the radius to 40 miles reveals that there are 162 MAT providers surrounding the county, but only 15 provide methadone.

## Availability of those services

### *A Way-Out Program*<sup>39</sup>

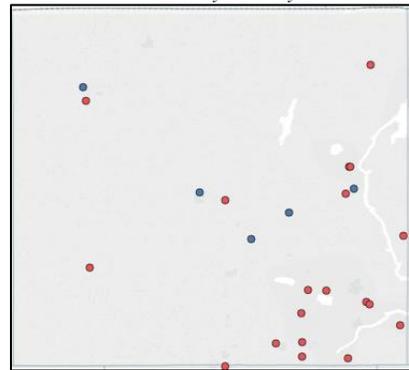
McHenry County operates program through local police departments that provide 24/7 substance abuse assessments and diversion into treatment. Program participation is by request only and a person will not be penalized for any drugs or drug paraphernalia they turn in. Participants only need to request participation in the program, then they will immediately be on-boarded to the program, be assessed by staff, and referred or transported to treatment, depending on the severity of the situation.

### *Naloxone in McHenry*

As part of IDPH's afore mentioned Opioid Data Dashboard, IDPH has a statewide Naloxone distributor locator. According to this locator, McHenry County has 23 Naloxone distribution centers, primarily pharmacies such as CVS and Walgreens. Due to the Illinois Naloxone Standing Order, individuals can get Naloxone from participating pharmacies without a prescription, and can bill insurers, including Medicaid and Medicare.

While neighboring Lake County has nearly 50 Naloxone distribution centers, their population is nearly double that of McHenry County. Increasing Naloxone distribution centers poses few downsides, but McHenry County is presently on par with surrounding counties for accessibility to Naloxone by population. Additionally, the distribution of centers carrying Naloxone overlay with McHenry County's population centers (*Figure 7*).<sup>40</sup> As opioids are particularly prevalent in rural communities, McHenry County decision-makers may consider helping local pharmacies participate in the Illinois Naloxone Standing Order to increase accessibility of this life saving medication throughout the county's communities.

*Figure 7. Naloxone distribution centers in McHenry County*



## Survey findings

### How many people are leaving McH?

Based on survey responses, within the last year five providers (35.71% of respondents or 15.63% of the area providers) provide Level 3: Inpatient subacute/Residential services for approximately 224-440 McHenry County patients. One provider (7.14% of respondents or 3% of invitees) provide Level 3.5: services for 667 McHenry County patients. Although four respondents provide Level 3.7-D: Medically Monitored Detoxification services, those providers served 0 patients from McHenry County. Four providers (28.57% of respondents or 10% of invitees) provide Level 4-D: medically Managed Detoxification for approximately 54-205 McHenry County patients. Although four respondents provide Level 4: Medically Managed Intensive Inpatient services, those providers served 0 patients from McHenry County.

However, one survey respondent sent their data via email. This organization served 153 McHenry County residents in 2017 and 169 McHenry residents in 2018 for inpatient services.

Consequently, we estimate that annually 277 to 644 McHenry County residents receive Level 3 or Level 4 treatment from providers outside of McHenry County.

However, we expect that the need for services is much greater considering that the distance to care most likely prevents many who do need help from obtaining that help.

In addition, we found that if a provider served McHenry County residents, then they served far more than the other providers. Approximately 15.62% of the area providers treated McHenry County residents whereas nearly half of the area providers offer Level 3 and Level 4 services. In other words, the burden of serving McHenry County residents fell disproportionately to a handful of providers.

### What treatment services are most provided?

When asked only about Level 3 and Level 4 services, survey respondents indicated that residential inpatient services were the most commonly provided services for McHenry County residents.

The next most provided services were medically managed detoxification. Based on the continuum of services, this makes sense as the medically managed detoxification treatment is a higher intensity treatment and therefore fewer individuals should be receiving that services.

Interestingly, no providers treated any McHenry County residents for medically monitored detoxification (Level 3-D) or medically managed intensive inpatient services (Level 4). The significant obstacle of traveling an hour or longer to receive these treatments makes it difficult to confidently say that there is no need in McHenry for these services. This simply means that residents did not receive this care, the need may still be present.

### What MAT, if provided, is most used?

Majority (75%) of survey respondents do not provide medication assisted treatment. Of the remaining four providers who offer MAT, all four used buprenorphine and naloxone. One offered Methadone, and three offered Vivitrol.

