



HOPE Advisory Council Meeting

Act 88 of 2017 Legislative Session: Advisory Council
on **H**eroin and **O**pioid **P**revention and **E**ducation

April 10, 2025

Time	Agenda
9:00 AM - 9:10 AM (10 min)	<ol style="list-style-type: none"> 1. Call to Order 2. Roll Call 3. Introduction/Welcome New Members 4. Approval of April 10, 2025 Agenda 5. Approval of Prior Minutes (July 2024, October 2024, and January 2025)
9:10 AM - 10:10 AM (60 min)	<ol style="list-style-type: none"> 6. Presentations: <ol style="list-style-type: none"> a. Louisiana Opioid Surveillance Initiative (LOSI) b. Provider to Provider Consultation Line (PPCL) c. Louisiana Bridge
10:10 AM - 10:40 AM (30 min)	<ol style="list-style-type: none"> 7. General Updates <ol style="list-style-type: none"> a. Office of Behavioral Health Collegiate Recovery <ul style="list-style-type: none"> • Reentry 1115 • Emergency Response OTPs b. Community Impact Group - New Lead c. Healthcare Impact Group d. Public Safety Impact Group e. Other Updates
10:40 AM - 10:45 AM (5 min)	8. HOPE 2024 Year End Report Update
10:45 AM - 10:55 AM (10 min)	9. Public Comments
10:55 AM - 11:00 AM (5 min)	<ol style="list-style-type: none"> 10. Discussion & Next Steps <ol style="list-style-type: none"> a. Impact Workgroups: HOPE@LA.GOV b. Next Meeting: Thursday, July 10th Bienville Building Room 118
11:00 AM	<ol style="list-style-type: none"> 11. Adjourn <p><i>Future HOPE Council Meetings:</i> Thursday, July 10th Thursday, October 9th</p>

Welcome

Review

Discussion

Next Steps /
Adjournment

HOPE Council Members

- ▶ **Chair:** Dr. Vanessa de la Cruz, Office of Behavioral Health
- ▶ Dr. Allison Smith, Program Administrator, Board of Regents
- ▶ Etrena Gerard, DCFS Child Protective Services Program Manager
- ▶ Michael Comeaux, Dept. of Education Healthy Communities Section Leader
- ▶ Shelly B. Edgerton, Dept. of Public Safety and Corrections
- ▶ Lieutenant William Bosworth, Superintendent of State Police designee
- ▶ Ronald Callegari, RN Program Manager, Veterans Affairs
- ▶ Dr. Jason Picard, Louisiana Workforce Commission designee
- ▶ Senator Regina Barrow, President of Senate designee: District 15
- ▶ Troy Prevot, Speaker of the House designee
- ▶ Vacant, Louisiana Attorney General's Office
- ▶ Crystal Lewis, Commissioner of Insurance designee
- ▶ Juan Pickett, Judge from Drug Court

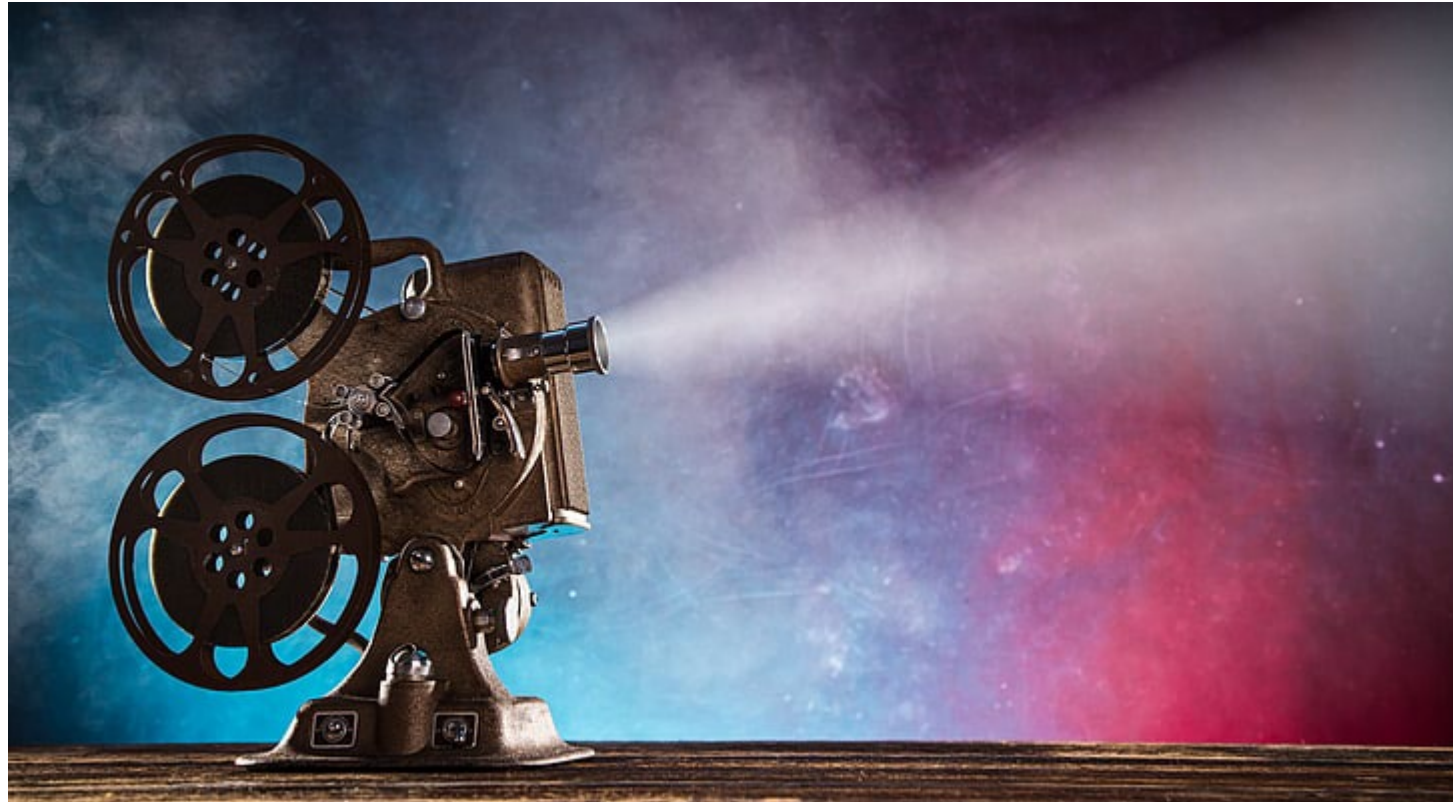
Welcome

Review

Discussion

Next Steps /
Adjournment

Presentations



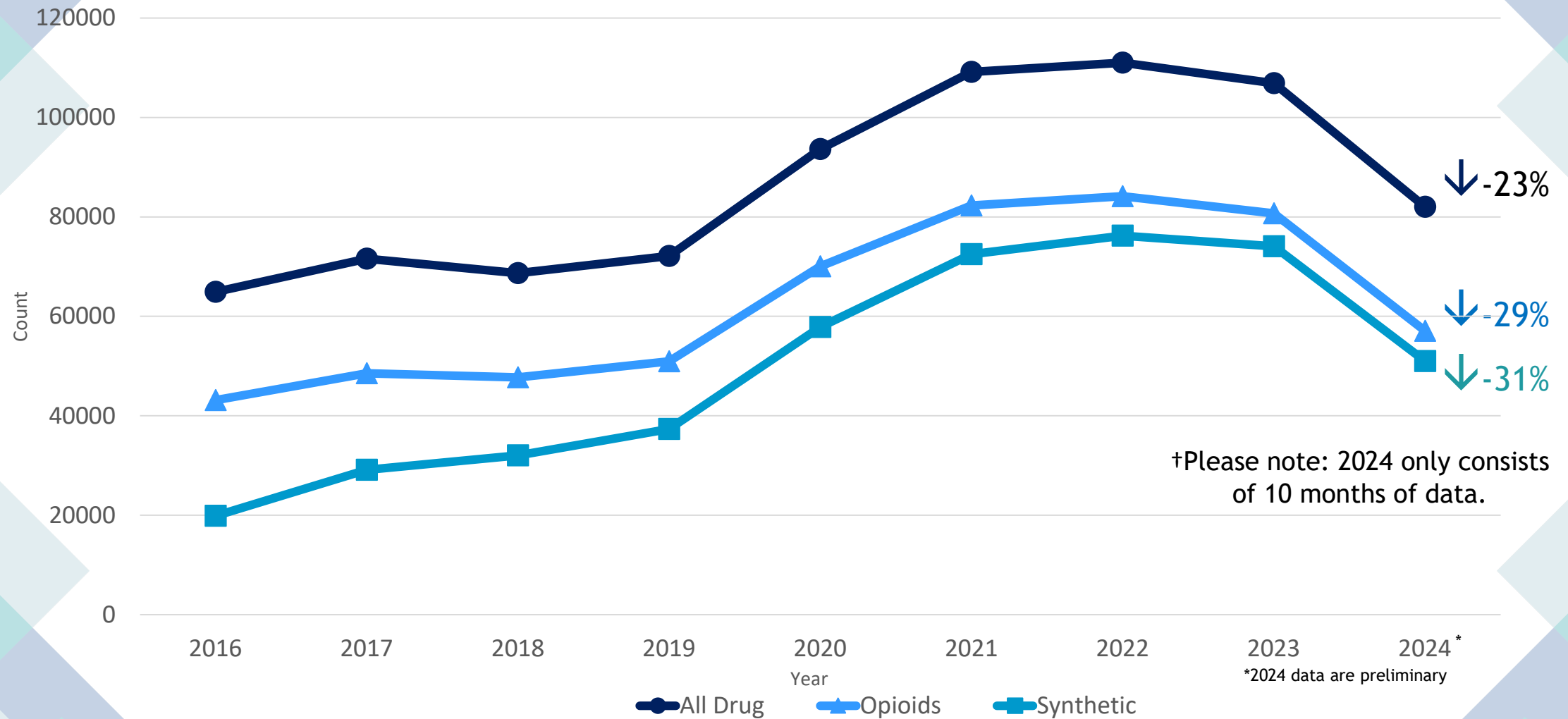
Opioid Surveillance Update for HOPE Council

April 10, 2025

Louisiana Opioid Surveillance Program
OPH Bureau of Health Informatics

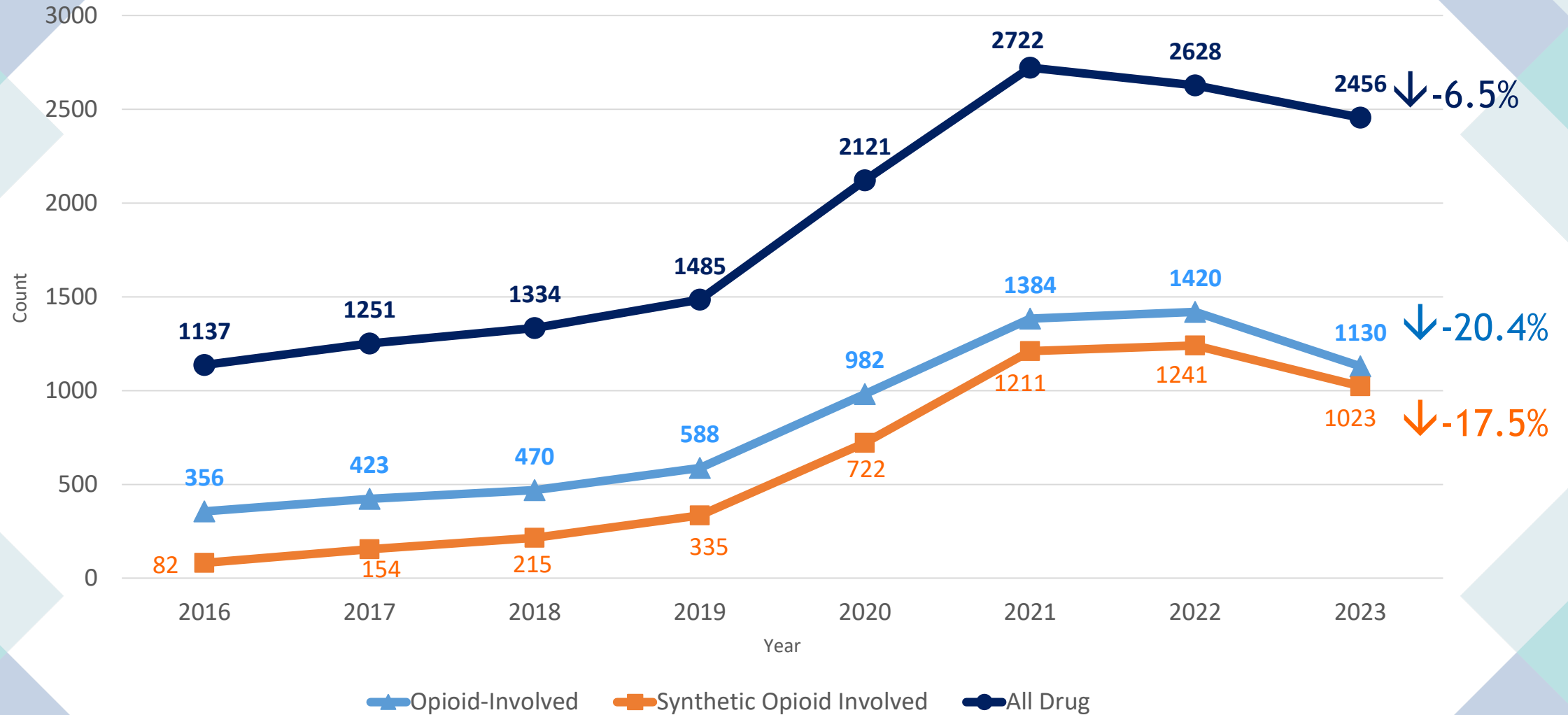
Tranettea Williams, MPH
Opioid Surveillance Manager

Provisional Counts of Drug Overdose Deaths United States, 12 Month-ending October 2024*



Source: NCHS, National Vital Statistics System, 2016-2024. Extracted 3/2025 by the Louisiana Opioid Surveillance Initiative.

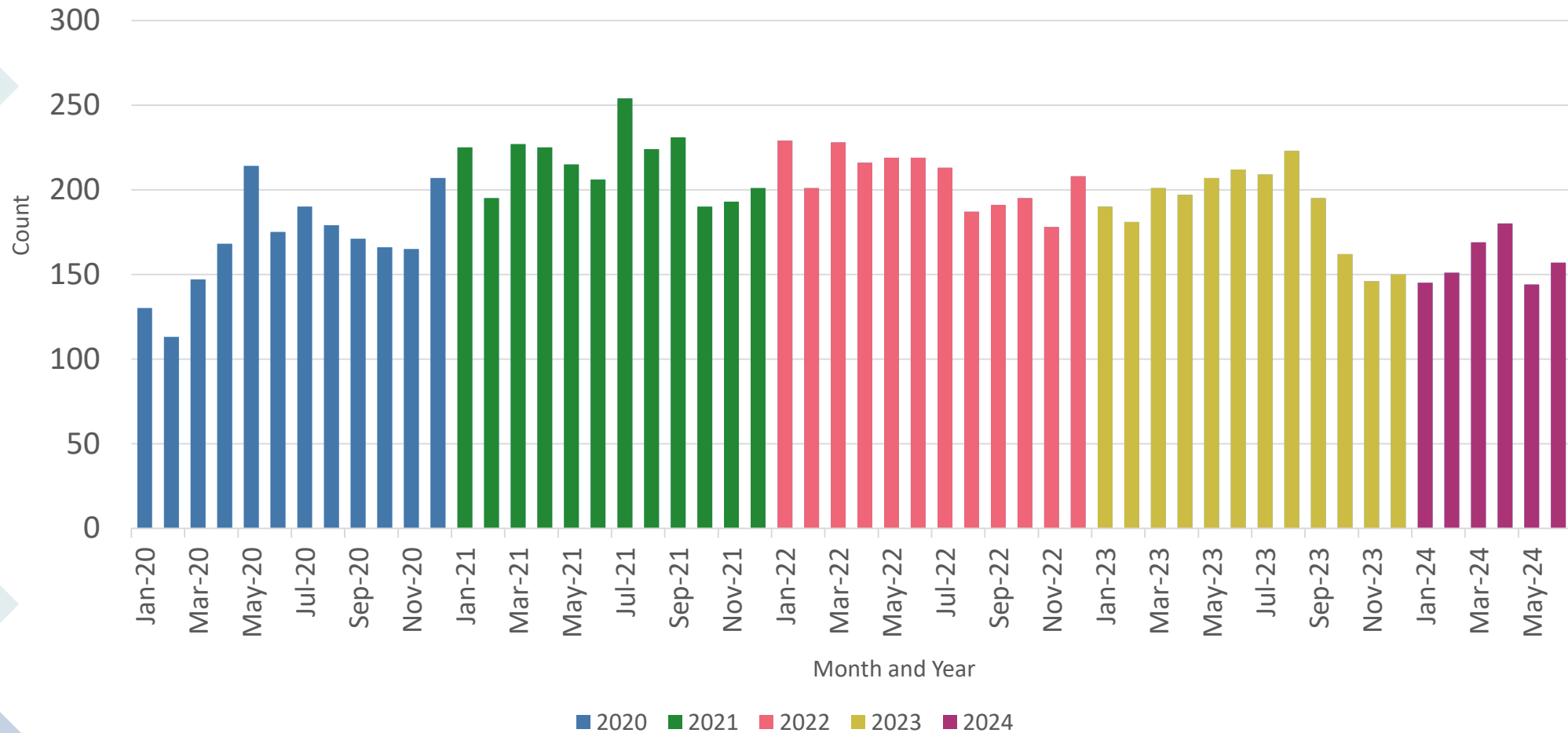
Counts of Drug-Involved Deaths Occurring in Louisiana, 2016-2023



Source: Louisiana Electronic Event Registration System, extracted 3/2025 by the Louisiana Opioid Surveillance Initiative

All Drug-Involved Deaths

Louisiana, January 2020 – June 2024*

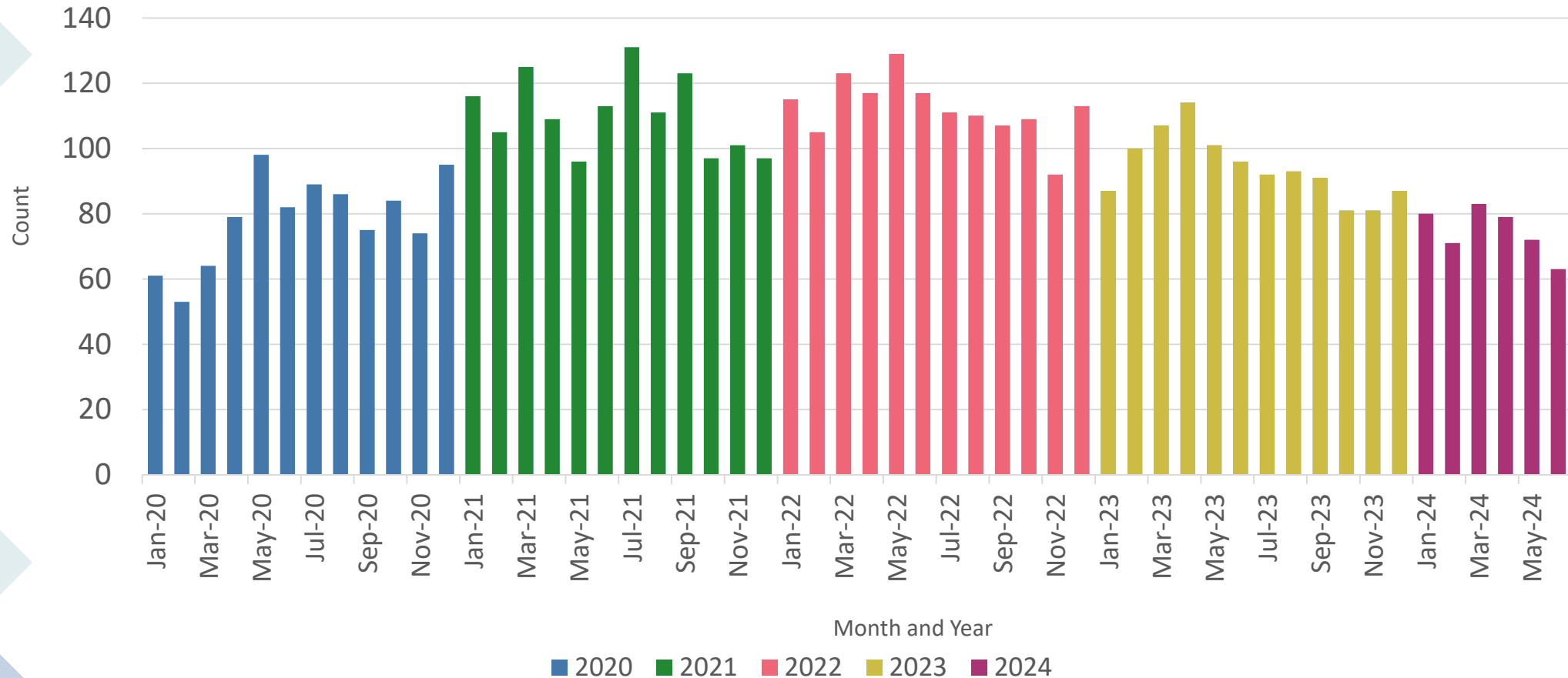


Source: Louisiana Electronic Event Registration System, extracted by the Louisiana Opioid Surveillance Program

*2024 DATA ARE PRELIMINARY

Opioid-Involved Deaths

Louisiana, January 2020 – June 2024*

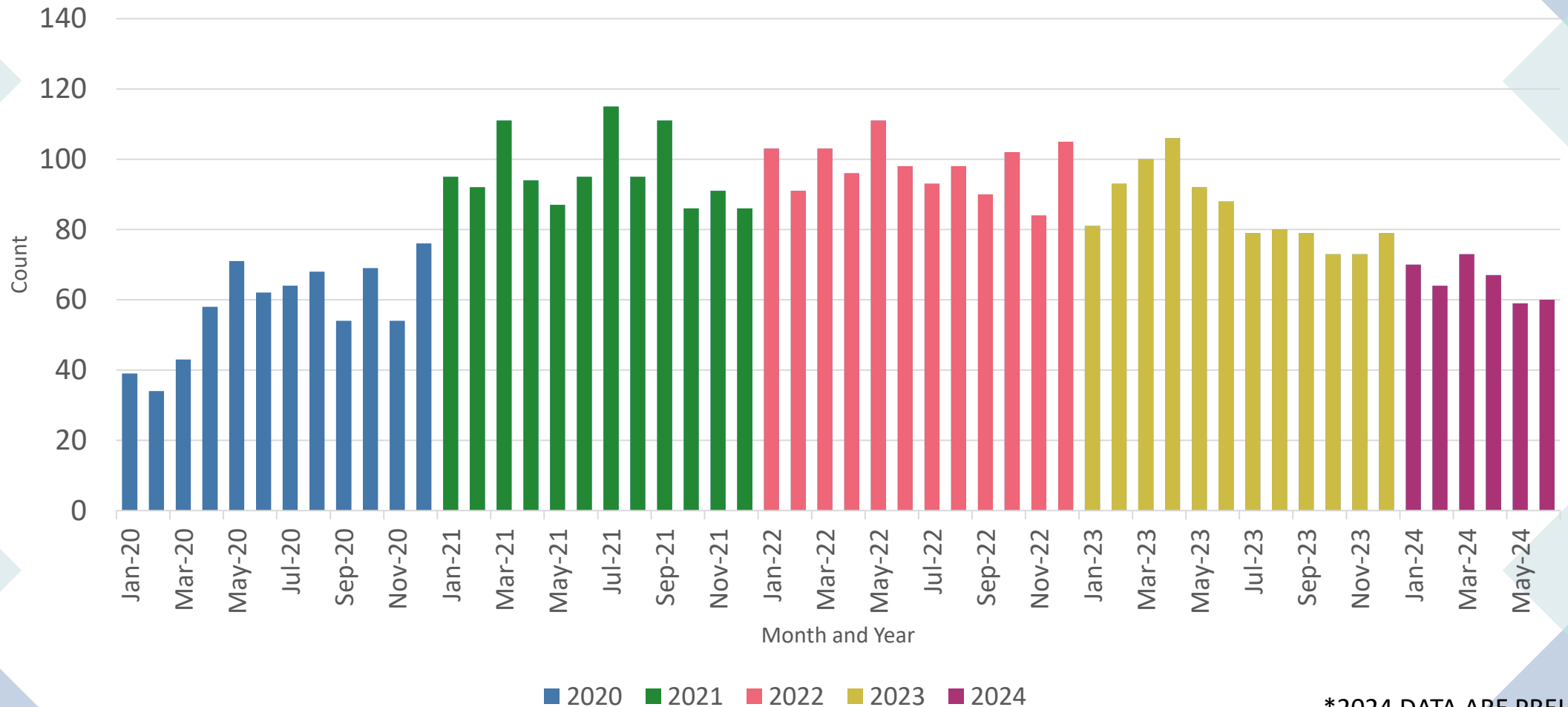


*2024 DATA ARE PRELIMINARY

Source: Louisiana Electronic Event Registration System, extracted by the Louisiana Opioid Surveillance Program

