

Advisory Council on Heroin and Opioid
Prevention and Education:

2018 Year-End Report of State and Local
Responses to the Opioid Crisis: Interagency
Coordination Plan

ACT 88

State of Louisiana

December 2018

TABLE OF CONTENTS

Executive Summary.....	1
About the HOPE Council	9
Description of the Problem.....	13
National Data.....	14
State Data	14
Parish Data.....	15
Impact on Louisiana	18
Impact Metrics.....	18
Challenges and Opportunities Based on Data Findings	22
Addressing the Problem	26
Naloxone Dispensing and Distribution	29
Stakeholders Survey.....	30
Survey Results	30
Interagency Heroin and Opioid Coordination Plan	35
Recommendations	37
Glossary of Abbreviations and Terms	39
Resources	43
Appendices.....	44
APPENDIX A – Substance Abuse Prevention Systems Infrastructure Description	45
APPENDIX B – Opioid Prescriptions per 100 Individuals	48
APPENDIX C – Drug Poisoning by Opioid Deaths by Parish of Residence.....	50
APPENDIX D – Drug Poisoning by Opioid Deaths by Parish of Occurrence	52
APPENDIX E – Louisiana Medicaid Naloxone Dispensed by Parish of Residence.....	54
APPENDIX F – Survey 1	56
APPENDIX G – State and Local Initiatives	59
APPENDIX H – Survey 2	81
APPENDIX I – Survey #2 Results	83

EXECUTIVE SUMMARY

The current opioid epidemic is harming the health, disrupting the family life, and reducing the productivity of Louisiana residents and the visitors to our state. Additionally, this epidemic is significantly affecting our healthcare, law enforcement, educational, legal and judicial systems.

The HOPE Council

In response to this opioid crisis, the Louisiana Legislature passed Act 88 (HB 490) in 2017, creating the Advisory Council on Heroin and Opioid Prevention and Education (HOPE). The HOPE Council consists of representatives from government agencies and stakeholders from the private sector. The HOPE Council serves in an advisory capacity to the Drug Policy Board. The council is charged with (1) establishing an Interagency Heroin and Opioid Coordination Plan, (2) addressing Parish-level data on opioid overdoses and the dispensing of overdose-reversal medication, (3) tracking progress of current initiatives in the state relating to the heroin and opioid epidemic, (4) developing lists of specific impacts to agencies in addressing education, treatment including the use of medication-assisted treatment, prevention, overdose, and recovery modalities, and (5) coordinating a central online location to disseminate information and resources relative to the opioid epidemic, including the Interagency Heroin and Opioid Coordination Plan. (www.ldh.la.gov/hope)

Scope of the Problem: Opioid Use and Dependence in Louisiana

Opioid Prescriptions

For 2017, there were 105 opioid prescriptions per 100 individuals in Louisiana. However, parishes with the highest numbers of prescriptions per 100 individuals include Rapides (210/100 residents), Caddo (178/100 residents), Evangeline (158/100 residents), Lafayette (154/100 residents), and East Baton Rouge (144/100 residents). In 2017, each had more prescriptions issued than people residing in the parish. These parishes are in both the northern and southern portions of the state further illustrating the widespread scope of the problem.

Opioid-related Deaths

Louisiana continues to see an increase in overdose deaths, from 875 in 2015, 1,006 in 2016 (15% increase), to 1,103 (10% increase) in 2017.¹ Thirty-six percent (36%) of overdoses involve opioids, prescription pain medications, heroin and fentanyl, and mainly affect citizens in their productive years (ages 21-52).

The five parishes by residence and occurrence with the greatest number of drug poisoning deaths from opioids in 2017 are listed below. Deaths listed for the five parishes represent 70% (258 of 366) of all deaths by parish of residence (residents of that parish) and 74% (296 of 401) of all deaths by occurrence (deaths occurring in that parish).

¹ Louisiana Department of Health, Office of Public Health, Bureau of Health Informatics. (Retrieved 2018). Number of drug poisoning deaths by location [Data file] Retrieved from www.lodss.ldh.la.gov

Opioid Overdose Deaths by Parish of Occurrence and by Parish of Residence, 2017	
Parish of Residence	Parish of Occurrence
1. Jefferson – 129	1. Jefferson - 142
2. St. Tammany - 61	2. St. Tammany – 68
3. Washington - 27	3. Orleans - 35
4. Orleans - 24	4. Washington - 27
5. East Baton Rouge – 17	5. East Baton Rouge - 24

Impact on Louisiana

While the HOPE Council member agencies and organizations had some data sources specific to opioid abuse and misuse, few data systems were well equipped to specifically track the magnitude of opioid misuse as an epidemic. Listed below are some key impact metrics the HOPE Council identified to frame the scope of the problem.

- Opioid-related deaths in Louisiana: 401 opioid-involved deaths, including 382 opioid poisoning deaths (2017 state totals).
- Number of opioid (pain) prescriptions filled in State Fiscal Year 2018: 728,417 for 263,557 unduplicated recipients; Medicaid paid amount: \$9,226,856.19.
- Medication-Assisted Treatment (buprenorphine, naltrexone, etc. – excluding methadone) Prescriptions filled in SFY 2018: 79,918; Related Medicaid cost: \$25,686,680.19.
- Number of days spent in the Emergency Department in State Fiscal Year 2018 related to opioids: 7,886; Related Medicaid costs: \$1,858,797.35.
- Number of Inpatient Hospital Admits in State Fiscal Year 2018 related to opioids: 9,834; Related Medicaid costs: \$39,755,833.49.
- Number of Naloxone prescriptions filled in State Fiscal Year 2018: 1,426; Related Medicaid costs: \$229,527.14
- Number of unduplicated Medicaid recipients who received a specialized substance use disorder residential treatment: 6,286; Medicaid cost: \$34,153,438.78.
- Number of unduplicated Medicaid recipients who received a specialized substance use disorder outpatient treatment: 4,622; Medicaid cost: \$6,212,219.71.
- Of approximately 33,000 offenders in Department of Corrections' custody currently, 1,039 have an active offense known to be opioid-related. Over 47% are between ages 30 to 39 years old.
- According to 2017 Youth Risk Behavior Survey, 19.3% of high school students took prescription pain medications without doctor's approval or not as prescribed.
- According to 2017 Youth Risk Behavior Survey, 9.6% of high school students claimed to have used heroin one or more times in their life.
- During Federal Fiscal Year 2017, 1,715 Newborns were identified and validated as Drug/Alcohol Affected Newborns, which is inclusive of those affected by the unlawful use of opioids.

Addressing the Problem: Education, Addiction Prevention, Overdose Prevention, Treatment & Recovery

Efforts to address the problem involve multiple state and local agencies, statewide organizations, and private stakeholders including changes to policy and approved legislation that limit opioid prescriptions. Below is a partial list. **For a full list of agencies and description of efforts, see the body of the report.*

- *The Louisiana Department of Health, Office of Behavioral Health and Office of Public Health* are the recipients and overseers of over \$50 million in grants for prevention, expansion of Medication Assisted Treatment, monitoring of opioid prescriptions, prescription drug overdoses, and the development and coordination of the State Opioid Response. A full list of grant awards and scope of work is included.
- *Surveillance:* The Louisiana Opioid Surveillance Initiative (LOSI) through its signature component, the Louisiana Opioid Data & Surveillance System (LODSS) collects information from LDH and external organizations to analyze health data related to opioid use disorder. LODSS disseminates results through facts sheets, publications, training and educational materials, and the online data and surveillance system. The website for LODSS is www.lodss.ldh.la.gov.
- *Naloxone Dispensing and Distribution:* The widespread distribution of Naloxone is a key strategy to combat the opioid epidemic and is the most effective way to counteract an overdose and save lives. Since 2017, Louisiana has a standing order related to dispensing of Naloxone, allowing caregivers, family and friends of an opioid user, or those who are helping a person who is at risk of an overdose on opioids to receive naloxone, without having to get a doctor's prescription. In Louisiana, there were 1,426 naloxone prescriptions reimbursed by Medicaid through both standing order and non-standing order (July 2017 to June 2018). A complete table with a breakdown of prescriptions by all parishes is available in Appendix E.
 - Distribution of Naloxone Kits: In 2016-2017, the *Louisiana Department of Health, Bureau of Emergency Medical Services (EMS)* received and distributed 12,000 auto-injector naloxone to first responder agencies and personnel across the state.
 - As of September 2018, the Attorney General's office has provided vouchers for 11,050 doses of naloxone to law enforcement personnel and is providing training statewide.
 - Since April 2017, the State Targeted Response (STR) grant has purchased nasal spray kits and has disseminated over 4,000 kits to community providers, residential facilities and organizations.
- *Legislation Changes:* Between 2006 and 2018, the LA Legislature passed 12 acts strengthening multiple areas and activities around opioids and controlled substances, including the creation and broader use of the Prescription Monitoring Program, Good Samaritan Laws, the creation of the LA Commission on Preventing Opioid Abuse, limits placed on the quantity of opioid prescribed under certain circumstances, the creation of the HOPE Council, expanding the use of naloxone by elementary and secondary schools by trained employees, enhancing patient's rights to refuse opioids, regulation of managed care organizations around non opioid and opioid prescription claims, the expansion of the Drug Take Back Box Program, expanding efforts that address the needs of newborns affected by the Opioid crisis, and the proper disposal of unused controlled substances in Hospice care.
- *Policy Changes:* Medicaid set limits for opioid prescriptions and doses of Morphine-equivalents. Since the Louisiana Department of Health has enacted those policies, the pills per prescription for Medicaid patients have decreased by more than 25%. Others include LDH's naloxone standing order, the *Department of Education* requirement that schools integrate an evidence-based, age appropriate instructional component on opioid abuse prevention within the substance abuse education

curriculum; the *Department of Children and Family Services* implementation of the Comprehensive Addiction Recovery Act, policy to address the needs of newborns affected by opioids in utero, along with the affected family members, and stakeholder meetings to improve service delivery for this population.

Stakeholders Survey: Current Opioid-Related Initiatives

To meet requirements set forth in Act 88 on March 22, 2018, the HOPE Council surveyed 157 state, regional and local stakeholders, healthcare providers, law enforcement, educational institutions, Local Governing Entities/Human Service Districts, judicial districts, and others. Eighty-eight (88) completed responses were received (56% response rate).

Respondents were asked to describe the nature of their initiatives in six areas: prevention, education, awareness, outreach, treatment or other; the target populations for the initiatives, geographic location, and funding sources. Some examples and types of initiatives are listed below.

State Agency Initiatives: In addition to statewide activities described under grants, surveillance, Naloxone dispensing and distribution sections, legislation and policy change sections above, other interesting statewide and local initiatives were captured in the HOPE survey responses.

2018 Opioid Overdose Crisis Cooperative Agreement: Funding through existing CDC Cooperative Agreement to expand the VIA LINK Teen Crisis Text Line; train state employees, emergency workers, volunteers, and Emergency Support Function (ESF) 8 partners on availability of resources for Opioid Use Disorder; work with the Louisiana Coroners Association to facilitate opioid-involved death investigations and reporting; update the Manual for the *Uniform Motor Vehicle Traffic Crash Report* and provide training on recognizing and reporting suspected opioid use as a factor in motor vehicle crashes; incorporate and analyze opioid-specific data surveillance items in the Louisiana Electronic Event Reporting System (LEERS); partner with United Way 211 to equip and train operators to handle opioid-related inquiries; execute opioid-related digital marketing; integrate the Louisiana Board of Pharmacy Prescription Monitoring Program data into hospital electronic health record systems; produce two vulnerability assessments on opioid overdose and blood borne infection risks.

Louisiana Department of Public Safety and Corrections and Office of Behavioral Health: treatment tract for incarcerated individuals with an opioid addiction including education, and the use of Medication Assisted Treatment (MAT) with Vivitrol. A community re-entry referrals system has been created to connect parolees and treatment providers in the community.

Louisiana State Police and the Drug Enforcement Administration: National Prescription Drug Take Back Days for the safe disposal of prescription drugs, and training State Troopers to administer Narcan.

Louisiana Attorney General: Education, medication storage and safe disposal, and the prevention of opioid deaths by distributing more than 11,000 naloxone kits and vouchers to first responders and other agencies.

Louisiana Ambulance Alliance and Attorney General's Office: public education through a website. The address is www.endthepidemicla.org.

Blue Cross Blue Shield of LA, the AG, the National Association of Drug Diversion Investigators (NADDI), and numerous law enforcement agencies to provide drug take back boxes to sheriff's offices and police departments across the State. (www.endthedpideicla.org)

Louisiana Board of Regents: prevention through education events on opioids at higher education campuses.

Louisiana Department of Veterans Affairs: improving treatment protocols for its members, reducing the amount of opioids while advancing non-opioid and non-pharmacologic approaches to pain.

U.S. Department of Veterans Affairs: began the Opioid Safety Initiative (OSI), with emphasis on patient education, intensive patient monitoring and advancing complementary and alternative medicine practices to lower use of opioids.

Louisiana Workforce Commission: educating stakeholders and issuing Medical Treatment Guidelines, and Chronic Pain Guidelines.

Department of Insurance (LDI): education about opioids through press releases and postings on social media. The commissioner of insurance speaks on the subject in public engagements and supports legislation addressing the opioid crisis. The offices and commissions under the LDI have held public meetings and events on various aspects of the opioid crisis.

Louisiana Supreme Court: Drug courts assess and treat offenders using a non-adversarial approach including Medication Assisted Treatment available in all Adult Specialty Courts. There were 49 operational drug court programs in Louisiana in 2017, comprised of 32 adult drug courts, 13 juvenile drug courts, and 4 family preservation courts.

LA Poison Control Center: provides education about opioids with a focus on the new and emerging substances, and on use of naloxone to healthcare providers, EMS and law enforcement. Since 2009, the LAPCC has recommended to the Secretary of LDH and the State Health Officer 14 new novel drugs of abuse that should be scheduled by emergency rule and placed in Schedule I of the Controlled Dangerous Substance Act. These included several analogs of fentanyl.

LA State Board of Nursing: focuses on treatment of licensees with substance use disorders through its Recovering Nurse Program (RNP). The RNP also reviews and approves treatment programs ensuring appropriateness and quality standards to treat professionals with substance use disorders.

Louisiana State Medical Society (LSMS): per ACT 86 (2017), all prescribers are required to obtain three continuing education credit hours to maintain license. The LSMS partnered with LAMMICO (medical malpractice insurer) to create a free three-hour CME program for prescribers.

Private and Other Initiatives

ACER, LLC: provides outpatient and intensive outpatient treatment for individuals and pregnant women with substance use disorders in four locations throughout the state.

Capital Area Human Services District (CAHSD): education, prevention and treatment of individuals with substance use disorders. Some initiatives include diversion of low-risk offenders from the criminal justice to treatment (Facing Addiction), and the opioid misuse prevention and education for women age +45 and

girls age 10-17. CAHSD is also the hub of the regional response to the opioid crisis establishing the framework to develop a localized community – wide plan using the *Behavioral Health Collaborative*. Specialized responses include education, prevention, criminal justice reform, prescribing practices, overdose death prevention, harm reduction, pain management best practices, and treatment and recovery of adults, children, neonates and mothers.

Florida Parishes Human Services Authority (FPHSA): providing outreach, education and treatment of individuals with substance use disorders, and prevention of drug overdose deaths with naloxone. FPHSA offers outpatient and residential treatment to non-or-under insured residents in the region.

Hospices: hospices, such as Hill Cross Hospice, Hospice of Acadiana, Willis Knighton Hospice of Louisiana, and St. Margaret Hospice each take steps to employ non-opioid alternatives for pain management and limit amount of opioids on hand at the end of life.

Imperial Calcasieu Human Services Authority (IMCALHSA): provides education, outreach and advocacy, and drug overdose prevention using naloxone; along with screening for substance use disorders and medically assisted treatment and other effective treatment modalities.

Jefferson Parish Human Services Authority (JPHSA): provides outpatient treatment and resources for individuals with substance use disorders including ambulatory detox, and educates the community on opioid use.

Northeast Delta Human Services Authority (NEDHSA): education of healthcare providers and community members on the opioid crisis using a mobile resource roadshow. It also educates community and college age individuals through University Roundtable forums, and hosts the NEDHSA Statewide Opioid Summit promoting education, collaboration and the development of integrated methods to address the opioid epidemic. NEDHSA also supports recovery and treatment through its Wellness Recovery Action Plan.

New Iberia City Court: actively uses substance abuse evaluations and proactive engagement to ensure defendant's commitment to their program(s). The court also educates school groups on the legal aspects of the substance use epidemic.

Northwest Human Services District: participates in the Louisiana State Targeted Response (STR) to the Opioid Crisis Initiative SAMHSA grant, provides education and awareness, access to evidence-based treatments including non-opioid alternatives, referrals, and services for MAT.

United Health Care: prevention through the Drug take Back Day. Education and monitoring of healthcare prescriber practices and alignment of such with clinical guidelines and laws. Treatment efforts include patient identification, data analytics, and coordination of care for substance use disorders, expansion of medication assisted treatment, behavioral health integration in primary care, and supporting treatment modalities for mothers, neonates, those with sickle cell and other special populations.

Recommendations

Interagency Heroin and Opioid Coordination Plan

Since its inception in late 2017, the designated member agencies of the HOPE Council and other interested stakeholders have made great strides in coordinating data/surveillance; implementing initiatives from education to prevention, to treatment, to overdose prevention and recovery; quantifying specific impacts to the agencies and populations most affected by the opioid epidemic and identifying gaps in the above.

In the absence of an executive order mandating the collection and reporting of data, and legislative directive for the interagency distribution of data, Louisiana has a helpful but incomplete picture of the effects the opioid epidemic is having on the state's visitors, citizens and agencies. The State of Louisiana currently lacks an organization, department, or agency with authority and mandate to oversee the gathering of data pertaining to the Interagency Heroin and Opioid Coordination Plan that will allow the desired and optimal capture and alignment of federal, state, local and private initiatives.

Recommendation 1: Lead Agency for Interagency Heroin and Opioid Coordination Plan

Designate an organization, agency, or department through executive order or legislative action to have lead authority over the Interagency Heroin and Opioid Coordination Plan.

