

Lake County Opioid Settlement Strategy Report

October 2024



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TABLE OF CONTENTS

Executive Summary.....3

Introduction and Project Background.....6

 Overview of Lake County Settlement Funds 7

 Use of Settlement Funds Agreement 8

 Best Practices and National Framework for Spending 9

Qualitative Data Findings 11

 Research Methodology 11

 Limitations in Data Collection 12

 Qualitative Data Key Themes 12

Quantitative Data Findings.....16

 Research Methodology 16

 Data Limitations 16

 Quantitative Data Findings 17

Recommendations 23

 Process Recommendations 23

 Funding Strategy Recommendations 26

Conclusion.....28

Acknowledgments.....28

Appendix.....29

 Appendix A: Glossary 29

 Appendix B: Illinois Opioid Settlement Agreement Approved Uses 31

 Appendix C: Organizations Represented in Qualitative Data 34

EXECUTIVE SUMMARY

Background

In the Summer of 2024, Lake County, IL, partnered with Third Horizon (TH) to help develop a plan to address the opioid crisis. The goals of the project included:

- Meeting with county staff and community members to gather perspectives and find areas where help is needed.
- Listening to community members to gather and analyze feedback about the current situation and the effectiveness of how the county spends its dollars to address substance use needs
- Publishing a report that shares an analysis of the collected data with recommendations on using the opioid settlement funds in Lake County.

Approach

TH reviewed community input, data, and National opioid settlement spending best practices. To gather community input, TH conducted focus groups, community town halls, and listening sessions in July and August 2024. The Lake County Health Department supplied data from various sources, including Emergency Medical Services (EMS), Illinois Department of Public Health (IDPH) Vital Statistics, ESSENCE, and the county coroner. TH also analyzed demographic information from publicly available datasets such as the American Community Survey and the US Census Bureau.

Community Input Summary

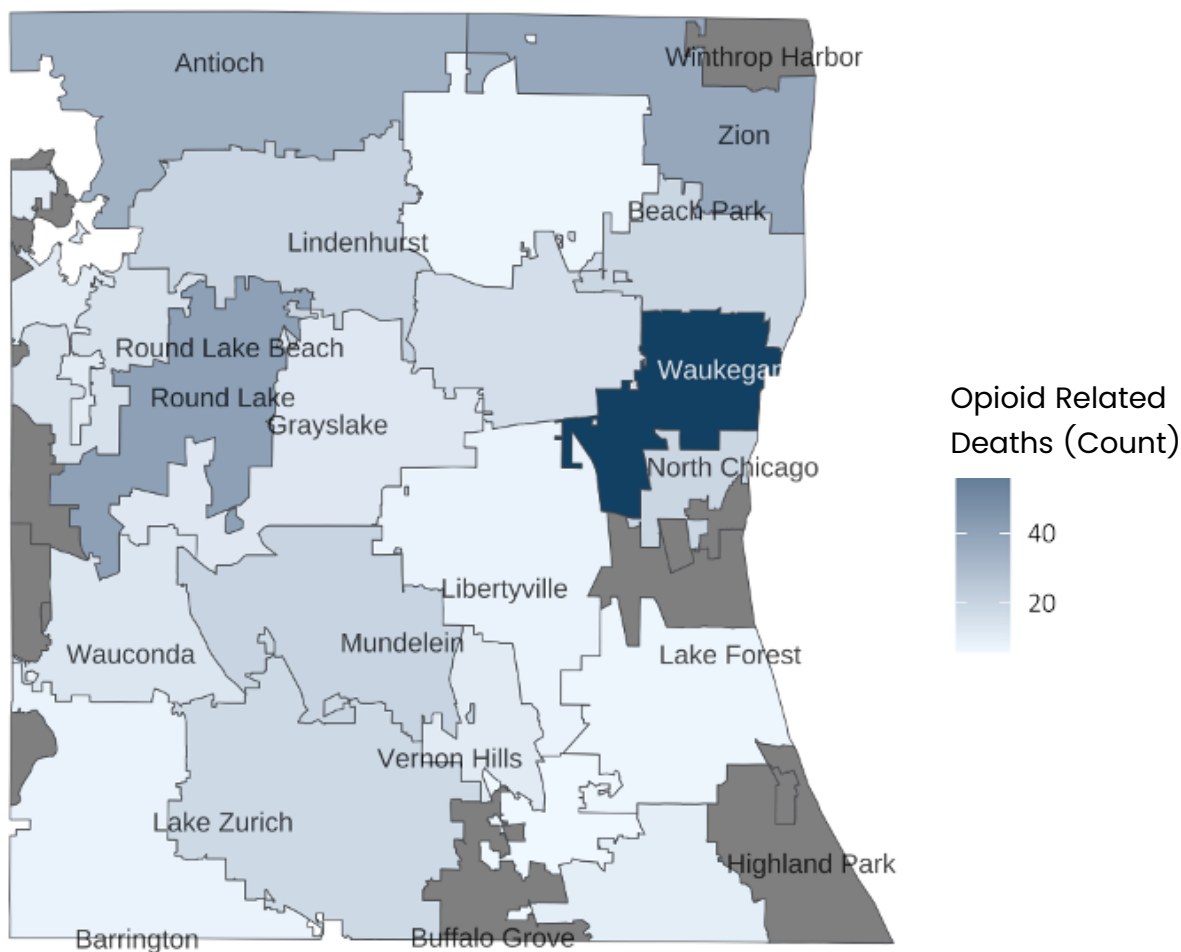
TH identified common themes through its community engagement activities, which informed the broader strategy recommendations. These themes included:

	The importance of engaging community members with lived experiences and “boots on the ground” organizations as vital contributors to defining strategic priorities.
	Upstream factors and social determinants of health, such as access to affordable housing and consistent transportation, can pose significant barriers to recovery and require dedicated resources.
	Community stigma and a general lack of cultural and linguistic competency hinder access to treatment and recovery services.
	Increasing prevention, early intervention, and education are vital as young people are a population of focus.
	Care for mental health and substance use disorders happening at the same time and comprehensive wraparound services can create a better environment for recovery.
	Hiring and keeping a quality workforce for the opioid use disorder system is difficult but must remain a primary focus.
	Planning for and utilizing opioid settlement funds must be transparent and include the entire County.

Data Findings

TH's analysis found differences in health based on where people live, their earnings, and their race/ethnicity. The poverty rate in northeastern parts of the county, like North Chicago, Waukegan, and Zion, is the highest in Lake County. These areas have more Black and Hispanic/Latinx residents compared to other parts of the county. The data shows inequities in these locations related to social needs such as food insecurity, crowded housing, and lack of vehicle access.

Over the past five years, opioid-related deaths in Lake County have continued to rise, disproportionately affecting marginalized communities. Although Black people make up only 7 percent of the county's population, they represent 20 percent of all opioid-related deaths from 2018 - 2022. During that time period, Waukegan reported the highest number of overdose deaths. In 2023, The recommendations for spending the settlement funds consider this unequal impact and the health challenges faced by different communities in the county.



Source: IDPH Vital Statistics provided to Lake County
ZIP codes in gray indicate data suppression

Recommendations

TH developed recommendations to help guide how Lake County spends money from the opioid settlements. The suggestions are based on national guidelines, best practices, community feedback, data, and input from county leaders. The recommendations are split into two parts. The first part focuses on how the county should manage the money to ensure it is shared equitably and openly. The second part recommends where the money should go and how the county should gather ongoing feedback and set funding priorities.

KEY FUNDING STRATEGIES

PROCESS RECOMMENDATIONS

RECOMMENDATION 1:

Adopt the National Principles of Opioid Settlement Fund Spending, adapted to meet community needs.

RECOMMENDATION 2:

Develop an evaluation and measurement strategy for ongoing performance monitoring of program goals.

RECOMMENDATION 3:

Publish a website for opioid funding initiatives.

RECOMMENDATION 4:

Continue engagement with other county departments and agencies to ensure coordination of program funding.

RECOMMENDATION 5:

Seek continuous community engagement throughout funding strategy planning and distribution.

FUNDING STRATEGY RECOMMENDATIONS

RECOMMENDATION 6:

Prioritize initial funding opportunities to address immediate community gaps.

- OUD recovery and support services, such as withdrawal management
- Case management and individualized assistance in navigating treatment and recovery services
- Address social drivers of health, e.g. limited public transportation, lack of stable housing and limited access to care for individuals uninsured or on Medicaid
- Services to reduce drug-related risks and harms
- Upstream prevention interventions with youth

RECOMMENDATION 7:

Identify existing community assets and gaps to guide future funding priorities.