Synthetic Opioid-Involved Deaths

Louisiana, January 2020 – June 2024*



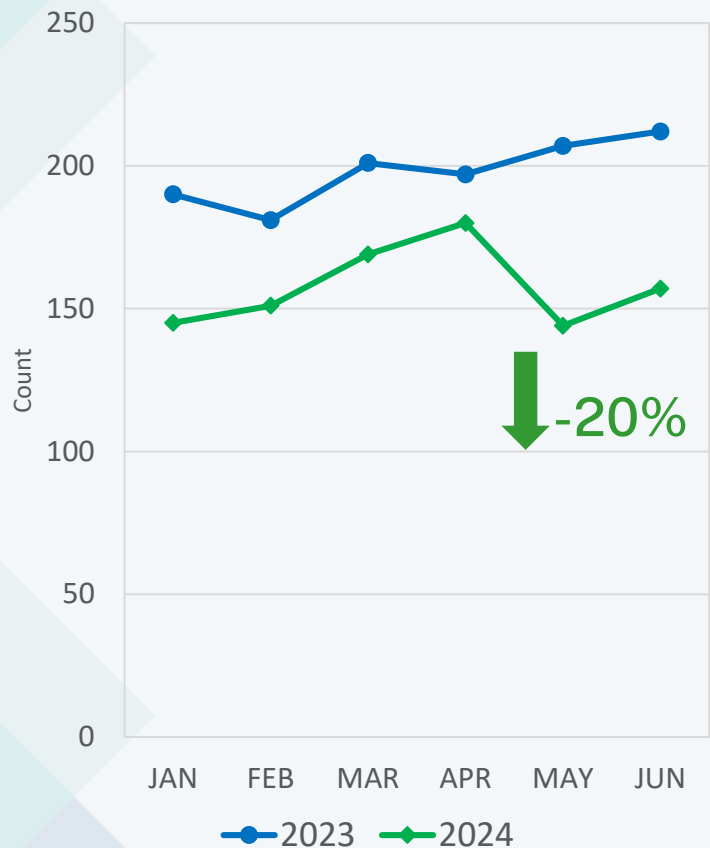
*2024 DATA ARE PRELIMINARY

Source: Louisiana Electronic Event Registration System, extracted by the Louisiana Opioid Surveillance Program

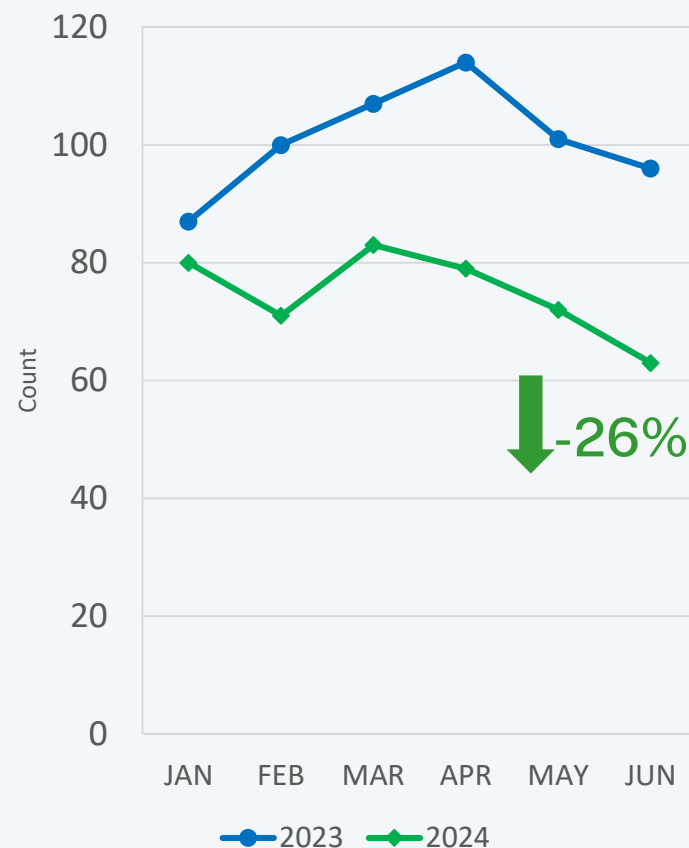
Drug-Involved Deaths by Type

Louisiana, Jan – Jun 2023 and Jan – Jun 2024*

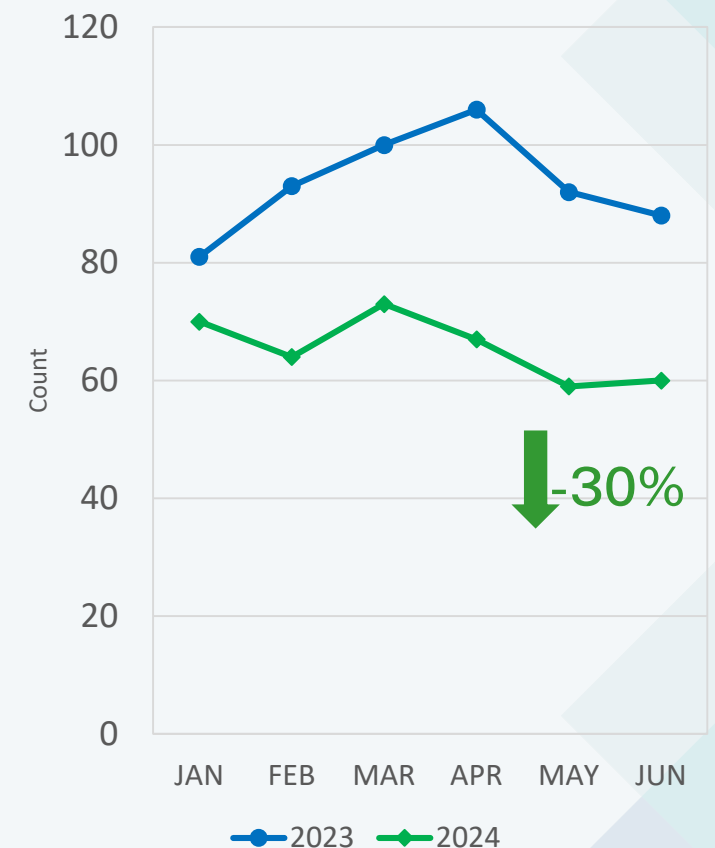
All Drug-Involved



Opioid-Involved



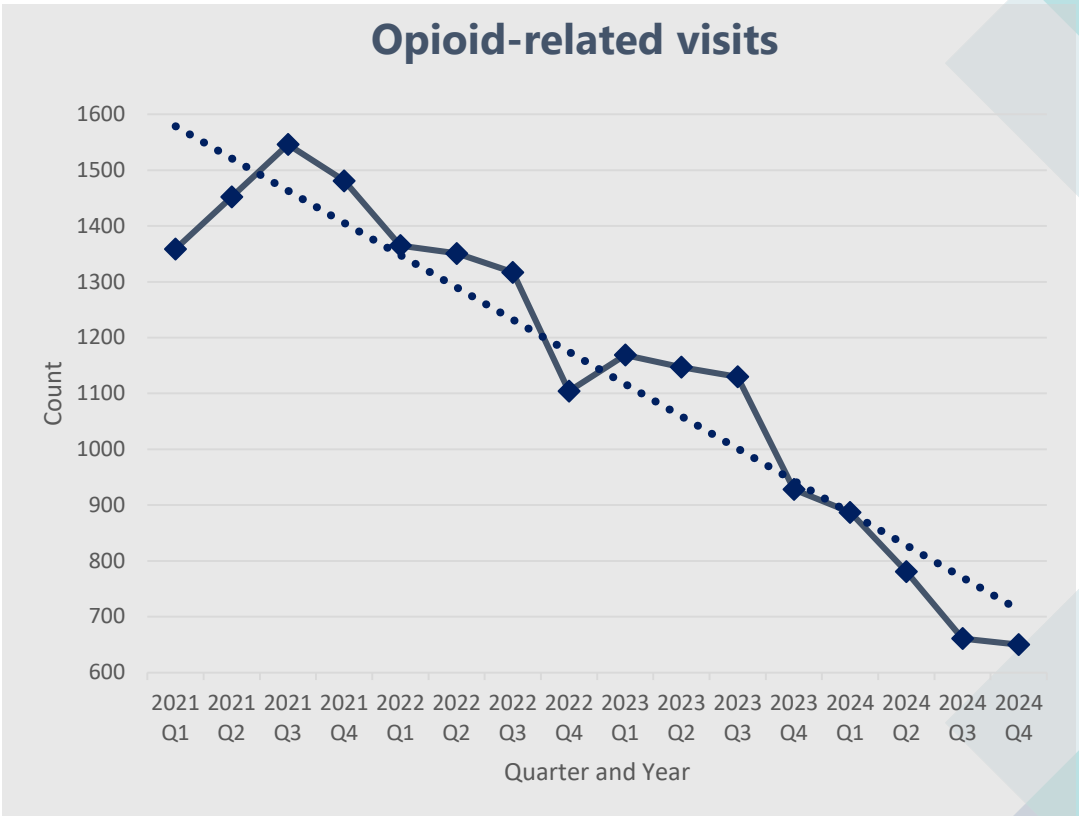
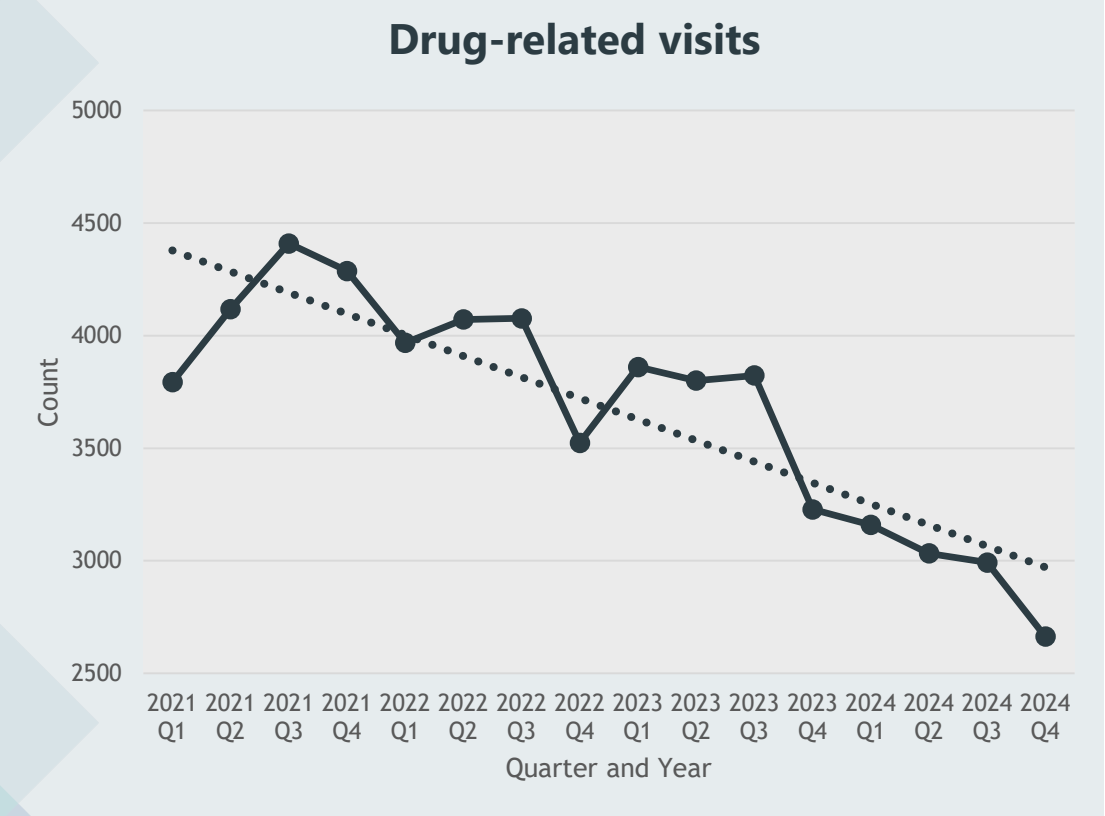
Synthetic Opioid-Involved



*2024 DATA ARE PRELIMINARY

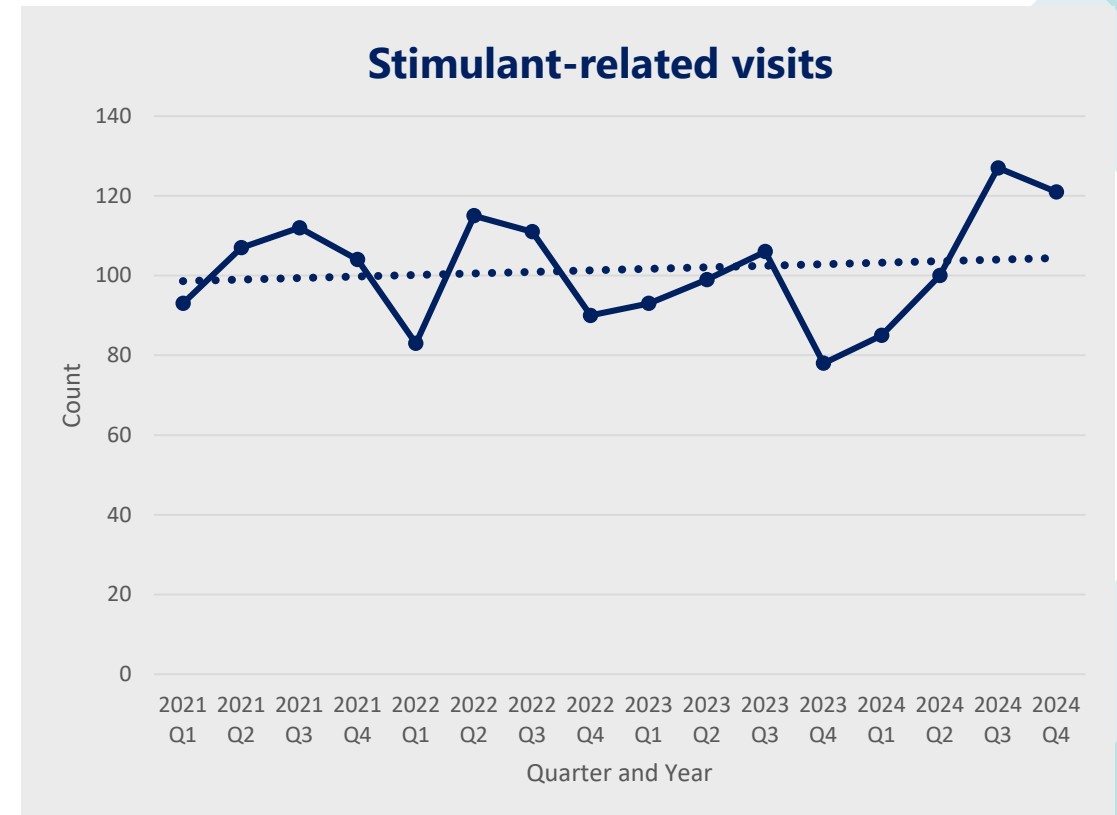
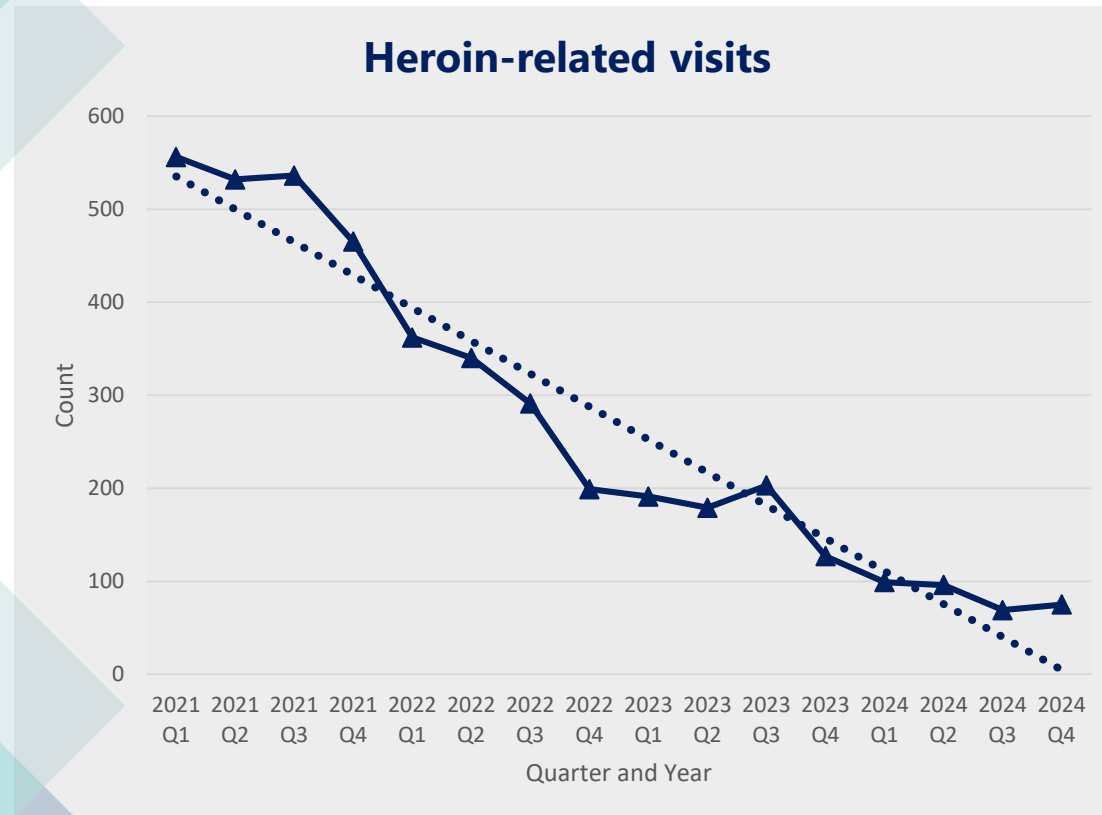
Source: Louisiana Electronic Event Registration System, extracted by the Louisiana Opioid Surveillance Program

Emergency Department Visits by Chief Complaint, Louisiana 2021-2024



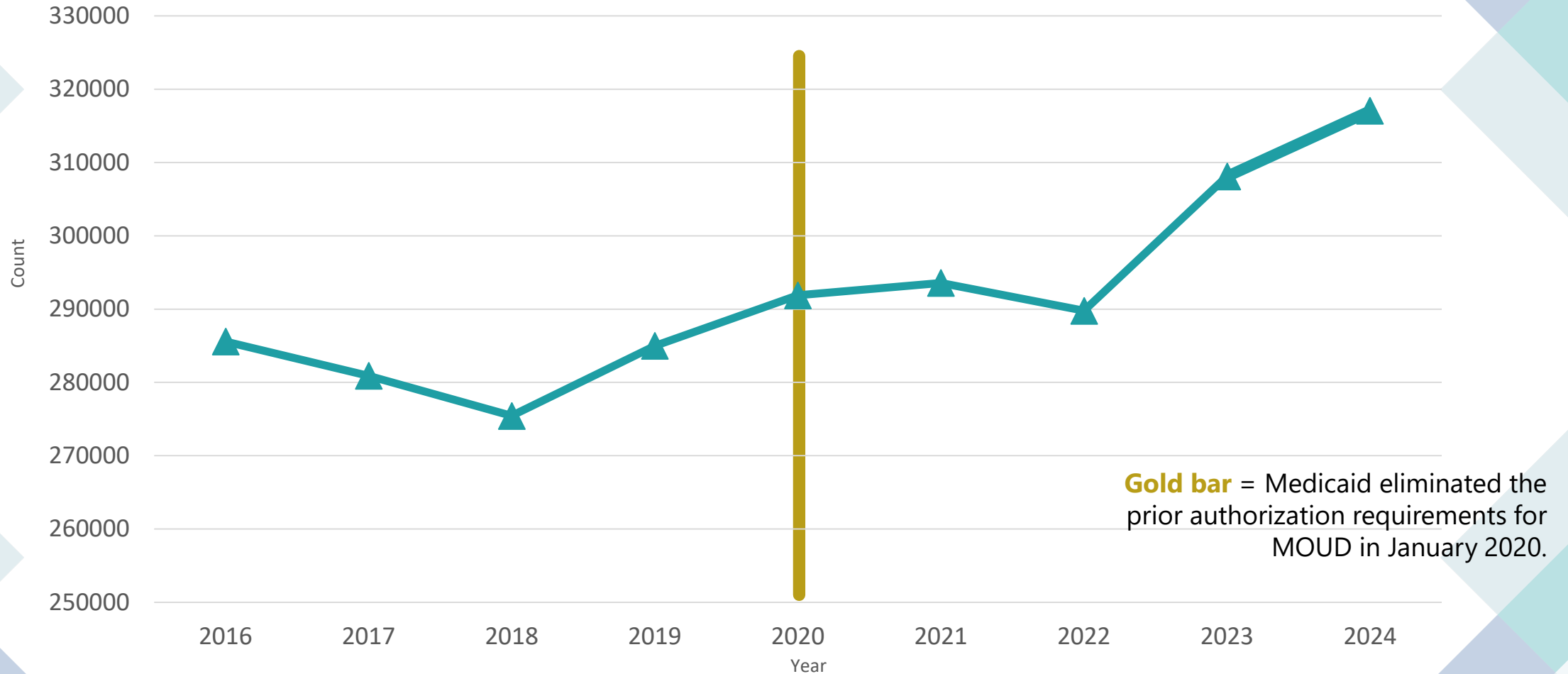
Note: The graphs have been magnified to better display the trend.
Source: Louisiana Early Event Detection System, extracted 03/2025 by the Louisiana Opioid Surveillance Initiative

Emergency Department Visits by Chief Complaint, Louisiana 2021-2024



Source: Louisiana Early Event Detection System, extracted 03/2025 by the Louisiana Opioid Surveillance Initiative

Number of buprenorphine prescriptions dispensed Louisiana, 2016 - 2024



Note: The graphs have been magnified to better display the trend.