- Strategy 1: Issue a mandate to all organizations, agencies, and departments that receive state funding and self-funded agencies that regulate in the interest of the public's safety, to promptly respond to all data requests from the lead agency regarding opioid and heroin use prevalence, prevention, education, arrest/adjudication, treatment, overdose prevention, and recovery.
- Strategy 2: Issue a mandate for all organizations, agencies, and departments that receive state funding and self-funded agencies that regulate in the interest of the public's safety to annually report the status of initiatives to address opioid and heroin use prevention, education, arrest/adjudication, treatment, overdose prevention, and recovery to the lead agency.
- Strategy 3: Support the designated lead agency with resources for the coordination of state and local responses to the adverse effects of heroin and opioid consumption in Louisiana.

Recommendation 2: Data

Provide resources to fill data gaps and enhance existing data collection, analysis, reporting, and evaluation of initiatives to address opioid and heroin use and related consequences (e.g., overdoses and deaths).

- Strategy 1: Mandate through legislation the procurement of all pertinent data from the public and private sector agencies to inform the Interagency Heroin and Opioid Coordination Plan. This includes, but is not limited to, clinical metrics about opioid related use, deaths, conditions for which they are prescribed; prescriptions patterns; MAT network adequacy; methadone treatment and distribution, emergency department, hospital and intensive outpatient data; neonatal abstinence/withdrawal syndrome data; clinical outcome measures; incidence, prevalence, and treatment capabilities related to special populations; naloxone distribution and outcome data; comorbidity data of opioid use disorders and HIV, Hepatitis C Virus (HCV), and other sexually transmissible diseases; educational initiatives; pharmacy distribution metrics; metrics assessing the opioid epidemic's impact to families and the labor force; drug court capabilities, needs and outcomes; data from children's agencies and child welfare; expenditures and savings related to opioid use epidemic; geolocation data, etc. (Note: for more complete listing, see details in full report below.)
- Strategy 2: Investigate and address data gaps and integration of reporting systems related to law enforcement and judicial sectors, such as # of citations, # of arrests, and # of convictions, where appropriate.

- Strategy 3: Investigate and address, where appropriate, data gaps on workers' compensation claims and absenteeism related to opioids.
- Strategy 4: Investigate and address, where appropriate, data gaps related to financial costs of the opioid epidemic and its adverse effects.
- Strategy 5: Investigate data gaps and address, where appropriate, related to special/vulnerable populations affected by opioids.
- Strategy 6: Investigate and address, where appropriate, substance use/behavioral health integration data gaps within primary care.
- Strategy 7: Investigate and address, where appropriate, data gaps related to the harm reduction efforts.

Recommendation 3: Partnerships and Collaboration

Ensure that the Interagency Heroin and Opioid Coordination Plan supports the development of new partnerships, maintains existing collaborations, and encourages alignment with community partners, private providers and payers to target the special and most vulnerable populations.

- Strategy 1: Create a subcommittee of the HOPE Council comprised of providers of who offer hospice and palliative medical care, the LA-MS Hospice and Palliative Care Organization, the Louisiana Board of Pharmacy, the Louisiana Department of Health, the Louisiana State Board of Nursing and the Louisiana State Board of Medical Examiners to ensure that future proposed state regulations follow CDC Guidelines regarding exemption provided to patients undergoing active cancer treatment, palliative care, or end-of-life care.
- Strategy 2: Develop mechanisms by which hospice and palliative medical prescriptions are distinguished from others, exempting them from certain state pharmacy regulations.
- Strategy 3: Create a subcommittee of the HOPE Council led by the Louisiana Department of Health and the Department of Children and Family Services to coordinate heroin and opioid-specific education, prevention, and treatment services specifically for women of childbearing age, pregnant women, and women with newborn infants along with services to meet the needs of newborns impacted by the mother's Opioid use.
- Strategy 4: Explore the feasibility of implementing a mobile opioid treatment initiative to service rural communities.
- Strategy 5: Explore the feasibility of the Louisiana Legislature developing a resolution to the United States Congress regarding 42 CFR Part 2 which regulates outpatient treatment programs to require Methadone clinics to report into state prescription monitoring programs.
- Strategy 6: Explore methodologies for agencies and stakeholders to report on efforts and strategies to address access issues. Examples when appropriate, may include but are not limited to:
 - Assessing existing MAT capabilities and expand MAT network
 - Increase access to Medicaid eligibility assistance
 - Elimination of the prior authorization requirement for receiving buprenorphine or injectable naltrexone in the first 24 – 48 hours of presentation for treatment
 - Include methadone list of controlled substances entered into the LAPMP database
 - Make Naloxone available without co-payment
 - Other competing treatment methodologies

ABOUT THE HOPE COUNCIL

Between 1999 and 2016, more than 630,000 people in the United States died from a drug overdose, with a significant portion of those deaths attributed to opioids. In 2016, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 5 times higher than in 1999. On average, 115 Americans die every day from an opioid overdose.²

In response to the opioid use epidemic, the Louisiana Legislature passed Act 88 (HB 490) during the 2017 Regular Legislative Session to create the Advisory Council on Heroin and Opioid Prevention and Education (HOPE). The HOPE Council, as hereafter called, serves in an advisory capacity to the Drug Policy Board (described in *Appendix A*). Additionally, the Council is charged with establishing an Interagency Heroin and Opioid Coordination Plan. The Interagency Coordination Plan shall include, but not be limited to, the following:

- Parish-level data on opioid overdoses and the dispensing of overdose-reversal medication,
- Progress of current initiatives in the state relating to the heroin and opioid epidemic, and
- Specific impacts to agencies in addressing education, treatment including the use of medication-assisted treatment, prevention, overdose, and recovery.

The Interagency Heroin and Opioid Coordination Plan shall be submitted to the Drug Policy Board, the Governor, the President of the Senate, the Speaker of the House, and the Chief Justice of the Louisiana Supreme Court at the end of each calendar year. The Council shall coordinate parish-level data on opioid overdoses and usage of overdose-reversal medication as current and accurate statewide data is critical in educating both those involved in policy development and the citizens of this state.

The HOPE Council shall also coordinate a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan.

The Advisory Council on Heroin and Opioid Prevention and Education members are:

- Chair: Secretary of Louisiana Dept. of Health designee: Dr. James Hussey, Medical Director, Office of Behavioral Health
- Co-chair: Commissioner of Higher Education designee: Mr. Matt Adams, Assistant Commissioner for Policy & Legislative Affairs, Board of Regents
- Secretary of Dept. of Children and Family Services designee: Ms. Mona Michelli, Child Welfare Manager, In-Home Services
- Superintendent of Education designee: Mr. Michael Comeaux, Healthy Communities Section Leader
- Secretary of Dept. of Public Safety and Corrections designee: Dr. John Morrison, Medical/Mental Health Director, Dept. of Corrections
- Superintendent of State Police designee: Major Robert "Bob" Brown, Criminal Investigations
- Secretary of Veterans Affairs designee: Ms. Linda Theriot, RN and Senior Nurse Supervisor; Compliance Officer, LA Veteran Homes
- Secretary of LA Workforce Commission designee: Ms. Sheral Kellar, Director of Office of Workers' Compensation

² Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017.

- President of Senate designee: Senator Regina Barrow, District 15
- Speaker of the House designee: Mr. Troy Prevot, Executive Vice President, LCTA Workers' Comp
- Attorney General designee: Mrs. Keetsie Gunnels, Assistant Attorney General, Public Protection Division
- Commissioner of Insurance designee: Mr. Thomas D. Travis, Director of the Louisiana Property and Casualty Insurance Commission
- A Judge from the drug division of a district court appointed by Chief Justice of LA Supreme Court: Judge Jules D. Edwards, III, Judge, 15th Judicial Court, Division B

The HOPE Council created two working subgroups comprised of legislatively required members, other staff from member agencies, and other subject matter experts.

- *Data and Surveillance:* The purpose of this subgroup is to coordinate parish-level data, and to establish a central online location to disseminate information, resources, and the Interagency Coordination Plan.
- *Interagency Coordination Plan:* The purpose of this subgroup is to coordinate and organize existing initiatives and resources to assist in developing a statewide coordination plan.

The two working subgroups combined in 2018. The HOPE Council appreciates the work of the workgroup members who developed the report.

- State Senator Regina Barrow, LA-District 15
- Jay Besse, LA Dept of Health/Office of Public Health
- Jamey Boudreaux, LA-MS Hospital and Palliative Care Organization
- Major Bob Brown, LA State Police
- Dr. Jose Calderon-Abbo, United Healthcare
- Cecile Castello, LA Dept of Health/Health Standards
- Dr. Daniel Chehebar, Physician
- Michael Comeaux, LA Dept of Education
- Judge Jules Edwards, 15th JDC Drug Court
- Keetsie Gunnels, Louisiana Attorney General's Office
- Dr. Murelle Harrison, Southern University
- Sheral Keller, LA Workforce Commission
- George Lovecchio, LA Board of Drug and Device Distributors
- Mona Michelli, Dept of Children and Family Services
- Dr. Chaunda Mitchell, Governor's Office
- Rebecca Nugent, LA State Police Crime Lab
- Dr. Janice Petersen, LA Dept of Health/Office of Behavioral Health (alternate for Dr. Hussey)
- Troy Prevot, LCTA Workers Comp
- Dr. Allison Smith, LA Board of Regents/LaCASU
- Linda Theriot, LA Dept of Veterans Affairs
- Dr. Suzanne Tinsley, LSU Health Sciences
- Thomas Travis, LA Dept of Insurance/LA Property and Casualty Insurance Commission
- Dr. Susan Tucker (former), Dept of Public Safety/Dept of Corrections
- Parham Jaber (former); Dr. Joseph Kanter, LA Dept of Health/Office of Public Health
- Kisha Davis, Delhi Community Health Center
- Morris Hawkins, RN, ACER, LLC

- Megan Relle, Louisiana Public Health Institute (LPHI)

The original workgroups included the following members.

Data and Surveillance Workgroup:	Interagency Coordination Plan Workgroup:
<ul style="list-style-type: none"> • Matt Adams, Board of Regents (Lead) • Morris Hawkins, RN, ACER, LLC • Tony Prevot, LCTA Workers' Comp • Dr. Suzanne Tinsley, LPTA/LSU HSC-S • Jay Besse, LA Dept of Health/Office of Public Health • Tom Travis, Department of Insurance • Dr. Murelle G. Harrison, Southern University • Elizabeth Harper, Alliance for End of Life Care • Sheral Keller, Louisiana Workforce Commission • Wendi Smith-Lloyd, ACER, LLC • Belinda Morgan, DNP, ARN, Louisiana Association of Nurse Practitioners • Rebecca Nugent, LSP Crime Lab • Dr. Allison Smith, Board of Regents • Linda Theriot, RN, LDVA/Nursing Compliance • Brad Wellons, LA Dept of Health/Office of Behavioral Health 	<ul style="list-style-type: none"> • Judge Jules Edwards, 15th Judicial District Court (Lead) • Michael Comeaux, Louisiana Department of Education (Co-Lead) • Mona Michelli, Louisiana Department of Children and Family Services (Scribe) • Dr. Janice Petersen, Louisiana Department of Health • Dr. James Hussey, Louisiana Department of Health • Jamey Boudreaux, Louisiana/Mississippi Hospice and Palliative Care Organization • Dr. Chaunda Mitchell, Governor's Office, Drug Policy • Keetsie Gunnels, Louisiana Attorney General's Office • George Lovecchio, Board of Drug Device and Distributors • Dr. Jose Calderon, United Healthcare, Optum • Dr. Susan Tucker, Department of Corrections and Public Safety

Staff supporting the effort are Lisa Longfellow and Catherine Peay from the Office of Behavioral Health; Julie Freeman from the Louisiana Department of Insurance and Kristy Miller from the Governor's Office of Drug Policy.

Support from Subject Matter Experts: The HOPE Council has also received support from national organizations.

- The Pew Charitable Trust, (www.pewtrusts.org) an independent nonprofit, nonpartisan research and policy organization, Pew was invited to provide technical assistance on expanding access to evidence-based treatment for substance use disorder (SUD) to Louisiana by Governor John Bel Edwards, Speaker of the House Taylor Barras, Senate President John Alario, and Department of Health Secretary Rebekah Gee. Pew's technical assistance includes a treatment system needs assessment that is based on stakeholder engagement, quantitative and qualitative research, and analysis of existing Louisiana policies. This process will culminate in recommendations for the HOPE Council and the state's executive and legislative branches of government in February.
- Johns Hopkins Bloomberg School of Public Health (www.ljhsph.edu) consultants have been assisting Louisiana with collecting public comments via open public forums and online feedback submission. Along with its Local Governing Entities (LGE) and Office of Public Health (OPH) partners, the Office of Behavioral Health (OBH) sponsored three public forums in Hammond on May 31, 2018, Lake Charles on June 5, 2018 and Monroe on July 11, 2018, in addition to making a website available to the public for further comment. The web-based survey results were compiled by Johns Hopkins University

consultants and shared with the HOPE Council to ensure coordinated efforts and inform any future recommendations. A final open forum in Baton Rouge on October 5, 2018 facilitated by Johns Hopkins University, consisted of a Special Panel of experts who dialogued with the public on five specific topics that included prevention, harm reduction, treatment, recovery and innovation. Online web survey results are summarized in the following chart.

Louisiana Department of Health Public Comment Survey on the Opioid Crisis Summary of Results

PREVENTION	HARM REDUCTION	ACCESS TO QUALITY TREATMENT	RECOVERY SUPPORT	INNOVATION
<ul style="list-style-type: none"> • Educate on the risks of opioid use and alternatives • Increase access to pain management alternatives • Address social determinants • Strengthen mental health services • Regulate prescribing & dispensing and monitor patients and providers 	<ul style="list-style-type: none"> • Address stigma and increase public awareness of addiction • Increase access to MAT and other OUD treatments • Expand overdose education and naloxone distribution 	<ul style="list-style-type: none"> • Communicate the availability of services to the community and providers • Increase treatment capacity • Expand treatment options and make services more convenient • Ensure treatment staff are trained and deliver evidence-based services 	<ul style="list-style-type: none"> • Educate families and providers on how to best support those in recovery • Offer a full range of on-demand behavioral health services with long-term supports • Provide integrative social and medical services 	<ul style="list-style-type: none"> • Offer addiction education to criminal justice staff • Respond with treatment instead of jail time • Provide behavioral health services "behind the walls" • Offer prisoner re-entry supports for those with opioid use disorder and their families

A summary of findings will be included in a report from the Expert Panel to OBH. All results from the open forum surveys and the Expert Panel will be incorporated into the final strategic plan for the State.

DESCRIPTION OF THE PROBLEM

Louisiana is undergoing an opioid epidemic with a heavy burden of human, social and economic consequences. Some notable consequences include the rising number of accidental drug overdoses, the increase in cases of neonatal abstinence syndrome, the large number of individuals suffering from an addiction to opioids, the ever-present risk of opioid abuse, and other medical consequences like HIV and hepatitis C dissemination. In addition, but harder to quantify, the opioid epidemic is causing a disruption and erosion of family life with children most adversely affected; there is also the loss of productive years of otherwise able men and women, the economic cost of treatment - or lack thereof, and the adverse impact to the legal and law enforcement communities.

The opioid epidemic includes both the opioid pain-relieving medications and illicit drugs like heroin that are extracted from the opium producing “poppy” plant *Papaver somniferum*, the semi-synthetic and synthetically produced opioids like fentanyl and like-molecules.³ In addition, there is growing misuse of opioids in combination with other central nervous system depressants like benzodiazepines and alcohol.

The opioid epidemic has been 30 years in the making and rose from multiple causes. For example, the over prescription of opioids for questionable conditions and for valid conditions for which there was limited proven efficacy, the misguided marketing of these medications, past lax regulations and expectations from the medical community, the development of even more powerful opioids, a number of socio-economic determinants, and the growing illicit drug market, to name a few.⁴

However, opioids have been important tools in the medical armamentarium for their efficacy in pain management, and other symptoms since antiquity.⁵ As such, opioids have been and continue to be a legitimate tool in the development of medical treatment, specifically palliative medicine and better end-of-life/hospice care. Palliative care, hospice providers and other specialists who treat the sickest, most vulnerable patients.⁶ Individuals with serious or life-threatening illness – such as cancer, AIDS, chronic obstructive pulmonary disease, severe trauma, end stage kidney disease, and sickle cell disease may also benefit from medically indicated use of opioids. Some patients may benefit greatly from the timely, effective treatment of their pain and suffering, and other symptoms using opioid medications.

HOPE Council stakeholders firmly believe the health community should strive to achieve an appropriate balance between reducing addiction and its consequences, while maintaining access to opioid medications for legitimate, judicious, evidence-based uses. In response to this challenge the Governor, the legislature, regulatory agencies, the provider community, educational institutions and the community have come together to a) identify our existing capacity, b) identify gaps and needs, and c) offer solutions to address the opioid epidemic. This report is the result of such efforts.

³ Pathan, H., & Williams, J. (2012). Basic opioid pharmacology: an update. *British Journal of Pain*, 6(1), 11-16.

⁴ Kolodny, A., Courtwright, D.T., Hwang, C.S., Kreiner, P., Eadie, J.L., Clark, T.W., & Aleander, G.C. (2015). The prescription opioid and heroin crisis: a public health approach to an epidemic of addiction. *Annual review of public health*, 36, 559-574.

⁵ Dilts SL Jr, Dilts SL (2005) Opioids: 138-156. In Frances RJ, Miller SI, Mack AH: *Clinical textbook of Addictive Disorders*. Guilford Press. New York, NY.

⁶ Louisiana Mississippi Hospice and Palliative Care Organization: 2017 LA Hospice Report. Accessed 10/24/18. Available at <https://lmhpco.org/healthcare-professionals/fact-figures/>

NATIONAL DATA

In 2016, 63,632 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths increased significantly by 21.5% from 2015 (16.3 per 100,000 people) to 2016 (19.8 per 100,000 people). From a long-term perspective, the age-adjusted rate of drug overdose deaths in the United States in 2016 was more than three times the rate in 1999.⁷

Opioids—prescription and illicit—are currently the main driver of drug overdose deaths. Opioids were involved in 42,249 overdose deaths in 2016, which is 66.4% of all drug overdose deaths.⁸ Significant increases in drug overdose death rates from 2015 to 2016 were detected in the Northeast, Midwest, and South Census Regions.⁹

The overall opioid prescribing rate in the United States peaked and leveled off from 2010-2012 and has been declining since 2012, but the amount of opioids in morphine milligram equivalents (MME) prescribed per person is still around three times higher than it was in 1999.¹⁰ MME is a way to calculate the total amount of opioids, accounting for differences in opioid drug type and strength.