INTRODUCTION AND PROJECT BACKGROUND

The opioid epidemic presents a critical public health challenge, both nationally and locally. Nationally, [over 500,000 people have died](#) from an opioid overdose since 1999, with a nearly 30 percent increase from 2019 to 2020. As of April 2024, an estimated [101,168 individuals nationwide have died from a drug](#) (including opiates) overdose within the prior 12 months. In 2022, the [Illinois Department of Public Health reported](#) 3,261 fatal opioid overdoses across the state. From 2013 to 2022, overdose deaths due to synthetic opioids [increased by 3,341 percent](#).¹

In Lake County, IL, the [2023 Coroner's Report](#) identified drug overdose as the leading cause of accidental death, showing an almost 9 percent increase in 2023 over 2022. In 2023, 83 percent of overdose deaths involved opioids (112 of the 135), 97 of which contained fentanyl. From January 1, 2020, to September 27, 2024, the greatest number of overdose deaths from any drug occurred in Waukegan (149), North Chicago (43), Zion (42), and Antioch (33) ([Lake County Coroner's Dashboard](#)). Addressing this escalating crisis is essential to safeguarding public health in Lake County.

In July 2024, Lake County contracted with Third Horizon (TH), a Chicago-based boutique advisory firm focused on shaping a future system that actualizes a sustainable culture of health nationwide to support the development of a strategic plan to address the opioid crisis. The project goals included:

- Meet with County staff and key community members to review quantitative data, collect qualitative data and stakeholder input, and identify gaps in care.
- Facilitate community-wide focus groups and listening sessions to collect and analyze feedback on the system's current state, gaps, and barriers and the success of the fund deployment.
- Publish a report that includes the collected quantitative and qualitative data to help inform strategic planning efforts for distributing the opioid settlement funds across Lake County.

This report is the culmination of TH's work. The report aims to synthesize the available data and community input, identify gaps in the continuum of prevention, treatment, harm reduction, and recovery services, and offer recommendations for opioid abatement and strategic investment of the settlement funds.^{2, 3, 4, 5, 6}

¹ [Synthetic opioids](#): Substances that are synthesized in a laboratory and act on the same targets in the brain as natural opioids.

² [Prevention](#): Education and support for individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.

³ [Treatment](#): Evidence-based programs that change thoughts and behaviors, and, if needed, manage physical dependence on drugs or alcohol.

⁴ [Harm reduction](#): An evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.

⁵ [Recovery](#): A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

⁶ [Abatement fund](#) typically refers to a fund or statutory trust that is set aside specifically and exclusively for future opioid remediation and appropriated separately from general coffer monies.

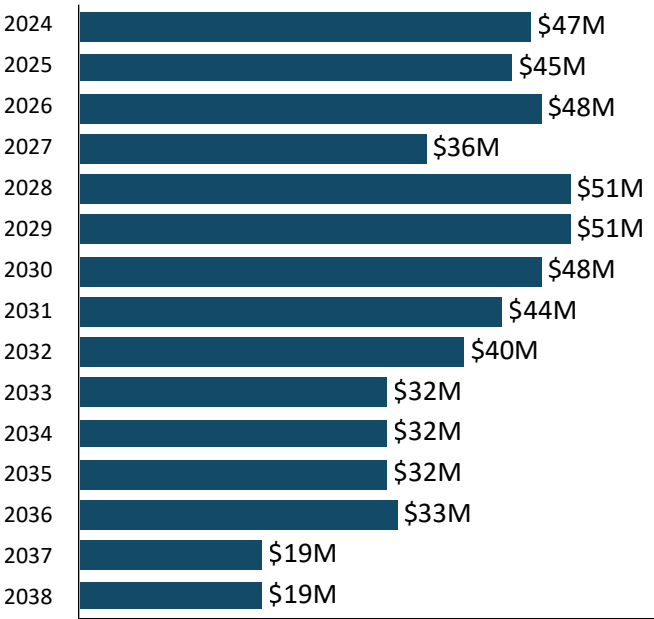
Overview of Lake County Settlement Funds

In response to the opioid crisis, numerous states and local governments filed lawsuits claiming significant damages against the manufacturers and distributors of opioids, which has resulted in tens of billions of dollars in settlements. The settlement funds support opioid abatement efforts, with amounts and distribution timelines varying by location and other factors. The settlement agreements include guidelines for how communities can expend the dollars to address the opioid epidemic through remediation. The State of Illinois and Lake County signed on to the agreements. As of May 2023, Illinois is estimated to receive [\\$760 million in settlement funds](#) to provide expenditures for prevention, treatment, and recovery to address the opioid crisis. More recent estimates, however, project the state will receive more than [\\$1.3 billion in opioid settlement](#) payouts by 2038. The first of these funds were distributed in October of 2022 and are expected to continue through 2038 (Figure 1).

The [Illinois Opioid Allocation Agreement](#) (Agreement) governs how funds from opioid settlements can be used throughout Illinois. The Agreement states that 55 percent of funds will go to the Illinois Opioid Remediation Fund, 20 percent to the state, and 25 percent to local governmental units, which include all counties and eligible municipalities.⁷ Figure 2 shows the payment distribution percentages to date.

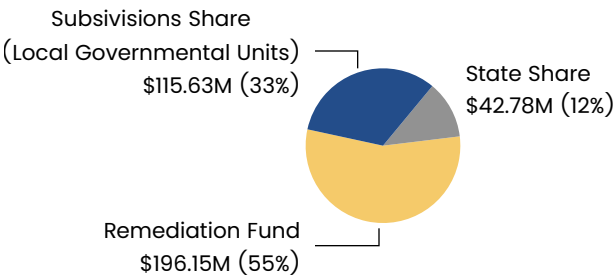
⁷ [Illinois Opioid Remediation Fund](#): The escrow fund that will be established to hold certain monies distributed or directed to be distributed by the Attorney General into such fund pursuant to Illinois Opioid. Allocation Agreement, which are directed for distribution by an agency of the State of Illinois and shall be exclusively used for programs and purposes that address Illinois’ opioid crisis and its collateral damage, including but not limited to programs and grants that address the opioid epidemic through prevention, treatment, harm reduction, and sustained recovery.

Figure 1: Estimated Distribution of Opioid Settlement Funds for Illinois, 2024–2038



Source: [Illinois Opioid Settlement Initiative](#)

Figure 2: National Opioid Settlement Payments Distributed to Date by Group in Illinois, 2022–2024

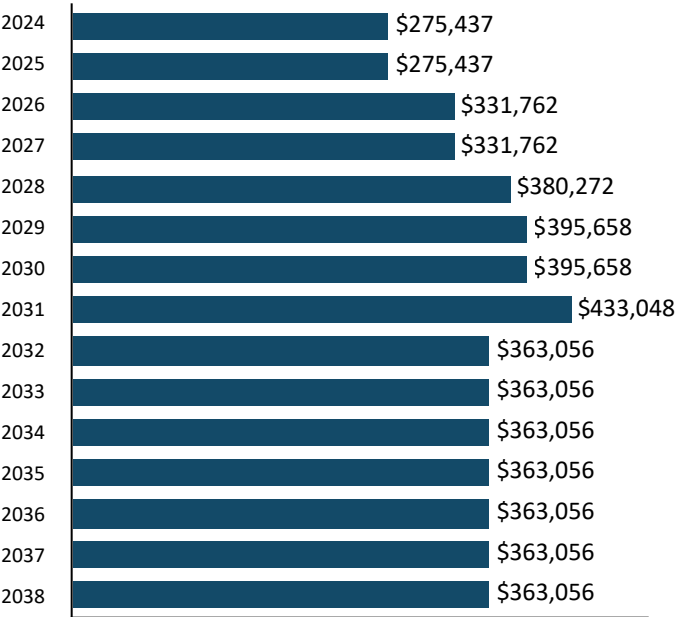


Source: [Illinois Opioid Settlement Initiatives](#)

As of March 2024, Lake County is anticipated to receive 5.43 percent (\$6,912,568) of the total funds allocated to IL counties from 13 different opioid settlements between 2022

and 2038. Figure 3 shows the estimated distribution of settlement funds for Lake County from 2024 through 2038.

Figure 3: Estimated Distribution of Opioid Settlement Funds for Lake County, 2024–2038



Source: [Kaiser Family Foundation](#)

In the same period, four municipalities within the county will also receive a direct allocation of funds per the Agreement (Figure 4).