Source: Louisiana Prescription Monitoring Program/Louisiana Board of Pharmacy, extracted 03/2025 by the Louisiana Opioid Surveillance Initiative



Louisiana Opioid Data and Surveillance System

Dashboard

Query

Fact Sheets

HOME

VIDEO TUTORIAL

FAQ

QUICK LINKS

2,456

Drug-involved deaths
(death location), 2023

1,130

Opioid-involved deaths
(death location), 2023

13,937

Drug poisoning-related
ED visits, 2023

51

Stimulant prescriptions
per 100 people
(prescriber location),
2023

68

Opioid analgesic
prescriptions per 100
people (prescriber
location), 2023

SYSTEM UPDATES

11/1/2024

Welcome to the Louisiana Opioid and Data Surveillance System!

New data:

- Fourth quarter (Oct-Dec) 2023 Death data from Vital Records are now available
- Fourth quarter (Oct-Dec) 2023 Prescription data from the PMP are now available
- Third quarter (Jul-Sept) 2023 Hospital Admissions from the LAHIDD are now available
- Fourth quarter (Oct-Dec) 2023 Hospital Admissions from the LAHIDD are now available
- Fourth quarter (Jan-Mar) 2022 Emergency Department

Explore Opioid and Other Drug Data in Louisiana

The Louisiana Department of Health (LDH) is working to address Louisiana's opioid problem by targeting resources for treatment throughout our state with focused attention on areas where data indicates the highest need. We are supporting these strategies by leveraging data to inform policy and program development.

The Louisiana Opioid Data and Surveillance System (LODSS) is designed to help you understand, analyze, and apply data to statewide opioid abuse reduction efforts. Its goal is to evaluate the impact of programmatic and policy efforts and track the behavior of what is now considered a public health epidemic nationwide.

Data within this system is interactive, and can be viewed in different formats, such as table, graphs and maps. The data displays, which have been carefully designed and reviewed by health experts and data specialists, allow various indicators to be explored geographically and over time. To request custom datasets and data visualizations, please [submit a request here](#).

Acknowledgments: The site was funded through a partnership between the LDH Office of Public Health, Bureau of Health Informatics and the CDC National Center for Injury Prevention and Control, Cooperative Endeavor Agreement 1 NU17CE010194-01-00. The contents are those of BHI and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.

<https://lodss.ldh.la.gov>

Tell us what you think!

Subscribe



Find Treatment Now

[Click here to search Louisiana's drug overdose data](#)



Questions?



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Contributors/Epidemiologists: Meryl Hahne MPH, Nell Wilson MPA, Katie Chapman RN, Anne-Sophie Lasley MPH, Lee Mendoza Ph.D.

Mental Health Consultation and Training: Provider-to-Provider Consultation Line

Paulette Carter, MPH, LCSW

Mental Health Consultation Program Manager

Louisiana Department of Health, Office of Public Health, Bureau of Family Health



PPCL

PROVIDER TO PROVIDER CONSULTATION LINE
Pediatric and Perinatal Mental Health Support



Acknowledgment

The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this presentation. The award provided 100% of total costs and totaled \$3,750,000. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government.

Introduction





Learning Objectives

At the end of this presentation, you will know:

- **About the support services available to healthcare providers through the Provider-to-Provider Consultation Line (PPCL).**
- **How to access PPCL services.**

Scope of the Problem



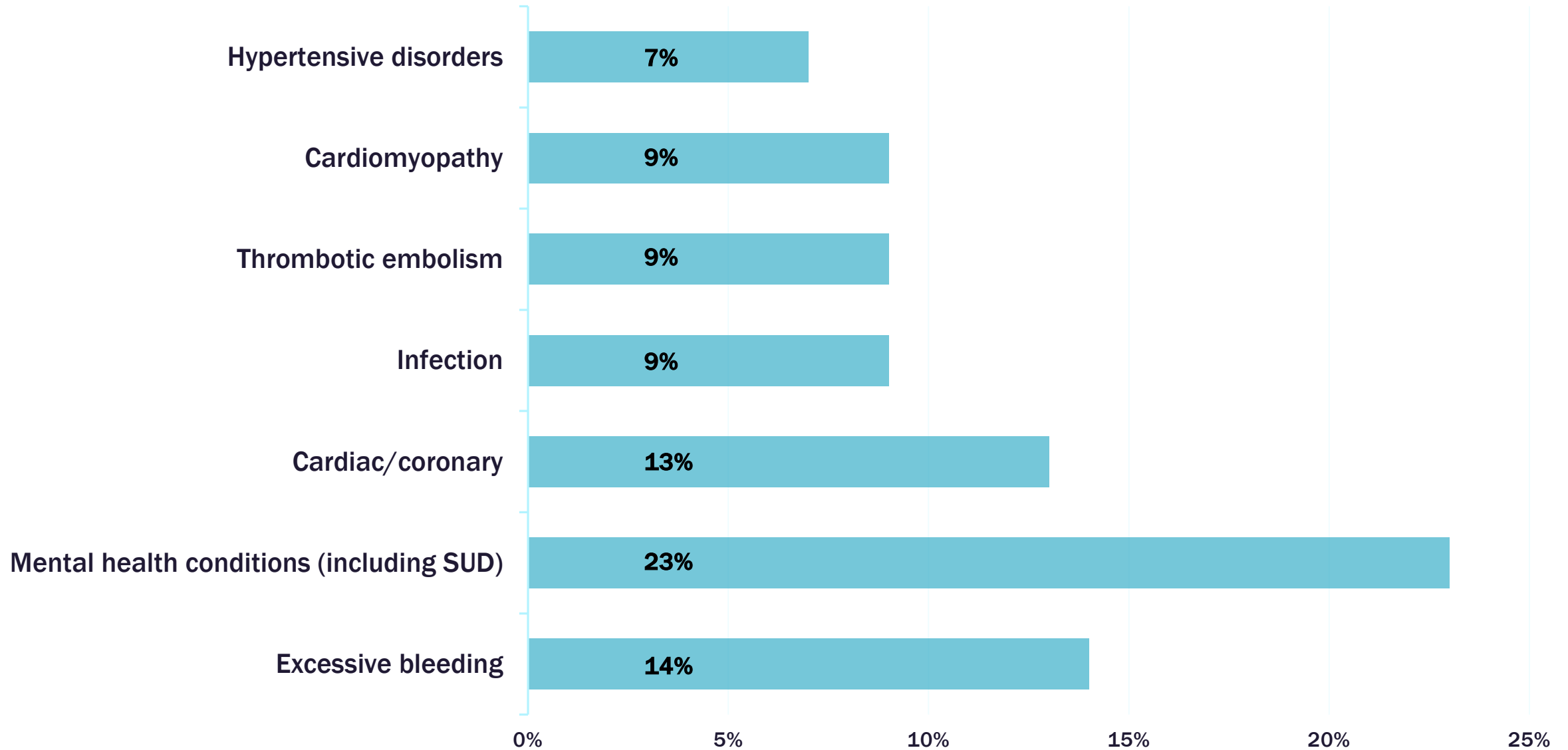
Perinatal Mental Health and Substance Use Disorder in Louisiana



- **Common:** Mental health problems affect up to 20 percent of women in the perinatal period (35–40 percent among low-income and minority patients).¹
- **Under-identified:** Studies suggest that less 50 percent of women with perinatal mental health problems are identified by their frontline physician.²
- **Untreated:** Seventy-five percent of patients experiencing perinatal mental health symptoms go untreated.^{3,4}

1. ACOG Committee Opinion 757 (2018).; 2. Goodman & Tyer-Viola (2010). *Journal of Women's Health*, 19(3): 477-490.; 3. Byatt (2015). *Obstetrics & Gynecology*, 126(5): 1048–1058.;4. Byatt (2020). *Promoting the Health of Mothers & Children*

CAUSES OF PREGNANCY RELATED DEATH, 2017–2019



Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.

Louisiana Pregnancy-Associated Mortality Review

Maternal Mortality in Louisiana

2020 REPORT

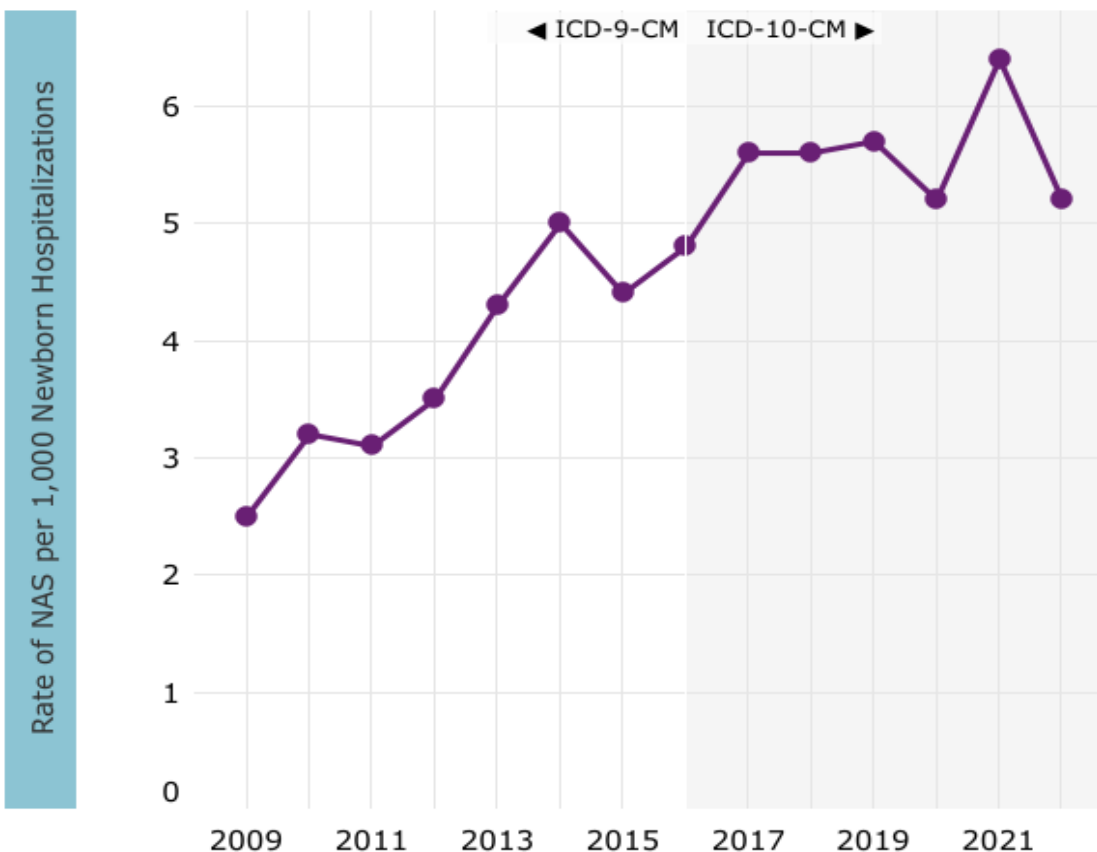


 LOUISIANA
DEPARTMENT OF HEALTH

In 2020, 34 percent (28 deaths) of all pregnancy-associated deaths (82 total) were due to accidental overdose, making it the single biggest contributor to maternal mortality.

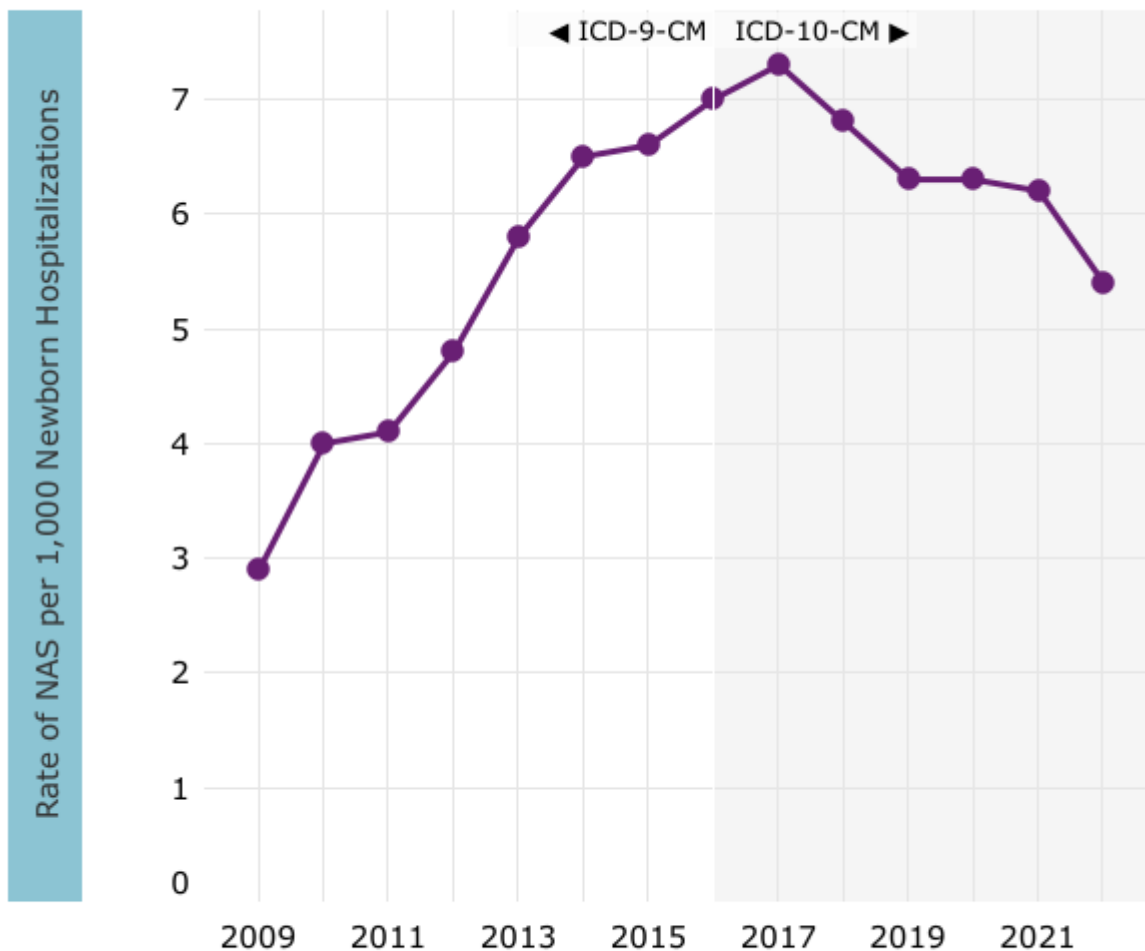
Rates of Neonatal Abstinence Syndrome

Louisiana: Rate per 1,000 Newborn Hospitalizations by All NAS, 2009 to 2022



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) 2009 to 2022 (all available data as of 12/10/2024). Abbreviation: NAS, neonatal abstinence syndrome.

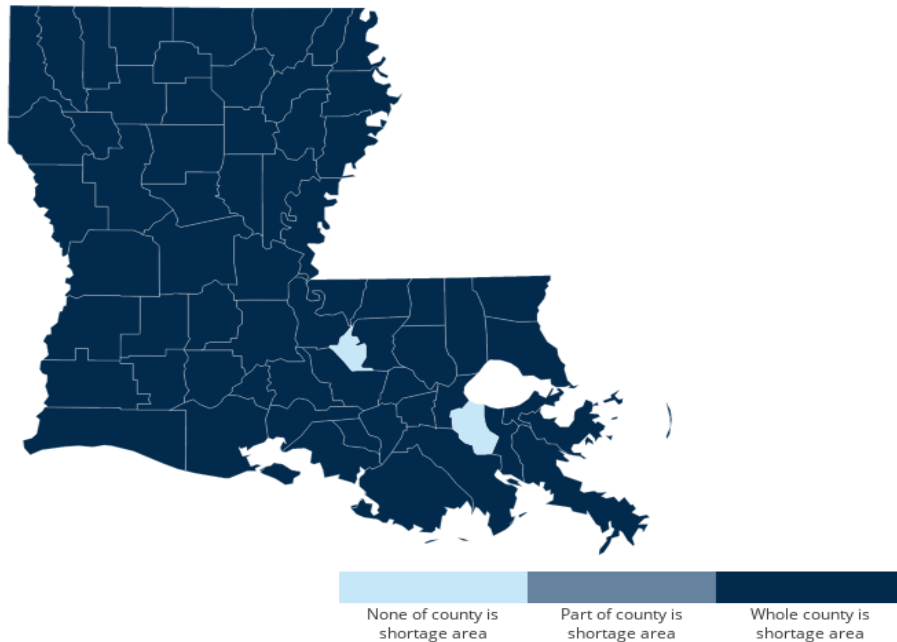
U.S. National: Rate per 1,000 Newborn Hospitalizations by All NAS, 2009 to 2022



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), National (Nationwide) Inpatient Sample (NIS) 2009 to 2022 (all available data as of 12/10/2024). Abbreviation: NAS, neonatal abstinence syndrome.

Louisiana Doesn't Have Enough Resources to Meet the Need

Mental Health Professional Shortage Area by Parish, July 2024



Source: data.HRSA.gov, July 2024.

- Projected 20 percent fewer psychiatrists by 2030
- Primary care providers are taking on greater “gatekeeping” responsibilities
- Providers don’t have enough mental health training
- Fragmented mental health and Substance Use Disorder (SUD) treatment service system

What Happens When Women Can't Access Treatment?

- Health risks for mother
- Health risks for baby
- Impact on parenting and family dynamics
- Long-term socioeconomic impacts



Why Provide Consultation and Training to Frontline Health Care Providers?

- It's where the patients are.
- Frontline healthcare clinicians are trusted experts who build relationships over time with patients and their families
- Consultation leverages scarce psychiatric resources.
- With support, training and resources, frontline health care clinicians can manage mild to moderate mental health concerns.



The Provider-to-Provider Consultation Line (PPCL)



Program Timeline

2018 - 2019

- Bureau of Family Health (BFH) awarded a Maternal Depression and Related Behavioral Disorders (MDRBD) grant from HRSA
- Louisiana Mental Health Perinatal Partnership (LAMHPP) is launched

2021 - 2022

- BFH awarded a PMHCA (Pediatric Mental Health Care Access) grant from HRSA
- Provider-to-Provider Consultation Line (PPCL) is launched

2023

- LAMHPP merges into PPCL
- One program for both perinatal and pediatric healthcare providers and professionals

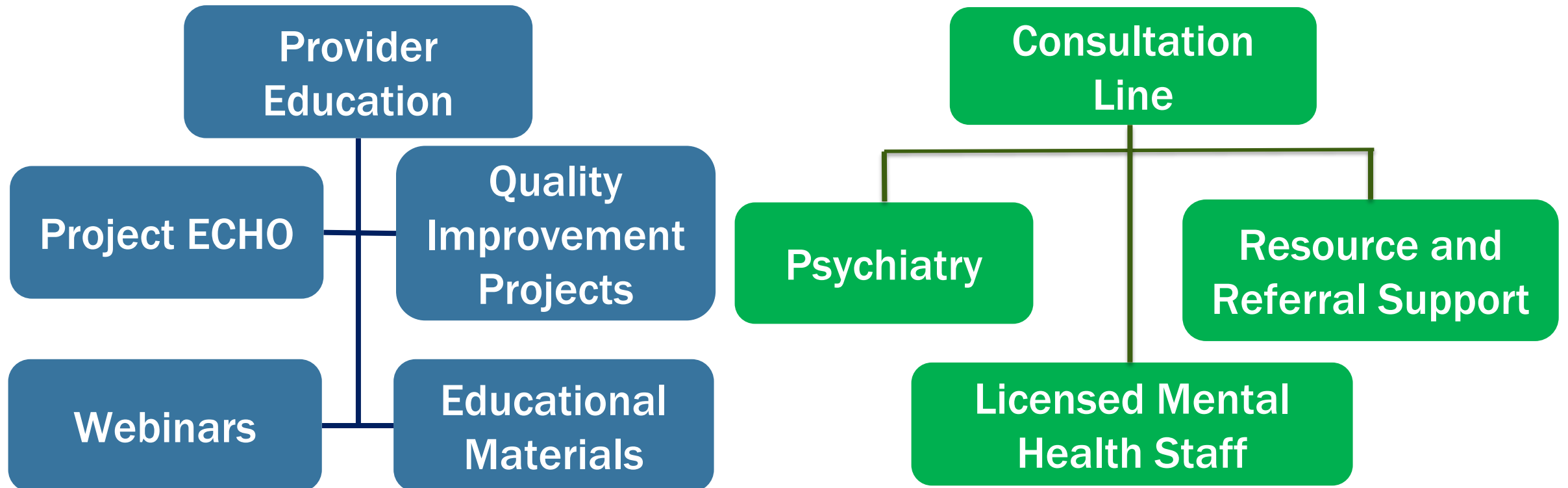


PPCL


PROVIDER TO PROVIDER CONSULTATION LINE

Pediatric and Perinatal Mental Health Support

Assists frontline perinatal health care providers statewide in building their capacity to recognize and respond to the mental and behavioral health needs of their patients/clients.



- Statewide
- Any provider serving children/youth (birth to age 21) and pregnant and postpartum women
- Operates Monday-Friday from 8:00 a.m. to 4:30 p.m.
- Providers register for the program (not required to access consultation)
- Resource and referral support
- Psychiatrists are available for consultation





Louisiana Provider to Provider **Consultation** Line (**PPCL**)

Pediatric & Perinatal Mental Health Support

The **Provider-to-Provider Consultation Line (PPCL)** is a no-cost telehealth consultation and education program that helps providers address the behavioral and mental health needs of pediatric patients (ages 0-21) and perinatal patients.

The program can help increase clinic capacity to screen, diagnose, treat, and refer patients to supportive services and connect providers to mental health consultants and psychiatrists.

Call now to speak with a mental health consultant or psychiatrist about your patients!

 (833) 721-2881  ldh.la.gov/ppcl

Physician Specialists



Julianna Finelli, MD
Assistant Professor
of Psychiatry, Tulane
PPCL Perinatal
Medical Advisor



Maegen Vincent, MD
Child and Adolescent
Psychiatry
Adolescent, Young Adult,
and Reproductive
Psychiatrist



**Mishka Terplan, MD,
MPH, FACOG,
DFASAM,
OB/GYN and
Addiction Medicine**



Daniel Waldman, MD
Child and Adolescent
Psychiatry

How Does Consultation Work?



A provider has a question. Registration is not required before calling, but it is strongly encouraged and only takes a couple minutes.

Providers can register at ldh.la.gov/ppcl or complete registration during consult call.