### What insurance is most used?

Two survey respondents provided information about payor sources used by McHenry County residents. Between 119-207 McHenry County residents used Medicaid, 99 to 164 used Medicare, 83 to 136 used a private or commercial insurance provider, and 46 to 80 patients from McHenry County were uninsured. This distribution of payors is interesting because, as stated earlier, 10.4% of McHenry County residents are on Medicaid, 11.3% are on Medicare, 72% are on private or commercial insurance, and 4.8% are uninsured. While a small percentage of McHenry County's population is on Medicaid, they represent approximately one third of those receiving SUD treatment outside of the county. Conversely, most McHenry residents have private or commercial insurance, but they represent only one fifth of those served for SUD treatment outside of the county.

The discrepancy in insurance types held by all McHenry residents to those used by people seeking SUD treatment outside of the county is likely indicative of a large issue in the SUD treatment delivery system as a whole: there is less access to treatment options for people with low-incomes (i.e. the Medicaid population) and those who are uninsured. While McHenry County is not alone in this gap in access, our survey indicates that insurance type dictates where someone goes for SUD treatment and that McHenry County needs more SUD treatment providers who accept Medicaid.

## V. Conclusion

Based on the survey, a minimum of 223 residents would benefit from increased Level 3 services and 54 residents would benefit from Level 4 services in McHenry County per year. No providers in McHenry County offer these services, which causes those residents who receive treatment to travel at least 40 miles to receive care.

Because long travel distances make obtaining treatment arduous, the estimated number of those who need assistance is most likely greater than our minimum estimate. For example, as previously stated, 6,000 McHenry residents require help but do not receive treatment for illicit drug use and up to 28,000 may go untreated for alcoholism. Additionally, health conditions related to excessive alcohol consumption are estimated to occupy 40% of hospital beds across the country.<sup>41</sup> Assuming this holds true for McHenry County, there may be substantial benefit, in healthcare cost-savings and capacity, for hospitals if alcohol treatment capacity is increased in the area.

Although some MAT providers exist in McHenry County, literature suggests there are too few throughout the state and this applies to McHenry County. In particular, the difficulty in obtaining a methadone license proves to be a barrier for increasing those services. Consequently, most MAT providers offer medications other than methadone.

Consequently, McHenry County's unmet need for SUD treatment is at least 6,000 people, with between 277 and 644 receiving services leaving the county each year to receive treatment. McHenry County would benefit from increasing Level 3 and 4 services, and MAT provision, particularly Methadone.

## VII. Appendices

### Appendix 1: Inventory of McHenry County Providers

#### Inventory

**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH**  
**CHAPTER X: DEPARTMENT OF HUMAN SERVICES**  
**SUBCHAPTER d: LICENSURE**  
**PART 2060 ALCOHOLISM AND SUBSTANCE ABUSE TREATMENT AND**  
**INTERVENTION LICENSES**  
**SECTION 2060.401 LEVELS OF CARE**

---

**Section 2060.401 Levels of Care**

Substance abuse treatment shall be offered in varying degrees of intensity based on the level of care in which the patient is placed and the subsequent treatment plan developed for that patient. The level of care provided shall be in accordance with that specified in the ASAM Patient Placement Criteria and with the following:

- a) **Level 0.5: Early Intervention**  
An organized service, delivered in a wide variety of settings, for individuals (adult or adolescent) who, for a known reason, are at risk of developing substance-related problems. Early intervention services are considered sub-clinical or pre-treatment and are designed to explore and address problems or risk factors that appear to be related to substance use and to assist the individual in recognizing the harmful consequences of inappropriate substance use. The length of such service varies according to the individual's ability to comprehend the information provided and to use that information to make behavior changes to avoid problems related to substance use or the appearance of new problems that require treatment at another level of care. Early intervention services are for individuals whose problems and risk factors appear to be related to substance use but do not appear to meet any diagnostic criteria for substance related disorders. Examples of individuals who might receive early intervention are at-risk individuals (i.e., family members of an individual who is in treatment or in need of treatment) or DUI offenders classified at a moderate risk level.
- b) **Level I: Outpatient**  
Non-residential substance abuse treatment consisting of face-to-face clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall be a planned regimen of regularly scheduled sessions that average less than nine hours per week.
- c) **Level II: Intensive Outpatient/Partial Hospitalization**  
Non-residential substance abuse treatment consisting of face-to-face clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall be a planned regimen of scheduled sessions for a minimum of nine hours per week.