Figure 4: Lake County Municipalities Receiving Illinois Opioid Allocation Agreement Funds

Qualifying Subdivision	Distributors Percentage
Buffalo Grove Village	0.21%
Gurnee Village	0.22%
Mundelein Village	0.16%
Waukegan City	0.41%

Source: [Illinois Opioid Allocation Agreement, Exhibit G](#)

Use of Settlement Funds Agreement

The [Agreement](#) (See Appendix B) states the explicitly approved uses of the settlement funds in Exhibit B- Approved Abatement Programs, also called “Core Strategies.” The listed core strategies are:

- Naloxone or other Food and Drug Administration-approved drug to reverse opioid overdoses
- Medication-assisted treatment (MAT) distribution and other opioid-related treatment⁸
- Pregnant and postpartum women
- Expanding treatment for neonatal abstinence syndrome⁹
- Expansion of warm hand-off programs and recovery services
- Treatment for the incarcerated population
- Prevention programs
- Expanding syringe service programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

Lake County aims to ensure transparent, data-informed allocation of opioid abatement funds from the national settlements. The new opioid abatement funding provides a unique opportunity for Lake County to develop a strategy that will enhance and supplement current efforts to reverse the rising trend of overdose deaths.

⁸ [Medication-assisted treatment](#): The use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

⁹ [Neonatal abstinence syndrome](#): A group of withdrawal signs that may occur in a newborn who has been exposed to opioids and other substances.

Best Practices and National Framework for Spending

Several national principles and strategies for responding to the opioid epidemic have been published, offering best practices to inform and guide communities in investing settlement funds. The most prominent framework is the [Principles for the Use of Funds from the Opioid Litigation](#) publication by the Johns Hopkins Bloomberg School of Public Health (Hopkins Principles), which is widely referenced in the literature and was developed through a consensus process with an expert panel. The Hopkins Principles are a formative guide on investing opioid settlement funds. Subsequent publications build on these principles and offer strategies and pitfalls to avoid. TH used these seminal documents to help guide the development of recommendations for Lake County and advises Lake County staff to apply the principles and continue monitoring for emerging best practices as the funding strategy and priorities evolve over the opioid settlement funding period.

1. Spend the Money to Save Lives

The first Hopkins Principle defines the importance of establishing a dedicated fund with defined acceptable uses for the dollars. Settlement dollars should supplement rather than supplant existing funding. Furthermore, the Hopkins Principle indicates that jurisdictions should not spend all the money at once but rather use it over time.

2. Use Evidence to Guide Spending

Jurisdictions should direct opioid settlement funds to programs supported by evidence and avoid funding initiatives that have been

HOPKINS PRINCIPLES FOR SPENDING OPIOID SETTLEMENT FUNDS



Spend the Money to Save Lives



Use Evidence to Guide Spending



Invest in Youth Prevention



Focus on Racial Equity



**Develop a Fair and Transparent
Process for Deciding where to
Spend the Funding**

proven ineffective. Additionally, jurisdictions should remove any policy that impedes program effectiveness and enhance data collection capacity to evaluate policies, programs, and strategies to address substance use, focusing on communities of color.

3. Invest in Youth Prevention

Youth primary prevention programs address individual risk factors (e.g., favorable attitude towards substance use) and strengthen protective factors (e.g., resiliency.) The third Hopkins Principle states that a comprehensive

approach to reducing the impact of substance use, especially opioids, must include investment in evidence-based primary prevention programs for youth. Jurisdictions should also fund long-term evaluations of youth prevention programs to assess their effectiveness and ensure they achieve the intended outcomes.

4. Focus on Racial Equity

The fourth Hopkins Principle advises that jurisdictions direct substantial funding to communities disproportionately impacted by racial and ethnic discriminatory policies, who are experiencing increases in overdoses, such as communities of color. Communities of color are also more likely to face barriers in accessing high-quality treatment and recovery support services.

5. Develop a Fair and Transparent Process for Deciding Where to Spend the Funding

The final Hopkins Principle states that jurisdictions should make investment decisions through an open and fair process and use data to identify areas where additional funds could have the greatest impact. Processes should be guided by public health leaders with the active engagement of people and families with lived experience, as well as other key groups, including people with firsthand experience working with youth and people who use drugs—including prevention and treatment providers, law enforcement personnel, recovery community organizations, social service organizations, and others.



QUALITATIVE DATA FINDINGS

Research Methodology

TH used various strategies to obtain community feedback, including organizing seven events (both in-person and virtual sessions) for Lake County residents and key stakeholders to share their views on the current health care delivery system for opioid use disorder, gaps, barriers, and how best to allocate opioid settlement funds. Over 25 organizations were represented in the focus groups and listening sessions (listed in Appendix C).

- TH held three focus groups, averaging about 10 to 15 people: one with people with lived experience, one with youth-serving organizations, and one with behavioral health providers. TH tailored questions to address each audience's unique perspectives and needs.
- TH conducted three town halls for the general public, allowing for open-ended comments from participants. Lake County staff advertised these sessions through email listservs and social media and offered the community to provide written feedback if they could not attend. TH held one town hall in Lake County at the Waukegan Township Patricia Jones Center in the evening and two virtual sessions – one in the morning and one in the evening.
- For the final session, TH partnered with the Lake County Opioid Initiative, a countywide collaborative dedicated to reducing and ending overdose. Given

the group's professional and personal expertise and knowledge of opioid use disorder (OUD) and the large number of attendees, TH used a listening session format.

Focus Groups (3)



- 10–15 in attendance each
 - People with lived experience
 - Youth-serving organizations
 - Direct treatment providers
- Tailored invite list and questions

Town Halls (3)



- Open to the public
- Advertised by Lake County on social media
- One in person at Waukegan Township Patricia Jones Center
- Two virtual events (scheduled in the morning and evening respectively)

Listening Session (1)



- Held with Lake County Opioid Initiative
- Large collaborative with deep knowledge of OUD
- Many members involved

Limitations in Data Collection

The following data limitations should be considered when reviewing the findings and were considered when designing the recommendations:

- **Selection bias:** Lake County staff selected the focus group participants based on a select invitee list with input from TH, potentially limiting the inclusion of all relevant individuals or organizations that could have contributed to or benefited from the discussions. However, the listening session participants joined at their own discretion.
- **Participant knowledge variability:** Participants had a variety of base-level knowledge of the OUD care delivery system elements and related social drivers of health. Some members were familiar only with some parts of the systems, while others were aware of multiple factors.
- **Small sample sizes:** While the town halls were in person or virtually held at varying hours before, during, and after the workday, the number of individuals informed of these sessions may be limited. This limits the reliability of the study's results in generalizing to the broader population.
- **Moderator Bias:** Participant responses may have been limited or influenced by the presence of a moderator in the focus groups. Although participants were told that comments made would not be attributed to them, they may have hesitated to share openly due to concern about attribution.

Qualitative Data Key Themes



Participants stressed the importance of engaging community members with lived experience and “boots on the ground”

organizations as vital contributors to defining strategic priorities.

Community members repeatedly noted the importance of engaging individuals with lived experience in the planning and implementation processes. Participants indicated that ensuring the voices of those directly affected by opioid use and addiction are heard and considered will lead to more effective and responsive solutions. Similarly, many residents noted that more traditional funding streams align better with the established nature of larger organizations than with smaller grassroots organizations.

Another common theme was an interest in funding existing organizations rather than using the money to build new programs. For example, the Northern Illinois Recovery Community Organization (NIRCO) addresses a critical gap in Lake County's OUD continuum of care by providing various recovery resources in a community where recovery services have traditionally lagged behind prevention and treatment efforts. Participants indicated that funding pre-established organizations, like NIRCO, will be much more effective and efficient than setting up new programs.



Upstream factors and social determinants of health can pose significant barriers to recovery and require dedicated resources.

Participants emphasized that social determinants of health affect individuals with OUD in Lake County.¹⁰ Many community members stressed the importance of addressing housing and transportation barriers, which are crucial for individuals seeking treatment and recovery. Lake County encompasses a vast geographic area with limited access to public transportation.

Affordable housing was also mentioned as a significant issue in Lake County. Specifically, many community members noted that sober living resources are full, posing an issue for sustained recovery upon discharge from treatment.

Participants indicated that individuals in the criminal justice system face barriers to accessing social determinants of health, particularly housing. Like individuals discharged from treatment without stable housing, if individuals involved in the criminal justice system are released from incarceration and have an OUD, are receiving services, or are in recovery, their recovery journey will be affected by limited access to stable housing.

Community members also noted that insurance and the cost of care are barriers to OUD services. Uninsured individuals have limited access to care; however, even those with insurance often face challenges in obtaining the needed services. One participant noted significant challenges in

finding resources, including providers who are in-network and are taking new clients.



Community stigma and a general lack of cultural and linguistic competency hinder access to treatment and recovery services.

Multiple stakeholders identified community stigma as a significant barrier to addressing OUD in Lake County. One way stigma is perpetuated, according to participants, is through the use of certain words or phrases that have negative connotations toward individuals with an OUD. One community member suggested using the [SAMHSA definition](#) of recovery widely because of its inclusivity.