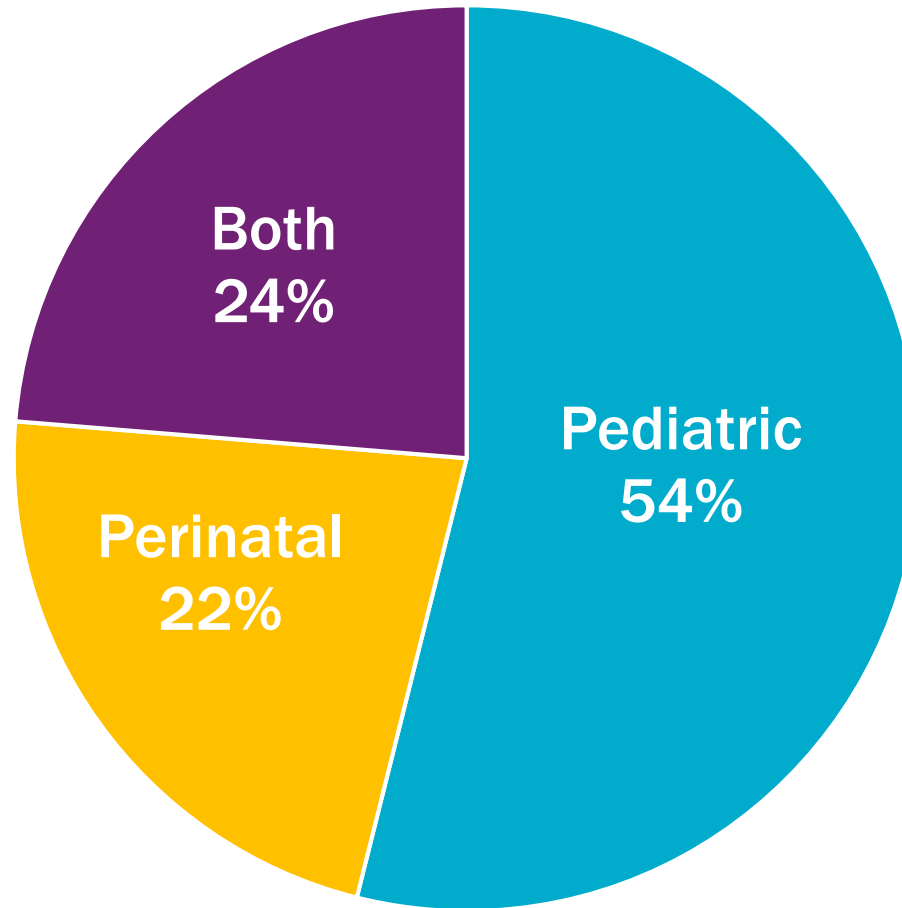


Providers can call Provider-to-Provider Consultation Line (PPCL) at (833) 721-2881 during regular business hours (8 a.m. to 4:30 p.m.) and speak directly with a mental health consultant or go to the [website](#) and submit a consultation request.



Our mental health consultants respond to questions within the scope of their expertise and can connect providers to one of our child and adolescent or perinatal psychiatrists.

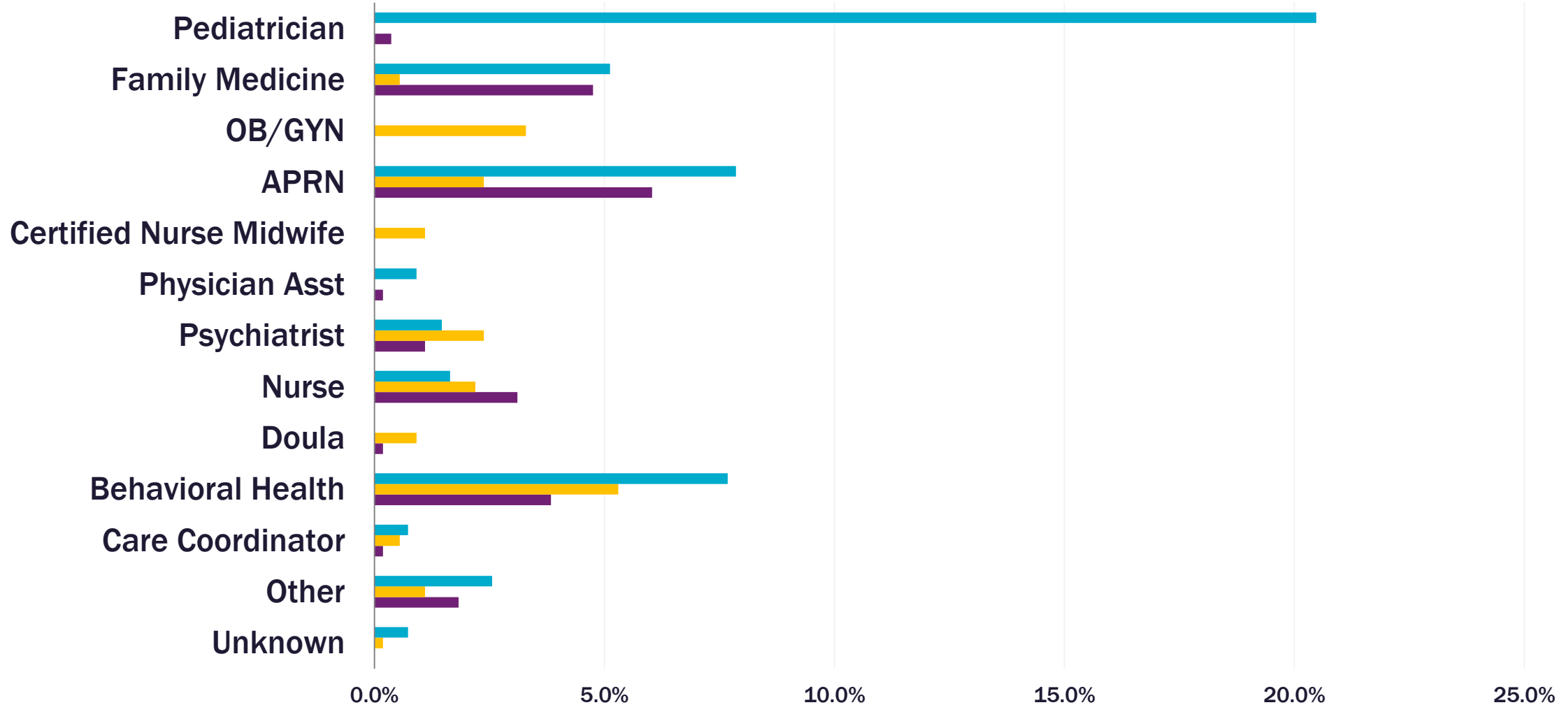
Number of Registered Providers (N=505)

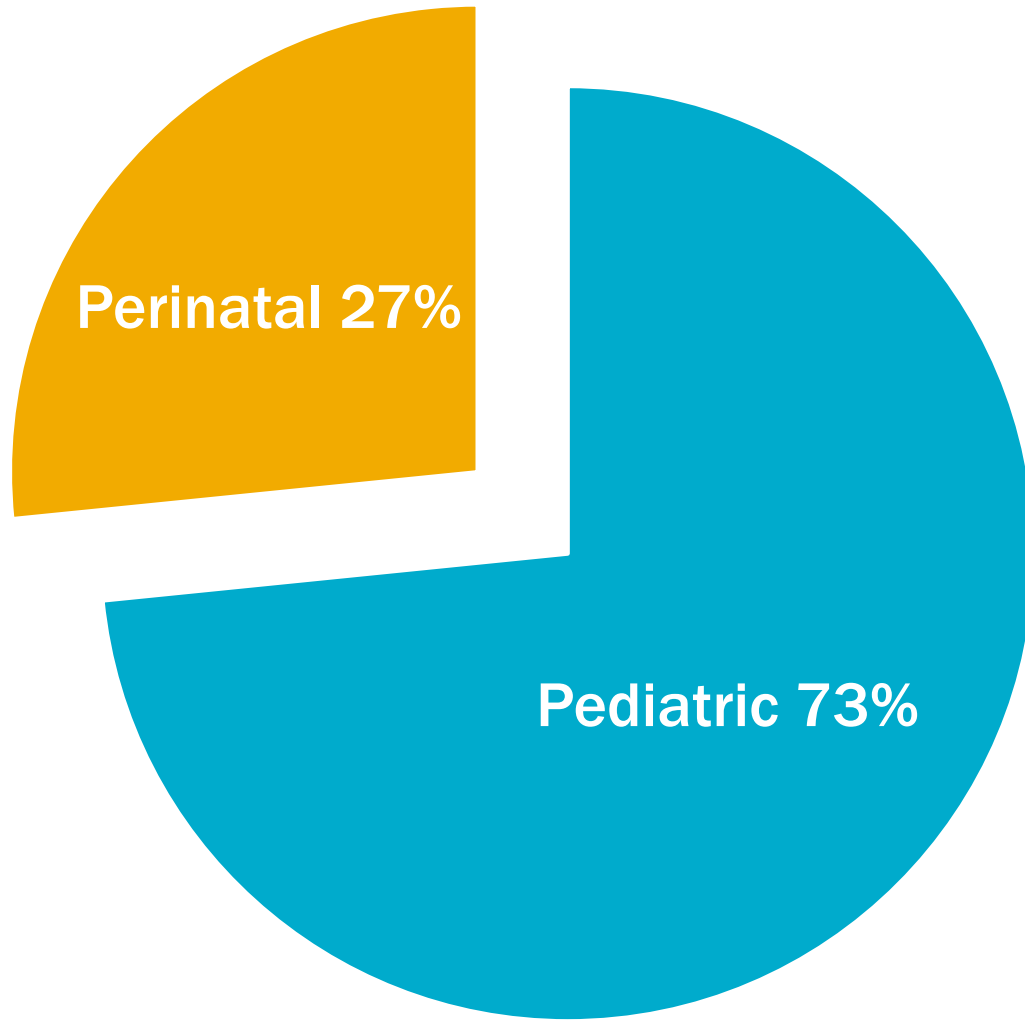


Data as of 3/5/2025

Registered Providers by Population Served – Provider Types

■ Pediatric ■ Perinatal ■ Both

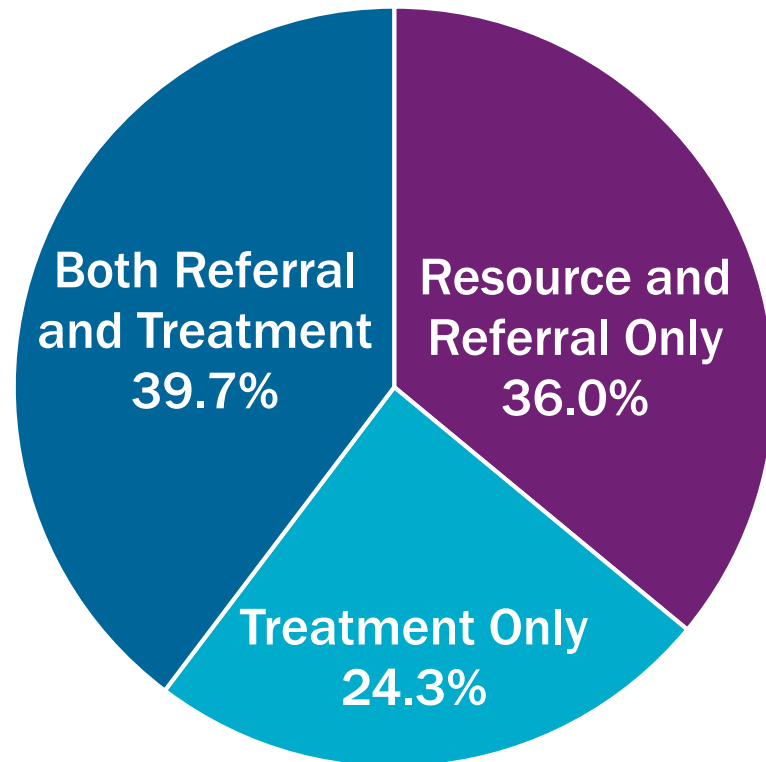




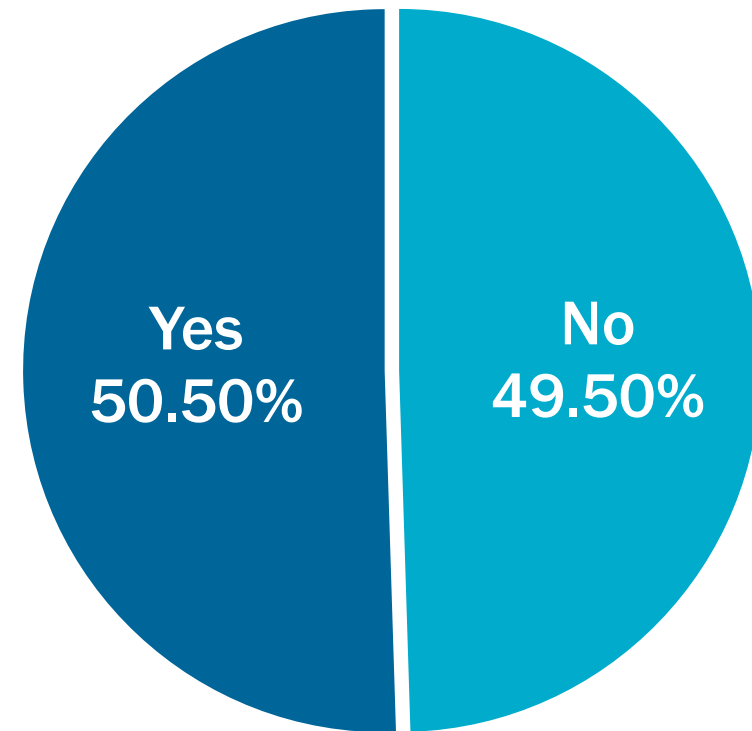
Consults by Population Served

Perinatal Consults

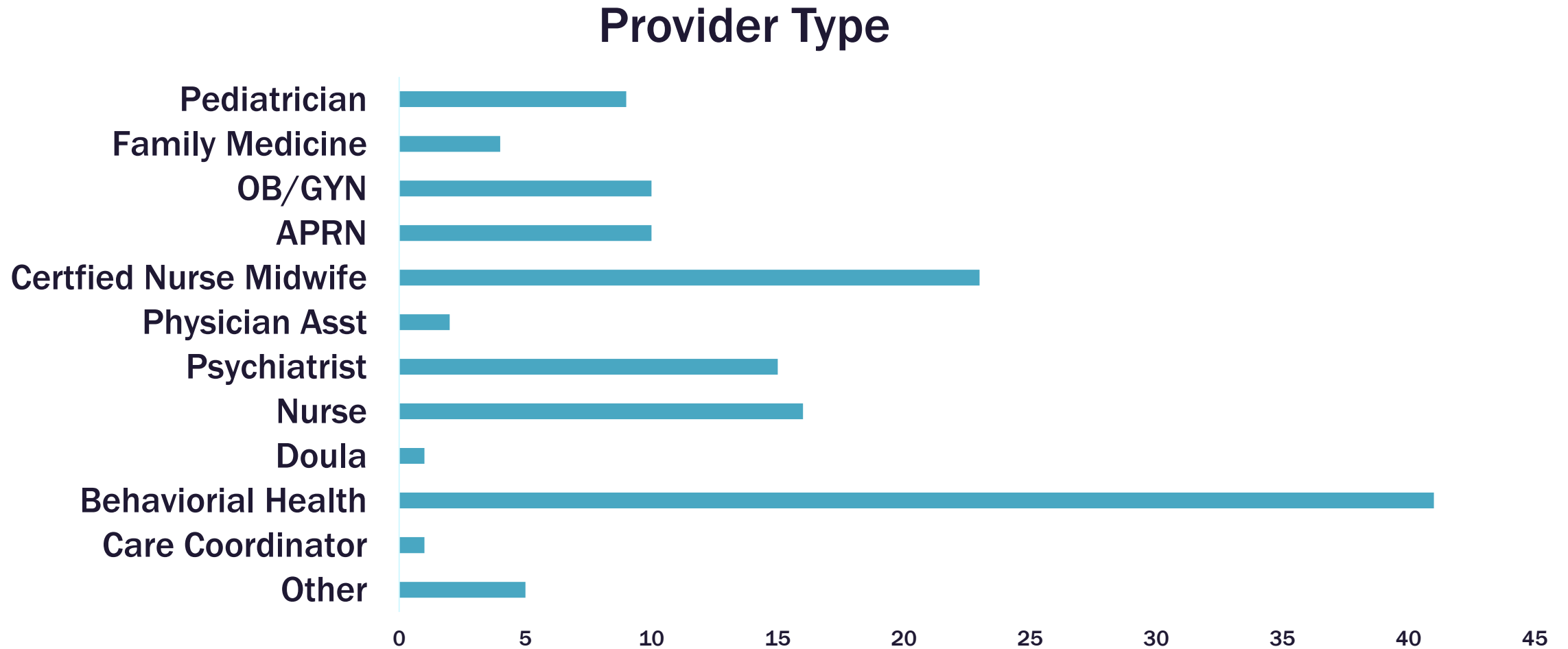
Type of Support Provided



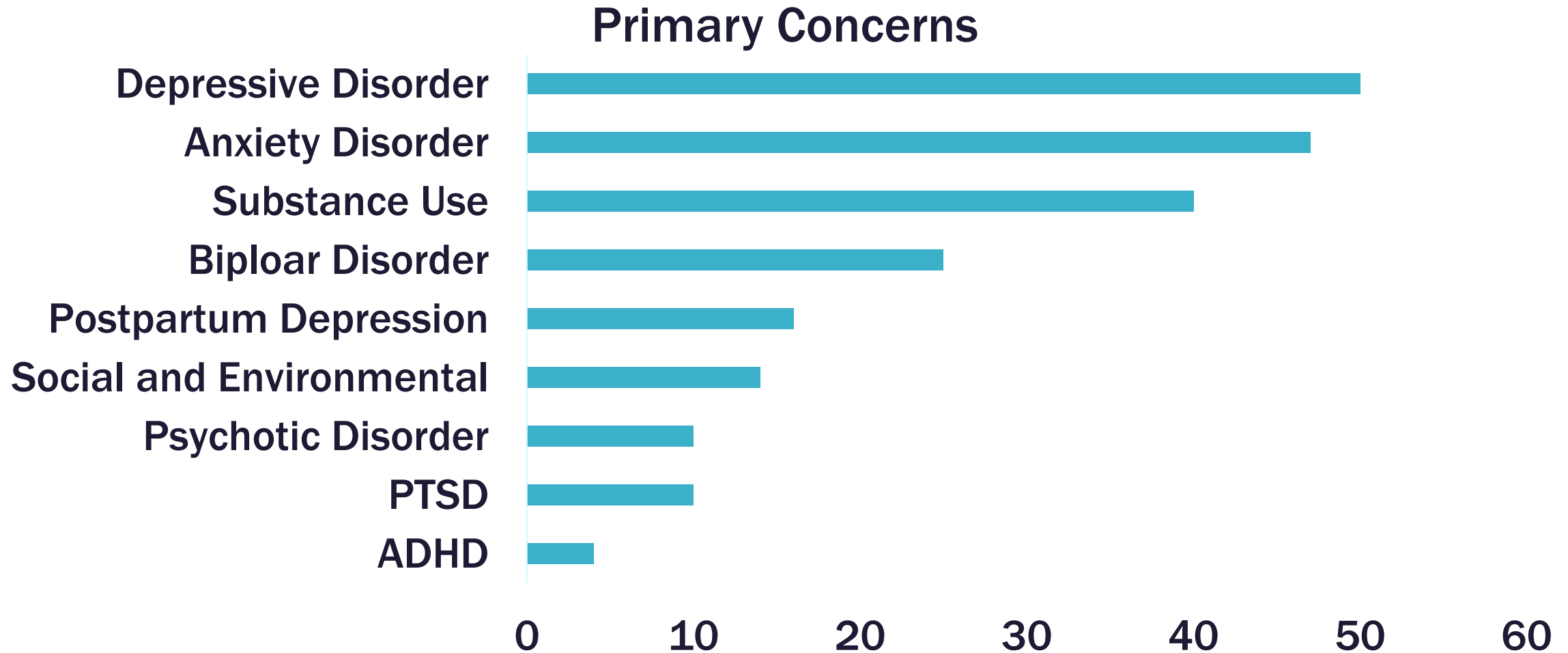
Psychiatry Involvement



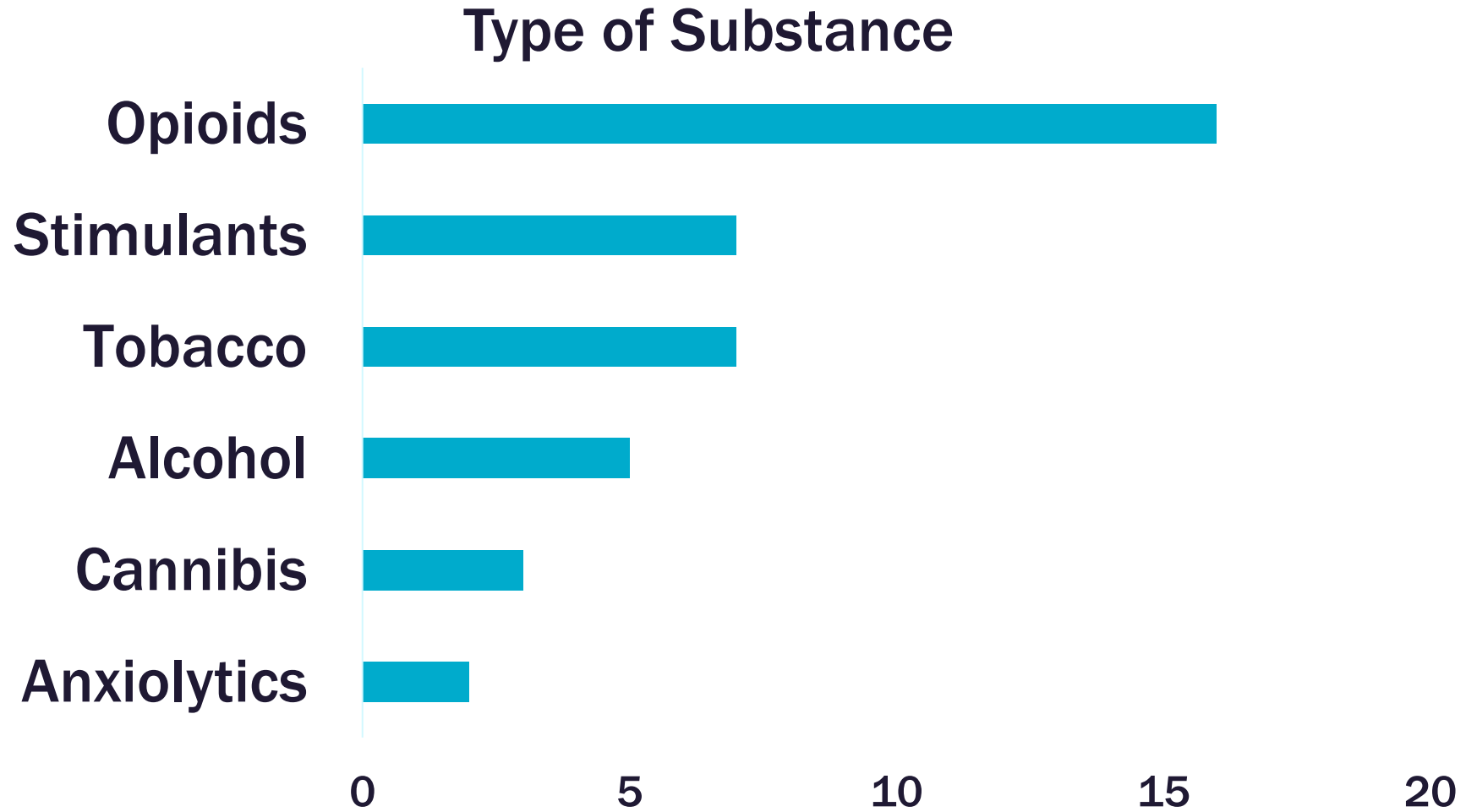
Perinatal Consults



Perinatal Consults



Perinatal Consults



Provider Feedback is Positive

- **One hundred percent are “very satisfied,” found the line to be “very useful” and would use it again:**
 - “High acuity pt that was [definitely] out of my lane, I was able to get some direction and suggestions from PPCL.”
 - “If I'm calling [PPCL], my hands are tied... I just don't have the time to do the investigation that they're about to do... You just can't expect somebody who's struggling mentally to wait for six months for that first visit.”
 - “They helped me so much!! I feel like my patient received excellent care and was able to be referred fast which should help her outcome.”
 - “It was extremely useful to talk to an expert about my patient concern.”