There was a more than 19% reduction in annual prescribing rate from 2006 to 2017. The declines in opioid prescribing rates since 2012 and high-dose prescribing rates (≥ 90 MME) since 2008 suggest that healthcare providers have become more cautious in their opioid prescribing practices.¹¹

STATE DATA

Louisiana is included in the South Census Region, where drug overdose deaths have spiked substantially. For example, overdose deaths increased by 12.4% between 2014 and 2015, and 14.7% between 2015 and 2016.¹² In 2016, Louisiana reported 1,006 deaths with the most deaths occurring within the 21.1 - 52.0 age group. By comparison, Louisiana reported 875 deaths in 2015.¹³ There were 1,103 drug-poisoning deaths in 2017, a 9.6% increase from the previous year.¹²

⁷ Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017.

⁸ *ibid.*

⁹ Dilts SL Jr, Dilts SL (2005) Opioids: 138-156. In Frances RJ, Miller SI, Mack AH: Clinical textbook of Addictive Disorders. Guilford Press. New York, NY.

¹⁰ Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs (2017²): Changes in Opioid Prescribing in the United States, 2006-2015. MMWR Morbidity and Mortality Weekly Report 2017; 66:697-704. Accessed 9-10-18. Available at DOI: <http://dx.doi.org/10.15585/mmwr.mm6626a4>

¹¹ *ibid.*

¹² Dilts SL Jr, Dilts SL (2005) Opioids: 138-156. In Frances RJ, Miller SI, Mack AH: Clinical textbook of Addictive Disorders. Guilford Press. New York, NY.

¹³ Louisiana Department of Health, Office of Public Health, Bureau of Health Informatics. (Retrieved 2018). Number of drug poisoning deaths by location [Data file] Retrieved from www.lodss.ldh.la.gov

The national trend is reflected in Louisiana where opioids are also a main cause of overdose deaths. Deaths from opioid overdose nearly doubled between 2014 and 2017. Initially led by prescription drugs, later significantly worsened by heroin, and growing fentanyl use. The table below provides data on number of opioid analgesic, fentanyl, methadone, and heroin deaths in Louisiana from 2014-2017.

Table 1: Number of Deaths by Specific Opioid Drugs Used, Louisiana 2014-2017

Year	2014	2015	2016	2017
Natural and Semi-synthetic Analgesic	90	103	110	165
Synthetic Opioid Analgesic, excluding Methadone	29	38	82	154
Fentanyl	22	25	72	136
Methadone	19	17	18	10
Heroin	108	127	150	169
Total**	217	260	320	401

***Data provided from the Louisiana Opioid Data and Surveillance System (LODSS)**

****NB: categories do not sum, as several drugs could have been detected in one death**

PARISH DATA

To utilize existing state resources and avoid duplication of effort in assembling this data, the HOPE Council is partnering with the Louisiana Opioid Surveillance Initiative (LOSI) in the Louisiana Department of Health (LDH). LOSI has received several federal grants to collect, analyze, and disseminate opioid-related data and administer the Louisiana Opioid and Data Surveillance System (LODSS). LODSS is a web-based data dissemination tool that provides data visualizations and tables of opioid-related data at the parish and state level. Parish-level data included in this report come from LODSS.

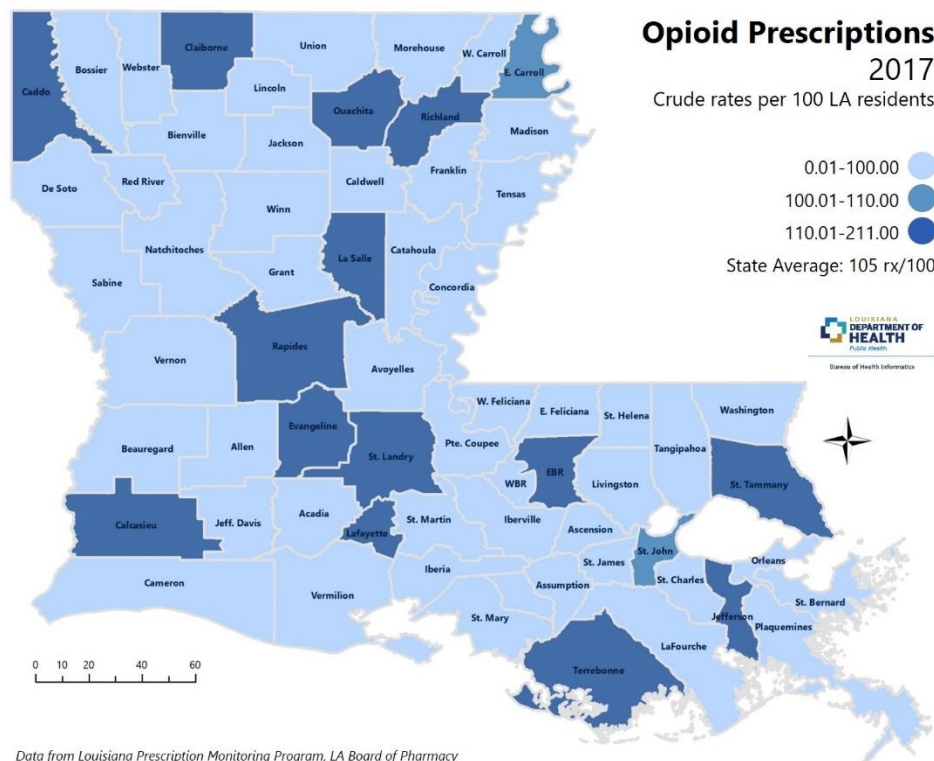
Opioid Prescriptions Issued

Using data from LODSS, LDH has identified the number of opioid prescriptions issued to residents by parish for 2014-2017. For 2017, there was an average of 105 opioid prescriptions per 100 individuals in Louisiana. Using data from LODSS, LDH has identified the number of opioid prescriptions issued to residents by parish for 2014-2017. For 2017, the five parishes with the highest numbers of prescriptions per 100 individuals are listed below. Each of these parishes had more prescriptions issued than people residing in the parish.

1. Rapides (210 prescriptions issued per 100 residents)
2. Caddo (178 prescriptions issued per 100 residents)
3. Evangeline (158 prescriptions issued per 100 residents)
4. Lafayette (154 prescriptions issued per 100 residents)
5. East Baton Rouge (144 prescriptions issued per 100 residents)

A table containing the number of prescriptions issued to residents per 100 individuals for all 64 parishes for 2014–2017 is included in *Appendix B*.

Figure 1: Louisiana Opioid Prescriptions, 2017 Rates per 100



Data from Louisiana Prescription Monitoring Program, LA Board of Pharmacy

Opioid Deaths by Parish of Occurrence and by Parish of Residence

A total of 401 opioid-related deaths occurred in Louisiana during 2017. These deaths include Louisiana residents as well as residents of other states and countries who died in a Louisiana parish. For deaths listed by parish of residence, the parishes to which the deaths are assigned are the parishes in which the decedent maintained a residential address, and NOT the parish in which the decedent died. All deaths included in this section are ones in which the parish coroner determined the cause of death to be directly attributed to opioid poisoning, or with opioids specifically listed in the secondary causes of death field.

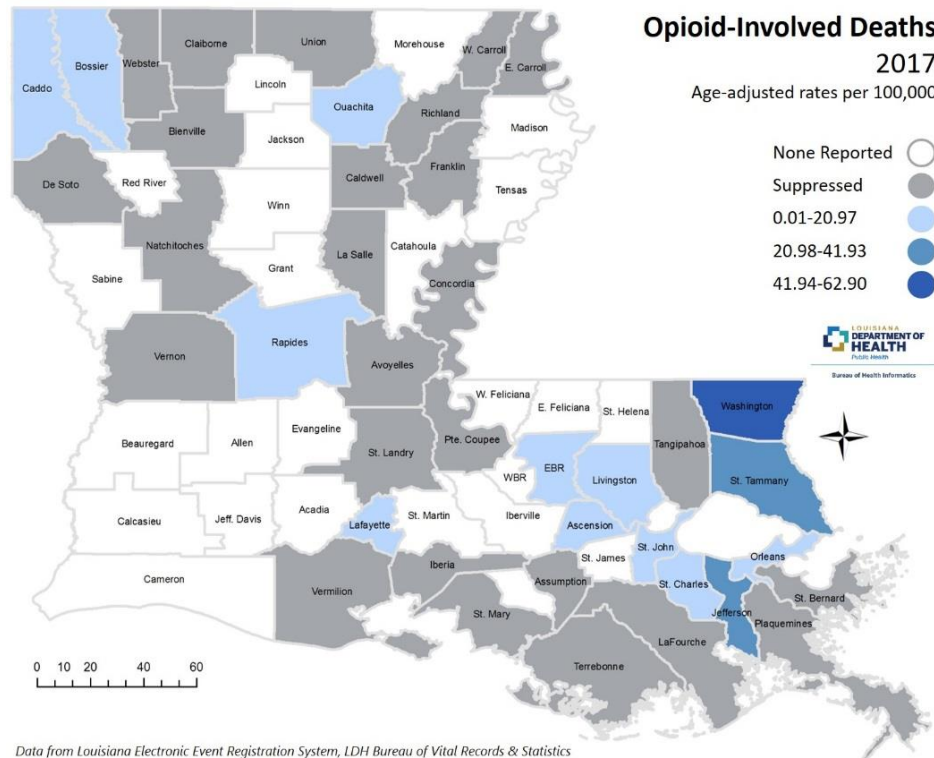
The five parishes by residence and occurrence with the greatest number of drug poisoning deaths from opioids that occurred in 2017 are listed in the following table. Deaths listed for the five parishes represent 70% (258 of 366) deaths by parish of residence and 74% (296 of 401) of all deaths by occurrence:

Table 2: Opioid Overdose Deaths by Parish of Occurrence and by Parish of Residence, 2017

Parish of Residence	Parish of Occurrence
1. Jefferson – 129	1. Jefferson - 142
2. St. Tammany - 61	2. St. Tammany – 68
3. Washington - 27	3. Orleans - 35
4. Orleans - 24	4. Washington - 27
5. East Baton Rouge - 17	5. East Baton Rouge - 24

A table containing number of opioid deaths by parish of residence for all 64 parishes from 2014-2017 is included in *Appendix C*. A table containing number of deaths by parish of occurrence for all 64 parishes from 2014-2017 is included in *Appendix D*. The map below provides a visual depiction of opioid overdose numbers across the state.

Figure 2: Louisiana Opioid Involved Deaths, 2017 Rates per 100,000



Data from Louisiana Electronic Event Registration System, LDH Bureau of Vital Records & Statistics

IMPACT ON LOUISIANA

IMPACT METRICS

The Interagency Coordination Plan Workgroup sought to determine and list specific impacts to agencies in addressing prevention, education, treatment (including use of medication-assisted treatment (MAT)), overdose prevention, and recovery. The HOPE Advisory Council wanted to list impacts that were measurable, so that such impacts might be quantified and trended over time. As such, the following impact measures with corresponding responsible party are listed below:

Table 3: Measurable Impacts of the Opioid Epidemic

Measure	Impact Data
Louisiana Department of Health (LDH)	
Opioid-related deaths in Louisiana	401 opioid involved deaths, including 382 opioid poisoning deaths (state totals, 2017) Data source = Louisiana Opioid Data and Surveillance System (LODSS)
LA Medicaid Opioid Prescriptions filled in State Fiscal Year (SFY) 2018	Total Prescriptions Filled: 728,417 Unduplicated Recipients: 263,557 Medicaid Payments: \$9,226,856.19 Data source = Medicaid data warehouse.
LA Medicaid MAT Prescriptions in SFY 2018 Note: MAT = Buprenorphine, Suboxone, Bunavail, Zubsolv, Probuphine, Naltrexone, Vivitrol. Does not include Methadone utilization or costs, as Methadone is not covered under Medicaid for MAT at time of this report.	Total Prescriptions Filled: 79,918 Unduplicated Recipients: 11,839 Medicaid Payments: \$25,686,680.19 Data source = Medicaid data warehouse.
LA Medicaid Naloxone prescriptions filled in SFY 2018	Total Prescriptions Filled: 1,426 Unduplicated Recipients: 1,320 Medicaid Payments: \$229,527.14 Data source = Medicaid data warehouse.
LA Medicaid Number of Emergency Department days for Opioid Use Disorder (OUD) in SFY 2018	Emergency Department Days: 7,886 Unduplicated Recipients: 6,013 Medicaid Payments: \$1,858,797.35 Data source = Medicaid data warehouse.
LA Medicaid Hospital Admits for OUD in SFY 2018	Inpatients Admissions: 9,834 Unduplicated Recipients: 7,148 Medicaid Payments: \$39,755,833.49 Data source = Medicaid data warehouse.
LA Medicaid Inpatient/Residential American Society of Addiction Medicine (ASAM) OUD treatment in SFY 2018. Services related to opioids for Inpatient/Residential ASAM levels 4-WM, 3.7-WM, 3.7, 3.5, 3.3, 3.2-WM, and 3.1.	Unduplicated Recipients: 6,286 Medicaid Payments: \$34,153,438.78 Data source = Medicaid data warehouse.

Measure	Impact Data
Louisiana Department of Health (cont'd)	
LA Medicaid Outpatient ASAM OUD treatment in SFY 2018 Services related to opioids for Outpatient ASAM levels 2.1, 2-WM, and 1.0.	Unduplicated Recipients: 4,622 Medicaid Payments: \$6,212,219.71 Data source = Medicaid data warehouse.
# Prevention/education activities, funding/costs	Overdose ED/naloxone distribution: 426 people served; Other opioid education provided served 2,000 people. Cost of activities: \$407,925 Source = STR Grant annual report
# and type of recovery services provided, related costs	\$135,958 STR public grant funds spent on recovery services 660 people served through the 9 OTPs and 9 LGEs Data source = STR annual report
Department of Children and Family Services	
DCFS investigations reports of prenatal neglect, which is inclusive of Opioids used in an unlawful manner	During FFY 2017, 1,715 Newborns validated for Drug/Alcohol Affected Newborn (This number is inclusive of those newborns affected by Opioids used in an unlawful manner) There were 360 hospital discharges in 2017 (not births) with Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS) Data source = Louisiana Opioid Data and Surveillance System (LODSS)
LTCA Workers' Comp	
# Workers' Compensation claims related to opioids and related costs NOTES: Rx transactions included in this study are those for medications of prescription strengths and over-the-counter strengths, which are referred to as prescriptions throughout this report. These prescriptions could be filled or refilled by the injured worker at a pharmacy or physician's office and were paid for under workers' compensation. Prescription medications that were dispensed at a hospital, administered by a medical provider (e.g., injectable medications), compounded drugs, nutritional supplements, and medical supplies/equipment that were billed under National Drug Codes (NDCs) are not considered prescriptions in this report, but they are included in the WCRI services group "drugs" and are reflected in the overall medical payments in this study.	<ul style="list-style-type: none"> • Avg # of prescriptions per claim: decrease by 5% in LA • Avg payment per Rx: increased by 8% in Louisiana • Amount of opioids per claim: decreased in most states but little change in LA with 6% decrease Data source = WCRI Research on Use of Opioids and Physician Dispensing:14 15 16

¹⁴ Thumula, Wang, Lui. 2017. Interstate Variations in Use of Opioids, 4th Edition.

¹⁵ Wang. 2017. Longer-Term Dispensing of Opioids, 4th Edition.

¹⁶ Wang, Thumula, and Liu. 2017. A Multistate Perspective on Physician Dispensing, 2011-2014.

Measure		Impact Data	
Louisiana State Police			
Total lbs. of drugs received at Drug Take Back Day events		360.5 lbs. of medications Data source = LSP and DEA records	
Enforcement/Public Safety/Corrections			
# Arrested by law enforcement, related costs This number represents investigations involving the LSP Narcotics Section and LSP initiated undercover operations only. This is not a representation of the number of actual Opioid arrests made by the Louisiana State Police or any other law enforcement agency.		2017 arrests by Louisiana State Police, Narcotics Division, regarding Opioids—70. Data source = LSP Bureau of Investigations	
# Incarcerated, related costs		Of the approximately 33,000 offenders in Department of Corrections’ custody currently, 1,039 of them have an active offense that is known to be with an opioid. Of that 1,039 it is a 50/50 split between African American and Caucasian. 89% or male and 11% are female. Age distribution 6% - under 25 15.6% - 25 to 29 21.8% - 30 to 34 25.4% - 35 to 39 13.0% - 40 to 44 9.3% - 45-49 8.7% - 50 or more Data source = Department of Corrections	
Justice System			
# Seen in Drug Treatment or Specialty Treatment Courts, cases/participants, time spent, related costs		<ul style="list-style-type: none">• In 2018, case managers and substance use counselors recorded specific references to opioids or heroin use in the files of 438 Drug Court Participants.• 18 Drug Court treatment plans written since 1/1/2017 referenced opiates or heroin.• 15 DCCM treatment plans written since 1/1/2017 were for medically assisted treatment (without specific reference to opiates or heroin)• 1% (2,194 of 212,270) of Drug Court participants tested in 2018 for opiates or related drugs tested positive (includes detected and abnormal).• 14.5% of Participants admitted in 2018 identified opiates/related drugs as primary drug of choice• 41 Drug Court Participants died during the period 1/1/2017 to 10/1/2018. Participant records indicate seven (7) of these terminations included a note indicating death was due to an overdose. Only one was specified as an overdose from heroin use.	