SAMHSA DEFINITION OF RECOVERY

A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

To combat stigma, it is essential to cultivate a culture of understanding and support, promoting empathy and reducing judgment. Participants suggested that advocacy efforts should focus on increasing public awareness and support for those affected by addiction, highlighting successful recovery stories to shift societal perceptions.

Stigma is also an issue in health care settings. People with lived experience noted they felt providers were condescending towards them because they had been diagnosed with an

¹⁰ [Social determinants of health](#): Nonmedical factors that influence health outcomes.

OOD. Participants recommended training for providers on empathy, OOD as a chronic health condition, and how to provide trauma-informed care to mitigate these issues.

Another critical issue raised by participants is the need to enhance cultural competency along the spectrum of care for organizations and providers. This may include addressing barriers related to language, cultural differences, and the needs of specific communities. Community members noted that the current system often follows a one-size-fits-all model, which may not suit everyone. More personalized and holistic approaches that address individual needs within and beyond treatment are vital, especially for people of color, those who speak English as a second language, pregnant or postpartum individuals, or individuals experiencing intimate partner violence.



Increasing prevention, early intervention, and education are vital as young people are a population of focus.

A common theme among participants was the importance of increasing prevention efforts, especially among youth populations. Participants suggested there should be more focus on early intervention strategies and educational programs to address substance use before it escalates.¹¹

Community members have noticed that youth are starting to use substances earlier than in the past, making prevention and early intervention even more important.

Participants proposed technology could be an effective way to engage young people, given their proficiency and frequent use of digital platforms. Others mentioned the need for support groups or similar services to help friends and family members of an individual with an OOD or mental health condition.

Participants also said that alongside prevention efforts mainly targeted at youth, there is a need for increased public awareness and education about addiction, treatment options, and recovery paths. This includes combating misinformation, improving the portrayal of OOD in media and public resources, and discontinuing condescending or patronizing language. Further community education on OOD could mitigate these challenges and enable greater access to care.



Integrated care for concurrent health conditions and comprehensive wraparound services can create a better environment for recovery.

Community members and providers noted the inextricable relationship between mental health and OOD and indicated a need for better coordinated and integrated care. Many residents agreed that the service delivery system is complex, fragmented, and challenging for those in need to navigate effectively. Providers may also be unaware of the resources and services available through community organizations, resulting in siloed operations. Therefore, increased care

¹¹ **Early intervention:** Activities to reduce the harms associated with substance misuse, to reduce risk behaviors before they lead to injury, to improve health and social function, and to prevent progression to a disorder and subsequent need for specialty substance use disorder services.

coordination is important for building a more efficient and effective system.¹²

Participants noted that along with care coordination, case management is needed to provide continuous support for individuals with an OUD and address social health determinants of health.¹³ Although Lake County provides a range of valuable resources, access to detox and withdrawal management is limited in the county. Multiple people noted that treatment centers often refer patients to withdrawal management services outside of Lake County because they are not available locally.¹⁴



Hiring and retaining a quality workforce for the OUD system is difficult but must remain a primary focus.

Participants shared that attracting and retaining a skilled workforce is extremely difficult across the variety of roles individuals fill in the OUD care continuum in Lake County. Multiple providers noted that offering competitive salaries and benefits is challenging compared to other jobs with similar education and training requirements. Providers also stated the importance of offering respite services for professionals because of the taxing nature of OUD-related work.



Planning for and implementing opioid settlement funds must be transparent and inclusive.

Participants highlighted that Lake County should ensure transparency throughout the opioid settlement funds process. From planning to allocation and follow-up, the community should know how the money was spent. Community members noted that, historically, program planning has involved gathering input from residents at just a single stage in the planning process. However, many seek ongoing collaboration during the planning and implementation phases and communication efforts to keep County residents informed.

Community members also noted that making grants accessible for all entities is essential, stating that, in the past, grassroots organizations without experience applying for grants did not feel comfortable or able to apply due to their lack of familiarity with the application process. Others noted that ensuring all related information, whether updates on the settlement funds or requests for proposals (RFPs), should be in other languages besides English. Generally, people wanted to ensure all interested community members and organizations know about funding opportunities and can apply.

¹² **Care coordination:** Population health strategies to manage the many needs of a population of patients, often by determining specific sub-groups who should receive case management services.

¹³ **Case management:** A health care process in which a professional helps a patient or client develop a plan that coordinates and integrates the support services that the patient/client needs to optimize the health care and psychosocial possible goals and outcomes.

¹⁴ **Withdrawal management:** Services designed to manage intoxication or withdrawal episodes (previously referred to as detoxification), interrupt the momentum of habitual, compulsive substance use and begin the initial engagement in medically necessary substance use disorder treatment.

QUANTITATIVE DATA FINDINGS

Research Methodology

TH used a variety of existing data sources to conduct the quantitative analysis. Data were gathered through the Lake County Health Department from sources such as Biospatial (EMS data), Illinois Department of Public Health (IDPH) Vital Statistics, ESSENCE (ED visit data), and the county coroner. TH also used publicly available data sources such as the American Community Survey and the US Census Bureau to review demographic data. TH obtained data for the most recent available years, often 2022 or 2023.

Data Limitations

The following data limitations should be considered when reviewing the findings:

1. **Temporal coverage and data gaps:** Some datasets cover different periods or have gaps in coverage. For instance, ED visits data from the same source as mortality and inpatient statistics span from 2018 to 2022, while ESSENCE ED visit data extends from 2016 to 2023. Some statistics are available month by month, while others are available only annually. These discrepancies in temporal coverage can complicate longitudinal analyses. Where possible, 2022 data was used; in all other cases where a single year was examined, the most recent year of data was used.
2. **Access to County-level data:** This analysis relies primarily on aggregated data from multiple sources accessible to the Lake County Health Department.¹⁵ Due to the

restrictions outlined in the Department's data usage agreements, only aggregated case counts stratified by time, demographics, and geography were available, limiting the ability to conduct individual-level analyses or identify trends over time. Additionally, inpatient visit data could not be stratified by individual hospitals.

3. **Data source variation:** The data sources used in this analysis differ fundamentally in their data collection methods, measured outcomes, and units of analysis (e.g., individuals vs. events), limiting the ability to integrate or compare trends across different data sources.
4. **Representativeness and underreporting:** Overdoses occur across diverse settings (e.g., EDs, EMS, homes, public spaces, rural vs. urban areas, etc.), and no single data source captures all overdose events. Many overdoses go unreported due to factors such as stigma, limited access to health care, and incomplete reporting or documentation, which may underestimate the true burden of opioid misuse and overdose and limit the characterization of populations to specific time and space and the generalizability of the findings.
5. **Data suppression and proprietary data:** To protect privacy and confidentiality, small case counts (fewer than 5 or 10, depending on the data source) are suppressed. Additionally, hospital-level data are confidential and treated as proprietary to the hospital, making them unavailable for inclusion in this analysis.

Detailed data methodology can be found [here](#).

¹⁵ [Aggregated data](#): The process where raw data is gathered and expressed in a summary form for statistical analysis.

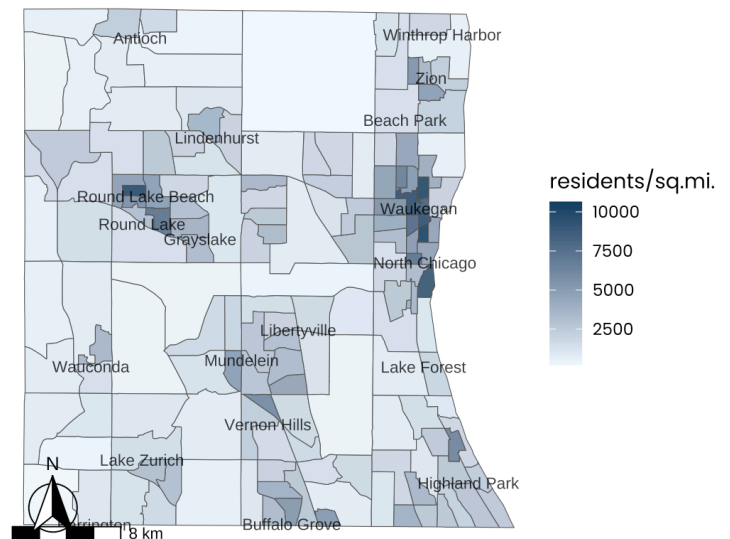
Quantitative Data Findings

Countywide Demographics

The [US Census 2020](#) measured the population of Lake County at 714,342. Lake County is majority (57 percent) non-Hispanic White, with 24 percent of residents identifying as Hispanic/Latinx and 7 percent identifying as non-Hispanic Black. Across the county, there are more populous areas in North Chicago, Waukegan, and the Round Lake area and fewer residents further west in Wauconda and Antioch (Figure 5). Most Black residents reside in the northeastern part of the county, with predominantly Black communities around Waukegan and North Chicago. Hispanic/Latinx residents, making up a larger share of the total population, are distributed across the county, particularly in the northern half (Figure 6). Most Hispanic/Latinx