Education and Training



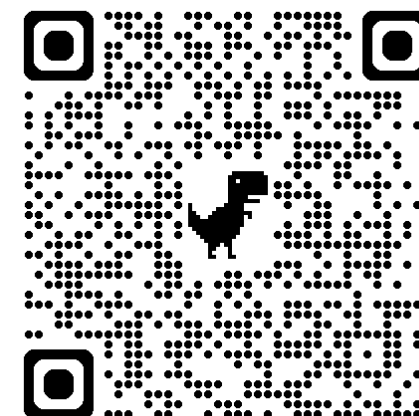
TeleECHO Training Series

- Has a virtual training series for pediatric mental health and perinatal mental health.
- ECHO functions as a virtual grand rounds by using didactics, mentoring, and patient case presentations.
- Benefits of participating in our TeleECHO series:
 - No-cost continuing medical education or continuing education units/contact hours for doctors, nurses and social workers
 - Increased capacity for treating behavioral health concerns
 - Feedback about specific patient cases and complex conditions
 - Support from peers and mentorship from experts

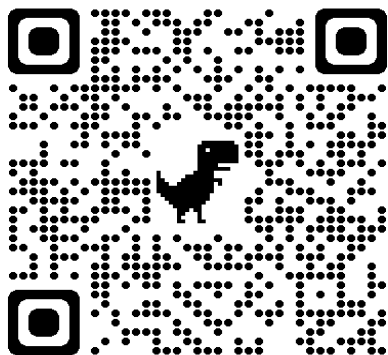
Perinatal TeleECHO Schedule

2025 Perinatal Mental Health TeleECHO Series Schedule

February 25	Introduction to ECHO Kristine Olivier, MD
March 25	Ethical Issues Around Decision Making Paula Zeanah, PhD, MSN, RN, FAAN
April 22	Pregnancy, Lactation/Breastfeeding and Medication Maegan Vincent, MD
May 27	Session Information Coming Soon
June 24	Lactation/Breastfeeding and the impact on Perinatal Mental Health Jeanne Pichoff, LOTR, IBCLC
July 22	Session Information Coming Soon
August 26	Perinatal Loss Hailey Verrett, LCSW
September 23	Session Information Coming Soon
October 28	Session Information Coming Soon
November 25	Session Information Coming Soon



Website



ldh.la.gov/page/ppcl

Explore Important PPCL Web Pages



TeleECHO:

Tune in to the monthly pediatric and perinatal learning series for providers.



Resources for Providers:

Explore these resources for providers to find clinical handouts, care guides, continuing education, and more.



Resources for Families:

Check out these resources for pregnant families and families with children.



Screening Tools:

Check out this library of screening tools for providers to pregnant clients, postpartum clients, and adolescent clients with mental health concerns.

PPCL Training Videos

- General Video Series: A playlist of webinars and trainings about ADHD, anxiety, medication guides, and more perinatal/pediatric mental health topics.
- Continued Learning Series: A playlist of recordings from trainings committed to providing professional development opportunities to assist perinatal and pediatric health care providers in identifying and addressing the mental and behavioral health needs of their patients.

Questions About Pediatric or Perinatal Mental Health?

Contact us at (833) 721-2881

- Receive program updates.
- Gain access to consultation from a team of mental health professionals.
- Get access to an ECHO series on pediatric and perinatal mental health issues.
- Get support in identifying mental health and other community resources for your patients.

Registration



PPCL

PROVIDER TO PROVIDER CONSULTATION LINE
Pediatric and Perinatal Mental Health Support



Thank you!

Questions?

Contact PPCL at:

ppcl@la.gov

PPCL website:

ldh.la.gov/ppcl

My contact info:

Paulette.G.Carter@la.gov

Addiction IS an Emergency:

The LA Bridge Program

Region 5

Presentation for the HOPE Council
April 10, 2025



Melissa Stainback, PhD
SWLA Opioid Coordinator
Imperial Calcasieu Human Services Authority



Traci Hedrick, LAC
Community Services Director
Imperial Calcasieu Human Services Authority



Partners making LA Bridge happen



SWLA Do No Harm

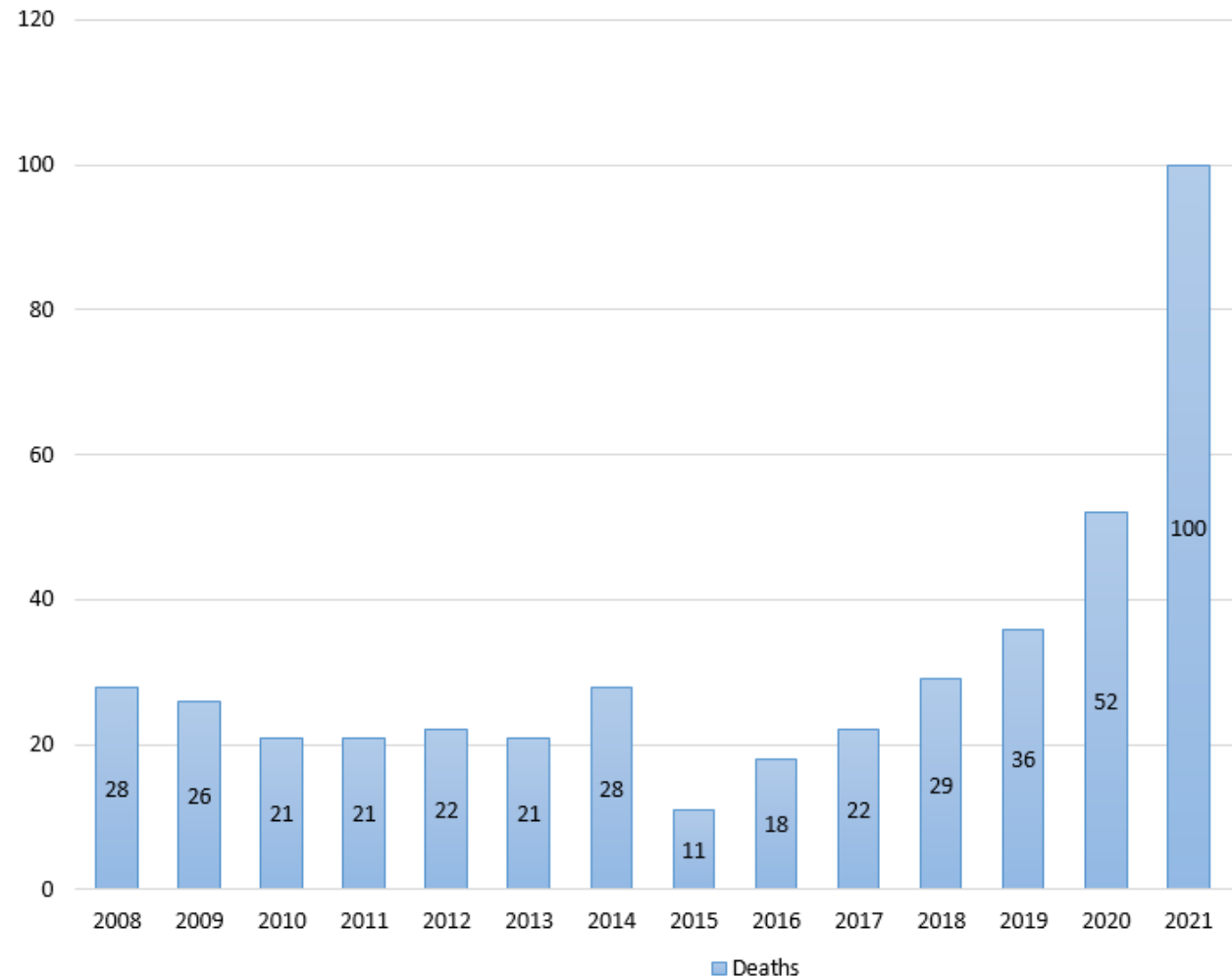


Our NORTH STAR

Zero
Overdose
Deaths

Any Drug-
Related
Overdose
Death by Year

Calcasieu Parish
2008-2021



What is evidence based treatment?

Making the case for ED Intervention

LA Bridge Program and Updates

Where do we go from here?

Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

- 1. Targeted Naloxone Distribution**
- 2. Increase access to Medication-Assisted Treatment**
- 3. Academic Detailing**
4. Eliminating Prior-Authorization Requirements for MOUD
5. Screening for Fentanyl in Routine Clinical Toxicology Testing
6. 911 Good Samaritan Laws
7. Naloxone Distribution in Treatment Centers and Criminal Justice Settings
8. MAT in Criminal Justice Settings and Upon Release
- 9. Initiating Buprenorphine-based MAT in Emergency Departments**
- 10. Syringe Services Programs/Harm Reduction Strategies**

American Society of Addiction Medicine: Updated Opioid Treatment Guidelines, 2020

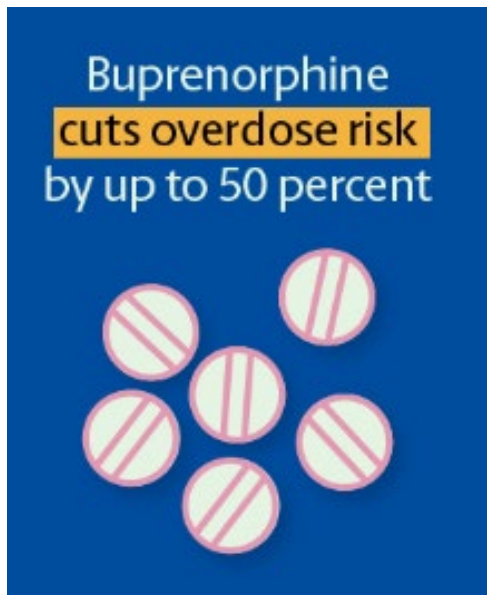
- Comprehensive assessment is critical, however, assessments should not delay or preclude initiating medicines.
- The use of cannabis, stimulants, alcohol, sedatives, and/or other addictive drugs should not be a reason to withhold treatment.
- All FDA approved medications should be available for all patients.
- There is no recommended time limit for treatment with medications.
- Screening for infectious diseases and psychiatric disorders should be done
- Patients should be referred to psychosocial treatment based on their individual needs.
- Using Methadone or buprenorphine for withdrawal management is recommended over abrupt cessation, which can put the patient at risk of relapse, overdose, and death.
- Detoxification on its own, without ongoing treatment, is not recommended. Patients should be advised about the risk of relapse, overdose, and death.



What is evidence based treatment?

Making the case for increasing access to MOUD

Standard of Care for Treating OUD: Buprenorphine and Methadone

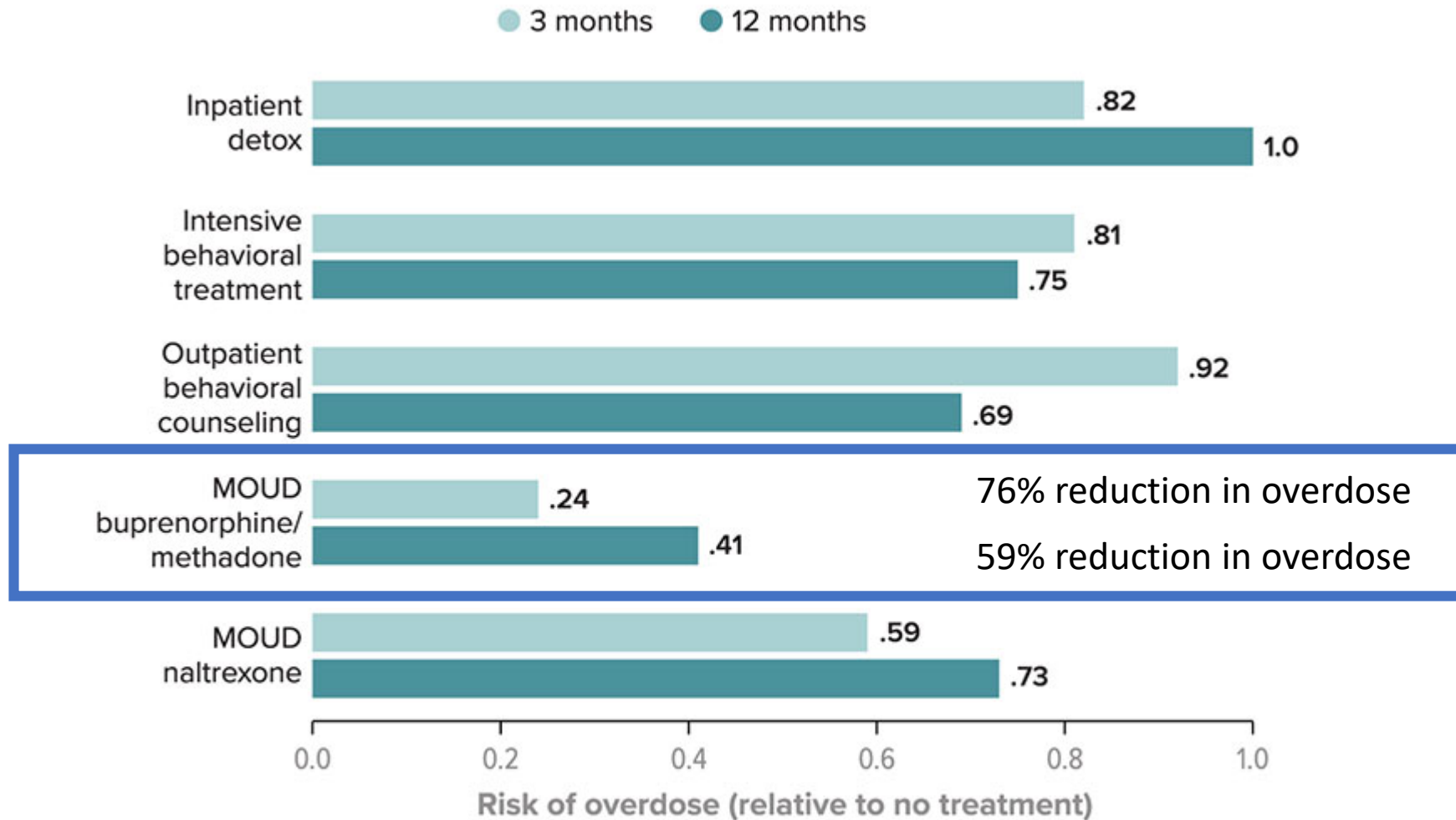


Measurable Outcomes

- Reduces
 - overdose deaths
 - rates of drug use
 - infectious disease
 - Crime and Incarceration
 - Family separation

What is evidence based treatment?

Medication Matters



French Field Experience with Buprenorphine

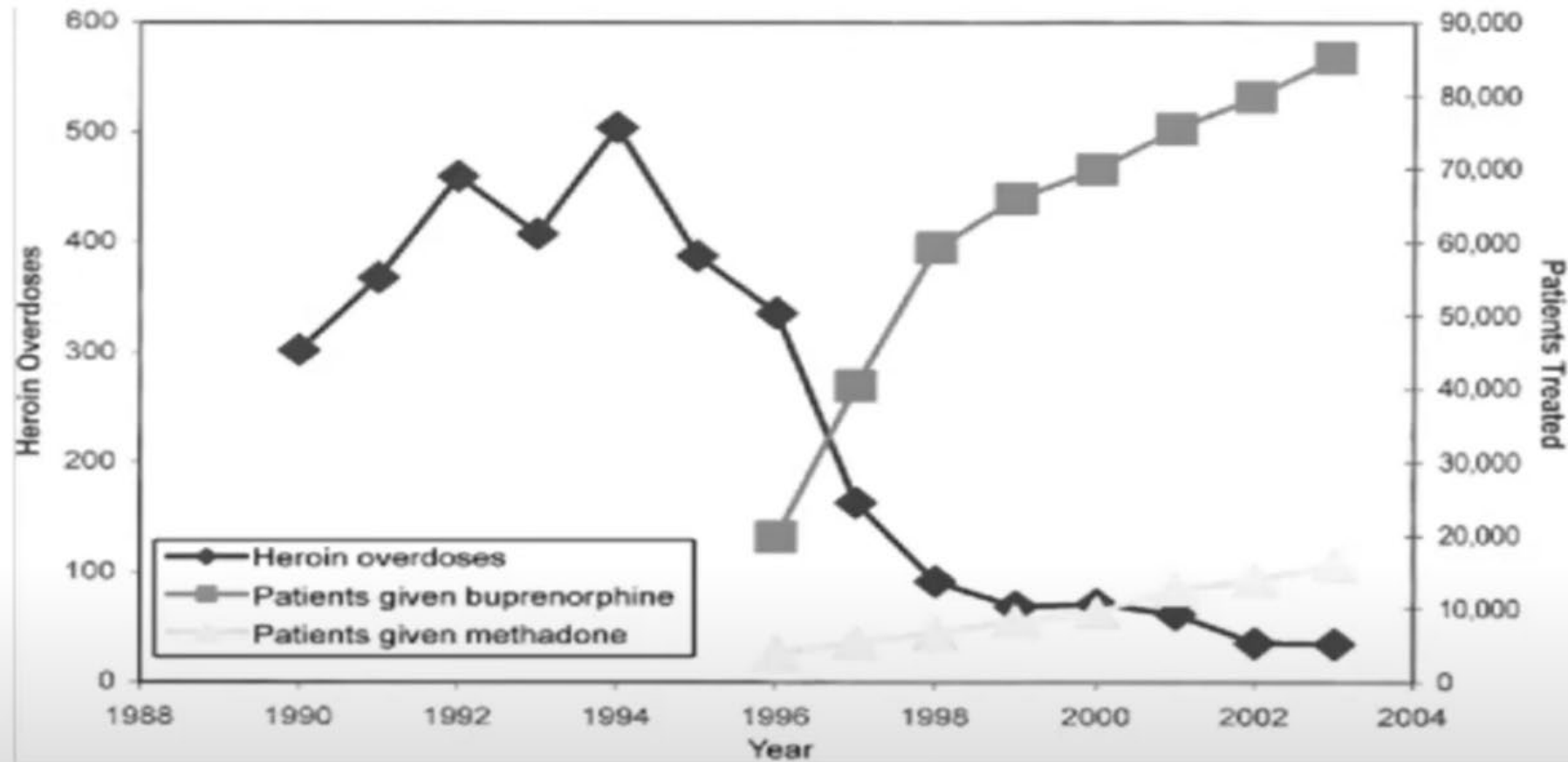
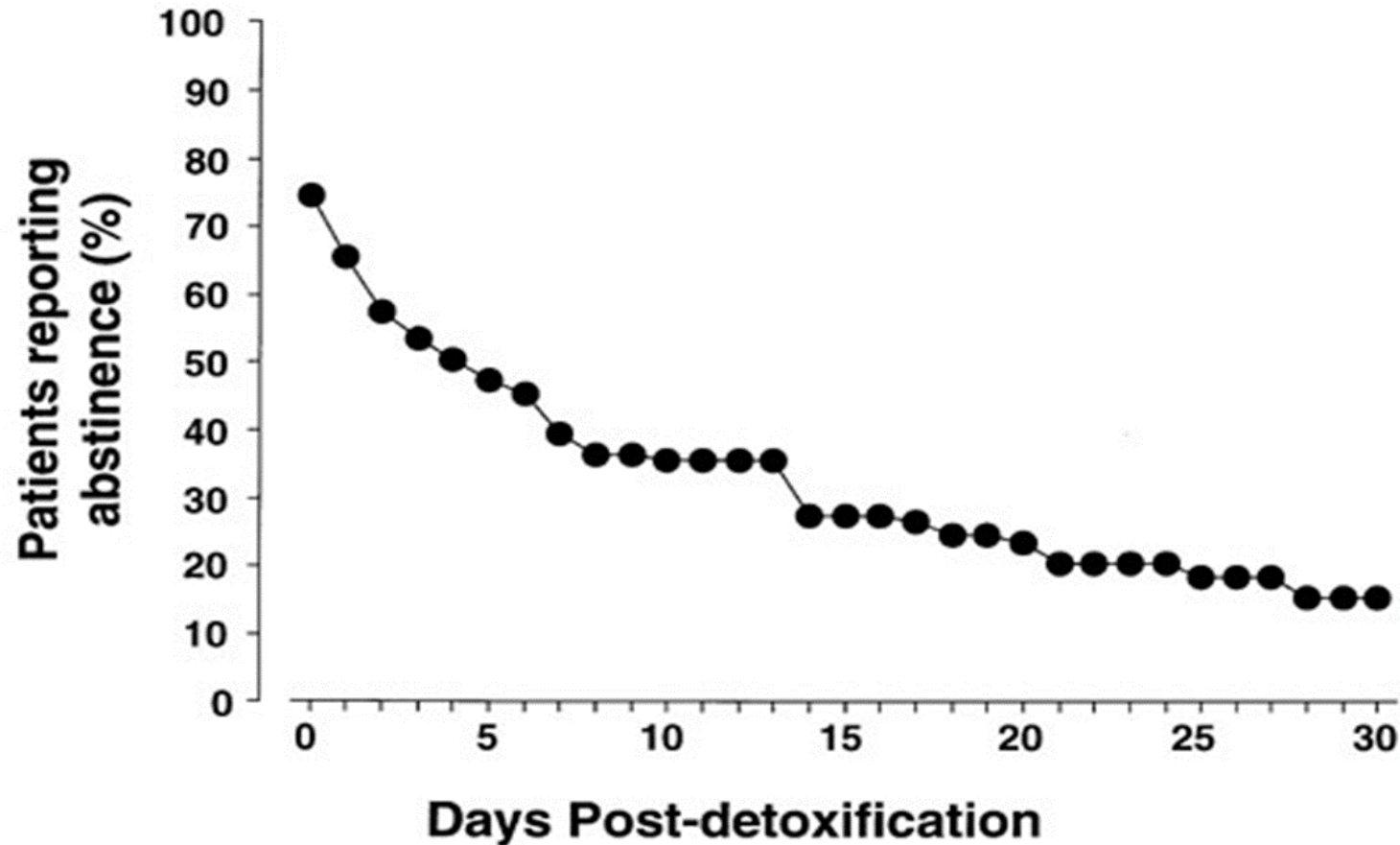


Figure 2. From: Carrieri, Maria Patrizia, et al. "Buprenorphine use: the international experience." *Clinical Infectious Diseases* 43.Supplement 4 (2006): S197-S215.

OD: “Detox” doesn’t last



“Discontinuing treatment typically results in relapse and elevated risk of mortality, with the risk of death after discontinuing treatment estimated to be 2.4 x greater than during treatment.”

Reference: Chutuape et al, 2001; Nosyk et al, 2013

OUD is an Emergency!