Measure	Impact Data
	Data source = The Drug Court Case Management System (DCCM)
K-12 Education	
# Students affected, related costs	<p><i>Secondary Schools</i></p> <p>19.3% of high school students, who participated in the 2017 Louisiana Youth Risk Behavior Survey (YRBS) admitted taking prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet,) one or more times during their life. There are approximately 198,049 high school students in Louisiana so that would impact approximately 38,223 students.</p> <p>9.6% of high school students, who participated in the survey used heroin (also called "smack," "junk," or "China White,") one or more times during their life. Using the same enrollment number of 198,049 that would impact approximately 19,012 students.</p> <p>Data on related costs is not available</p> <p>Data source = 2017 Louisiana Youth Risk Behavior Survey (YRBS)</p>
Higher Education Institutions	
# Students affected, related costs	<p>According to a sample of 6,095 Louisiana college students who completed the 2017 Core Alcohol and Drug Survey, 0.7% of students admitted using opiates in the past 30 days. Regionally, the rates for past 30-day opiate use are as follows: New Orleans at 0.9%, Baton Rouge at 0.6%, Lafayette at 0.6%, Shreveport at 0.5%, and Monroe at 0.6%.</p> <p>Regarding campus-level effects of the opioid epidemic, most campuses reported little to no direct, substantial impact yet. One public, four-year campus shared that they have had two students referred to outpatient treatment, one treated for an overdose, two who have lost parents to overdose, and two who had parents who are active users.</p> <p>Regarding the health science centers, LSUHSC New Orleans and LSUHSC Shreveport both reported an estimated \$100,000.00 will be spent related to the opioid crisis over the next year. Additionally, at LSUHSC New Orleans, there were ten reported cases of students being seen in the health/wellness center for an opioid-related issue and one campus law enforcement opioid-</p>

Measure	Impact Data
	related incident with a person who was not a student or faculty member.
	Data source = 2014 and 2017 Core Survey

CHALLENGES AND OPPORTUNITIES BASED ON DATA FINDINGS

The previous sections have described briefly the complex and confusing state of knowledge and data sources being used to define the issue of opioid and heroin use in Louisiana. This section contextualizes some of those findings as challenges and begins to describe opportunities to address them.

1. The CDC reports national overdose trends increasing in most states.¹⁷ In Louisiana, the number of deaths due to drug poisoning by opioids and/or opioid combinations with benzodiazepines and other substances increased from 217 in 2014, to 260 in 2015, to 320 in 2016, and 401 in 2017. That is, by 2017 the number of deaths by drug poisoning due to opioids increased by 84.7% since 2014. The penetration of Fentanyl and like-substances to Louisiana is a troubling development. In 2017, fentanyl was present in one out of every three opioid related overdoses. (Table 1) Fentanyl and like-substances are many times more potent than other opioids increasing significantly the risk of overdose. The available evidence does not support a conclusion that the rate of increased opioid-related overdoses has reached its peak. Statewide initiatives and collaborations can foster and accelerate favorable trends.
2. Discrepancy between drug poisoning deaths from opioids by Parish of residence and Parish of Occurrence is likely because some individuals were visitors to our state not residents. (Table 2) As a result, most deaths by Parish tend to concentrate in parishes with large metropolitan areas like Orleans, Jefferson, St Tammany Parish, and close to Mississippi, in Washington Parish.
3. The parishes that report the highest number of opioid prescriptions per capita do not necessarily have the highest drug overdose cases. We tend to see a higher number of overdoses in larger metropolitan areas, and the national and state trends are consistent in that opioid related overdose and deaths are now driven by heroin and fentanyl, and less so by prescription opioids. However, in the absence of engagement and treatment, individuals may continue to shift their use of prescription opioids to heroin and fentanyl tainted illegal products, thus placing themselves at a higher risk.
4. The total number of opioid prescriptions per 100 have decreased in LA since 2014, reflecting greater awareness of our prescriber population and the adoption of new guidelines for the prescription of opioids as issued by the LA State Board of Pharmacy in 2017.¹⁸ Yet, not all Parishes saw favorable decreases. Nineteen (19) parishes (27.1%) reported an increase in total opioid prescriptions/100. Identifying and monitoring trends such as this will allow the Louisiana Department of Health (LDH), Local Governing Entities (LGE), Managed Care Organizations (MCO), and other provider organizations to increase efforts in these Parishes with specific interventions.

¹⁷ www.cdc.gov/drugoverdose/data/statedeaths.html

¹⁸ Louisiana Board of Pharmacy (2017) Bulletin No. 17-01. Accessed 10-25-18. Available at http://www.pharmacy.la.gov/assets/docs/Bulletins/Bulletin_17-01.pdf.

5. The total number of arrests made due to opioids is incredibly difficult to quantify. While the table above reports some arrests by Louisiana State Police, those numbers represent only ones made by the Narcotics division. The uniform division of the Louisiana State Police does not collect the data for their arrests regarding specific drugs. The data they collect is bundled together as total number of narcotic arrests. Furthermore, statewide totals for drug arrests would be incredibly difficult to coordinate, as no one agency has the authority to collect this data. At this time, LSP does not have authority to collect arrest data from the numerous municipal police departments, Sheriff's Offices, tribal police, and federal agencies. (FBI, DEA, US Marshals, US Postal Service, Homeland Security, US Secret Service, ICE, FDA and others) located in Louisiana. Finally, the various law enforcement agencies likely collect data in a different way. Some may specifically report opioid-related offenses while others may group with all narcotics arrest. Finally, costs associated with the number of arrests cannot be accurately measured due to so many variables involving law enforcement investigations. Just a few of the variables include undercover operations, wiretaps, long-term surveillance, etc.
6. There is a need for greater treatment, engagement, availability, the removal of barriers to care, and, an increased number of harm reduction initiatives for those individuals not ready or able to seek treatment. Louisiana lacks clear estimates of the total number of individuals needing treatment for opioid use disorders. Community health providers in LA reported that 2,467 citizens received treatment for OUD's (Table 3). Per national estimates, only about 1 in 10 people aged 12 or older who need substance use treatment received treatment (10.6 percent).¹⁹ Using these estimates and in the absence of data about individuals seeking treatment, we could assume that the need for specialized treatment for substance use disorders in LA is 10 times greater. If so, close to 25,000 individuals may be in need of such treatment. This emphasizes the need for an accurate identification of need, an accurate assessment of our treatment capability, and the need to plan accordingly; likely expanding substance use disorders treatment at all levels of care using evidence-based practices including MAT, and identify and remove barriers to care. The lack of access to care may be an obvious barrier, others include having complicated procedures to enter MAT treatment and/or get MAT medications. This will require a stakeholder's assessment of existing procedures for procuring and paying for MAT medications. Other barriers relate to the needs of special populations, and social determinants of health. Data of MAT involving methadone is not included in this report. Unlike buprenorphine, methadone treatment information is protected by United States Congress and the Substance Abuse and Mental Health Services Administration (SAMHSA) in 42 CFR Part 2 which regulates outpatient treatment programs, and these regulations to not require methadone clinics to report into state prescription monitoring programs. This is a barrier to our assessment of MAT capacity and methadone utilization in the state.
7. Harm reduction strategies have begun to be implemented to reach the large number of individuals who may not have access to care or may be unwilling to seek such care. The distribution of naloxone kits is one example. Expansion of naltrexone distribution to the drug court and for other at-risk populations are opportunities. While we know how many naloxone kits were distributed in the state (Table 3), reporting successful overdose reversal is a larger challenge.

¹⁹ Ahrnsbrak R, Bose J, Hedden SL, RN Lipari, E (2016): Park-Lee Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm#summary>.

8. Prevention strategies in schools – The LA Youth Risk Behavior Survey identified a population at risk who have been exposed to recreational opioids. (Table 3). Bulletin 741: Louisiana Handbook for School Administrators requires the development of a substance use prevention curriculum for students. Future efforts may seek to identify measure and report outcomes.
9. Besides education about drug overdose, use of naloxone (the overdose reversing agent) and Good Samaritan laws, there is an opportunity to educate the public about acute and chronic pain, and treatment expectations that align with new opioid prescription guidelines and clinical outcomes. There is a statewide media campaign for OBH ready to go live during the winter of 2018, disposable boxes for unused medications, and Drug Take Back Days currently happening throughout LA. However, there is ample opportunity and need to build upon these efforts. The general public and special at-risk populations lack information about risk, harm reduction, pain management, non-pharmacologic pain management alternatives, how to find treatment, and what constitutes good treatment.
10. There is a need to integrate Behavioral and Substance Use Disorder treatment to primary care – Primary care providers are perfectly situated to conduct initial assessments, screenings, coordinate care and initiate uncomplicated treatments when possible. We currently lack understanding of how much substance use/behavioral health integration is currently happening, although we sense there may be insufficient integration to meet current needs.
11. Special populations are at risk and include: pregnant mothers with substance use/opioid use disorders, newborns born to substance/using mothers, veterans, individuals with chronic pain, Sickle cell patients, child and adolescents at risk and those with an established need for treatment for opioid/substance use, the elderly, those with developmental disabilities, those with severe mental illness also suffering from substance use/opioid use, the homeless, and those in the criminal/re-entry system.
12. There is a need to improve data collection on barriers and opportunities for prevention, screening, intervention, treatment and recovery, at the system of care level. These include the public and private sector, medico-legal and financial aspects that facilitate or obstruct coordinated care transfer of health information and reimbursement options that support behavioral health/substance use disorders treatment integration to primary care, prevention, and expansion of existing services.²⁰
13. Notably absent, is information from educational institutions about enhanced curriculums to increase education and capacity of trainees in the identification, screening, interventions, prevention and treatment of substance use disorders. Scientific literature amply reports that the majority of providers lack the adequate training to address the needs of patients with substance use disorders, and anecdotal evidence in LA confirms national findings.²¹ Louisiana will benefit from collecting data on the

²⁰ Kolodny, A., Courtwright, D.T., Hwang, C.S., Kreiner, P., Eadie, J.L., Clark, T.W., & Aleander, G.C. (2015). The prescription opioid and heroin crisis: a public health approach to an epidemic of addiction. *Annual review of public health*, 36, 559-574.

²¹ Wakeman, S. E., Pham-Kanter, G., & Donelan, K. (2016). Attitudes, practices, and preparedness to care for patients with substance use disorder: results from a survey of general internists. *Substance abuse*, 37(4), 635-641.

efforts of our educational institutions to enhance future and existing provider training in substance use disorders, and to promote the creation of such enhanced curricula.

14. For future research purposes, it would be recommended that higher education institutions should collect the number of students seen in health/wellness centers for opioid-related instances, the number of opioid-related student conduct issues, as well as the number of opioid-related campus law enforcement incidents.

ADDRESSING THE PROBLEM

The Louisiana Department of Health alone has secured over \$50 million in federal funds to address the opioid epidemic. The following table provides an overview of the grant awards.

Table 4: Federal Opioid Related Grants Awarded to LA Department of Health

Grant Name	Status	Funding TOTAL
Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA)	Awarded: October 2016, Office of Behavioral Health. Collaboration with Metropolitan Human Services District	\$3M for 3 years
Strategic Prevention Framework for Prescription Drugs (SPF Rx)	Awarded: October 2016, Office of Behavioral Health. Collaboration with Jefferson Parish Human Services District	\$1,858,080 for 5 years
Prescription Drug Overdose: Data-Driven Prevention Initiative	Awarded: October 2016, Office of Public Health	\$900,000 for 3 years
State Targeted Response to the Opioid Crisis Grant (Opioid STR)	Awarded: May 1, 2017, Office of Behavioral Health	\$16,335,942 for 2 years (\$8,167,971 per year)
Prescription Drug Overdose: Data-Driven Prevention Initiative Supplemental Award	Awarded: September 1, 2017, Office of Public Health	\$480,000 for 2 years
Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality	Awarded: September 1, 2017, Office of Public Health	\$654,000 for 2 years
Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Supplemental Award	Awarded: September 1, 2017, Office of Public Health	\$261,544 for 2 years
Comprehensive Opioid Abuse Site-based Program - Category 6: Data-driven Responses to Prescription Drug Misuse	Awarded: September 30, 2017, Office of Public Health	\$542,160 for 3 years
Comprehensive Opioid Abuse Site-based Program (COAP) - Category 4: Statewide Planning, Coordination, and Implementation Projects (Subcategory 4a - Coordinated Strategic Plan)	Awarded: October 1, 2017, Office of Behavioral Health. Collaboration with the Louisiana Commission on Law Enforcement	\$100,000 for 2 years
2018 Opioid Overdose Crisis Cooperative Agreement	Awarded: September 1, 2018, Office of Public Health	3.1M
State Opioid Response (SOR)	Awarded: September 30, 2018, Office of Behavioral Health	\$23,139,150 for 2 years (\$11,569,750.00 per year)
Comprehensive Opioid Abuse Site-based Program (COAP) -	Awarded: October 1, 2018, Office of Behavioral Health. Collaboration with	\$1,200,000 for 3 years

Grant Name	Status	Funding TOTAL
Category 4: Statewide Planning, Coordination, and Implementation Projects (Subcategory 4b - Local Implementation)	the Louisiana Commission on Law Enforcement	

In addition, multiple state agencies, statewide organizations and local agencies are involved in efforts to reduce dependence on opioids through Surveillance/Data Collection; Education/Prevention; Intervention, Treatment; and, Recovery. Finally, Louisiana continues to address opioid use through changes to policy and legislation that limits prescriptions to opioids. Each effort is briefly described in Appendix G. Highlights are provided below.

Surveillance and Data: The **Louisiana Opioid Surveillance Initiative** (LOSI) through its signature component, the Louisiana Opioid Data & Surveillance System (LODSS) collects information from LDH and external organizations to analyze health data related to opioid use disorder. LODSS disseminates results through facts sheets, publications, training and educational materials, and the online data and surveillance system. www.lodss.ldh.la.gov

Overdose Prevention through Naloxone Distribution: A key strategy in Louisiana's opioid response is the widespread distribution of Naloxone. Naloxone is the most effective way to counteract an overdose and save lives. Since 2017, Louisiana has a **standing order** related to dispensing of Naloxone, allowing caregivers, family and friends of an opioid user, or those who are helping a person who is at risk of an overdose on opioids to receive naloxone, without having to get a doctor's prescription.

- In 2016-2017, the **LDH Bureau of Emergency Medical Services (EMS)** received and distributed 12,000 auto-injector naloxone to first responder agencies and personnel across the state.
- As of September 2018, the **Attorney General's office** has provided vouchers for 11,050 doses of naloxone to law enforcement personnel and is providing training statewide.
- Since April 2017, the LDH's State Targeted Response (STR) grant has purchased nasal spray kits and has disseminated over 4,000 kits to community providers, residential facilities and organizations.

Treatment and Recovery:

- The **Louisiana Department of Public Safety and Corrections** and OBH collaborated to produce a treatment tract for incarcerated individuals with an opioid addiction. This treatment tract includes education, and the use of Medication Assisted Treatment (MAT) with Vivitrol, and a community re-entry referrals system to match parolees with treatment providers in the community.
- **Department of Veterans Affairs:** improving treatment protocols for its members, reducing the amount of opioids while advancing non-opioid and non-pharmacologic approaches to pain.
- **Louisiana Supreme Court:** Drug courts assess and treat offenders using a non-adversarial approach including Medication Assisted Treatment available in all Adult Specialty Courts. There were 49 operational drug court programs in Louisiana in 2017 comprised of 32 adult drug courts, 13 juvenile drug courts, and 4 family preservation courts.
- **LA State Board of Nursing:** focuses on treatment of licensees with substance use disorders through its Recovering Nurse Program (RNP). The RNP also reviews and approves treatment programs ensuring appropriateness and quality standards to treat professionals with substance use disorders.
- **ACER, LLC:** provides outpatient and intensive outpatient treatment for individuals and pregnant woman with substance use disorders in four locations throughout the state.

Education/Prevention:

- **Louisiana State Police** and the **Drug Enforcement Administration**: National Prescription Drug Take Back Days for the safe disposal of prescription drugs, and training State Troopers to administer Narcan.
- **Louisiana Ambulance Alliance** and the **Attorney General's Office**: public education (www.endthepidemicla.org)
- **Blue Cross Blue Shield of LA, the Attorney General's Office, the National Association of Drug Diversion Investigators (NADDI), and numerous law enforcement agencies** to provide drug take back boxes to sheriff's offices and police departments across the State. (www.endthepidemicla.org)
- **Louisiana Board of Regents**: prevention through education events on opioids at higher education campuses.
- **Louisiana Workforce Commission**: educating stakeholders and issuing Medical Treatment Guidelines, and Chronic Pain Guidelines.
- **Department of Insurance** education about opioids through press releases, and postings on social media. Commissioner Donelon provides education through speaking engagements and supporting the legislation addressing opioids. The offices and commissions of the LDI have held public meetings and presentations addressing opioids.
- **LA Poison Control Center**: provides education about opioids with a focus on the new and emerging substances, and on use of naloxone to healthcare providers, EMS and law enforcement. Since 2009, the LAPCC has recommended to the Secretary of LDH and the State Health Officer 14 new novel drugs of abuse that should be scheduled by emergency rule and placed in Schedule I of the Controlled Dangerous Substance Act. These included several analogs of fentanyl.

Legislation Changes:

Between 2006 and 2018, the LA Legislature passed 12 acts strengthening multiple areas and activities around opioids and controlled substances, including the creation and broader use of the Prescription Monitoring Program, Good Samaritan Laws, the creation of the LA Commission on Preventing Opioid Abuse, limiting the quantity of opioid prescribed under certain circumstances, creating the HOPE Council, expanding the use of naloxone in elementary and secondary schools by trained employees, enhancing patient's rights to refuse opioids, regulating the non-opioid and opioid prescription claims of managed care organizations expanding the Drug Take Back Box Program, expanding efforts that address the needs of newborns affected by the Opioid crisis, and the proper disposal of unused controlled substances in Hospice care.

Policy Changes:

LDH's Medicaid program promulgated regulations, which set limits for opioid prescriptions and doses of Morphine-equivalents. Since LDH has enacted those policies, the pills per prescription for Medicaid patients have decreased by more than 25%. Others include LDH's naloxone standing order, the requirement by the **Department of Education** that schools integrate an evidence-based, age appropriate instructional component on opioid abuse prevention within the substance abuse education curriculum; the **Department of Children and Family Services** promulgated regulations to implement the Comprehensive Addiction Recovery Act, which established the policy to address the needs of newborns affected by opioids in utero, along with the affected family members, and conduct stakeholder meetings to improve service delivery for this population.