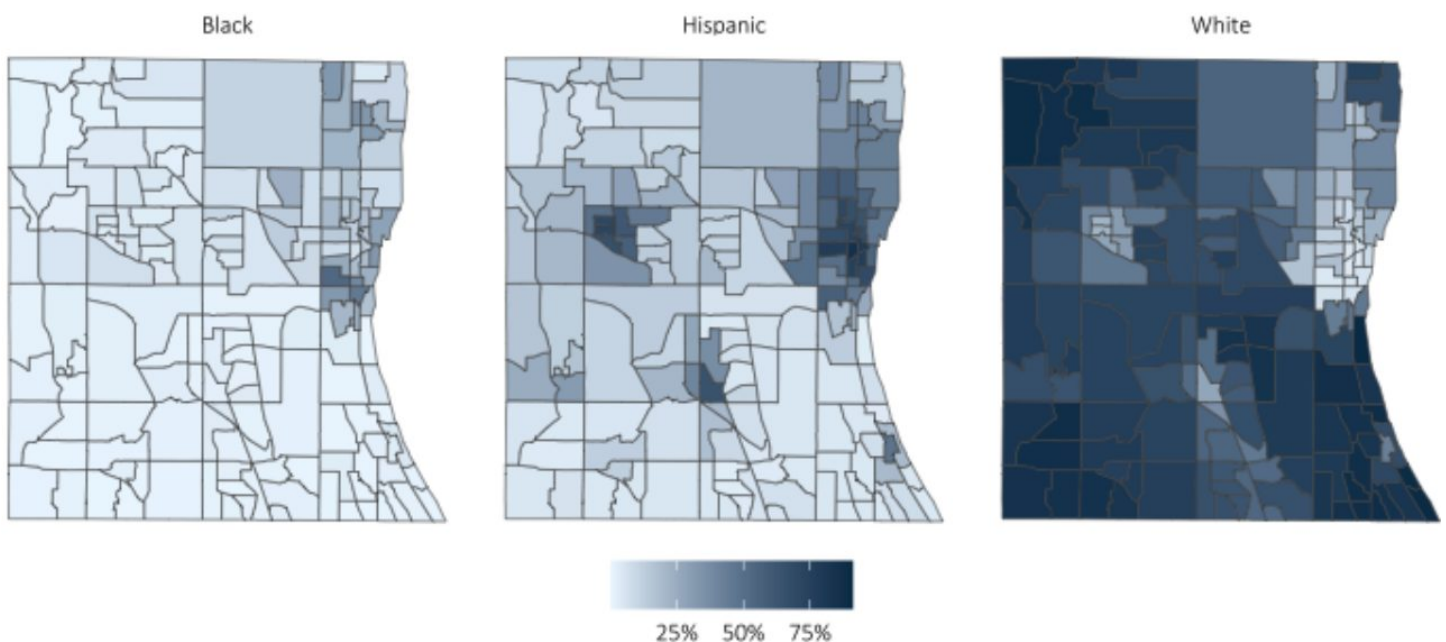
communities are in the population-dense areas of Waukegan (northeast), the Round Lake area (northwest), and Mundelein.

Figure 5: Lake County, IL Population Density by 2020 Census Tract



Source: American Community Survey 5-year estimates 2018-2022 and OpenStreetMap

Figure 6: Lake County, IL percent of non-Hispanic Black, Hispanic, non-Hispanic White by 2020 Census Tract



Source: [US Census 2020](#)

Countywide Social Disparity Findings

TH’s analysis found evidence of socioeconomic, geographic, and racial/ethnic health disparities within Lake County. This racial and ethnic distribution across the county aligns with several challenges for communities of color. The cities in Figure 7 have the highest poverty rates in the county and higher populations of communities of color. These communities are disproportionately uninsured, impacted by crowded housing, and have limited access to

vehicles when compared to the rest of the county.

Twenty-one percent of Black individuals within Lake County and 12.8 percent of Hispanic/Latinx individuals live below the federal poverty rate, compared to only 4.9 percent of White individuals and 7.9 percent for the whole county. Black individuals had the highest rate of unemployment, at 10.6 percent. The Hispanic/Latinx population had the highest rates of uninsured and crowded housing-occupied units, more than double the rate of any other group (see Figure 8).

Figure 7: Social Determinant of Health Indicators in Lake County Cities with Highest Rates of Poverty, (5-Year Estimates 2018–2022)

City	Median Household Income	Poverty Rate	Uninsured Rate	Unemployment Rate	Percentage of Crowded Housing Occupied Units	Percentage of Household with No Vehicle Access
North Chicago	\$47,690	21.9%	14.4%	9.5%	4.8%	13.8%
Waukegan	\$58,957	11.6%	14.9%	5.3%	9.3%	8.9%
Highwood	\$96,536	14.6%	13.8%	6.8%	5.4%	3.3%
Zion	\$59,617	14.5%	10.7%	6.4%	6.1%	10.3%
Lake County	\$93,015	7.9%	6.9%	3.2%	3.3%	5.0%

Source: [US Census Bureau: American Community Survey](#)

Figure 8: Social Determinant of Health Indicators in Lake County Stratified by Race/Ethnicity (5-Year Estimates 2018–2022)

Race/Ethnicity	Median Household Income	Uninsured Rate	Poverty Rate	Unemployment Rate	Percentage of Crowded Housing Occupied Units
Non-Hispanic White	\$107,740	3.2%	4.9%	4.4%	0.6%
Non-Hispanic Black	\$52,708	8.0%	21.1%	10.6%	4.2%
Hispanic/Latinx	\$68,455	16.7%	12.8%	5.7%	9.2%
Asian	\$133,257	4.1%	4.6%	2.6%	2.4%
Lake County	\$95,867	6.8%	7.9%	5.0%	2.4%

Source: [US Census Bureau: American Community Survey](#)

Reports from the 2-1-1 call line substantiate social needs data across the county, indicating a high need for housing, including shelter and utility support. Of the 3,027 indicated needs from April 2024 – June 2024, 44 percent were for housing and shelter and 3 percent for transportation. The greatest needs included:

- Rent payment assistance: 350 Needs
- Homeless shelter: 171 Needs
- Low income/subsidized rental housing: 159 Needs
- Electric service payment assistance: 142 Needs
- Transitional housing/shelter: 122 Needs
- Rental deposit assistance: 106 Needs

Figure 9 indicates the top 10 cities with the highest number of 2-1-1 contacts in Quarter 4, fiscal year 2023/2024.

Figure 9: Top 10 Cities with 2-1-1 Contacts, Quarter Four Fiscal Year 23/24

Town	Number of Contacts
Waukegan	662
Zion	192
Round Lake Area	147
North Chicago	125
Gurnee	112
Mundelein	65
Grayslake	54
Lake Villa	44
Antioch	42

Source: [211 Quarterly Report](#)

Countywide Opioid-Related Deaths

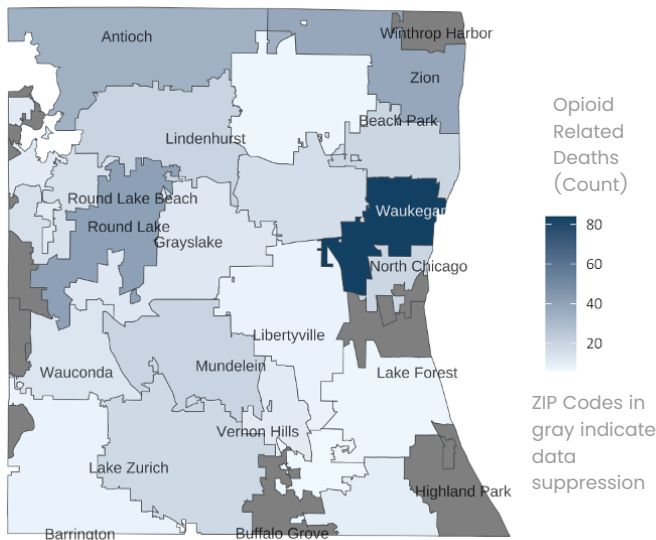
TH’s data review found disparities in opioid-related deaths in Lake County. Over the past five years, opioid-related deaths among Lake County residents have continued to rise (Figure 10).