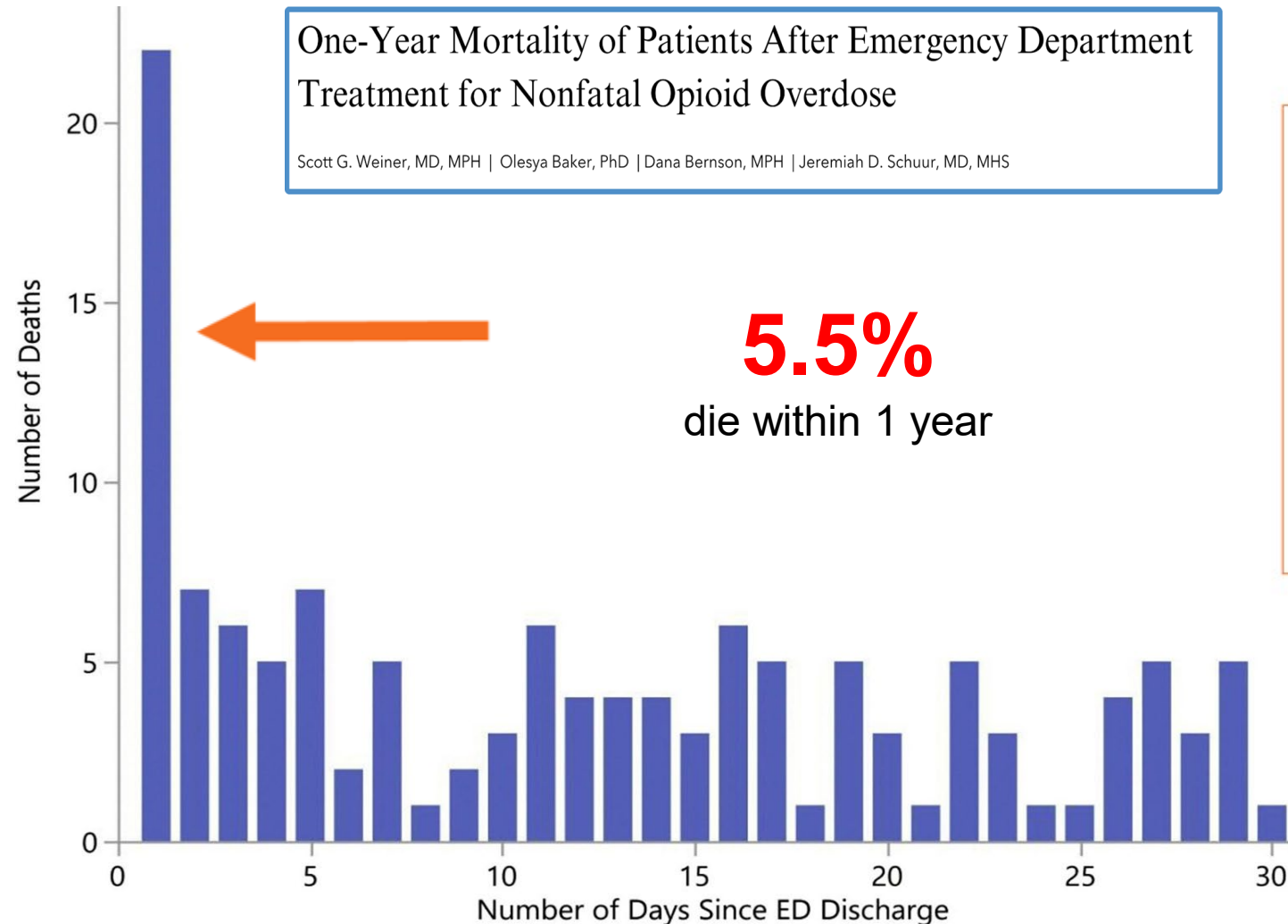
Making the case for ED intervention



28%
of adult ED patients
screen positive for SUD.

OUD is an Emergency!

Making the case for ED intervention



Significant increase in mortality risk post-ED discharge

- 20% of patients that died did so in the first month
- 22% of those that died in the first month died within the first 2 days

Treatment in the ED

Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial

Gail D'Onofrio, MD, MS | Patrick G. O'Connor, MD, MPH | Michael V. Pantalon, PhD | Marek C. Chawarski, PhD | Susan H. Busch, PhD | Patricia H. Owens, MS | Steven L. Bernstein, MD | David A. Fiellin, MD

JAMA[®]
The Journal of the American Medical Association



78% to 37%

Bridge Model in Emergency Departments

Revolutionizing The System Of Care



**Rapid, Evidence-based
Treatment**

24/7 access to evidence
based treatment in EDs



Culture of Respect

Treatment with dignity and
authentic human interactions



**Connection to
Community & Care**

Outreach to increase
access to care

BRIDGE helps hospitals implement the standard of care needed to support patients with substance use disorders. Together, a clinical champion and a navigator bridge gaps in traditional treatment, linking patients to ongoing care.

The CA
Bridge
Model in
Action



**The clinical
champion**

provides assistance
to staff so they can
support the patient
with medication



The navigator
offers the patient
guidance and linkage
to ongoing treatment



The patient
gets evidence-based
care with better
outcomes, and lower
readmissions



Treatment starts here. Treatment starts now.

The Louisiana Bridge Program: Region 5 Hospitals



Our WHY - Evidence for treating addiction in the Emergency Department

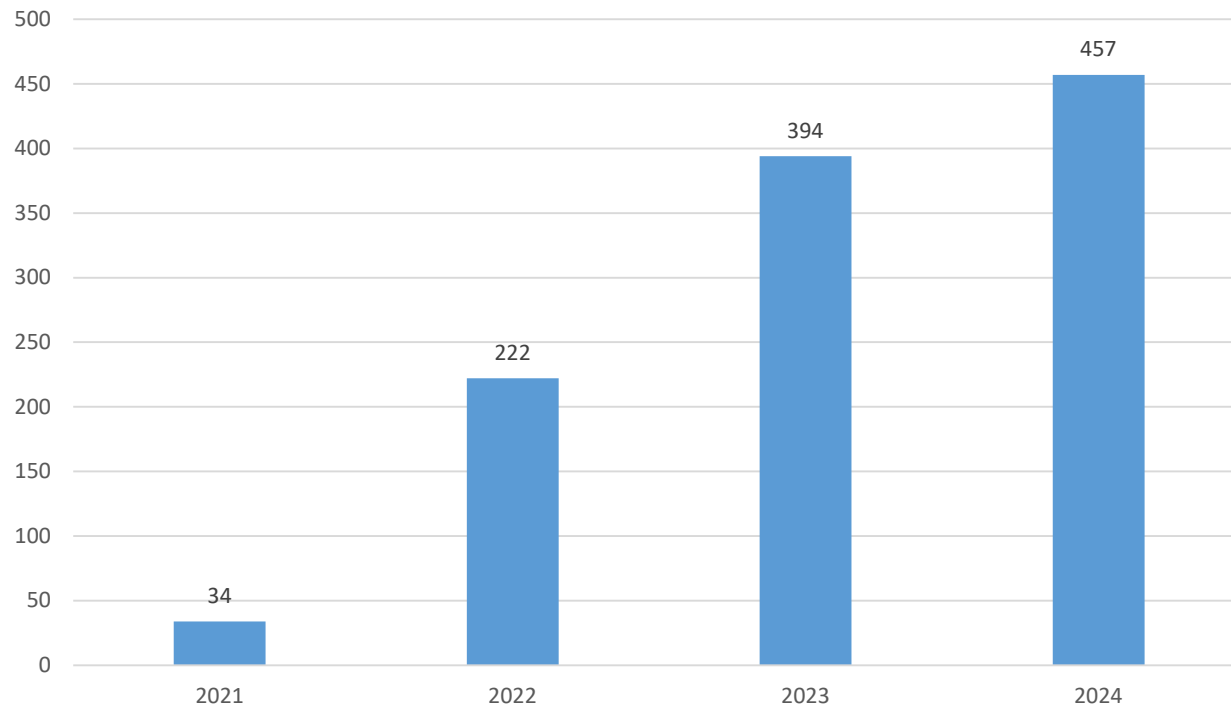
- Linked over 1000 patients with a substance use navigator (SUN)
- Includes 4 hospital systems: LCMH, WCCH, OALH, CHRISTUS
- Over 70% linked to appropriate level of care
- Buprenorphine initiation is increasing
- 95% have left the hospital with Narcan, harm reduction information, and links to local resources
- **COVERS ALL SUD!!**



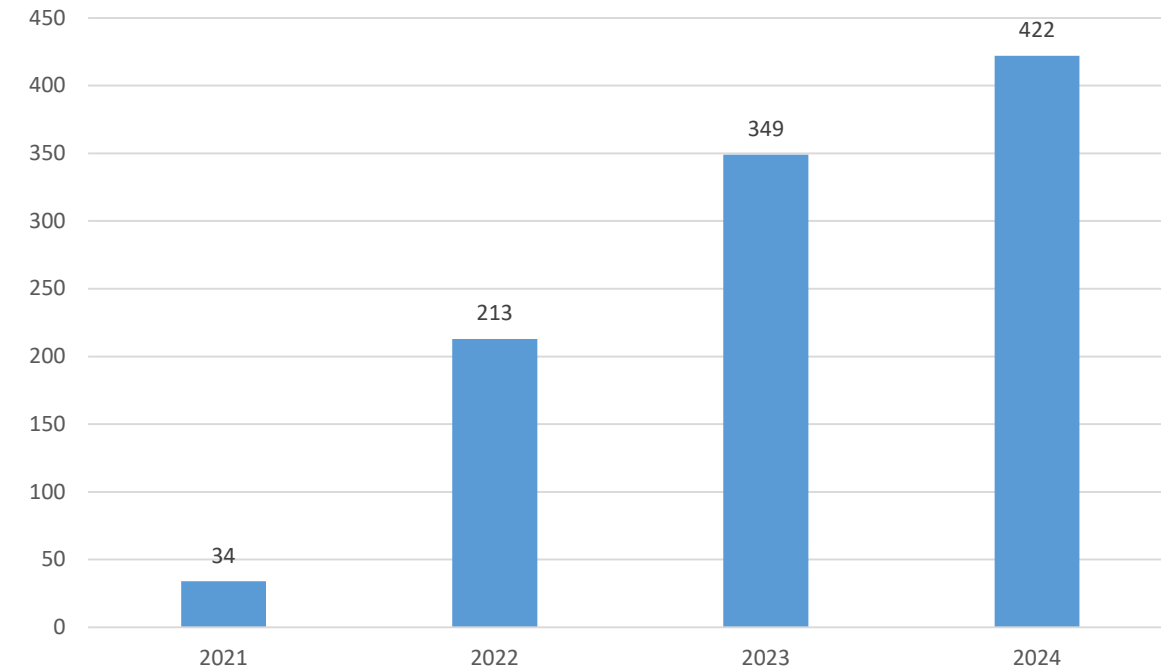
**LOUISIANA
BRIDGE**

LA Bridge Program Outcome Data 2021-2024

Patients Connected to SUN

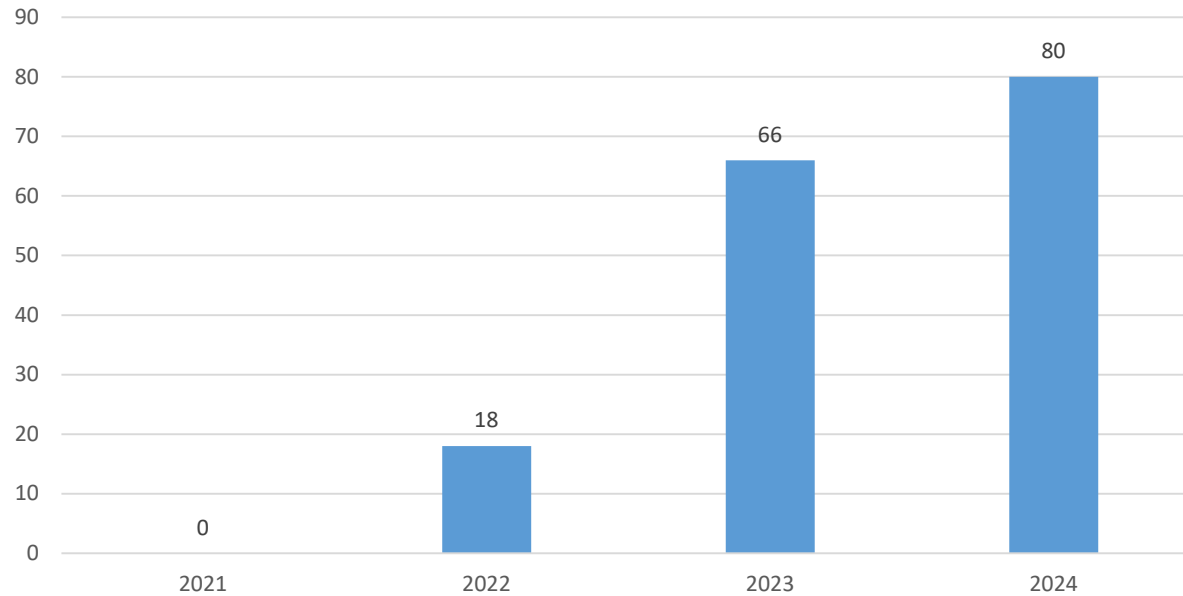


Narcan Distributed

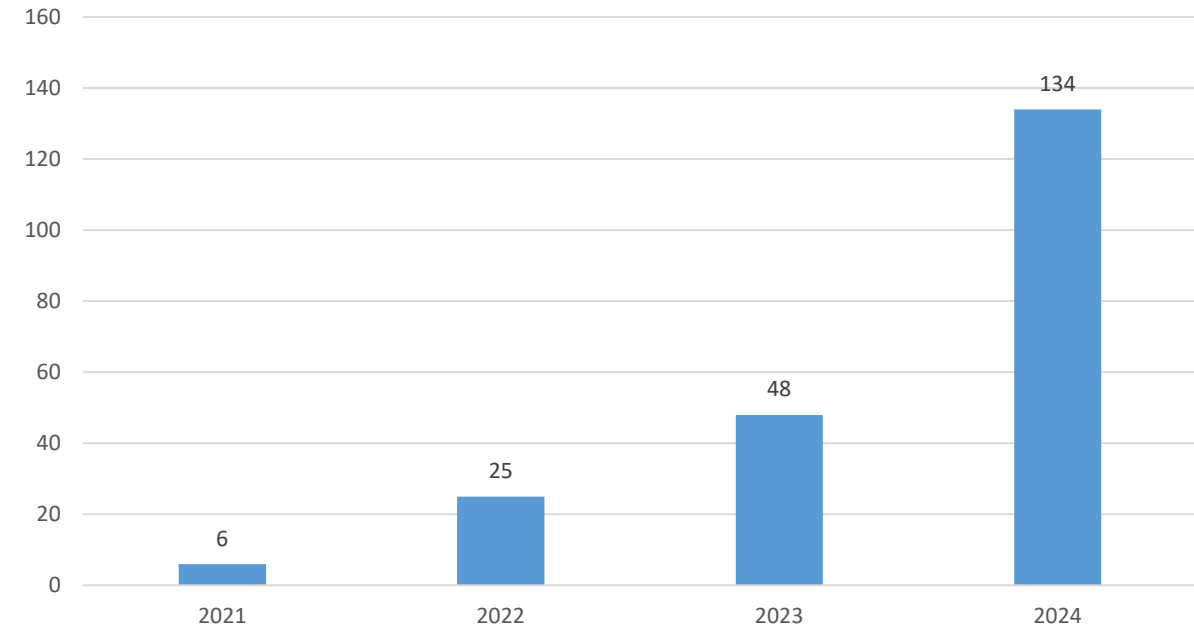


LA Bridge Program Outcome Data 2021-2024

Buprenorphine Access in ED



Patients Linked to MAT Provider



300
Percent

Increase in Buprenorphine Initiation and/or Prescribing from the ED

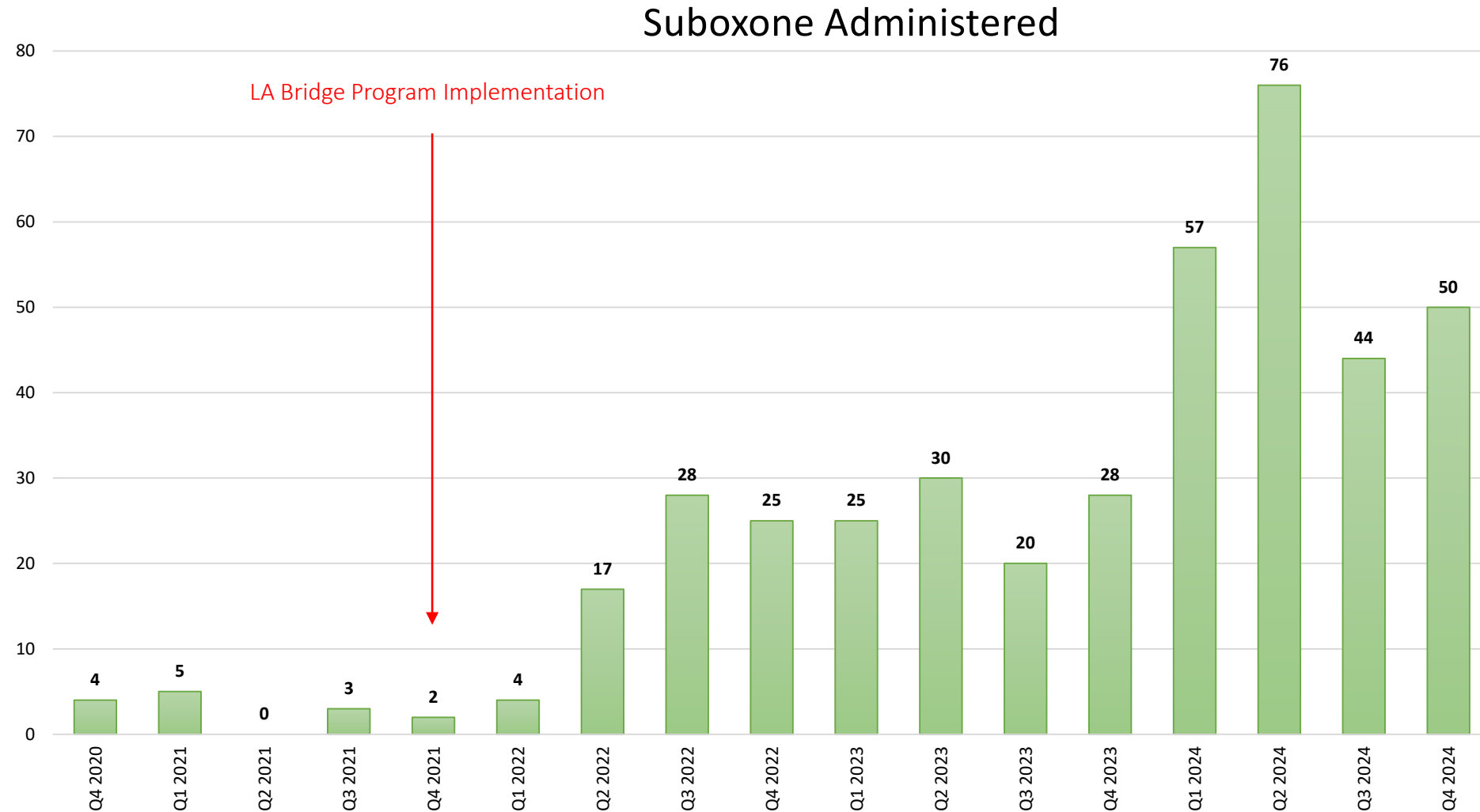


400
Percent

Increase in Patients Linked at ED Discharge to a Community MAT Provider

From initial implementation in 2022 (first full project year) to 2024 year-end

Lake Charles Memorial Hospital Emergency Department Data



Qualitative measures of success: VOICES FROM THE FIELD



Physician Perspective

"Becoming an Opioid Use Disorder Physician Champion" has been a huge eye-opener for me into one of our nation's worst epidemic problems. However, being part of such a challenging issue with such a successful program has been very rewarding. Our program has personally lifted me up to really enjoy the art of practicing medicine again. I've had more "Thank You"s from this subset of ED patients in the last two years than from all of my patients in the last 10 years." Dr. Jon Gray, LCMH ED Director

Patient Perspective

"...with the help of R he picked me back up, laid out an action plan for me, and held my hand every step of the way making sure I got back on track...R, you saved me from myself, you saved my future and made the process as painless as you possibly could. I don't know what I would have done without you...thank you for everything..."

SUN Perspective

Today I had a patient that was detoxing off of Heroin and needed bupe. I asked one of the physicians that was not on board with the program in the beginning. He willingly gave the patient the dose after speaking with me. Our patient needed an additional dose for continued withdrawal and the doctor agreed. Follow up appointment is set - the physician would not write more than 3 days prescription but said he could come back in for more until the appointment. A WIN!!

LA Bridge Successes: Patient Perspective

1:51 PM

Did you make your appointment?

I'm doing well. I haven't used in 15 days. I did go to the Dr at imperial I have more appts

1:56 PM

Yay!!! I am so proud of you. Good job! Did you get the sublacaid shot?

2:09 PM

No because when I went last Monday there was still fentanyl in my system. So I have an appt. At the end of the month

2:11 PM

Okay. Good job doing it on your own. Is there anything I can help you with?

2:11 PM

Not yet but I want to thank you for reaching out to me because you probably saved my life

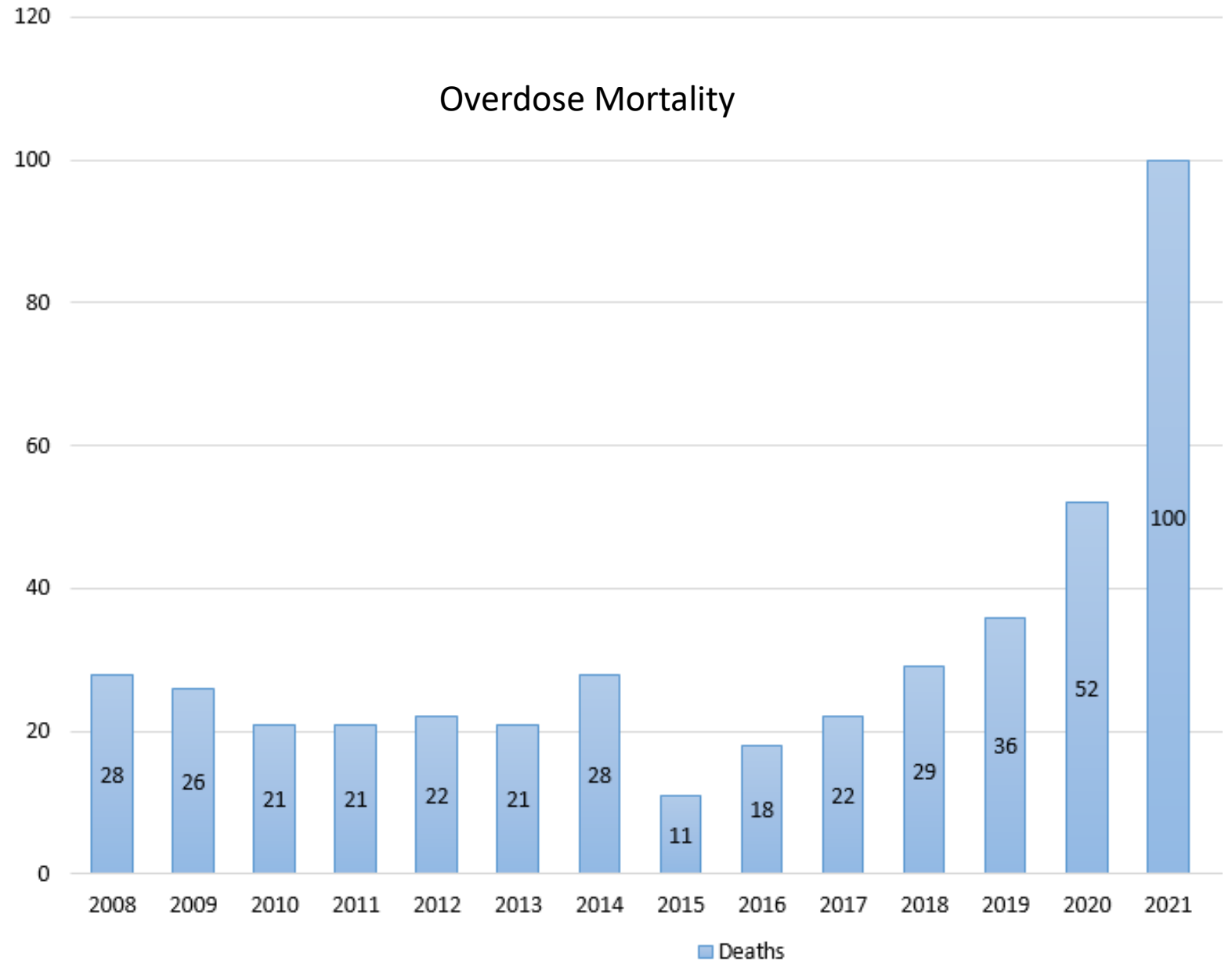
2:15 PM

I just got goosebumps. I am so beyond blessed to be able to help in anyway possible. If I can be saved, anyone can be saved. You are a great woman with purpose. I pray for you and your son daily.