NALOXONE DISPENSING AND DISTRIBUTION

The widespread distribution of Naloxone is a key component of our strategy to save the lives jeopardized by the current opioid epidemic. In January 2017, Dr. Rebekah Gee, Secretary of the Louisiana Department of Health, issued a standing order related to dispensing the life-saving medication Naloxone. Through this action, laypeople including caregivers, family and friends of an opioid user who are helping a person who has overdosed or who is at risk of an overdose on heroin, morphine or another opioid drug can receive the lifesaving medication naloxone without having to get a direct prescription from a doctor. People who receive naloxone from a pharmacy will be provided education about how to recognize an overdose, how to store and administer the medication, and will be given information about emergency follow-up procedures. Naloxone is an antidote medication that reverses an opioid overdose. Used by medical professionals for years, naloxone is the most effective way to counteract an overdose and save lives.²²

In Louisiana, there were 1,426 naloxone prescriptions reimbursed by Medicaid through both standing order and non-standing order from July 2017 to June 2018. The cost for these prescriptions was \$229,527.14. The table below provides a breakdown of prescriptions in the top five parishes of residence. The number of prescriptions in these five parish comprise 56% of the naloxone prescribed during the time period. A complete table with a breakdown of prescriptions by all parishes is available in *Appendix E*.

Table 5: Louisiana Medicaid Naloxone Dispensed by Parish of Residence – SFY 2018

Standing Order	Non-standing Order
1. Jefferson – 26	1. Jefferson – 307
2. Orleans – 26	2. Orleans – 277
3. Washington – 23	3. E. Baton Rouge – 94
4. Tangipahoa – 20	4. St. Tammany – 85
5. St. Tammany – 18	5. St. Bernard – 70

Naloxone Kits Distributed

In Louisiana, the LDH Bureau of Emergency Medical Services (EMS) received two donations of auto-injector naloxone kits from Kaléo Pharma. The first donation was about 8,000 auto-injectors (4,000 kits) worth about \$4.8 million. These auto-injectors were distributed to first responder personnel and agencies across the state through September 2016. The second donation of 4,000 auto-injectors (2,000 kits), worth about \$2.4 million, was received in July 2017. These auto-injectors were distributed to all first responder agencies and personnel.

The Attorney General’s office won a \$1 million settlement with Pfizer to provide naloxone kits to those law enforcement personnel who request it. As of September 2018, first responders have requested and been provided vouchers for 11,050 doses of naloxone.

In addition, since April 2017, the State Targeted Response (STR) grant has purchased nasal spray kits and have disseminated over 4,000 kits to community providers, residential facilities and organizations. Data is being collected to track the number of reversals due to the use of the kits that have been reported.

²² <http://ldh.la.gov/index.cfm/newsroom/detail/4497>

STAKEHOLDERS SURVEY

Upon convening the HOPE Council, member agencies had limited awareness of activities and ownership of opioid prevention, education, and treatment initiatives in this state. To meet requirements set forth in Act 88 regarding obtaining a listing of all current opioid-related initiatives, on March 22, 2018, the Interagency Coordination Plan Workgroup designed and fielded a first survey via e-mail to stakeholders throughout the state. These stakeholders included HOPE Council members as well as state boards, statewide associations, and societies. The Council also contacted regional and local stakeholders such as healthcare providers, law enforcement, educational institutions, Local Governing Entities/Human Service Districts, judicial districts, and others.

Respondents were asked to describe the nature of their initiatives, the target populations for the initiatives, geographic location, funding sources, and to categorize them as being oriented toward prevention, education, awareness, outreach, treatment or other. Respondents also were asked to describe start dates, end dates, any quality indicators or goals of the initiatives, and partnerships for the initiative.

The Louisiana Department of Health, the member agency that managed the survey fielding, sent it to 157 identified organizations/agencies. Those stakeholders were encouraged to complete the survey and forward the link to other stakeholders they knew were engaging in opioid-related strategies. Individuals at some stakeholder agencies collaborated to submit one agency-wide response. Thus, 88 comprehensive responses were received (56% response rate).

On September 5, 2018, a second survey was sent to respondents to the first survey asking to report on any progress on their initiatives, new initiatives, measurable impacts, and barriers. Thirty-eight (38) comprehensive responses were received (43% response rate).

Copies of both stakeholder surveys are provided in the Appendices of this Report. The first stakeholder survey is *Appendix F*, and the second stakeholder survey is included in *Appendix H*.

SURVEY RESULTS

The first survey asked respondents to report on any existing initiative related to opioids in any/or all of the following 7 types: Prevention only, Treatment only, Other only, Prevention and Treatment, Prevention and Other, Treatment and Other, and Prevention, Treatment and Other. The table below reflects the results of that categorization of initiatives by type. Please note that the respondents themselves categorized these initiatives; the members of the HOPE Council did not verify whether initiatives actually qualified to be included in the category nor did they check for evidence of effectiveness of the initiatives due to time constraints. *Appendix G* contains the results of the narrative portion of the survey responses.

Descriptions of efforts by state agencies, statewide organizations and local agencies can be found in *Appendix G*.

Chart 1: Categorization of Initiatives by Type

State Agency Initiatives

Agency Name	Prev Only	Treat Only	Other Only	Prev & Treat	Prev & Other	Treat & Other	Prev, Treat, & Other
Attorney General's Office	X (Init 3)				X (Init 1)	X (Init 2)	
Dept of Children & Family Services			X				
Dept of Corrections							X
Dept of Education	X						
Dept of Environment & Quality			X				
Dept of Insurance	X (Init 1,2,3, & 4)						
Dept of Veteran Affairs				X			
LA Board of Drug and Device Distributors	X						
LA Office of the Board of Regents	X						
LA State Board of Nursing							X
LA Board of Physical Therapy							
LA Board of Pharmacy							
LA State Board of Medical Examiners					X		
LA State Police					X		
LA State Police Crime Lab					X		
LA Workforce Commission				X			
LDH Medicaid						X	
LDH Office of Behavioral Health	X (PFS)	X (MAT-PDOA)		X (COAP)			X (STR)
LDH Office of Public Health			X		X		

Agency Name	Prev Only	Treat Only	Other Only	Prev & Treat	Prev & Other	Treat & Other	Prev, Treat, & Other
Louisiana District Attorneys Association	X						
Poison Control Center	X (Init 2)		X (Init 1)	X (Init 3)			
Statewide Independent Living Council	X						

Other Statewide and Local Initiatives

Agency Name	Prev Only	Treat Only	Other Only	Prev & Treat	Prev & Other	Treat & Other	Prev, Treat & Other
12 th JDC	X						
15 th JDC				X			
20 th JDC		X					
22 nd JDC							X
29 th JDC				X			
36 th JDC				X			
5 th JDC				X			
9 th JDC		X					
AAHSD	X (Init 2)	X (Init 1)					
Acer, LLC				X			
Addiction Recovery Resources		X					
Baton Rouge PD	X						
Berwick PD			X				
Blue Cross Blue Shield of Louisiana				X			
Breaux Bridge City Court				X			
CAHSD	X (Init 1&2)			X (Init 3)			

Other Statewide and Local Initiatives

Agency Name	Prev Only	Treat Only	Other Only	Prev & Treat	Prev & Other	Treat & Other	Prev, Treat & Other
Chiropractic Association of Louisiana							
City Court of Morgan City		X					
City of Pineville Police Dept					X		
Clarity Hospice	X						
CLHSD				X			
Compassus Hospice	X						
Duson City PD			X				
EBR Coroner's Office	X						
FPHSA				X			
Guardian Angel Hospice							
Gardere Initiative	X						
Grambling PD					X		
Gretna PD		X					
Gretna PD		X					
Hill Cross Hospice				X			
Hospice of Acadiana	X						
Hospice of South Louisiana	X						
ImCalHSA				X			
JPHSA	X (Init 1&2)	X (Init 3)					
LA Ambulance Alliance	X						
LA Association of Nurse Practitioners					X		
LA Independent Pharmacies Association				X			
LA MS Hospice and Palliative Care Organization							

Other Statewide and Local Initiatives

Agency Name	Prev Only	Treat Only	Other Only	Prev & Treat	Prev & Other	Treat & Other	Prev, Treat & Other
LA Physical Therapy Association	X						
LA Psychiatric Medical Association				X			
LA State Medical Society	X						
LSU Louisiana Center Addressing Substance Use in Collegiate Communities (LACASU)					X		
MHSD	X (Init 4)			X (Init 1,2,3,5)			
NEDHSA	X (Init 1,2,3 & 4)						
New Iberia City Court				X			
NLHSD							X
Optometry Association of Louisiana	X						
Plaquemine PD				X			
Ruston PD			X				
SCLHSA		X (Init 2)		X (Init 1)			
Springfield PD			X				
St. Catherine's Hospice	X						
St. Margaret's Hospice	X						
Tensas Basin Levee District Police Dept						X	
Thibodaux PD	X						
United Healthcare				X			X
Willis-Knighton Health System				X			

INTERAGENCY HEROIN AND OPIOID COORDINATION PLAN

As noted, the HOPE Council is charged with establishing an Interagency Heroin and Opioid Coordination Plan. According to Act 88, the Interagency Coordination Plan shall include, but not be limited to, the following:

- Parish-level data on opioid overdoses and the dispensing of overdose-reversal medication,
- Progress of current initiatives in the state relating to the heroin and opioid epidemic, and
- Specific impacts to agencies in addressing education, treatment including the use of medication-assisted treatment, prevention, overdose, and recovery.

Since its inception in 2017, the designated member agencies of the HOPE Council and other interested stakeholders have made great strides in coordinating data/surveillance; implementing initiatives from education to prevention to treatment to overdose prevention and recovery; and quantifying specific impacts to the agencies and populations most impacted by the opioid epidemic and identifying gaps in the above. We have reported on many of those advances thus far.

Here are some additional accomplishments of note.

Coordination of parish-level data on opioid overdoses and usage of overdose-reversal medication

To utilize existing state resources and avoid duplication of effort in assembling this data, the HOPE Council has been partnering with the Louisiana Opioid Surveillance Initiative (LOSI) in the Louisiana Department of Health (LDH), Office of Public Health to determine what parish-level data is currently available and how additional data can be compiled. LOSI has received several federal grants to collect, analyze, and disseminate opioid-related data, and administers the Louisiana Opioid and Data Surveillance System (LODSS). LODSS is a web-based data dissemination tool that provides data visualizations and tables of opioid-related data at the parish and state level. (www.lodss.ldh.la.gov)

Regarding the two types of data the HOPE Council is charged with collecting, the opioid overdoses are easier to quantify and track. LOSI has already analyzed multiple data sources for opioid overdoses, including emergency department and hospital admission billing data, and death records. While the HOPE Council is charged with obtaining data on opioid use and abuse, naloxone access, distribution, and administration, this information is more difficult to quantify. While it is possible to track access to Naloxone via Medicaid claims, and the Naloxone Standing Order, which states that anyone can receive naloxone at any pharmacy (no insurance or prescription required), prior to 2018 there was not public record of Naloxone obtained via prescription or private payment. Because there are multiple methods to distribute naloxone, it is very difficult to record the results of that distribution. There are three state agencies that distribute naloxone, including the Attorney General's Office, LDH's Office of Behavioral Health, and LDH's Bureau of Emergency Medical Services. Naloxone is available through health insurance by prescription, and with the Standing Order. Knowing exactly how many individuals received naloxone would require records from every pharmacy and insurance company in the state. To improve the tracking of naloxone distribution, Act 146 was passed in 2018 to track naloxone using the Prescription Monitoring Program.

Distribution does not equate to administration, as it is difficult to determine if a dose of naloxone was used to revive someone, or if it expired on a shelf and was thrown away. While naloxone administration by medical personnel can be tracked through medical and billing records, it is impossible to know when

naloxone is used by a member of the public. This issue highlights that there is currently no standard procedure for administration of naloxone by medical personnel, which leads to variation in utilization by different hospitals and EMS companies. Emergency Medical Services data from the Louisiana Emergency Response Network (LERN) showed ~5,000 usages of naloxone in 2017, however, not all administrations were linked to a possible opioid overdose. Many involved situations where the patient was non-responsive for other reasons, such as diabetic coma, heart attack, seizure/central nervous system event, or fall/assault. Currently, LDH is attempting to determine the appropriate way to assess utilization and then appropriately share that information with the community.

Coordination of a central online location for resources

Act 88 (HB 490) directed the HOPE council to coordinate a central online location to disseminate information and resources, including the interagency Heroin and Opioid Coordination Plan. LDH assumed the responsibility to host such a centralized online location at www.ldh.la.gov/hope.

Recognition of the special case of Hospice and Palliative Care Medicine

Policy makers in Louisiana should strive to achieve an appropriate balance between reducing abuse and maintaining access to opioid medications for legitimate use.²³ Many, if not most, of the 22,000+ hospice patients in Louisiana²⁴ depended upon opioids in 2017. It is estimated that 148,000 Louisiana citizens are currently receiving palliative care and/or undergoing cancer treatment.²⁵ These patients rely upon opioids and those opioids serve them well throughout their medical journey, significantly improving their quality of life. CDC Guidelines specifically exempt hospice and palliative care from its dosing recommendations.²⁶ In Louisiana there are several reports of pharmacists refusing to fill the opioid prescriptions of palliative care patients because the dose exceeds the CDC guidelines for the rest of the population. As a result, the patient underwent unnecessary withdrawal and pain. There is no current mechanism to distinguish a palliative care patient in the pharmacy record.

²³ American Academy of Hospice and Palliative Medicine (2018): Guidelines, Prescription Drug Monitoring Programs. Accessed 10/25/18. Available at http://aahpm.org/uploads/advocacy/AAHPM_Guidelines_PDMPs.pdf

²⁴ Louisiana Mississippi Hospice and Palliative Care Organization: 2017 LA Hospice Report. Accessed 10/24/18. Available at <https://lmhpc.org/healthcare-professionals/fact-figures/>

²⁵ Maniscalco L, Lefante C, Rosales C, Zhang L, Hsieh M, Pareti L, Mumphrey B, Lynch MA, Wu XC (2017): cancer in Louisiana 201-2014. LSU Health, Louisiana Tumor Registry. 31: 1-111. Accessed 10/24/18. Available at <http://lsuhsc.wpengine.com/wp-content/uploads/2017/08/Vol32.pdf>

²⁶ Dowell D, Haegerich TM, Chou R (2016): CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *Recommendations and Reports*. 65(1);1–49. Accessed 10/24/18. Available at https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

RECOMMENDATIONS

The HOPE Advisory Council surveys had a 56% response rate to survey No.1, and a 43% response rate to survey No.2 respectively. In the absence of an executive order or legislation mandating the collection and reporting of data, and legislative direction to the HOPE Advisory Council, other governmental and non-governmental entities regarding the distribution of data, Louisiana is left with a helpful but incomplete picture of the effects the opioid epidemic is having on the state's citizens, agencies, and visitors. The State of Louisiana currently lacks an organization, department, or agency with the authority and mandate to oversee the gathering of data pertaining to the Interagency Heroin and Opioid Coordination Plan that will allow the desired and optimal capture, and alignment of federal, state, local and private initiatives.

Recommendation 1: Lead Agency for Interagency Heroin and Opioid Coordination Plan

Designate an organization, agency, or department through executive order or legislative action to have lead authority over the Interagency Heroin and Opioid Coordination Plan.

- Strategy 1: Issue a mandate to all organizations, agencies, and departments that receive state funding and self-funded agencies that regulate in the interest of the public's safety, to promptly respond to all data requests from the lead agency regarding opioid and heroin use prevalence, prevention, education, arrest/adjudication, treatment, overdose prevention, and recovery.
- Strategy 2: Issue a mandate for all organizations, agencies, and departments that receive state funding and self-funded agencies that regulate in the interest of the public's safety to annually report the status of initiatives to address opioid and heroin use prevention, education, arrest/adjudication, treatment, overdose prevention, and recovery to the lead agency.
- Strategy 3: Support the designated lead agency with resources for the coordination of state and local responses to the adverse effects of heroin and opioid consumption in Louisiana.

Recommendation 2: Data

Provide resources to fill data gaps and enhance existing data collection, analysis, reporting, and evaluation of initiatives to address opioid and heroin use and related consequences (e.g., overdoses and deaths).

- Strategy 1: Mandate through legislation the procurement of all pertinent data from the public and private sector agencies to inform the Interagency Heroin and Opioid Coordination Plan. This includes, but is not limited to, clinical metrics about opioid related use, deaths, conditions for which they are prescribed; prescriptions patterns; MAT network adequacy; methadone treatment and distribution, emergency department, hospital and intensive outpatient data; neonatal abstinence/withdrawal syndrome data; clinical outcome measures; incidence, prevalence, and treatment capabilities related to special populations; naloxone distribution and outcome data; comorbidity data of opioid use disorders and HIV, Hepatitis C Virus (HCV), and other sexually transmissible diseases; educational initiatives; pharmacy distribution metrics; metrics assessing the opioid epidemic's impact to families and the labor force; drug court capabilities, needs and outcomes; data from children's agencies and child welfare; expenditures and savings related to opioid use epidemic; geolocation data, etc.
- Strategy 2: Investigate and address data gaps and integration of reporting systems related to law enforcement and judicial sectors, such as # of citations, # of arrests, and # of convictions, where appropriate
- Strategy 3: Investigate and address, where appropriate, data gaps on workers' compensation claims and absenteeism related to opioids.

- Strategy 4: Investigate and address, where appropriate, data gaps related to financial costs of the opioid epidemic and its adverse effects.
- Strategy 5: Investigate data gaps and address, where appropriate, related to special/vulnerable populations affected by opioids.
- Strategy 6: Investigate and address, where appropriate, substance use/behavioral health integration data gaps within primary care.
- Strategy 7: Investigate and address, where appropriate, data gaps related to the harm reduction efforts.

Recommendation 3: Partnerships and Collaboration

Ensure that the Interagency Heroin and Opioid Coordination Plan supports the development of new partnerships, maintains existing collaborations, and encourages alignment with community partners, private providers and payers to target the special and most vulnerable populations.