Figure 10: Annual Opioid-Related Deaths Among Lake County Residents, 2018–2022

Year	Opioid Related Deaths
2018	73
2019	61
2020	83
2021	114
2022	116

Data Source: IDPH Vital Statistics provided to Lake County

Figure 11: Total Opioid-Related Deaths by ZIP Code between 2018 – 2022



Source: IDPH Vital Statistics provided to Lake County

While the total number of deaths is higher for White individuals than for Black individuals, the increase in the number of deaths for Black individuals from 2018 to 2022 was 100 percent (12 deaths to 24 deaths), while the increase for White individuals during the same time period was 50 percent (61 deaths to 92 deaths). Opioid-related deaths in the Hispanic/Latinx population increased by 40 percent (10 deaths to 14 deaths) from 2018 to 2022. Data by other races is unavailable due to the required suppression of total counts less than five.

The 5-year (2018–2022) opioid-related deaths of Lake County residents occurred primarily near Waukegan and in the Round Lake area (Figure 11). ZIP codes that do not indicate any deaths had a total count of less than five and therefore required data suppression.

The Lake County Coroner’s Office tracks overdose-related deaths of all substances as well. In 2022, they reported 131 fatal overdoses, 102 (78 percent) of which had an opiate present at the time of death, and 91 (70 percent) overdoses indicated fentanyl. Trends steadily increased in 2023, reporting 135 fatal overdoses, with 112 (83 percent) including an opiate and 97 (72 percent) indicating fentanyl.

From 2018–2022, the rate of increase in opioid-related deaths for Black individuals was **twice** that of White individuals.

Opioid related deaths for Black individuals **doubled** (100% increase), from 12 to 24. Opioid related deaths for White individuals increased by half (50% increase), from 61 to 92.

Countywide Disparities in Emergency Management System, Emergency Department, and Inpatient Opioid-Related Events Disparities

TH reviewed EMS data to identify trends and disparities in overdose by age, race, and ethnicity cohorts. In 2023, the Lake County EMS reported 1,793 suspected overdoses and 32 overdose fatalities. Thirty-five percent of EMS visits were for White individuals; 28 percent had an “unknown” race, 17 percent were Black individuals, and 15 percent were Hispanic/Latinx individuals. The map of suspected overdoses in 2023 (Figure 12) shows the highest number of EMS visits occurring in

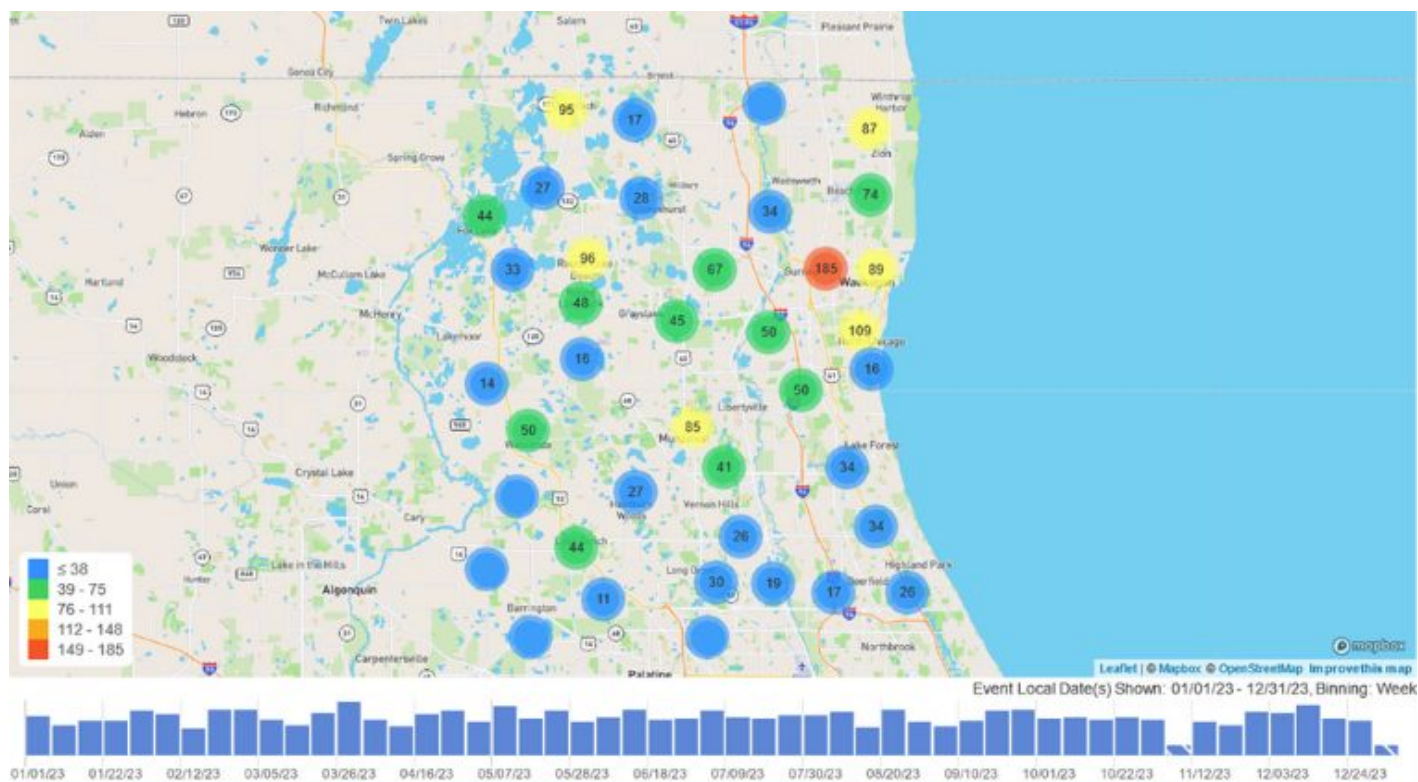
Waukegan (185), North Chicago (109), Round Lake (96), and Antioch (95).

In 2023, the proportion of total opioid overdose ED visits among Lake County residents by ZIP code was highest in Waukegan (24.71 percent), followed by Zion (8.72 percent), the Round Lake area (8.14 percent), and Antioch (8.14 percent), as shown in Figure 13.

The race and ethnicity distribution of all opioid overdose ED visits shows that over half of the visits in 2023 were from non-Hispanic White individuals (55.5 percent), a quarter were from non-Hispanic Black individuals (26.2 percent), and 12.2 percent were from Hispanic/Latinx individuals.

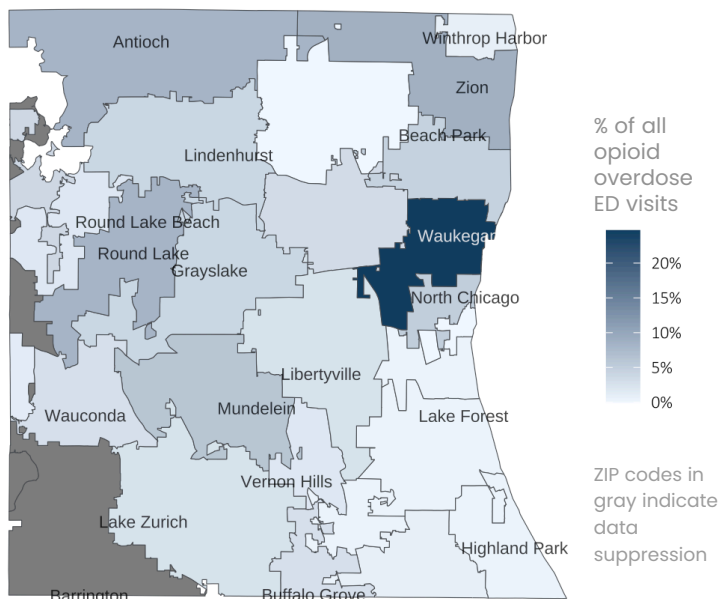
IDPH reports that ED visits by Lake County residents and inpatient admissions, regardless

Figure 12: Map of Suspected Overdose from EMS Data, 2023



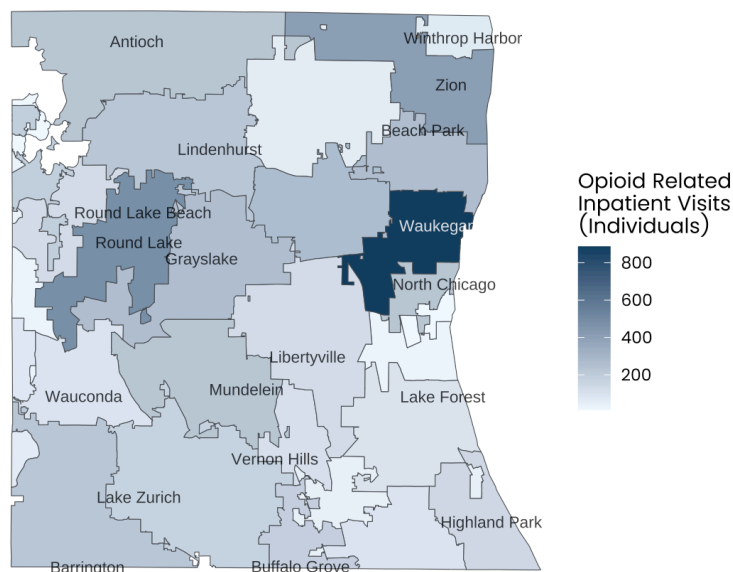
Source: EMS, provided to Lake County Health Department and Community Health Center from IDPH
Blue circles without numbers indicate data suppression

Figure 13: Map of Proportion of Total Opioid Overdose ED Visits by ZIP Code*, 2023



Source: ESSENSE Data provided to Lake County
*Patient's residential ZIP code

Figure 14: Total Opioid-Related Inpatient Visits Among Lake County Residents by Patient ZIP Code, between 2018 – 2022



Data Source: IDPH Hospital Discharge provided to Lake County

of where they are treated, have been stable or declined since 2018. However, opioid overdose deaths are rising.