2:26 PM

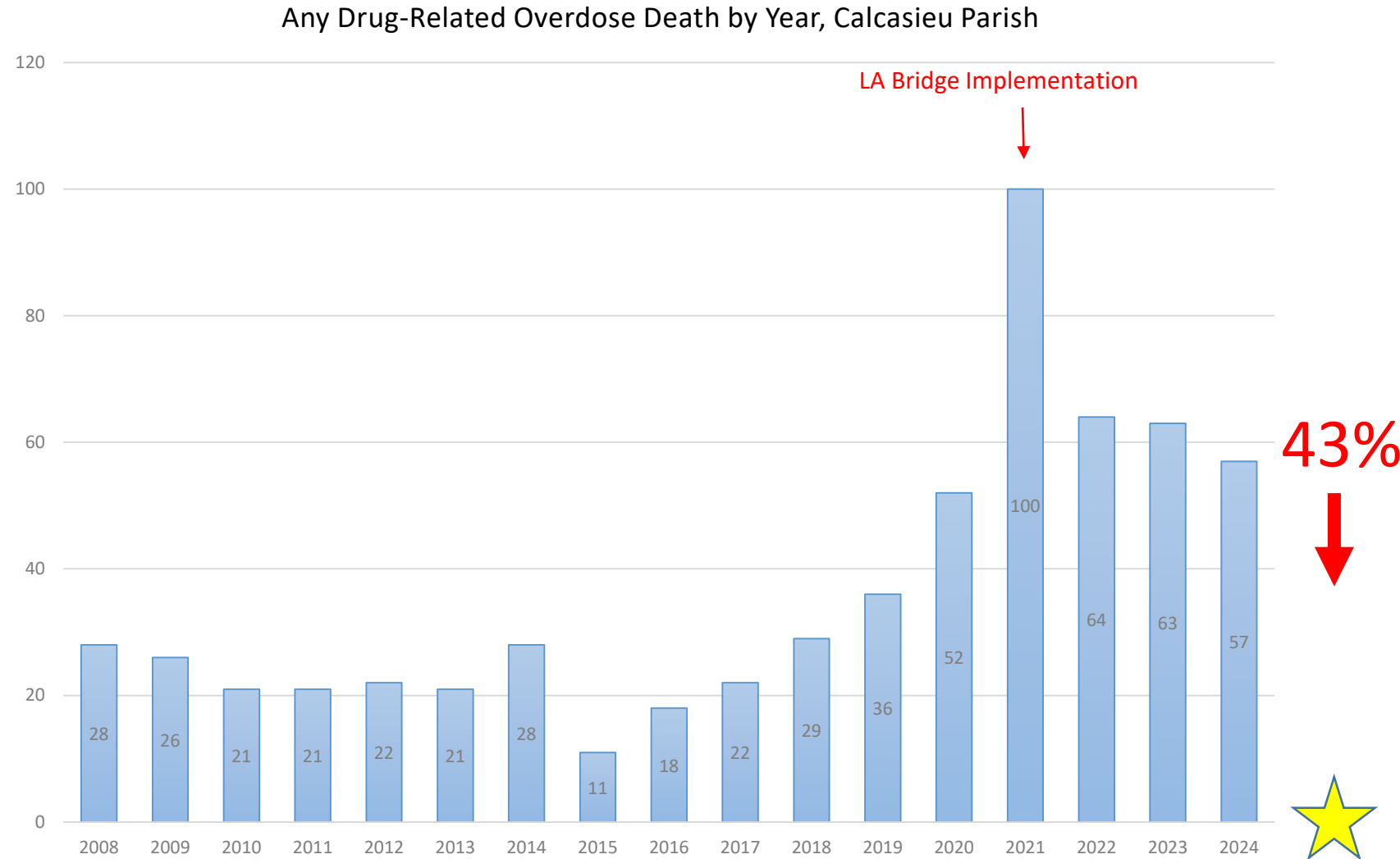
Any Drug-Related Overdose Death by Year

Calcasieu Parish
2008-2021



The WHY we do this work.....

Any Drug-Related Overdose Death by Year Calcasieu Parish 2008-2024



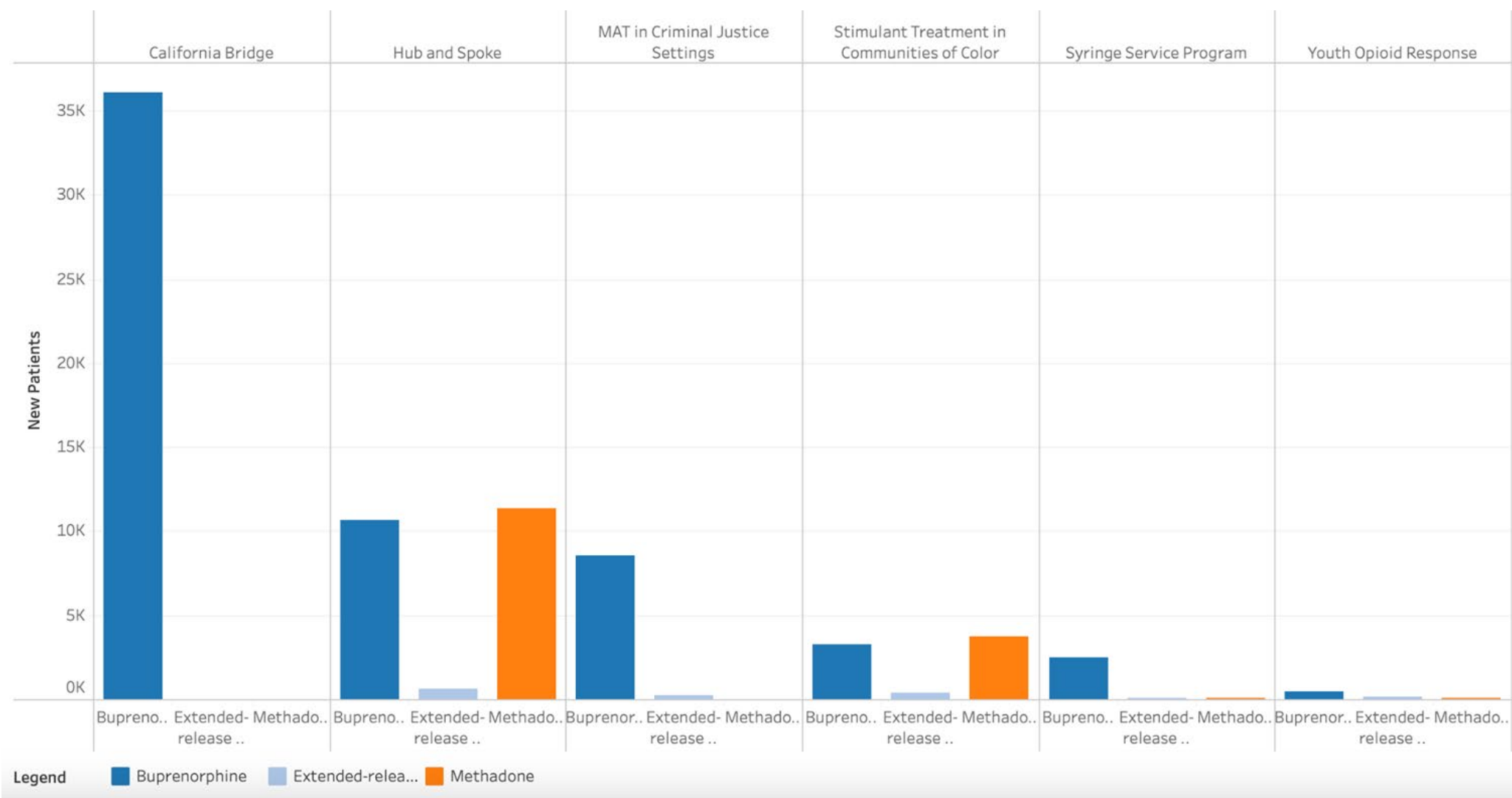
* 2024 are preliminary counts

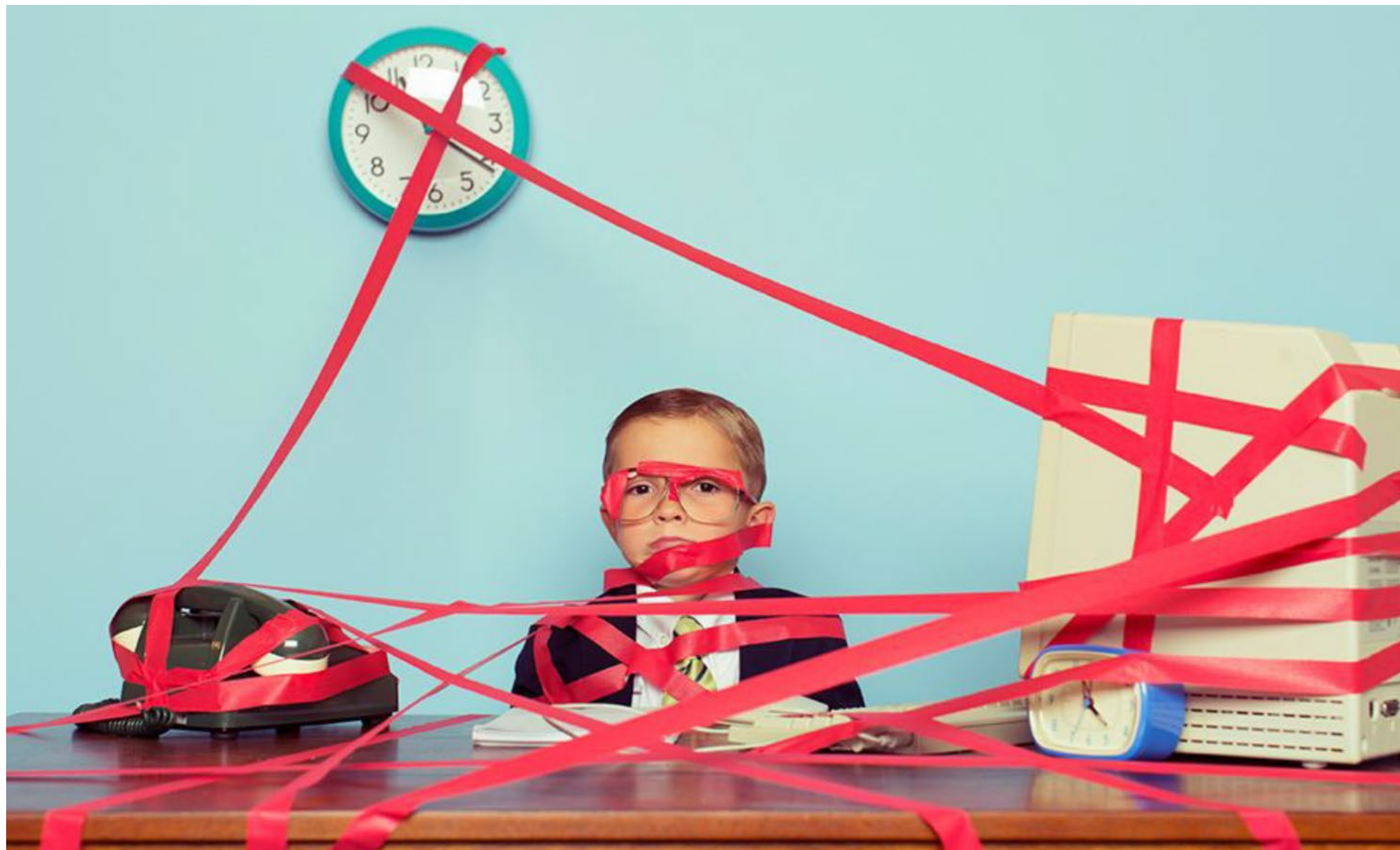
What does scaling LA Bridge look like?



EDs outpaced all other programs in new bup starts

Total new MOUD starts via SOR Projects in California 2022





We have come
a LONG way!!!!

Advisory Council on Heroin and Opioid
Prevention and Education:

2022 Year-End Report of State and Local
Responses to the Opioid Crisis: Interagency
Coordination Plan

Act 88 of the 2017 Legislative Session

State of Louisiana

Treatment and Recovery

Some of the most significant progress related to opioid treatment initiated during 2022 include the Bridge Start Program initiatives in New Orleans and Lake Charles, which aim to provide universal, 24/7 access to addiction treatment in hospitals' EDs. The program has proven extremely successful in states that have implemented it. University Medical Center in New Orleans and Lake Charles Memorial in Region 5 received technical assistance from the California Bridge program to help implement buprenorphine induction, 5 naloxone dispensing, care navigators, and warm community provider handoffs for those who present with opioid-related issues to the ED. More detail is provided in the body of this report.



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov



RESOLUTION

The Louisiana Board of Pharmacy met on May 24, 2023, at 9:00am, at 3388 Brentwood Blvd., Baton Rouge, Louisiana, and did pass the following resolution:

BE IT RESOLVED THAT, by affirmative unanimous participating in the decision process, the Louisiana Board that La. R.S. 40:978.2 is the most recent expression of the will regarding the dispensing of Naloxone and supersede regulations.

DocuSign Envelope ID: 804751FF-3192-44AC-B64C-335D48FEB8B

Jeff Landry
GOVERNOR

Marty R. McKay

President of the Louisiana Board of Pharmacy



State of Louisiana
Louisiana Department of Health
Health Standards Section

MEMORANDUM

TO: LOUISIANA LICENSED HOSPITALS

FROM: PETE CROUGHAN, MD
LDH Deputy Secretary

TASHEKA DUKES, RN
Deputy Assistant Secretary
LDH Health Standards Section

RE: Hospital Over-the-Counter Naloxone availability and distribution

DATE: April 19, 2024

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, LA 70810
Telephone: (225) 755-7500
www.lshn.state.la.us

Proposed Language from Louisiana Board of Nursing in Support of Naloxone Distribution

Addressing: Louisiana Hospital Nurses

The Louisiana Board of Nursing supports the distribution of naloxone to community members at-risk of experiencing an overdose, or at risk of witnessing an overdose. Pursuant to TITLE 40 - Public Health and Safety- RS 40:978.2 - Naloxone; prescription; dispensing; administration by third party; limitation of liability, hospitals may distribute naloxone under a hospital-wide standing order, for no charge or compensation.

Ralph L. Abraham, M.D.
SECRETARY

Separately from the hospital's pharmacy location, is required to keep a log to track

location, is required to have policies emergency department or distribution center and whether the naloxone will be labeled.

40:978.2 supersedes existing regulations distribution of medications. Naloxone being program may be dispensed by a nurse if supplied at no charge under a standing

RECOMMENDATIONS

As the number of deaths due to synthetic opioids increase year over year nationally and in Louisiana, with fentanyl the leading contributor, this year's HOPE Advisory Council recommendations focus on those with OUDs who present in crisis to EDs across the state. Successful strategies to address the ongoing opioid crisis in Louisiana must include assurances that those who present to EDs with opioid-related concerns and in crisis have 24/7 access to the evidence-based supports and services known to be most effective in that setting, assuring that quality follow-up care is made available and quickly accessible. The nationally known and recognized Bridge Program has been extremely successful in other states, and the HOPE Advisory Council is recommending that it be adapted to meet Louisiana's unique healthcare system, and then incrementally implemented statewide.

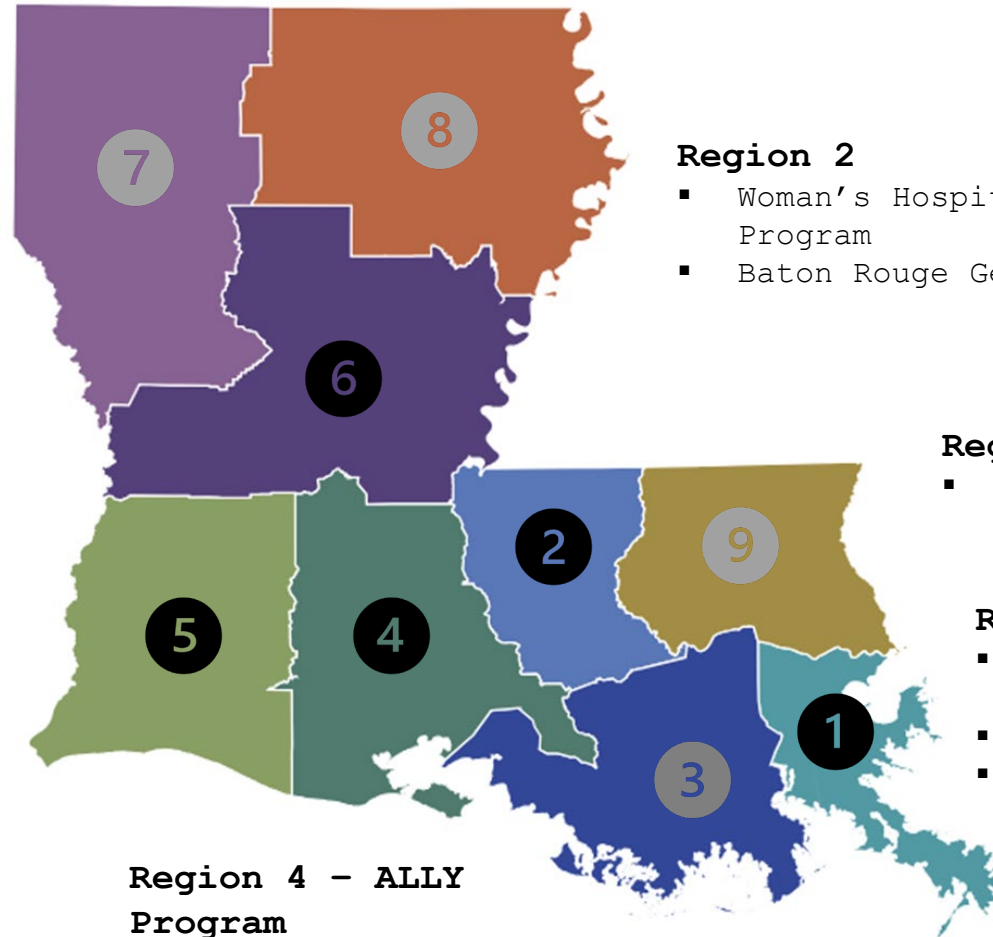
State of the State: Emergency Department-Based OUD Programs Across the State

Region 6 – Mobile Crisis Team

- Established 2020
- Operating in 2 hospitals
- 5 navigators

Region 5 – Louisiana Bridge

- Established 2021
- Nat'l Bridge pilot program site
- Operating in 4 hospitals
- 5 navigators



Region 2

- Woman's Hospital GRACE Program
- Baton Rouge General

Region 9

- Quick Start MAT Clinics

Region 1

- UMC Nat'l Bridge pilot program site
- Shared navigators with LGE
- Ochsner PCORI Research Trial

Region 4 – ALLY Program

- Established 2022
- 9 participating hospitals
- 4 navigators

Where do we go from here?

State Expansion

Include hospitals and EDs in statewide response strategy	Provide start-up funding and technical assistance for EDs	Solidify naloxone distribution in EDs
Enhance buprenorphine access in EDs	Support peer navigation with TA and Collaborative	Create Standard Protocols and Quality Metrics

Louisiana Reentry Demonstration

Presentation to HOPE Council

April 10, 2025

Agenda

- Background 1115 Waiver
- Louisiana Reentry Demonstration Overview
- Pre-release Services
- Milestone Requirements and Correctional Facility Readiness

Background 1115 Waiver

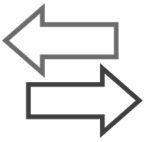
Louisiana Reentry Demonstration Background

- The Louisiana Department of Health (LDH) is pursuing a Medicaid 1115 waiver to expand access to healthcare services and facilitate enrollment in Medicaid managed care before individuals are released from prison or jail.
 - This “Reentry Demonstration” aims to facilitate transitions back into the community, particularly for those with mental health and substance use needs, to make sure individuals have the health coverage, medications, and connections with community-based providers upon release.
- **Corrections System Structure:** Louisiana's corrections system includes 8 state prisons and 92 local facilities.
 - **High Incarceration Rates:** Louisiana has one of the highest imprisonment rates in the U.S. with 596 prisoners per 100,000 residents. Approximately, 13,000 people are released from prisons and jails each year.
 - **Mental Illness and Substance Use Disorder (SUD):** 28% of prisoners have a mental illness, while about 73% struggle with substance use disorder.

What is an 1115 Medicaid waiver?



- Waivers are a mechanism through which states can request exemptions from select Medicaid program statutory requirements.



- 1115 waivers are **research** and **demonstration** waivers that provide states with authority to test innovative program ideas affecting large portions of the Medicaid population (as opposed to a 1915(c) waiver for home & community-based services).



- 1115 waivers must be budget neutral to the federal government.

Overview of Federal Waiver Authority

Incarceration and Medicaid Coverage

- Federal law does not generally allow the use of federal funds to pay for Medicaid services for individuals who are incarcerated.
- Currently, when individuals are incarcerated, their Medicaid benefits are suspended until they are released back into the community.
 - Due to the disruption in coverage, individuals may face difficulties in accessing the care they need to maintain health and recovery as they transition back into the community.

<https://www.medicaid.gov/sites/default/files/2023-04/smd23003.pdf>

New Federal Reentry 1115 Waiver Opportunity

- **Pre-Release Coverage Option:** States can provide Medicaid services to eligible inmates in prisons, jails, or both, for a set amount of time before they are released.
- **Federal Financial Support:** Under this opportunity, states may obtain federal funding to pay for healthcare services that were previously paid for only by state or local funds.
- **Pre-Release Services:** At minimum, states must cover case management, medication-assisted treatment (MAT), and a 30-day supply of medications upon release. States have the option to cover additional services.