- d) **Level III: Inpatient Subacute/Residential**  
Residential substance abuse treatment consisting of clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall, except in residential extended care as defined in this Part, include a planned regimen of clinical services for a minimum of 25 hours per week. Inpatient care, with the exception of residential extended care as defined in this Part, shall require staff that are on duty and awake, 24 hours a day, seven days per week. During any work period, if professional staff as defined in Section 2060.309(a) of this Part are not on duty, such staff shall be available on call for consultation relative to any aspect of patient care. Residential extended care shall require staff on duty 24 hours a day, seven days per week and that low intensity treatment services be offered at least five hours per week. Any staff providing clinical services shall meet the requirements for professional staff as defined in Section 2060.309(a) of this Part. Individuals who have been in residence for at least three months without relapse may be used to fulfill any remaining staff requirements.
- e) **Level IV: Medically Managed Intensive Inpatient**  
Inpatient subacute residential substance abuse treatment for patients whose acute bio/medical/emotional/behavioral problems are severe enough to require primary medical and nursing care services. Such services are for adults or adolescents and require 24 hours medically directed evaluation, care and treatment and that a physician see the patient daily.

(Source: Amended at 25 Ill. Reg. 11063, effective August 14, 2001)

**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH**  
**CHAPTER X: DEPARTMENT OF HUMAN SERVICES**  
**SUBCHAPTER d: LICENSURE**  
**PART 2060 ALCOHOLISM AND SUBSTANCE ABUSE TREATMENT AND**  
**INTERVENTION LICENSES**  
**SECTION 2060.405 DETOXIFICATION**

---

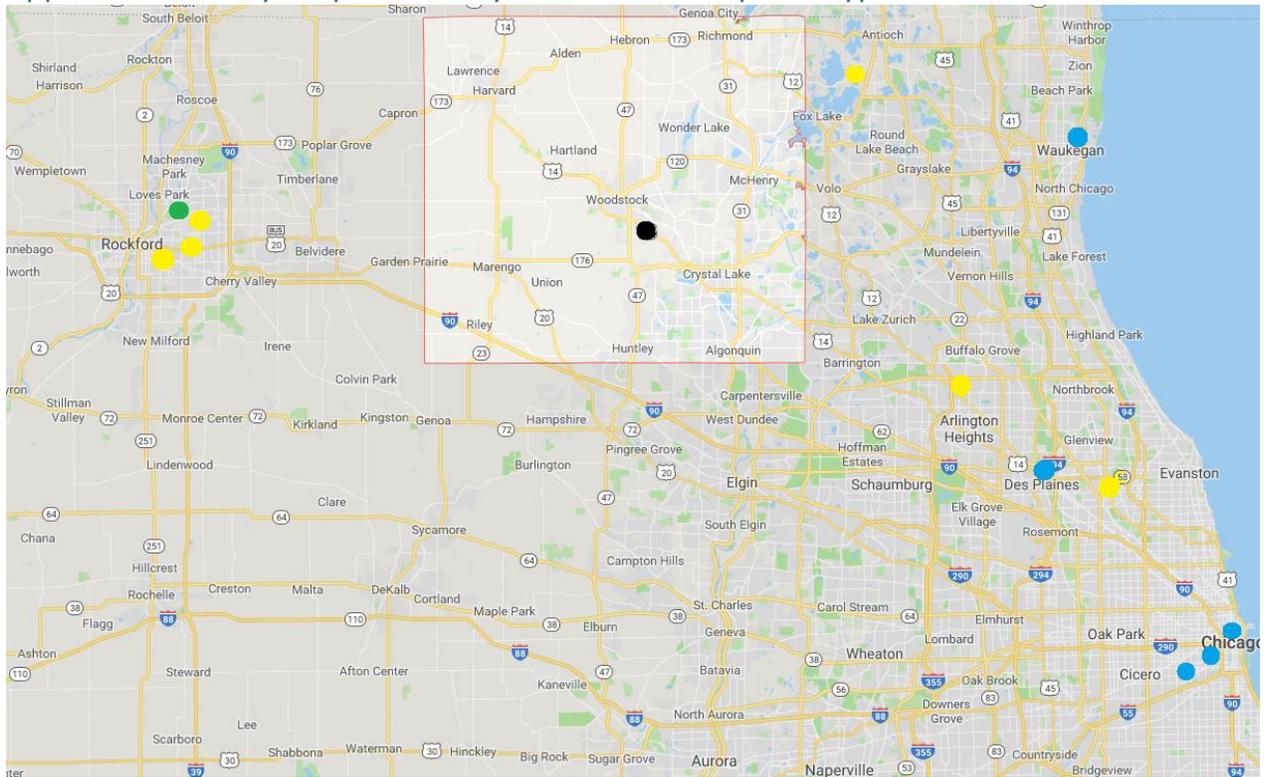
**Section 2060.405 Detoxification**

The medical director, as referenced in Section 2060.413 of this Part, shall develop protocols and authorize procedures for the medical supervision of and the staffing pattern for any patient receiving ambulatory or clinically managed residential detoxification as specified in the ASAM Patient Placement Criteria. All other detoxification shall be medically monitored or managed by a physician according the specifications contained in the ASAM Patient Placement Criteria and as follows:

- a) **Medically Monitored (Level III.7-D)**  
Medically monitored detoxification is for adults and adolescents. At least two staff persons shall provide 24 hour observation, monitoring and treatment, one of whom shall meet the staff qualifications specified in Section 2060.309(c) of this Part.
- b) **Medically Managed (Level IV-D)**  
Medically managed detoxification is for adults and adolescents. However, medically managed opioid maintenance therapy shall only be used for adolescents age 16 and 17. At least two staff persons shall provide 24 hour observation, monitoring and treatment, one of whom shall meet the staff qualifications specified in Section 2060.309(c) of this Part. Medically managed detoxification also requires that a physician see the patient daily.

(Source: Amended at 25 Ill. Reg. 11063, effective August 14, 2001)

## Appendix 4: Survey Respondents by location and response type



Key:

Dot Color	Meaning
Black	Responded to survey, but location is within McHenry County
Green	Responded to survey, but did not serve McHenry County residents
Yellow	Responded to survey, serves McHenry County residents, but does not provide Level 3 or Level 4 services
Blue	Responded to survey, serves McHenry County residents, and provides Level 3 or Level 4 services

## Bibliography

---

- <sup>1</sup> The Institute for Health Metrics and Evaluation. (2015). *COUNTY PROFILE: McHenry County, Illinois*. [http://www.healthdata.org/sites/default/files/files/county\\_profiles/US/2015/County\\_Report\\_McHenry\\_County\\_Illinois.pdf](http://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_McHenry_County_Illinois.pdf)
- <sup>2</sup> Quinones, S. (2015). *Dreamland*. New York: Bloomsbury Press.
- <sup>3</sup> Kaiser Health News. (2018). *Purdue and the OxyContin Files*. <https://khn.org/news/purdue-and-the-oxycontin-files/>
- <sup>4</sup> Quinones, S. (2015). *Dreamland*. New York: Bloomsbury Press.
- <sup>5</sup> <https://www.youtube.com/watch?v=Er78Dj5hyel>
- <sup>6</sup> National Institute of Health. *Biology of Addiction: Drugs and Alcohol Can Hijack Your Brain*. <https://newsinhealth.nih.gov/2015/10/biology-addiction>
- <sup>7</sup> Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition.
- <sup>8</sup> Vestal, C. (2016). *Few Doctors are Willing, Able to Prescribe Powerful Anti-Addiction Drugs*. PEW Trusts. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/01/15/few-doctors-are-willing-able-to-prescribe-powerful-anti-addiction-drugs>
- <sup>9</sup> National Institute on Drug Abuse. *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)*. <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>
- <sup>10</sup> Illinois Department of Public Health. (2017) *State of Illinois Opioid Action Plan*. <http://www.dph.illinois.gov/sites/default/files/publications/illinois-opioid-action-plan-sept-6-2017-final.pdf>
- <sup>11</sup> Alcohol.org. (2018). *Statistics & Information on Alcoholism & Addiction Treatment Help* <https://www.alcohol.org/statistics-information/>
- <sup>12</sup> Parity@10. (2018). *Policy Brief: End Discrimination in Mental Health & Addiction Insurance Coverage: Save Lives and Reduce Costs*.
- <sup>13</sup> United States Surgeon General. *Key Findings: Health Care Systems and Substance Use Disorders*. <https://addiction.surgeongeneral.gov/key-findings/health-care-systems>
- <sup>14</sup> Illinois General Assembly. Public Act 100-1024. <http://ilga.gov/legislation/publicacts/100/PDF/100-1024.pdf>
- <sup>15</sup> The Kennedy Forum. (2018). *Recent State Parity Successes*.

---

<sup>16</sup> Illinois Department of Healthcare and Family Services. *Better Care Illinois: Behavioral Health Initiative*. <https://www.illinois.gov/hfs/SiteCollectionDocuments/BetterCareIllinoisFAQs.pdf>

<sup>17</sup> Illinois Department of Public Health. (2017) *State of Illinois Opioid Action Plan*. <http://www.dph.illinois.gov/sites/default/files/publications/illinois-opioid-action-plan-sept-6-2017-final.pdf>

<sup>18</sup> Alcohol.org. (2018). *Statistics & Information on Alcoholism & Addiction Treatment Help* <https://www.alcohol.org/statistics-information/>

<sup>19</sup> Harm Reduction Coalition. *Understanding Naloxone*. <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>