The cumulative number of inpatient visits shown in Figure 14 from 2018 to 2022 indicates that the highest number of visits occurred among residents who live in Waukegan (1,147), the Round Lake area (483), and Zion (403). This mirrors the communities with high proportions of opioid overdose EMS and ED visits, which may indicate an additional burden on the systems servicing these communities.

Overall, opioids are having a disproportionate effect on the Black community in Lake County. According to IDPH Vital Statistics, from 2018–2022, 90 out of 447 (20%) of opioid-related deaths were Black residents. In 2022, the rate of opioid overdose ED visits (per 10,000 ED visits) for Lake County residents who identify as non-Hispanic Black was 31.1, compared to a rate of 19.3 for those who identify as non-Hispanic White. The ED visit rate only shows that a higher proportion of total ED visits by Black individuals are opioid-related, which could be due to a multitude of factors, including health care utilization habits of different groups. Nevertheless, all available measures show the same communities having the least favorable outcomes and highest needs.

The following recommendations consider this disproportionate impact and the disparities in social determinants of health across the county.

RECOMMENDATIONS

TH formulated recommendations to guide the opioid settlement distribution process in Lake County based on research of national principles and best practices, community feedback, quantitative data review, and input from county leadership. The recommendations are divided into two domains. The first is process-oriented, supporting how the county manages the funds to ensure equitable allocation and transparency. The second domain is funding strategy, informing how to distribute the money to the community, continually source feedback, and identify funding priorities.

Process Recommendations

RECOMMENDATION 1:

Adopt the National Principles of Opioid Settlement Fund Spending, adapted to meet community needs.

Adopting and adapting the Johns Hopkins National Principles allows the county to anchor the funding process and strategy to a nationally recognized best practice. TH observed several themes in the qualitative data that align with the principles, such as using evidence-based practices, focusing on marginalized populations and underserved communities, and creating a transparent process for spending decisions.

The county should also consider modifying the principles to meet

the community's needs. For instance, the community members emphasized the desire for smaller organizations to have opportunities to receive funding. They expressed complexities in completing prior RFPs or grant funding due to strenuous requirements or other barriers to entry. The county can add a principle establishing that RFPs are accessible to smaller organizations. To achieve this principle, the county can evaluate the qualifications required for the grantee and partner with organizations to offer technical assistance to smaller qualifying organizations.

RECOMMENDATION 2:

Develop an evaluation and measurement strategy for ongoing performance monitoring of program goals.

The county is mindful of the tremendous opportunity the funding may have for the community. As identified in the best practices literature and noted by county leadership, measuring progress, publishing evaluations,



and being agile enough to shift strategies are vital to achieving program goals. The second Johns Hopkins National Principle is to use evidence to guide spending and encourage jurisdictions to invest in data infrastructure and evaluation to gauge the impact of opioid abatement investments and strategies. A 2020 [JAMA Forum article](#) identifies critical mistakes in spending opioid funding, which include spending funds on programs that are ineffective and spending funds without evaluation or monitoring the investments.

TH recommends establishing an evaluation and measurement strategy at the outset of the distribution process, allowing the county to establish aligned metrics from the beginning of the funding distribution period. This ensures that all programs track consistent and comparable measures. Furthermore, the county should align its measurement strategy with broader state goals where relevant to ease the burden on providers and programs operating within and outside the county funding.

The evaluation and measurement strategy will also inform several initiatives to promote transparency to community members. TH

recommends that the county design a data dashboard to track key metrics aligned with the overarching strategy. This dashboard should be publicly accessible and frequently updated with the most recent progress measures.

Another tactic to supplement the evaluation and measurement strategy and promote funding transparency is to publish an annual evaluation report. TH advises that this report center on the progress made with the funds in each individual program, as well as the broader impact on the county. The report should be widely distributed and accessible to individuals across all demographics.

RECOMMENDATION 3:

Publish a website for opioid funding initiatives.

The qualitative feedback highlighted that there is confusion among stakeholders about where to find information about opioid abatement efforts. To decrease this confusion,

TH recommends that the county create a site with all the information on opioid settlement funds in one place. TH advises the county to maintain a separate site from the county's main website and include information about funding opportunities, community events, resources, and any published measurement dashboard or evaluation reports. It should also link to other related county resources, such as the coroners' dashboard or the Lake



County Opioid Initiative site. TH recommends the site include contact information for questions and include a mechanism to receive ongoing community feedback. This recommendation aligns with Johns Hopkins's National Principle to develop a fair and transparent process for deciding where to spend the funding.

RECOMMENDATION 4:

Continue engagement with other county departments and agencies to ensure coordination of program funding.

TH recommends that the county develop a cross-departmental workgroup that convenes quarterly and defines strategies for ongoing stakeholder engagement. Collaboration across agencies is important when planning and sustaining opioid settlement-funded projects. Since the data revealed several challenges, including housing and criminal justice systems, engaging stakeholders early is valuable. Many of the interventions may

RECOMMENDATION 5:

Seek community engagement on an ongoing basis throughout funding strategy planning and distribution.

utilize funding streams for ongoing sustainability, and building the relationships to identify the options across the county early is valuable. Furthermore, cross-collaboration will help prevent duplication of efforts, ensuring that initiatives are complementary and synergistic.

Community members and stakeholders offered valuable insights during the qualitative research process and were eager and passionate to continue contributing to the discussion. TH recommends the county continue to engage stakeholders in opioid abatement planning, provide education to health care providers to promote a better understanding of OUD as a chronic condition and build partnerships that mitigate stigma. TH recommends the county host community forums or other engagement opportunities periodically.



Funding Strategy

Recommendations

RECOMMENDATION 6:

Prioritize initial funding opportunities to address immediate community gaps.

TH identified immediate needs for impactful investments based on the qualitative and quantitative data.

Several stakeholders identified a critical gap in OUD recovery and support services, such as withdrawal management services, stating that individuals are often forced to seek services in Chicago for this level of care. Therefore, TH recommends that the county address this gap by investing in re-opening the Lake County Health Department’s withdrawal management program or developing new services and facilities. Aligned with the national principles, when funding an intervention that may have an alternative funding source, the county should be mindful of how the opioid settlement dollars would be used. TH advises releasing an RFP that explicitly requires the funds to be used for development and start-up costs, with a commitment from the grantee to sustain the program through diversified funding sources such as third-party reimbursement. This will help prevent programs from solely relying on grant funds that may be time-limited.

TH also identified the need for case management and individualized assistance in navigating the siloed nature of treatment and recovery services. Community members mentioned that the needs were higher for individuals with criminal justice involvement.

PRIORITY FUNDING OPPORTUNITIES

OUD recovery and support services, such as withdrawal management

Case management and individualized assistance in navigating treatment and recovery services

Address social drivers of health, e.g. limited public transportation, lack of stable housing and limited access to care for individuals uninsured or on Medicaid

Services to reduce drug-related risks and harms

Upstream prevention interventions with youth

They also identified other social drivers of health as obstacles to care within the county, such as limited public transportation, lack of stable housing, and limited access to care for individuals uninsured or on Medicaid. These findings are aligned with the quantitative data review, which identifies greater disparities in social determinants in communities of color. The qualitative feedback also indicated gaps in access to harm reduction services and greater opportunities for upstream intervention with youth.

TH recommends that the county use a second RFP strategy that describes eligible uses of funds and community priorities but is open-ended regarding the types of

interventions that organizations can propose to meet these needs. Within the procurement process, the county should list interventions eligible for funding based on the Illinois Opioid Allocation Agreement.

TH further recommends that initial funding be directed to projects prioritizing high-needs areas. As indicated in the qualitative and quantitative data, the opioid epidemic has disproportionately impacted cities such as Waukegan, Zion, North Chicago, and Antioch. Furthermore, these locations face greater needs related to social determinants of health. Community members also identified populations that experience greater barriers to care, including Black and Brown communities, individuals with justice involvement, and individuals experiencing intimate partner violence. TH recommends that procurement materials describe requirements that proposed interventions serve at least one of the indicated high-need communities and address their unique characteristics.