Louisiana Reentry Demonstration Overview

Goals of the Louisiana Reentry Demonstration

Reentry Demonstration Goals

- Increasing coverage, continuity of coverage, and appropriate service uptake for benefits in carceral settings prior to release
- Improving access to services prior to release and improving transitions and continuity of care
- Improving coordination and communication between correctional systems, Medicaid, and providers
- Increasing additional investments in healthcare and related services to maximize successful reentry
- Improving connections between carceral settings and community services to address physical health, behavioral health, and health-related social needs
- Reducing all cause deaths in the near-term post release
- Reducing overdose deaths within 12 months of release
- Reducing the number of emergency department visits and inpatient hospitalizations among those who were recently incarcerated

Key Reentry Demonstration Components



Carceral Facilities

All 8 state prisons will participate. The demonstration will be implemented on a pilot basis in up to 13 parish jails, which will be onboarded in a phased approach.



Eligible Individuals

Medicaid-eligible individuals incarcerated in participating adult facilities will be enrolled in Medicaid managed care with coverage of demonstration services.



Pre-Release Timeframe

Enrollment and service coverage will begin 90 days before the individual's release date.

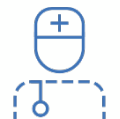
Key Reentry Demonstration Components



Pre-Release Services

Covered services during the 90-day pre-release period include:

1. Case management
2. Medication-assisted treatment (MAT) and counseling
3. A 30-day supply of prescription medications upon release
4. Prescribed drugs and medication administration
5. Mental health evaluation and counseling
6. Behavioral health peer support services
7. Laboratory services
8. Durable medical equipment (DME)



Demonstration Providers

Both community-based providers and carceral/facility staff are eligible to deliver covered services either in-person or via telehealth.

What the waiver does NOT cover

- Any services prior to the 90-day pre-release period
- Juvenile facilities
- Community Health Workers
- Housing
- Supported employment or workforce development programs

Pre-release Services

Case Management (CM)

Case management to assess and address physical and behavioral health needs, and health-related social needs (HRSN), as applicable. Pre-release case management should include:

- Comprehensive assessments and periodic reassessment to determine the need for any medical, educational, social, or other services.
- Development (and periodic revision) of a specific care plan based on the information collected through the assessment.
- Referral and related activities (e.g., appointment scheduling) to help obtain needed supportive and stabilizing services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

CM providers must be able to coordinate with community-based providers in communities where individuals will be living upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.

Medication Assisted Treatment (MAT) and Counseling

Medication-assisted treatment (MAT) for all types of SUD as clinically appropriate, consisting of:

- Medication (e.g., buprenorphine, naltrexone), in combination with
- Counseling or behavioral therapies.

Prescription Medications Release with 30-day supply

A 30-day supply of all prescribed medications including prescribed over-the-counter drugs (as clinically appropriate), will be provided immediately upon release.

- Prescription medications included in the Louisiana Medicaid Preferred Drug List (PDL) will be covered under the 1115 waiver.

Prescription Medications Pre-Release 90-day Pharmacy Benefit

During the 90-day pre-release period coverage will be provided for prescribed drugs, in addition to MAT and the 30-day supply of prescription medications.

- Prescription medications included in the Louisiana Medicaid Preferred Drug List (PDL) will be covered under the 1115 waiver.

Mental Health Evaluation and Counseling

Mental health evaluation and counseling services will include a targeted list of covered services intended to support the creation of a comprehensive person-centered reentry plan.

Services include the following:

- Psychiatric diagnostic evaluation
- Psychotherapy
- Pharmacologic management
- Behavioral health assessment / reassessment
- Alcohol and drug assessment / screening

Peer Support Services (PSS)

PSS are evidence-based behavioral health services delivered by a qualified peer support specialist, who assists the individual with their recovery from mental illness and/or substance use.

Examples of PSS activities include:

- Utilizing 'lived experience' to translate and explain the recovery process step by step and expectations of services.
- Assisting in the clinical process by supporting development of goals and acting as a liaison and advocate with the treatment team.
- Rebuilding, practicing, and reinforcing recovery skills.
- Providing support to assist with participation in meetings and appointments.
- Assisting with identifying and overcoming barriers and managing symptoms/behaviors.

Laboratory Services

Laboratory services includes professional and technical laboratory and radiological services that are:

- Ordered and provided by or under the direction of a physician or other licensed practitioner or ordered by a physician but provided by referral laboratory; and
- Furnished by a laboratory in accordance with state and federal requirements.

Durable Medical Equipment (DME)

Durable Medical Equipment (DME) covered under the 1115 waiver will include select items intended to support the reentering individual. Covered items will be from the following DME categories:

- Respiratory Supplies and Equipment
- Ambulatory Equipment
- Binders and Supports
- Support Garments
- Orthotics and Prosthetics

Milestone Requirements & Correctional Facility Readiness

Reentry Demonstration Milestones

Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.

Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.

Milestone 3: Promoting continuity of care.

Milestone 4: Connecting to services available post-release to meet the needs of the reentering population.

Milestone 5: Ensuring cross-system collaboration.

Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.

Milestone Requirements

- Suspension strategy during incarceration.
- Opportunity to apply for Medicaid and offered assistance with Medicaid application process.
- Offer assistance with the Medicaid renewal or redetermination process.
- Provide Medicaid and/or managed care plan cards or some other enrollment documentation upon release.
- Access and complete a Medicaid application, including where to complete the Medicaid application for another state.

Correctional Facility Readiness

- Process to screen individuals for Medicaid eligibility and enrollment upon intake.
- Upon determination of Medicaid enrollment, a process to notify Louisiana Medicaid of enrolled individual's incarceration including dates of incarceration and release.
- Process to assist incarcerated individual with Medicaid enrollment application, renewal of Medicaid coverage, or redetermination of Medicaid coverage.
- Process for providing individuals with Medicaid coverage information upon release, to include the Medicaid and/or managed care card or other enrollment documentation.
- Process for assisting with and/or providing an incarcerated individual with Medicaid application for another state (other than Louisiana).

Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.

Milestone Requirements

- Process to identify individuals who are incarcerated who qualify for pre-release services.
- Cover and ensure access to the minimum short-term, pre-release benefit package.
- Ensure case managers have knowledge of community-based providers in communities where individuals will be returning upon release, or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.

Correctional Facility Readiness

- Process in place to screen incarcerated individuals to determine qualification for pre-release services.
- Readiness for pre-release service delivery:
 1. Correctional facility (CF) staff will provide pre-release services: The CF will enroll with Medicaid to provide and bill for the pre-release services.
 2. Community-based providers will provide pre-release services: The CF will have process in place to allow community-based providers to provide services to incarcerated waiver participants and to allow for provision of services in-person, via telehealth, or a combination of in-person and telehealth.

Milestone 3: Promoting continuity of care.

Milestone Requirements

- Creation of a person-centered care plan prior to release to address any physical and behavioral health needs, as well as health related social needs (HRSN) and consideration for long term services and supports (LTSS).
- Provide or facilitate timely access to any post-release health care items and services.
- Ensure managed care plan contracts reflect clear requirements and processes for transfer of the member's relevant health information.
- Ensure case managers coordinate with providers of pre-release services and community-based providers and provide a warm hand-off to a post-release case manager and follow-up.

Correctional Facility Readiness

- Process in place to allow the case managers to provide services to the waiver participants in-person, via telehealth, or a combination of in-person and telehealth.
- Assist with development of a person-centered care plan that addresses any physical and behavioral health needs, as well as health related social needs (HRSN) and consideration for long term services and supports (LTSS).

Milestone 4: Connecting to services available post-release to meet the needs of the reentering population.

Milestone Requirements

- System to monitor individuals who are incarcerated and their person-centered care plan to ensure that post-release services are delivered within appropriate time frames.
- Process to monitor and ensure ongoing case management to ensure successful transitions to the community and continuity of care post-release.
- Process to ensure connection to other services needed to address LTSS and HRSN.
- Policy to monitor and ensure that case managers have the necessary time needed to respond effectively to individuals who will likely have a high need for assistance with navigating the transition into the community.

Correctional Facility Readiness

- Process in place to ensure that the pre-release and/or post-release case managers have a scheduled contact with the reentering individuals within a set amount of time after release. (e.g., contact within one to two days post-release and one week post-release).

Milestone 5: Ensuring cross-system collaboration.

Milestone Requirements

- Establish an assessment outlining how the state's Medicaid agency and participating correctional system/s will confirm they are ready to ensure the provision of pre-release services to eligible beneficiaries.
- Develop a plan for organizational level engagement, coordination, and communication between the entities involved in facilitating the 1115 reentry waiver.
- Develop strategies to improve awareness and education about Medicaid coverage and health care access among various stakeholders.
- Develop systems or establish processes to monitor the health care needs and HRSN of individuals who are exiting carceral settings.

Correctional Facility Readiness

- Participate in coordination amongst partners (e.g., MCOs, community-based providers, pre and post-release providers) to enable the provision of waiver services and appropriate reentry planning including pre-release case management and assistance with care transitions to the community.
- Process in place to improve awareness and education about Medicaid coverage and healthcare access among individuals who are incarcerated.
- Ensure the CF has technology infrastructure capabilities (including data exchange to support eligibility / enrollment, care coordination, and timely service provision), a staffing plan, and program implementation, monitoring, evaluation, and oversight.

THANK YOU

Missy Graves

Program Manager, Office of Behavioral Health

1115Reentry@la.gov



OTP DISASTER RESPONSE

TRACI PERRY, STATE OPIOID TREATMENT AUTHORITY

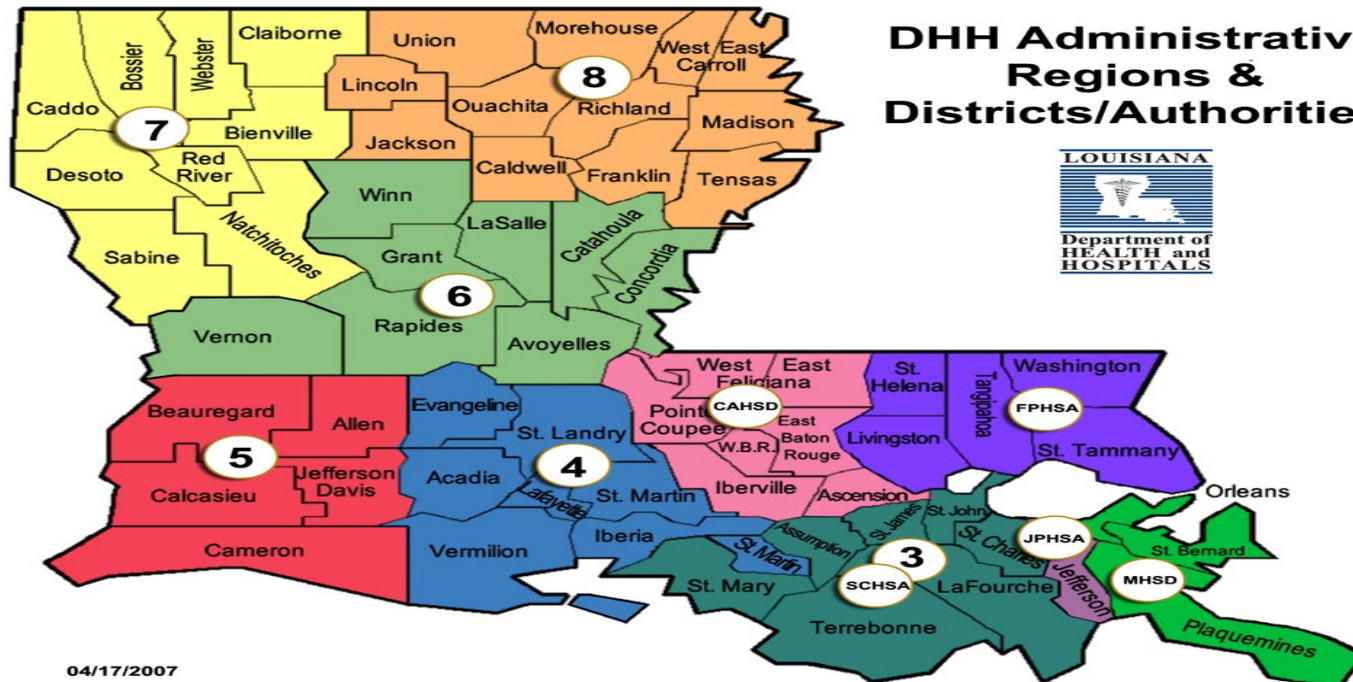
Opioid Treatment Provider Clinic (OTP)

Opioid Treatment Providers

Provide all FDA approved medication for Opioid Use Disorder Treatment along with counseling, drug testing, that prove to be 40% more effective than abstinence models.

These are the only providers who can prescribe Methadone which involves daily in-person dosing until the patient retains stability.

There are **11** independently owned OTP in La; one in each region except Region 3 where there are 2 clinics.



REGIONAL LOCAL GOVERNING ENTITIES

OPIOID TREATMENT PROVIDERS

- **REGION 1** METROPOLITAN HUMAN SERVICES DISTRICT BHG NEW ORLEANS
- **REGION 2** CAPITOL AREA HUMAN SERVICES DISTRICT BR TREATMENT CENTER
- **REGION 3** SOUTH CENTRAL LA HUMAN SERVICES AUTHORITY BHG HOUMA
BAART/BAYMARK LaPLACE
- **REGION 4** ACADIANA AREA HUMAN SERVICES DISTRICT BAART/BAYMARK
BREAUX BRIDGE
- **REGION 5** IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY BHG LAKE CHARLES
- **REGION 6** CENTRAL LA HUMAN SERVICES DISTRICT BAART/BAYMARK
ALEXANDRIA
- **REGION 7** NORTHWEST LA HUMAN SERVICES DISTRICT BHG SHREVEPORT
- **REGION 8** NORTHEAST DELTA HUMAN SERVICES AUTHORITY BHG MONROE
- **REGION 9** FLORIDA PARISHES HUMAN SERVICES AUTHORITY BAART/BAYMARK
HAMMOND
- **REGION 10** JEFFERSON PARISH HUMAN SERVICES AUTHORITY BHG GRETN

OTP Emergency Response

- In the event of a major disaster, OTPs will determine accessibility for patients who may need emergency access to 24 hour care.
- Each clinic shall communicate with patients and the State Opioid Treatment Authority to provide current information and maintain communication in a disaster event. For redundancy, emails and data texting will be utilized.
- Establish collaborative strategies for communicating with emergency access, local hospitals, and public health authorities that includes specific staff for this function.
- **GUEST DOSING:** Maintain Methadone to guest dose.
- Assess routine staffing and emergency call plans and assure that these are supported with communication and transportation strategies.
- Routinely update the roster of essential personnel.
- Daily updates of the Methadone Central Registry.
- Develop and maintain action strategies for securing emergency medical care for patients as needed during the emergency incident.

Regulatory Mandates

- Clinics cannot close without approval of the State Opioid Treatment Authority (SOTA)
- Clinics cannot modify dosing hours.
- There is no provision of unsupervised doses for patients who are dosed at the Emergency Room under any circumstances.
- Determine that the person is enrolled at the OTP and the Methadone dose. The organization queries the state prescription drug monitoring program (PDMP)
- Your emergency action plans must be reviewed and updated on a daily basis.

Regulatory Procedures & Disaster Response

MAR 2021 COVID PROCEDURES = 2024 FEDERAL REGULATORY AMENDMENTS

- SAMHSA Quality Indicators for Take Home Doses
- Decreased in-person Dosing Requirements
- Use of Mid-Level Practitioners for Buprenorphine Admissions
- Use of Mid-Level Practitioners for Methadone Dose Changes
- Telehealth Counseling Sessions (must receive counseling in-person Q3mo)

DISASTER RESPONSE

The number of recommended “take outs” is dependent on the nature of the emergency or disaster

- The number of “take outs” is based upon the Quality indicators through performing an individualized assessment.
- The plan must be approved by the State Opioid Treatment Authority.

DISASTER RESPONSE



DISASTER RESPONSE

Each facility will develop a plan that includes provisions :

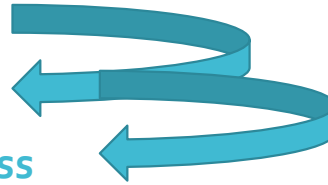
- **Loss of electrical during normal business hours**
- **Loss of Telecommunications**
The possibility of disruption in service will be addressed
- **Loss of Supply Delivery**
Purchase and maintain adequate supply of Methadone
- **Safety and Security of personnel and clients**
- **Electronic Health Records Systems**
Computer programs with programming to maintain access & retain documents per State & Federal guidelines

Dosing
&
Disaster
Response

Guest Dosing

The Louisiana Methadone Central Registry System (MCR)

- Guest Dosing
- Daily Updates
- Unlimited Access



2016 Historic Flood → Shelters

- Admissions
- Dosing
- Transportation
- HIPAA Compliance

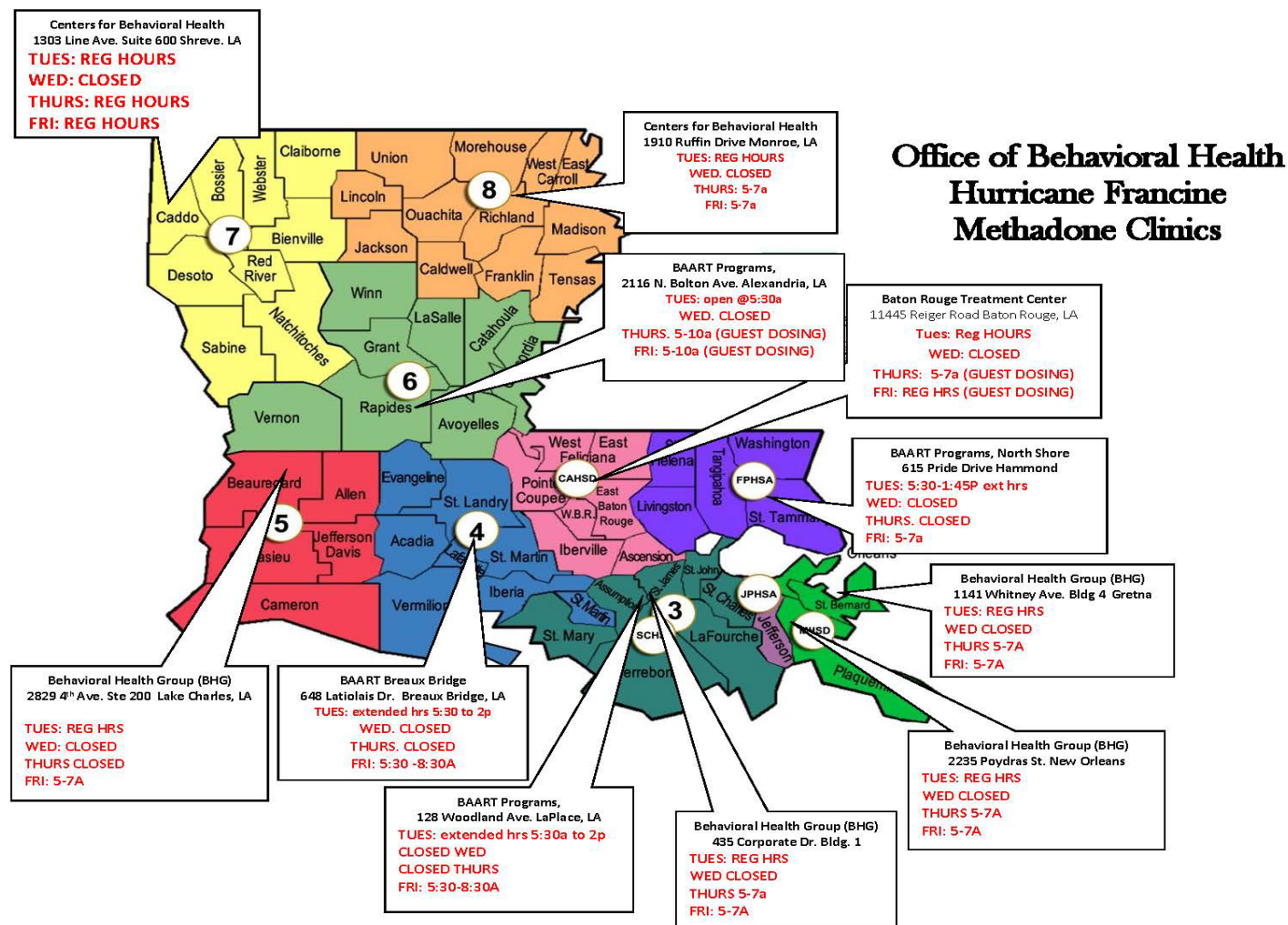


Hurricane Season

May-Nov



DISASTER RESPONSE OUTCOME MEASURES



Emergency Response Preparations

- Establish collaborative strategies for communicating with emergency access, local hospitals, and public health authorities that includes specific staff for this function.
- Assess routine staffing and emergency call plans and assure that these are supported with communication and transportation strategies.
- Routinely update the roster of essential personnel.
- **Daily updates of the Methadone Central Registry.**
- Develop and maintain action strategies for securing emergency medical care for patients as needed during the emergency incident.

Emergency Response

Disasters and Other Traumatic Events:

- If you were involved in a disaster such as a hurricane, flood, or even terrorism, or another traumatic event like a car crash, you may be affected personally regardless of whether you were hurt or lost a loved one.
- You can be affected just by witnessing a disaster or other traumatic event.
- It is common to show signs of stress after exposure to a disaster or other traumatic event.

Emergency Response

- Clear, consistent, understandable information will be provided via updated fact sheets and/or brochures that can be provided to clients, volunteers and the general public.
- Fact sheets with emergency preparedness, managing stress and trauma exposure, and local access to behavioral health emergency
- Any facility closings & informational brochures will be provided on the OBH website.
- The OBH website may be accessed via the LDH website: www.ldh.la.gov

Resources

- Substance Abuse & Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) Toll-Free: 1-800-308-3515
Website: <http://www.samhsa.gov/dtac>
- **Treatment Locators:**
Mental Health Treatment Facility Locator 1-800-789-2647
Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>
- **MentalHealth.gov** MentalHealth.gov provides U.S. government info & resources. <http://www.mentalhealth.gov>
- **Substance Abuse Treatment Facility Locator**
T 1-800-662-HELP (1-800-662-4357)
Website: <http://www.findtreatment.samhsa.gov>

Hotlines

- **National Suicide Prevention Lifeline**
1-800-273-TALK (1-800-273-8255) Website: <http://www.samhsa.gov>
- **Workplace Helpline**
1-800-WORKPLACE (1-800-967-5752) Website: <http://workplace.samhsa.gov>
- **Office for Victims of Crime**
1-800-851-3420
Website: <http://www.ojp.usdoj.gov/ovc/ovcres/welcome.html>

QUESTIONS?

LDH/OBH

225.342.8735

TRACI.PERRY@LA.GOV



UPDATES

- Other General Updates?



Other Member/Agency Updates/Announcements?



Public Comment



Welcome

Organization

Discussion

Next Steps

Discussion & Next Steps

Discussion & Next Steps

Impact Workgroups: HOPE@LA.GOV



Welcome

Organization

Discussion

Next Steps

Adjourn

Next Meeting: *Thursday, July 10th*

Future HOPE Council Meetings
Thursday, October 11th

Welcome

Organization

Discussion

Next Steps



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