- Strategy 1: Create a subcommittee of the HOPE Council comprised of providers of who offer hospice and palliative medical care, the LA-MS Hospice and Palliative Care Organization, the Louisiana Board of Pharmacy, the Louisiana Department of Health, the Louisiana State Board of Nursing and the Louisiana State Board of Medical Examiners to ensure that future proposed state regulations follow CDC Guidelines regarding exemption provided to patients undergoing active cancer treatment, palliative care, or end-of-life care.
- Strategy 2: Develop mechanisms by which hospice and palliative medical prescriptions are distinguished from others, exempting them from certain state pharmacy regulations.
- Strategy 3: Create a subcommittee of the HOPE Council led by the Louisiana Department of Health and the Department of Children and Family Services to coordinate heroin and opioid-specific education, prevention, and treatment services specifically for women of childbearing age, pregnant women, and women with newborn infants along with services to meet the needs of newborns impacted by the mother's Opioid use.
- Strategy 4: Explore the feasibility of implementing a mobile opioid treatment initiative to service rural communities.
- Strategy 5: Explore the feasibility of the Louisiana Legislature developing a resolution to the United States Congress regarding 42 CFR Part 2 which regulates outpatient treatment programs to require Methadone clinics to report into state prescription monitoring programs.
- Strategy 6: Explore methodologies for agencies and stakeholders to report on efforts and strategies to address access issues. Examples when appropriate, may include but are not limited to:
 - Assessing existing MAT capabilities and expand MAT network
 - Increase access to Medicaid eligibility assistance
 - Elimination of the prior authorization requirement for receiving buprenorphine or injectable naltrexone in the first 24 – 48 hours of presentation for treatment
 - Include methadone list of controlled substances entered into the LAPMP database
 - Make Naloxone available without co-payment
 - Other competing treatment methodologies

GLOSSARY OF ABBREVIATIONS AND TERMS

Abbreviations

CMS	Centers for Medicare and Medicaid Services
CNS	Central Nervous System
DCFS	Department of Child and Family Services
ED	Emergency Department
ESF	Emergency Support Function
FQHC	Federally Qualified Health Centers
HA	Hospital Admissions
IOP	Intensive Outpatient Treatment
LDH	Louisiana Department of Health
LDOE	Louisiana Department of Education
MAT	Medication Assisted Treatment
NAS	Neonatal Abstinence Syndrome
NOWS	Neonatal Opioid Withdrawal Syndrome
NICU	Neonatal Intensive Care Unit
OBH	Office of Behavioral Health
OD	Opioid Disorder
OPH	Office of Public Health
OUD	Opioid Use Disorder
OJJ	Office of Juvenile Justice
RHC	Rural Health Centers
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder

TERMS ²⁷

- **Buprenorphine:** Opioid partial blocker/partial stimulant of opioid receptors that blocks other narcotics while reducing withdrawal risk. It is approved for office-based treatment of withdrawal and opioid use disorder with less side effects and risks as other opioids. Buprenorphine (Subutex) can be used by pregnant woman. Buprenorphine/naloxone combination (Suboxone). Buprenorphine can be taken sublingually, or can be used in daily dissolving tablet, dissolvable film, or 6-month implant under the skin under the following names: Buprenorphine, Suboxone, Bunavail, Zubsolv, or Probuphine.
- **Emergency Support Function (ESF) 8** – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the “at risk” or “special needs” population described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF) Glossary, respectively. It includes a population whose members may have medical and other functional needs before, during, and after an incident. Public Health and Medical Services includes behavioral health needs consisting of both mental health and substance abuse considerations for incident victims and response workers and, as appropriate, medical needs groups defined as individuals in need of additional medical response assistance, and veterinary and/or animal health issues.
- **Hospice:** Hospice is a way of caring for people who are terminally ill and for their family. It includes physical care and counseling. Hospice care is provided by either a public agency or a private company, approved by Medicare and/or Medicaid. The goal of hospice is to care for children, adults and the elderly during the final stages of life, and to care for their family, not to cure the illness.
- **Medication Assisted Treatment (MAT):** is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT for opioids include methadone, naltrexone, and buprenorphine. MAT is the standard of care treatment for opioid, tobacco, and alcohol use disorders.
- **Methadone:** Synthetic clinic-based opioid agonist used daily to prevent withdrawal while taking it. Like other agonist opioids, it can be abused increasing the risk of adverse side effects including overdose. Methadone can be taken as liquid dispensed only in specialty regulated clinics, which do not report any information to the Louisiana Opioid Data & Surveillance System (LODSS).
- **Morphine Milligrams Equivalents (MME)** is a simple mathematical conversion of an individual’s total opioid daily dosages to a Morphine equivalent dose. The total daily MME dose helps estimate the risk of an adverse outcome including overdosed. Higher dosages of opioids are associated with higher risk of overdose and death—even relatively low dosages (20-50 morphine milligram equivalents (MME) per day) increase risk. Studies have shown that opioid dosages at or above 50 MME/day

²⁷ National institute on Drug Abuse (2018: Opioid Overdose reversal with Naloxone. <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>; Pathan, H., & Williams, J. (2012). Basic opioid pharmacology: an update. *British Journal of Pain*, 6(1), 11–16.; Substance Abuse and Mental Health Services Administration (2018): Medication Assisted Treatment. <https://www.samhsa.gov/medication-assisted-treatment>; Kocherlakota P (2014): Neonatal Abstinence Syndrome Pediatrics , 134 (2) e547-e561; Louisiana-Mississippi Hospice and Palliative Care Organization www.lmhpc.org

increase the risk of overdose 2 times, and while higher dosages haven't been shown to reduce pain over the long term, doses of 90 or above MME are to be avoided when possible or justified.²⁸

- **Naloxone:** Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications. Naloxone can be given as a muscular injection by professionals or can be self-administered or administered by a bystander using an autoinjector or using a nasal spray. Naloxone kits come with the medication and instructions in case of a drug overdose. The distribution of Naloxone kits to first responders and the community at large is associated with a reduction in drug overdoses. Naloxone, when combined with buprenorphine is called Suboxone. Naloxone names include Evzio and Narcan.
- **Naltrexone:** is a medication designed to block the effects of opioids by blocking the opioid receptor. It can be taken orally (Naltrexone or Revia), as a monthly injectable (Vivitrol), and as a 6-month implant. It is FDA approved for opioid use disorder and alcohol use disorder and is one of three medications used in Medication Assisted Treatment for opioid use disorders.
- **Neonatal Abstinence Syndrome (NAS):** results from the sudden discontinuation of fetal exposure to substances that were used or abused by the mother during pregnancy. These may be prescription painkillers (opioids), anti-anxiety medications (benzodiazepines), heroin, prescription antidepressants, and other. Signs of NAS usually include tremors, irritability, agitation, difficulty sleeping, excessive inconsolable crying, and diarrhea. Occasionally, seizures. NAS often requires treatment in the Neonatal Intensive Care Unit (NICU).
- **Opioid/opiate:** refers to the compounds structurally related to products found in *opium*, a word derived from *opos*, the Greek word for “juice” or resin of the opium poppy *Papaver somniferum*. Opioids act in a dose dependent manner through broadly distributed receptors in the brain where they exert their analgesic effect, addictive effect and respiratory suppressant effect. In the gastrointestinal tract they exert their antidiarrheal constipatory effect; in the respiratory tract they have antitussive cough suppressant effects. Receptors are found in the immune and endocrine systems where they have modulatory effects. Opioids can be classified by origin.
 - **Natural opioids:** natural opioids are plant derived from the opium poppy. They include morphine codeine (i.e. Percocet), papaverine and thebaine.
 - **Semi-synthetic opioids:** like the natural opioids, these are also plant derived but they are subsequently chemically modified. They include heroin, dehydromorphine (i.e. Dilaudid), buprenorphine with and without naloxone (i.e. Subutex and Suboxone), and oxycodone (i.e. Oxycontin, Roxicodone).
- **Synthetic opioids:** these are chemically designed or produced. They include levorphanol, butorphanol (i.e. Stadol), methadone, propoxyphene (i.e. Darvon), pentazocine (i.e. Talwin), phenazocine (i.e. Prinadol), fentanyl (i.e. Duragesic patches, Fentora, Actiq, Abstral, Onsolis), fentanyl-like molecules (i.e. carfentanyl, alfentanyl, sufentanil, remifentanil), and tramadol (i.e. Ultram).
- **Palliative Care**²⁹: Palliative Care is specialized medical care for patients with serious illness and focuses on relieving the stress, pain and symptoms associated with illness by addressing medical, emotional, social, and spiritual support when needed. It is delivered by a team of providers including physicians, nurses, social workers and chaplains. Hospice Care is a form of palliative care but is only

²⁸ Centers for Disease Control and Prevention: calculating total daily dose of opioids for safer dosage.

https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

²⁹ <https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care#palliative>

for those that are felt to be in the last 6 months of life. In contrast, palliative care can be provided at any point along the illness journey. The focus of palliative care is to care for not only the patient, but also the family and can be helpful in guiding families through complex and stressful medical experiences.

RESOURCES

1. Louisiana Department of Health Opioids webpage www.ldh.la.gov/opioids
2. Louisiana Opioid Data & Surveillance System (LODSS) www.lodss.ldh.la.gov
3. Louisiana Board of Pharmacy www.pharmacy.la.gov
4. Louisiana State Board of Medical Examiners www.lsbme.org
5. Louisiana-Mississippi Hospice and Palliative Care Organization www.lmhpc.org
6. American Academy of Hospice and Palliative Medicine. www.aahpm.org
7. NOVA (9/25/18) Addiction. Season 45(12) 53m27s. [Video] Available at <https://video.lpb.org/video/addiction-afsxne/>
8. Centers for Disease Control and Prevention (2016): CDC Guidelines for Prescribing Opioids for Chronic Pain –United States 2016.
www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm
9. Substance Abuse and Mental Health Administration (SAMHSA) www.samhsa.gov
10. National Institute on Drug Abuse www.drugabuse.gov
11. American Society of Addiction Medicine www.asam.org
12. US Drug Enforcement Administration www.dea.gov
13. Faces and Voices of Recovery www.facesandvoicesofrecovery.org
14. Louisiana Department of Health HOPE Council webpage www.ldh.la.gov/hope

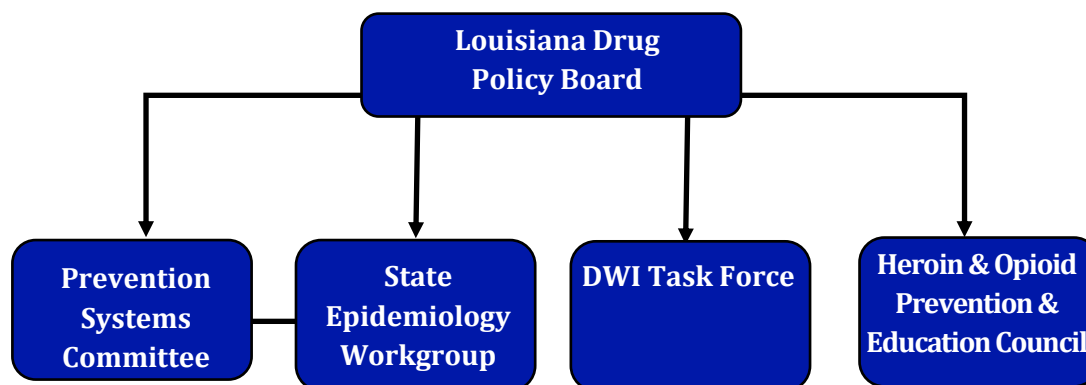
APPENDICES

- Appendix A: Substance Abuse Prevention Systems Infrastructure Description
- Appendix B: Table – Opioid Prescriptions per 100 Individuals, Louisiana 2014-2017
- Appendix C: Table – Drug Poisoning by Opioid Deaths by Parish of Residence, Louisiana 2014-2017
- Appendix D: Table – Drug Poisoning by Opioid Deaths by Parish of Occurrence, Louisiana 2014-2017
- Appendix E: Table – Louisiana Medicaid Naloxone Dispensed by Parish of Residence - SFY 2018
- Appendix F: Heroin and Opioid Crisis Survey #1 for Stakeholders to Report Initiatives
- Appendix G: Heroin and Opioid Survey #1 Narrative Responses
- Appendix H: Heroin and Opioid Crisis Survey #2 for Stakeholders Who Completed the First Survey
- Appendix I: Placeholder for the second survey responses

APPENDIX A – SUBSTANCE ABUSE PREVENTION SYSTEMS INFRASTRUCTURE DESCRIPTION

Governor’s Office of Drug Policy

The Office of Drug Policy within the Office of the Governors seeks to elicit, motivate and coordinate Louisiana organizations, agencies, entities and individuals toward the goal of eradicating drug and alcohol abuse in Louisiana. The Office of Drug Policy identifies challenges and provides solutions to address substance misuse and abuse and to make recommendations to the governor and state agencies regarding programs, policies and practices that support and sustain prevention, treatment and enforcement efforts. The Office of Drug Policy facilitates five boards and commissions: Drug Policy Board, Prevention Systems Committee, State Epidemiology Workgroup, DWI Task Force, and Heroin and Opioid Prevention and Education (HOPE) Council. The Drug Policy Board is the umbrella board to which all other boards and commissions report and advise.



Drug Policy Board

The Drug Policy Board (<http://gov.louisiana.gov/page/drug-policy>) was created through legislation (LSA R.S. 49:219:1-4) in 1990. This twenty-three-member board is comprised of representatives from the premiere agencies and organizations in the state of Louisiana that address substance abuse prevention, treatment and enforcement. Using the experience from these subject matter experts as well as significant support from the Department of Health, the Drug Policy Board has developed a substance abuse prevention system and state infrastructure that supports communities addressing substance abuse locally. The Drug Policy Board is the umbrella board for all other boards and commissions.

Prevention Systems Committee

The Prevention Systems Committee (PSC) is a state level advisory committee of the Drug Policy Board. The PSC was authorized as an official committee of the Drug Policy Board through legislative amendment in 2006. The purpose of this committee is to make recommendations regarding effective programs, policies and practices regarding resource and capacity issues, as well as develop a framework to build an advocacy network for prevention.

State Epidemiology Workgroup

The State Epidemiology Workgroup (SEW) is a state level advisory committee of the Drug Policy Board. The SEW was authorized as an official committee of the Drug Policy Board through legislative amendment in 2007. The purpose of the committee is to advise and make recommendations on issues relating to collecting, housing, analyzing, and reporting consumption and consequence data related to substance use.

DWI Task Force

The Driving While Intoxicated task force, better known as the DWI Task Force, is a state-level task force of the Drug Policy Board. The DWI Task Force was re-established through Executive Order JBE 18-03 in 2018. The purpose of the DWI Task Force is to address the high incidence of driving with under the influence of alcohol and/or drugs by tracking and analyzing DWI traffic arrests, prosecutions, and convictions; analyzing data trends related to impaired driving crashes; and identifying and implementing evidence-based DWI countermeasures.

Heroin and Opioid Prevention and Education Council-HOPE Council

The Heroin and Opioid Prevention and Education Council is a state-level council of the Drug Policy Board. The HOPE Council was established by the passage of Act 88 in 2017. The purpose of the HOPE Council is to coordinate resources and expertise to assist in a statewide response to the heroin and opioid abuse epidemic. The HOPE Council is responsible for establishing an Interagency Heroin and Opioid Coordination Plan.

Louisiana Substance Abuse Prevention Strategic Plan

(<http://gov.louisiana.gov/assets/Programs/drugpolicy/20172021LASubstanceAbusePreventionStrategicPlan.pdf>)

Through the various boards and commissions of the Office of Drug Policy, the State has created and maintains a robust substance abuse prevention system and infrastructure with a cohort of professionals that are equipped to support and address the needs of Louisiana's local communities as it relates to substance use trends. Since 2012, Louisiana has maintained a comprehensive substance abuse prevention strategic plan that incorporates priority issues identified by the Drug Policy Board and its various boards and commissions as well as major prevention stakeholder agencies such as the Department of Health, Office of Behavioral Health. The Louisiana Substance Abuse Prevention Strategic Plan outlines the goals and objectives identified to support and enhance ongoing efforts to reduce substance abuse throughout the State over a five-year period.

When the Louisiana Substance Abuse Prevention Strategic Plan was most recently updated in 2017, State Epidemiology Workgroup members utilized a data prioritization process based on epidemiological findings to identify priority substances that would be addressed. The prioritization process helps provide a framework to guide the substance abuse prevention field and sets a focus for future funding.

Prioritizing Prescription Drugs and Opioids

A result of the State Epidemiology Workgroup's data prioritization process in 2017 was the moving of prescription drugs and opioids from the 'illicit drugs' category into two separate and unique categories each with its own set of indicators. The indicators are listed below. Tracking progress in these indicators is a priority of the State Epidemiology Workgroup, and thus for the Drug Policy Board.