TH recommends aligning with the fourth Johns Hopkins Principle, focusing funding and strategy on racial equity. This includes investing in communities affected by discriminatory policies that impact not only adverse opioid overdose outcomes but also other social determinants of health.

In summary, based on the research and strategies available to the county, TH recommends offering two funding opportunities concurrently for the first year. The first is a directed funding approach to begin developing, reopening, or expanding a detox or withdrawal management program within Lake County. This funding source should identify the long-term nature of standing up new services and could be

structured as a multi-year initiative at the County's discretion. The second is an RFP with guardrails as to the programming the county is seeking (i.e., case management, wrap-around services, etc.) but with the flexibility for the community to propose specific approaches that meet the most pressing community needs.

RECOMMENDATION 7:

Identify existing community assets and gaps to guide future funding priorities.

Based on the research conducted for this report, there is no centralized repository of community assets for services offered across the OUD treatment continuum in Lake County. TH recommends creating a centralized tool to help understand the current state of programming and services across the county, inventory existing capacity and ensure funding is not used to duplicate resources. TH advises the tool to be regularly updated to allow the county to track as new programs open or close within communities.

The recommended tool would also be a resource hub to support system navigation. A key theme in the qualitative research was a lack of understanding of the county's assets at the provider and administrator levels. The centralized tool will help ensure providers, community-based organizations, and individuals in need of care can better navigate the system and connect with needed services.

CONCLUSION

The U.S. has had a substantial increase in deaths by overdose and the prevalence of opioid use disorder, contributing to what is often referred to as the "opioid epidemic." Like communities across the nation, Lake County has been severely impacted, with data showing socioeconomic, geographic, and racial/ethnic health disparities.

The opioid settlement funds represent a historic opportunity for Lake County to advance abatement efforts in accordance with the allowable uses and national principles. Towards this end, Lake County partnered with TH to analyze local data,

engage community stakeholders, and develop recommendations to guide the strategic investment of opioid settlement funds.

TH advises the county to adopt the six recommendations in this report, which, collectively, will help guide an equitable and transparent process for the use of funds while filling critical and immediate gaps in care.

Settlement funds could save lives and mitigate individual and community impacts of opioid misuse. Through this report, TH offers a roadmap to Lake County to reduce opioid use disorder and death and to bolster the local OUD prevention, treatment, harm reduction, and recovery system of care.

ACKNOWLEDGMENTS

The authors thank the Lake County Health Department and Illinois Department of Public Health staff for their contributions and for providing the data utilized in this report. TH also acknowledges the Lake County Coroner's Office for supplying pertinent data. Lastly, the firm extends gratitude to all community participants in the focus groups and town halls for their invaluable feedback that helped to inform this report.

APPENDIX

Appendix A: Glossary

ACRONYMS

- Emergency Medical Services (EMS)
- Illinois Department of Public Health (IDPH)
- Illinois Opioid Allocation Agreement (Agreement)
- Medication-Assisted Treatment (MAT)
- Northern Illinois Recovery Community Organization (NIRCO)
- Opioid Use Disorder (OUD)
- Request for proposal (RFP)
- Substance use disorder (SUD)
- Third Horizon (TH)

DEFINITIONS

- Abatement fund: a fund or statutory trust that is set aside specifically and exclusively for future opioid remediation and appropriated separately from general coffer monies.
- Aggregated data: The process where raw data is gathered and expressed in a summary form for statistical analysis.
- Care coordination: Population health strategies to manage the many needs of a population of patients, often by determining specific sub-groups who should receive case management services.
- Case management: A health care process in which a professional helps a patient or client develop a plan that coordinates and integrates the support services that the patient/client needs to optimize the health care and psychosocial possible goals and outcomes.
- Early intervention: Activities to reduce the harms associated with substance misuse, to reduce risk behaviors before they lead to injury, to improve health and social function, and to prevent progression to a disorder and subsequent need for specialty substance use disorder services.
- Harm reduction: An evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.
- Medication-assisted treatment: The use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

- [Neonatal abstinence syndrome](#): A group of withdrawal signs that may occur in a newborn who has been exposed to opioids and other substances.
- [Illinois Opioid Remediation Fund](#): The escrow fund that will be established to hold certain monies distributed or directed to be distributed by the Attorney General into such fund pursuant to the Illinois Opioid Allocation Agreement, which are directed for distribution by an agency of the State of Illinois and shall be exclusively used for programs and purposes that address Illinois' opioid crisis and its collateral damage, including but not limited to programs and grants that address the opioid epidemic through prevention, treatment, harm reduction, and sustained recovery.
- [Prevention](#): Education and support for individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.
- [Recovery](#): A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.
- [Social determinants of health](#): Nonmedical factors that influence health outcomes.
- [Synthetic opioids](#): Substances that are synthesized in a laboratory and act on the same targets in the brain as natural opioids.
- [Treatment](#): Evidence-based programs that change thoughts and behaviors, and, if needed, manage physical dependence on drugs or alcohol.
- [Withdrawal Management](#): Services designed to manage intoxication or withdrawal episodes (previously referred to as detoxification), interrupt the momentum of habitual, compulsive substance use and begin the initial engagement in medically necessary substance use disorder treatment.

Appendix B: Illinois Opioid Settlement Agreement Approved Uses

Below is a summary of the Illinois Opioid Allocation Agreement, Exhibit B: Approved Abatement Programs. The agreement expands on the approved uses and provides examples of strategies and programs for the approved usage in Schedule B.

EXHIBIT B SCHEDULE A: CORE STRATEGIES

Priority shall be given to the following core abatement strategies (“Core Strategies”).

- A. Naloxone or other FDA-approved drug to reverse opioid overdoses
- B. MAT distribution and other opioid-related treatment
- C. Pregnant and Postpartum Women
- D. Expanding treatment for neonatal abstinence syndrome
- E. Expansion of warm handoff programs and recovery services
- F. Treatment for the incarcerated population
- G. Prevention programs
- H. Expanding syringe service programs
- I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

EXHIBIT B SCHEDULE B: APPROVED USES

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies

CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies

ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies

ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAV”), through evidence-based or evidence-informed programs or strategies

PART TWO: PREVENTION

PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies

PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies

PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies

PART THREE: OTHER STRATEGIES

FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

LEADERSHIP, PLANNING, AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies

TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies

RESEARCH

Support opioid abatement research

Appendix C: Organizations Represented in Qualitative Data

- Alternatives Youth
- A Safe Place
- Buffalo Grove Police Department
- City of Waukegan
- Committee Representing Our Young Adults (CROYA)
- County residents
- Drug Enforcement Agency (DEA)
- Foss Park District
- Gateway Foundation
- Gurnee Park District
- Illinois Association of Addiction Professionals
- Lake County Administrator's Office
- Lake County Board
- Lake County Coroner's Office
- Lake County Health Department
- Lake County Sheriff's Office
- Lake County State's Attorney's Office
- Lincolnshire Police Department
- Live4Lali
- Nicasa Behavioral Health
- Northern Illinois Recovery Community Organization (NIRCO)
- Omni Youth Services
- Park District of Highland Park
- Rosecrance Behavioral Health
- TASC, Inc.
- Warren Township
- Wauconda Police Department
- Wheeling Police Department

Addendum:

When assessing age-related trends in overdose incidents, it is important to consider both nonfatal and fatal overdoses separately. Lake County's Coroner's office data and the [Illinois Department of Public Health \(IDPH\) Opioid Data Dashboard](#) (sourced from IDPH's Division of Vital Records) align closely on fatal overdoses, revealing that individuals aged 25–34 and 35–44 are disproportionately affected.

Additionally, The IDPH dashboard (using the hospital discharge data, which captures all hospital admissions and outpatient discharges with emergency department [ED] billing codes) identifies more nonfatal overdoses occurring among the 35–44 age group, followed closely by the 25–34 age group. Syndromic surveillance data that looks at ED visits (ESSENCE) similarly finds the most nonfatal overdose ED visits among the 30–44 age group.

Despite differences in the populations and age group categorization among the data sources, overall, the data suggest that the age groups most affected by opioid overdoses—both fatal and nonfatal—are similar, with 25–44-year-olds experiencing the most overdoses.



THIRD HORIZON

Third Horizon is a Chicago-based boutique advisory firm focused on shaping a future system that actualizes a sustainable culture of health nationwide. The firm specializes in behavioral health and offers a 360° view of complex challenges across three horizons – past, present, and future– to help industry leaders and policymakers interpret signals and trends; design integrated systems; and enact changes so that all communities, families, and individuals can thrive.

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