<sup>20</sup> The National Alliance of Advocates for Buprenorphine Treatment. *What exactly is Buprenorphine?* [http://www.naabt.org/faq\\_answers.cfm?ID=2](http://www.naabt.org/faq_answers.cfm?ID=2)

<sup>21</sup> Substance Abuse and Mental Health Services Administration. (2019). *Methadone*. <https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>

<sup>22</sup> United States Drug Enforcement Administration. *Drug Scheduling*. <https://www.dea.gov/drug-scheduling>

<sup>23</sup> American Addiction Centers. (2019). *What to Know About Methadone Clinics*. <https://americanaddictioncenters.org/methadone-addiction/clinic-facts>

<sup>24</sup> Substance Abuse and Mental Health Services Administration. (2019). *Methadone*. <https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>

<sup>25</sup> Substance Abuse and Mental Health Services Administration. (2019). *Naltrexone*. <https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>

<sup>26</sup> American Addiction Centers. (2018). *Using Disulfiram to Treat Alcoholism and Alcohol Abuse*. <https://americanaddictioncenters.org/addiction-medications/disulfiram>

<sup>27</sup> Illinois Department of Human Services. (2019). *SUPR Licensed Sites Sorted by County/City/Township-CCA/Program Name*. [https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By\\_Division/OASA/Licensure/SUPR\\_LicenseDirectorybyCountyCityCCA.pdf](https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/OASA/Licensure/SUPR_LicenseDirectorybyCountyCityCCA.pdf)

<sup>28</sup> American Society of Addiction Medicine. (2015). *What are the ASAM Level of Care?* <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>

<sup>29</sup> Illinois Department of Human Services. *Division of Alcoholism and Substance Abuse Brochure*. <https://www.dhs.state.il.us/OneNetLibrary/27897/documents/Brochures/4650.pdf>

<sup>30</sup> United States Census Bureau. *QuickFacts: McHenry County, Illinois*. <https://www.census.gov/quickfacts/fact/table/mchenrycountyillinois,il/PST045218>

- 
- <sup>31</sup> Data USA. McHenry County, IL. <https://datausa.io/profile/geo/mchenry-county-il/>
- <sup>32</sup> Illinois Department of Public Health. (2016). *The percent change in opioid and/or heroin overdose-related Emergency Department visits in 2015 as compared to 2010*
- <sup>33</sup> McHenry County Coroner's Office. (2019). *McHenry County Coroner Statistical Report*. <https://www.mchenrycountyil.gov/county-government/departments-a-i/coroner/statistical-information>
- <sup>34</sup> Illinois Department of Public Health. *Opioid Data Dashboard*. <https://idph.illinois.gov/OpioidDataDashboard/>
- <sup>35</sup> Illinois State Police. (2016). *Index Crime & Crime Rate Data*. [http://www.isp.state.il.us/docs/cii/cii16/cii16\\_SectionI\\_Pg11\\_to\\_246.pdf](http://www.isp.state.il.us/docs/cii/cii16/cii16_SectionI_Pg11_to_246.pdf)
- <sup>36</sup> Alliance Against Intoxicated Motorists. *2017 DUI Counts*. <https://www.aaim1.org/dui-counts.html>
- <sup>37</sup> Illinois State Police. *2015 DUI Counts*. <https://nebula.wsimg.com/0c2115c360ba2870bedbc281cab164b9?AccessKeyId=E7C7EABFAE18EEDA1FC1&disposition=0&alloworigin=1>
- <sup>38</sup> The Institute for Health Metrics and Evaluation. (2015). *COUNTY PROFILE: McHenry County, Illinois*. [http://www.healthdata.org/sites/default/files/files/county\\_profiles/US/2015/County\\_Report\\_McHenry\\_County\\_Illinois.pdf](http://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_McHenry_County_Illinois.pdf)
- <sup>39</sup> McHenry County. *A Way Out*. <https://www.mchenrycountyil.gov/home/showdocument?id=92031>
- <sup>40</sup> Illinois Department of Public Health. *Opioid Data Dashboard*. <https://idph.illinois.gov/OpioidDataDashboard/>
- <sup>41</sup> Pathway to Hope. *Alcohol Addiction*. <https://pathwaytohope.net/alcohol/>
- <sup>42</sup> Ill. Admin. Code tit. 77, § 2060.401  
<http://www.ilga.gov/commission/jcar/admincode/077/077020600D04010R.html>
- <sup>43</sup> Ill. Admin. Code tit. 77, § 2060.405  
<http://www.ilga.gov/commission/jcar/admincode/077/077020600D04050R.html>