The State Epidemiology Workgroup identified the following impact measures for the strategic plan:

Prescription Drugs

- Youth 30 Day Prescription Sedatives
 - Parish level data available - Caring Communities Youth Survey
- Youth 30 Day Prescription Stimulants
 - Parish level data available - Caring Communities Youth Survey
- Poisoning from Sedatives

- Parish level data available - NPDS
- Poisoning from Stimulants
 - Parish level data available - NPDS

Opioids

- Youth 30 Day Prescription Narcotic
 - Parish level data available - Caring Communities Youth Survey
- Youth 30 Day Heroin or Other Opioids
 - Parish level data available - Caring Communities Youth Survey
- Adult 30 Day Opioid Use – College
 - Institutions of higher education data available - CORE
- Poisoning from Opioids
 - Parish level data available - NPDS
- Opioid Overdose-related Death
 - Parish level data available - LEERS
- Opioid Prescription
 - Parish level data available – LEERS

Drug Poisoning Deaths

- Immediate outcome
- Alarming trend and high state to national rate ratio
- Limited parish level data available through SEDS (All parishes potentially available)

APPENDIX B – OPIOID PRESCRIPTIONS PER 100 INDIVIDUALS

Opioid Prescriptions per 100 Individuals, Louisiana 2014-2017				
Area	2014	2015	2016	2017
Louisiana	116	111	111	105
Acadia	55	48	47	44
Allen	53	40	42	47
Ascension	66	60	61	59
Assumption	20	17	17	17
Avoyelles	87	77	79	72
Beauregard	44	44	41	47
Bienville	8	9	14	22
Bossier	76	79	84	87
Caddo	186	189	184	178
Calcasieu	136	128	128	120
Caldwell	81	76	72	70
Cameron	28	20	31	24
Catahoula	37	27	23	19
Claiborne	122	111	119	126
Concordia	72	60	72	92
DeSoto	43	33	33	34
East Baton Rouge	162	155	151	144
East Carroll	98	96	110	100
East Feliciana	50	46	48	46
Evangeline	179	176	171	158
Franklin	102	88	90	82
Grant	11	9	6	14
Iberia	109	92	93	92
Iberville	41	36	37	33
Jackson	82	87	67	66
Jefferson	145	142	143	137
Jefferson Davis	93	98	93	89
Lafayette	179	170	165	154
Lafourche	102	91	90	89
LaSalle	163	137	116	111
Lincoln	88	88	87	69
Livingston	26	24	22	21
Madison	38	31	36	37
Morehouse	95	78	73	71
Natchitoches	94	88	80	80

Opioid Prescriptions per 100 Individuals, Louisiana 2014-2017				
Area	2014	2015	2016	2017
Orleans	103	98	96	80
Ouachita	144	138	136	137
Plaquemines	20	23	29	38
Pointe Coupee	51	46	47	40
Rapides	224	224	216	210
Red River	188	94	104	94
Richland	125	122	125	133
Sabine	40	29	35	38
St. Bernard	73	69	53	46
St. Charles	27	24	23	17
St. Helena	42	41	53	58
St. James	93	93	88	92
St. John the Baptist	80	93	107	106
St. Landry	137	129	134	133
St. Martin	41	32	33	30
St. Mary	78	73	71	69
St. Tammany	144	137	136	128
Tangipahoa	81	91	104	99
Tensas	14	11	15	26
Terrebonne	135	128	131	127
Union	50	47	48	50
Vermilion	50	45	45	42
Vernon	56	55	57	57
Washington	42	35	40	45
Webster	112	96	87	81
West Baton Rouge	34	31	32	30
West Carroll	27	33	42	35
West Feliciana	42	46	47	48
Winn	90	58	61	65

*Data provided from the Louisiana Opioid Data and Surveillance System (LODSS)

APPENDIX C – DRUG POISONING BY OPIOID DEATHS BY PARISH OF RESIDENCE

Drug Poisoning by Opioid Deaths by Parish of Residence, Louisiana 2014-2017				
Area	2014	2015	2016	2017
Louisiana	203	241	292	366
Acadia	*	*	*	0
Allen	0	0	0	0
Ascension	7	*	7	8
Assumption	0	*	*	*
Avoyelles	*	0	0	*
Beauregard	0	0	0	0
Bienville	*	0	0	*
Bossier	*	7	*	6
Caddo	*	8	*	9
Calcasieu	0	0	*	0
Caldwell	*	0	*	*
Cameron	0	0	0	0
Catahoula	0	0	0	0
Claiborne	0	0	0	*
Concordia	0	0	0	*
DeSoto	0	0	*	*
East Baton Rouge	23	15	24	17
East Carroll	0	0	0	*
East Feliciana	*	0	0	0
Evangeline	*	*	0	0
Franklin	0	0	*	*
Grant	*	0	*	0
Iberia	*	*	*	*
Iberville	0	0	0	0
Jackson	*	*	0	0
Jefferson	52	75	79	129
Jefferson Davis	0	0	0	0
Lafayette	*	*	5	8
Lafourche	*	*	*	*
LaSalle	0	0	0	0
Lincoln	0	0	0	0
Livingston	*	7	16	14
Madison	0	0	0	0
Morehouse	*	0	*	0
Natchitoches	*	0	*	*
Orleans	17	14	26	24

Drug Poisoning by Opioid Deaths by Parish of Residence, Louisiana 2014-2017				
Area	2014	2015	2016	2017
Ouachita	*	9	8	5
Plaquemines	*	*	*	*
Pointe Coupee	0	*	*	*
Rapides	*	5	12	10
Red River	0	0	0	0
Richland	0	*	*	*
Sabine	0	0	0	0
St. Bernard	0	*	*	*
St. Charles	*	5	*	*
St. Helena	0	*	0	0
St. James	0	0	*	0
St. John the Baptist	*	*	*	8
St. Landry	*	*	*	*
St. Martin	*	0	*	0
St. Mary	*	*	0	*
St. Tammany	49	47	50	61
Tangipahoa	*	5	*	*
Tensas	0	0	0	0
Terrebonne	*	0	*	*
Union	*	0	0	*
Vermilion	0	0	0	*
Vernon	*	0	0	*
Washington	*	10	15	27
Webster	*	*	0	*
West Baton Rouge	0	*	0	0
West Carroll	0	0	0	*
West Feliciana	0	0	0	0
Winn	0	*	0	0
* - Values <5 are suppressed.				

*Data provided from the Louisiana Opioid Data and Surveillance System (LODSS)

APPENDIX D – DRUG POISONING BY OPIOID DEATHS BY PARISH OF OCCURRENCE

Drug Poisoning by Opioid Deaths by Parish of Occurrence, Louisiana 2014-2017				
Area	2014	2015	2016	2017
Louisiana	217	260	320	401
Acadia	*	*	*	0
Allen	0	*	0	0
Ascension	7	5	9	7
Assumption	0	*	*	*
Avoyelles	*	0	0	*
Beauregard	0	0	0	0
Bienville	*	0	0	*
Bossier	*	6	*	5
Caddo	*	9	6	10
Calcasieu	0	0	0	0
Caldwell	*	0	*	0
Cameron	0	0	0	0
Catahoula	0	0	0	0
Claiborne	0	0	0	*
Concordia	0	0	0	0
DeSoto	0	0	*	*
East Baton Rouge	31	16	27	22
East Carroll	0	0	0	*
East Feliciana	0	0	0	0
Evangeline	*	*	0	0
Franklin	0	0	*	*
Grant	*	0	*	0
Iberia	*	*	*	*
Iberville	0	0	0	0
Jackson	*	*	0	0
Jefferson	62	88	91	142
Jefferson Davis	0	0	0	0
Lafayette	*	*	10	9
Lafourche	0	*	*	*
LaSalle	0	0	0	*
Lincoln	*	0	0	0
Livingston	*	*	13	13
Madison	0	0	0	0
Morehouse	*	0	*	0
Natchitoches	*	*	*	*
Orleans	20	20	35	35

Drug Poisoning by Opioid Deaths by Parish of Occurrence, Louisiana 2014-2017				
Area	2014	2015	2016	2017
Ouachita	*	7	9	8
Plaquemines	*	*	*	*
Pointe Coupee	0	*	*	*
Rapides	*	5	13	11
Red River	0	0	0	0
Richland	0	*	*	0
Sabine	0	0	0	0
St. Bernard	0	0	*	*
St. Charles	*	5	*	*
St. Helena	0	*	*	0
St. James	0	0	0	0
St. John the Baptist	*	*	*	7
St. Landry	0	*	*	*
St. Martin	0	*	0	*
St. Mary	0	*	0	0
St. Tammany	49	44	53	68
Tangipahoa	*	*	*	*
Tensas	0	*	0	0
Terrebonne	*	0	0	*
Union	*	*	0	*
Vermilion	0	0	*	*
Vernon	*	0	0	*
Washington	*	11	14	27
Webster	*	*	0	*
West Baton Rouge	0	0	0	0
West Carroll	0	0	0	0
West Feliciana	0	*	0	0
Winn	0	*	0	0
* - Values <5 are suppressed.				

*Data provided from the Louisiana Opioid Data and Surveillance System (LODSS)

APPENDIX E – LOUISIANA MEDICAID NALOXONE DISPENSED BY PARISH OF RESIDENCE
Louisiana Medicaid Naloxone Dispensed by Parish of Residence - SFY 2018

Parish of Residence	Naloxone Prescriptions		
	Standing Order	Non-standing Order	Total
Acadia	2	6	8
Allen	0	1	1
Ascension	8	10	18
Assumption	1	2	3
Avoyelles	0	1	1
Beauregard	2	1	3
Bossier	2	14	16
Caddo	5	27	32
Calcasieu	1	9	10
Claiborne	0	1	1
Concordia	0	1	1
East Baton Rouge	5	94	99
East Feliciana	0	2	2
Evangeline	1	1	2
Grant	0	3	3
Iberia	0	5	5
Iberville	0	4	4
Jefferson	26	307	333
Jefferson Davis	0	7	7
Lafayette	1	9	10
Lafourche	2	32	34
Lasalle	0	1	1
Lincoln	0	2	2
Livingston	6	23	29
Madison	0	2	2
Morehouse	0	1	1
Natchitoches	1	0	1
Orleans	26	277	303
Ouachita	4	13	17
Plaquemines	0	12	12
Pointe Coupe	0	2	2
Rapides	2	14	16
Red River	1	0	1
Richland	2	0	2

Parish of Residence	Naloxone Prescriptions		
	Standing Order	Non-standing Order	Total
St. Bernard	4	70	74
St. Charles	2	22	24
St. Helena	0	1	1
St. James	0	1	1
St. John	0	12	12
St. Landry	4	6	10
St. Martin	3	5	8
St. Tammany	18	85	103
St. Mary	2	8	10
Tangipahoa	20	49	69
Terrebonne	0	49	49
Union	1	1	2
Vermilion	0	7	7
Vernon	2	1	3
Washington	23	25	48
Webster	1	7	8
West Baton Rouge	1	10	11
West Carroll	3	0	3
Winn	0	1	1
Total	182	1,244	1,426

Notes:

- 1) Data was pulled from Medicaid pharmacy claims with HICL seq no. 001874 for Naloxone dispensed between July 1, 2017 and June 30, 2018 using 3 months claim lag.
- 2) Standing Orders were Naloxone prescribed by Dr. Gee and Non-Standing Orders were prescribed by other prescribers.
- 3) Naloxone prescriptions are counts of Medicaid pharmacy claim records only.

APPENDIX F – SURVEY 1

Heroin and Opioid Crisis Survey #1 for Stakeholders to Report Initiatives

Heroin & Opioid Crisis Interagency Survey

Heroin and Opioid Crisis Interagency Coordination Survey

During the 2017 Regular Legislative Session, Act 88 established the Advisory Council on Heroin and Opioid Prevention and Education (HOPE). The Council's purpose is to create an Interagency Heroin and Opioid Coordination Plan, coordinate parish-level data on opioid overdoses and usage of overdose-reversal medication (Naloxone), and coordinate a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan. Two sub-committees were formed to address this body of work: a Data Workgroup, and an Interagency Coordination Plan Workgroup.

*The objective of the Interagency Coordination Plan Workgroup is to coordinate and organize existing initiatives and resources to assist in developing a statewide coordination plan. We are asking for your participation in this survey so we may gather information on heroin and opioid initiatives taking place within your organization **since July 1, 2016 (State Fiscal Year 2017)** and the impacts of these initiatives. We request a response to this survey by **close-of-business on April 5th, 2018**. Please send completed survey responses to Brad Wellons with the Office of Behavioral Health at brad.wellons@la.gov*

Feel free to share this survey with other agencies, organizations or departments, as well. Thank you for your time, and we look forward to your response.

Organization Information

<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
Agency/Organization	Office/Subdivision
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
Name	Title
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
Address	City
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
Email	Phone

Agency/Organization Mission

1. What is your agency's (or organization's) mission?

Click or tap here to enter text.

2. How does addressing the opioid crisis impact your mission?

Click or tap here to enter text.

Current Initiatives:

3. **Identify your agency's (or organization's) initiatives that address the opioid crisis since July 1, 2016 (State Fiscal Year 2017)**

Initiative #1

A. Describe initiative:

Click or tap here to enter text.

B. Initiative can be categorized as: (check all that apply)

- ☐ Prevention – type of Prevention initiative: ☐ Education ☐ Awareness ☐ Outreach
☐ Treatment
☐ Other

C. Current status of this initiative:

1. Start Date: Click or tap here to enter text.
2. In Progress: ☐ Yes ☐ No
3. End Date: Click or tap here to enter text.

D. Identify the program indicators used to measure the contributions necessary to enable the initiative to be implemented. Indicators may include process and impact. To better understand an indicator, please refer to this link: <https://www.cdc.gov/eval/indicators/index.htm>

- Program Indicator 1: Click or tap here to enter text.
- Program Indicator 2: Click or tap here to enter text.
- Program Indicator 3: Click or tap here to enter text.
- Program Indicator 4: Click or tap here to enter text.

E. Target Population of this initiative: (check all that apply)

1. Age: ☐ 0-17 ☐ 18-21 ☐ 22-45 ☐ 46 and older
2. Gender: ☐ Male ☐ Female ☐ Other ☐ Data not available
3. Geographic Location(s) – Identify the geographic location(s) impacted by your initiative (please check the appropriate type and list the specific region(s) in the text box provided below) :
☐ Statewide ☐ Parish ☐ Regional Health Unit ☐ Judicial District
☐ Local Governing Entity (LGE) Region/Human Services District ☐ Other geographic region

Click or tap here to enter text.

F. Identify funding source for this initiative: (check all that apply)

- ☐ State general funds ☐ Federal grant funds ☐ Local/parish funds
☐ Private/foundation funds ☐ Other funds

G. Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.

- Partnership 1: Click or tap here to enter text.
- Partnership 2: Click or tap here to enter text.

- Partnership 3: Click or tap here to enter text.
- Partnership 4: Click or tap here to enter text.

H. Can you identify any gaps or opportunities for partnerships?

Click or tap here to enter text.

If your agency has no other initiatives, go to question 4, page 18

Initiative #2

SAME FORMAT AS INITIATIVE #1 SECTION

Initiative #3

SAME FORMAT AS INITIATIVE #1 SECTION

Initiative #4

SAME FORMAT AS INITIATIVE #1 SECTION

Initiative #5

SAME FORMAT AS INITIATIVE #1 SECTION

Future Opportunities

- 1. Identify any potential opportunities to partner with other agencies or organizations to expand the scope of your initiatives:**

Click or tap here to enter text.

- 2. What new initiatives would you undertake if funding were available?**

Click or tap here to enter text.

- 3. Please provide any additional information that you feel necessary to explain or help us understand any of your responses to this survey:**

Click or tap here to enter text.

Thank you for taking the time to fill out this survey. Your input is greatly appreciated. Please remember to save the survey document and send to brad.wellons@la.gov

APPENDIX G – STATE AND LOCAL INITIATIVES

This report is a summary of the narrative responses from the state agencies and organizations that completed the Heroin & Opioid Interagency Survey.

There were 52 initiatives explained in the surveys we received. There is also a summary of the gaps in partnerships the respondents feel they have encountered. Some of the respondents did not have initiatives, as the survey did not pertain to what their offices do, so just the names of those organizations are listed for records.

List of Organizations and Opioid-Related Initiatives

STATEWIDE AGENCIES

STATE AGENCY INITIATIVES
<p>Louisiana Department of Health/Office of Behavioral Health</p> <p>LaSOR: The Louisiana State Opioid Response (LaSOR) Program will enhance existing statewide prevention, treatment, and recovery support services for individuals with or at risk for opioid use disorder (OUD). The target populations are: under- and uninsured individuals; criminal justice population; state-recognized tribes; pregnant women or women with infants experiencing neonatal opioid withdrawal symptoms, and school age children (for prevention).</p> <p>STR: The Louisiana Department of Health, Office of Behavioral Health (OBH) has implemented the Louisiana Opioid State Targeted Response (STR) Initiative to enhance existing statewide prevention, treatment, and recovery support services offered for individuals experiencing or at risk for opioid use disorder (OUD). The priority populations served by this grant are: (1) the under- and uninsured, (2) individuals living in areas with high prevalence rates of overdose or opioid overdose deaths and (3) the criminal justice population. In addition, African American males represent a sub-population of those disproportionately affected by this epidemic due to increased opioid use and will be a population of focus. The goals of the Louisiana Opioid STR Initiative include: 1) Increasing public and professional awareness and bolstering education for prevention and treatment of opioid use, misuse, and abuse; 2) Increasing by 1,670 the number of individuals with an OUD diagnosis who are being treated with EPBs (835 per year for two years); and 3) Increasing recovery support services for 600 OUD clients (300 per year for two years).</p> <p>Prevention, intervention, treatment and recovery support activities are all supported by the grant. The prevention priority for the Louisiana Opioid STR Initiative utilizes the existing SPF-based infrastructure as a basis to prevent prescription drug misuse and abuse through a statewide awareness and education campaign, with special activities being planned and implemented within each of Louisiana's ten Local Governing Entities (LGE), coordinated with the ten Opioid Treatment Programs (OTP), designated as Methadone clinics. Activities are based on the strategies outlined in SAMHSA's Opioid Overdose Prevention Toolkit, including public education through a media campaign and provider training, with an intervention strategy of Naloxone education and distribution to target populations. To date, approximately 3,000 kits have been distributed to our partners at LGEs throughout the state.</p> <p>OBH is enhancing and expanding the existing OUD treatment availability statewide through capacity building at local OTPs and other behavioral health provider networks. This has provided expanded access to evidence-based treatments, particularly Medication Assisted Treatment (MAT), and</p>

STATE AGENCY INITIATIVES

education and training on non-opioid alternatives. A specialized approach working with the Department of Corrections allows treatment services for offenders participating in re-entry programs at two designated facilities. This is an integral part of the treatment services provided to the OUD population. Recovery support services are provided to individuals with OUD by newly hired Behavioral Health Peer Recovery Support Staff at the LGEs, hired with STR funding. These Peers provide local visibility through outreach and educational activities, and coordination with resources for referral and access to services for the OUD population.

This comprehensive approach to prevention, treatment and recovery supports is helping to address the myriad of problems in Louisiana associated with illicit opioid use. The identified goals and outcomes are helping to move the state toward improvements in treatment for OUD and a reduction in the number of lives lost to the opioid epidemic which has plagued our nation and our state.

MAT-PDOA: MAT-PDOA seeks to increase access to services within the Greater New Orleans area (Orleans, St. Bernard, Plaquemines parishes). The purpose of the MAT-PDOA initiative is to expand and enhance capacity of coordinated care, increase access to MAT, wraparound services (which support recovery and treatment) and recovery for individuals with OUD.

COAP Grant: Develop a coordinated plan to address opioid use (OUD) in justice-involved individuals.

LaPFS: The Louisiana Partnerships for Success (LaPFS) is grounded in the rich racially, culturally, and economically diverse population, while effectively addressing major challenges in substance abuse and mental health. The goals of the LaPFS reflect the national goals for PFS, and include: (1) To prevent the onset and reduce the progression of underage drinking, prescription drug misuse/abuse, and depression; (2) To reduce short-term and long-term consequences of underage drinking, prescription drug misuse/abuse, and depression; (3) To eliminate disparities in underage drinking, prescription drug misuse/abuse, and depression; (4) To strengthen and sustain prevention capacity/infrastructure at the state and community levels; and (5) To leverage, redirect and align state-wide funding streams and resources for prevention.

LaPFS targeted 10 high need communities across the state; the highest need parish in each Louisiana Department of Health (LDH) region. Louisiana will establish a state/community prevention collaborative to implement the SPF process at the state and community levels, in order to address the priorities of underage drinking, prescription drug misuse/abuse, and depression. The state/community collaborative will use data-driven decision-making to develop, implement, and evaluate effective prevention strategies. Along with the SPF Framework, concern with use of data for decision-making, disseminating data, and using results to continuously improve the prevention system are guiding principles for the design of LaPFS.

To promote efficiency and sustainability of LaPFS, prevention resources will be redirected at the state and community levels to support the work on the three prevention priorities. The expectation is that LaPFS state and community activities will initially reduce underage drinking, prescription drug misuse/abuse, and depression at the community level, and over time, these high need community improvements will lead to changes in these three prevention priorities at the state level.

STATE AGENCY INITIATIVES

La SPF Rx: The Louisiana Strategic Prevention Framework for Prescription Drugs (La SPF Rx) project is grounded in the rich racially, culturally, and economically diverse population, while effectively addressing major challenges in substance abuse and mental health. The purpose of the Louisiana SPF Rx is consistent with the application guidance to raise awareness about the dangers of sharing medication; to work with pharmaceutical and medical communities on the risks of overprescribing to young adults; to raise community awareness; and to increase prescription drug abuse education to schools, communities, parents, prescribers and patients.

The goals of the La SPF Rx project include: 1) Prevent and reduce prescription drug and opioid misuse and abuse in the target population; 2) Raise awareness about prescription drugs and illicit opioid misuse and abuse; and 3) Develop a system to use existing data sources in program planning and evaluation in a proactive/preventive manner in the targeted parish.

The prevention priority for Louisiana's SPF Rx project will be to utilize the existing SPF-based infrastructure as a basis to prevent prescription drug misuse and abuse in the 12 – 17-year-old and 18+ age groups. The initial target area or pilot area will be Jefferson Parish, which has the highest number of opioid related overdose deaths in the state. The SPF Rx team has collected data for deaths, emergency room visits and hospitalizations by parish of residence, age, race and gender in order to identify this priority. Prevalence data for the state and Jefferson Parish are provided in section A. We will collaborate with our partners to develop effective methods to analyze and utilize these data sources throughout the course of the grant to build a sustainable system for identifying additional prevention priorities.

Louisiana Department of Health/Office of Public Health

Through three cooperative endeavor agreements with the US Centers for Disease Control (CDC) and the US Department of Justice Bureau of Justice Assistance (BJA), OPH is responding to the state's opioid crisis through the Louisiana Opioid Surveillance Program. The program assembles and analyzes new and existing data on the opioid epidemic in Louisiana that will provide education, inform prevention of disease and injury, and support intervention and treatment, all of which will reduce the impact of opioid use disorder in the state. In addition to providing data across LDH, bureau staff are also supporting the analytic needs of the Governor's Drug Policy Board and the Advisory Council on Heroin and Opioid Prevention and Education.

Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI): This three-year endeavor, which began in October 2016, has established the Louisiana Opioid Surveillance Program in OPH through the Bureau of Health Informatics (BHI). The program accesses existing LDH databases and partners with external organizations to collect and analyze data related to fatal and non-fatal opioid overdoses. Results of these analyses are disseminated through fact sheets, publications, training and educational materials and through the creation of an online opioid use and abuse surveillance system. The Bureau also collaborates with the Louisiana Board of Pharmacy to analyze and disseminate data and information on the opioid prescription patterns in the state. Through these collective efforts, the Office of Public Health will support programs across the Louisiana Department of Health and its partners in the state and in communities that are focused on prevention, treatment, and contributing to the reduction of opioid abuse in the state.

STATE AGENCY INITIATIVES

Enhanced State Opioid Overdose Surveillance (ESOOS): The ESOOS program, awarded in October 2017, builds upon the framework established in the DDPI award. OPH joins a cohort of 33 states working to improve the timeliness of fatal and non-fatal opioid overdose reporting and analysis. BHI analyzes emergency department utilization data, emergency transport data, and Louisiana death records to provide summary information on trends in nonfatal opioid overdoses every quarter. The program is also collaborating with coroners statewide to support more comprehensive toxicology testing. The enhanced surveillance activities will assist the agency and key stakeholders in improving prevention and response efforts by providing more timely data on fatal and non-fatal opioid overdoses and more in-depth information on risk factors that can be targeted for interventions.

Comprehensive Opioid Abuse Site-based Program (COAP): OPH received this three-year award to expand the data collection and reporting activities in the two CDC surveillance grants and incorporate data from non-health sources into the analysis and dissemination of information on opioid overdoses. The program will work with law enforcement, the courts, corrections and parole, child welfare, and first responders to collect additional data that will create a holistic view of the impact of the opioid epidemic in the state and build capacity for response. More in-depth analysis with the Prescription Monitoring Program is also a funded activity in this grant.

2018 Opioid Overdose Crisis Cooperative Agreement: Funded through the existing CDC Cooperative Agreement for Emergency Response: Public Health Crisis Response to support:

Incident Management for Early Crisis Response: Expand and equip the VIA LINK Teen Crisis Text Line, currently used in New Orleans and Baton Rouge, to at least 10 additional parishes to handle opioid-related inquiries. **Jurisdictional Recovery:** Develop, promote and deliver training for State of Louisiana employees, emergency workers and volunteers, and ESF 8 partners on prevention, identification, and availability of resources for Opioid Use Disorder. **Bio-surveillance:** Work with the Louisiana Coroners Association to provide technology resources to assist with suspected opioid-involved death investigations and reporting. Update the Manual for the *Uniform Motor Vehicle Traffic Crash Report* and provide training on recognizing and reporting suspected opioid use as a factor in motor vehicle crashes. Incorporate and analyze opioid-specific data surveillance items in the Louisiana Electronic Event Reporting System (LEERS). Train and support partners on new data items. **Information Management:** Partner with United Way 211 to equip and train operators to handle opioid-related inquiries. Execute an opioid-related digital marketing campaign based on targeted, keyword searches, to drive searchers to LA Opioid resources. **Countermeasures and Mitigation:** Provide healthcare organizations the ability to integrate the Louisiana Board of Pharmacy Prescription Monitoring Program data into their Electronic Health Record systems. **Surge Management:** Assist healthcare providers with meeting the opioid training mandates. Develop training about hazards associated with prescription pain medication use, especially among employees and share with partners. **Additional:** The grant will also fund a Statewide Coordinator and 9 Regional Opioid Prevention Outreach Coordinators to assist with community education, outreach, naloxone distribution, and development of regional plans. These OPH positions will also work with OBH State Targeted Response-funded Training, Education & Technical Assistance (TETA) Coordinators to deliver training and linkages to resources. The HIV/STD Program will produce two vulnerability assessments on opioid overdose and blood borne infection risks by assessing HCV, HIV and Opioid trend data and convening stakeholders for input at the regional and state level.

STATE AGENCY INITIATIVES

Louisiana Department of Children and Family Services

Prior to October 1, 2017, the Louisiana Children's Code required the reporting of "prenatal neglect" to DCFS for investigation. The definition of Prenatal Neglect meant "exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance, as defined by R.S. 40:961 et seq., or in a manner not lawfully prescribed, which results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or observable and harmful effects in his physical appearance or functioning".

As a result of the Comprehensive Addiction and Recovery Act, specifically addressing the Opioid epidemic, additional requirements were placed on each state to address the needs of newborns affected by legal substances. As a result, state legislation, that became effective on October 1, 2017, added requirements in the Revised Statutes for a Physician to notify DCFS of newborns who exhibit withdrawal symptoms to prescribed substances that are used in a lawfully prescribed manner. This notification meets the federal requirement for the development of a Plan of Safe Care for the child and family. These notifications do not constitute a report of abuse and/or neglect.

Through the investigation of prenatal neglect, DCFS is required to assess the safety of the newborn, conduct a thorough assessment, and develop a Plan of Care to include a referral for the newborn to Early Steps and a referral for the mother to undergo a substance abuse assessment. Based on the results of these assessments, additional services are provided through either the Family Services preventative program, or through foster care. In addition, in October of 2017, DCFS implemented quarterly regional and state-level stakeholder meetings to monitor the service needs of newborns affected by substances.

Louisiana Department of Education

The Louisiana Board of Elementary and Secondary Education (BESE) updated a state policy to integrate evidence-based, age-appropriate instruction on opioid substance abuse into public school prevention education programs and curricula starting in the 2018-2019 school year. Under the current policy, found in **Bulletin 741: Louisiana Handbook for School Administrators**, each school system is required to include in the curriculum a program of substance abuse prevention that includes information designed to reduce the likelihood that students injure themselves or others through the misuse and abuse of chemical substances, as well as procedures for identifying students who exhibit signs of misuse or abuse of such substances and procedures for referral for counseling or treatment.

The standing policy requires elementary schools to provide a minimum of 16 contact hours of substance abuse prevention education each school year, and secondary schools to provide a minimum of eight contact hours of substance abuse prevention education each school year for grades 10-12 and 16 hours for grade nine. Instruction in all grades is required to take place within a comprehensive school health program.

The updated policy added language that explicitly requires schools to include an opioid-specific component in this instruction.

STATE AGENCY INITIATIVES

Louisiana Department of Public Safety and Corrections

We have collaborated with OBH. We have begun the process of identifying opioid addicts incarcerated. We have started a specialized treatment tract for opioid addicts. We have initiated education, criteria, and the use of Medication Assisted Treatment with Vivitrol. We have worked diligently to make a transition from incarceration to community referrals.

Louisiana State Police

We will ensure the safety and security of the people in the state through enforcement, education, and providing of other essential public safety services. Enforcement of the illegal manufacture and/or distribution is a priority for the Louisiana State Police Criminal Investigative Unit – Narcotics Section in partnership with local, parish, state and Federal law enforcement. Awareness and prevention education are coordinated through the Louisiana State Police Public Information Officers. Information is shared with various segments of the population including the school systems, industry, civic groups, etc. Additionally, each year, the Louisiana State Police partners with the Drug Enforcement Administration on the National Prescription Drug Take Back Days. The effort is aimed at the safe disposal of prescription drugs, to lessen incidents of misuse, accidental poisonings and overdoses that can happen by keeping unnecessary medicines at home. Finally, State Police is working to equip and train our Troopers with the capability of administering Narcan.

Louisiana State Police Crime Lab

We have purchased Narcan to have in case of an accidental exposure. We also provide data to NFLIS and other agencies that need information on seized drugs and/or DWI results.

Louisiana Attorney General

The Louisiana Attorney General's office partnered with the Louisiana Ambulance Alliance (LAA) to create the Opioid Abuse Prevention Fund. The Fund is financed by a rebate from Amphastar Pharmaceuticals, Inc. paid to the LAA for each Amphastar Naloxone Syringe in the amount of 2 milligrams purchased by a LAA member from Amphastar. The goal of the fund is to combat opioid addiction through education on the signs and dangers of opioid abuse and on safe practices for storing and disposing of all medications and by identifying available resources for the treatment of addiction. In addition to producing an educational brochure for distribution to all parties touched by the opioid crisis, the fund has financed the creation an educational website, endthepidemicla.org. The rebate program is in its second full year of operation.

In May 2017, Louisiana Attorney General Jeff Landry, in partnership with Southwest Louisiana Sheriffs, Police Chiefs, and Fire Chiefs, announced a combative initiative to arm first responders with a tool to aid opioid overdose victims. Attorney General Landry's Office, through a settlement with Pfizer, for \$1 million of Naloxone is making single draw-down doses of naloxone available to first responders who request them. Interested agencies complete a questionnaire and then receive a voucher or vouchers from the Louisiana Attorney General's Office to pick-up the naloxone at local pharmacies upon presentation of the voucher(s). The naloxone comes at no real cost to the agency itself and helps get first responders much needed resources to combat the opioid epidemic plaguing our State. The LADOJ keeps track of what agency has the vouchers and how many, and gets the naloxone to drug wholesalers who get it to pharmacies to be available for pick-up by interested agencies. Additionally, due to the large amount of product included in the settlement, the Attorney General's Office may take the opportunity to provide naloxone to state-run or not-for-profit organizations such as – but not

STATE AGENCY INITIATIVES

limited to – drug rehab centers, hospitals, half-way houses, and shelters. As of 9/17/2018, first responders have requested and were provided vouchers for 11,050 doses of naloxone.

In September 2017, Louisiana Attorney General Jeff Landry joined Blue Cross and Blue Shield of Louisiana (BCBSLA), the National Association of Drug Diversion Investigators (NADDI), and numerous law enforcement agencies in announcing a collaborative effort in Louisiana's fight against the opioid epidemic. Through a partnership with BCBSLA and NADDI, the Louisiana Attorney General's Office is providing drug take back boxes to sheriff's offices and police departments across the State. These boxes serve as resources for those looking to properly dispose of unused or expired prescription drugs. The goal is to encourage all citizens to get rid of unused prescriptions in an effort to save lives from abuse and overdose. There are approximately 70 drug take back boxes located throughout the State and a complete list of location is provided at www.endtheepidemicla.org.

LSA R.S. 40:2191, enacted in the 2018 Regular Legislative Session, provides for the safe disposal of controlled substances by hospice providers. Participating providers will utilize Medication Disposal Pouches for all hospice patients who have controlled substances remaining at the time of their death. This initiative is a culmination of the efforts of Attorney General Jeff Landry, State Senator Fred Mills, the hospice community and Mallinckrodt Pharmaceuticals, who has donated 30,000 Medication Disposal pouches, as a result of well-established research which indicates that almost half of all opioid misuse starts with a friend or family member's prescription. The letter and spirit of this new legislation is aimed at reducing the high number of opioid prescriptions which are diverted for non-medical use.

Louisiana Board of Regents

The yearly campus climate survey contains questions regarding the use of drugs and alcohol. Additionally, with the transfer of the Louisiana Center Addressing Substance Use in Collegiate Communities (LaCASU) from LSU to the Louisiana Board of Regents, there is currently a statewide biennial administration of the Core Alcohol and Drug Survey which focuses specifically on alcohol and other drug use. The next administration is slated for February 2019.

Higher education campus-level prevention staff were introduced to and encouraged to partner with law enforcement agencies, such as the Louisiana Attorney General's Office and New Orleans based DEA agents, to host on campus opioid-related events. Three such opioid-related events were scheduled for fall 2018 on college campuses.

In fall 2018, campuses received slides to scroll across campus televisions to inform students on how to spot an opioid overdose, what is naloxone, and information on Louisiana's "Good Samaritan" laws. Lastly, an "opioids 101" presentation for student affairs professionals (based on SAMHSA's Southwest Center for the Application of Prevention Technologies' Addressing Opioid Overdose training) will be developed and freely available to campuses upon request.

Department of Veterans Affairs

On the State level, LDVA is making an effort to improve on assessments of pain for residents in our five State Veterans Homes. In an attempt to reduce the use of opioid based medications, our staffs' are attempting to make a more comfortable environment, positioning, therapy services, provide more activities and our facility Medical Directors are prescribing less narcotic analgesics or lower doses and more over-the-counter pain relievers and anti-inflammatories. We also have veteran assistance

STATE AGENCY INITIATIVES

counselors located in each parish who assist veterans with information concerning benefits and refer to appropriate departments for care and services provided by the VA.

Federal VA has begun the Opioid Safety Initiative (OSI), with emphasis on patient education, intensive patient monitoring with frequent feedback and complementary and alternative medicine practices to lower dependency on opioids. Involved in the initiative at each VAMC (Veterans Administration Medical Centers, New Orleans, Shreveport, Alexandria), are interdisciplinary pain medicine specialty teams and consult services, facility pain committees, pharmacy staff and primary care/patient aligned care team participants.

Many of our Veterans in our homes as well as around the state receive medical services from the VAMC as well as clinics around the state.

Louisiana Workforce Commission

As a state labor regulatory body, we look to help educate various stakeholders. We also issue Medical Treatment Guidelines. One of the biggest ways to combat opioid abuse is through the prescription and treatment routes. The first step is the update the Medical Guidelines like Chronic pain to stay up to date with current medical evidence.

Department of Insurance (LDI)

The LDI uses various platforms to make the public aware of the dangers of opioids and to advocate for curbs on the prescribing of opioids. The public affairs division has issued press releases and posted to social media on the topic Commissioner Donelon speaks often on the subject before a variety of insurance and civic organizations and has testified before the legislature in support of bills on the subject. The La. Property and Casualty Insurance Commission (LPCIC) studies various aspects of the opioid crisis and supports legislation to curb the prescribing of opioids in workers' compensation. The Louisiana Health Care Commission (LHCC) made the opioid crisis a focus of its 2017 Annual Health Care Conference with presentations from the LDH, area doctors, Sen. Cassidy and a speaker from the U.S. Office of the Surgeon General. The other side of this initiative is to try to learn more about what the LDI can do to respond to the crisis.

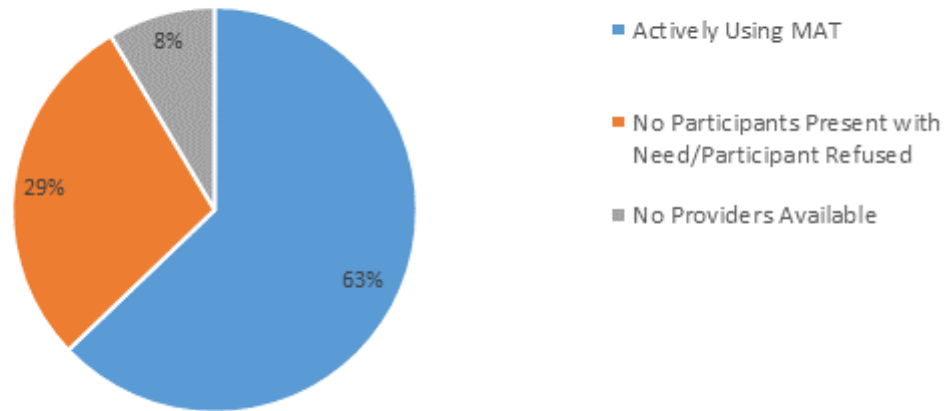
Louisiana Supreme Court

There were 49 operational drug court programs in Louisiana in 2017, comprised of 32 adult drug courts, 13 juvenile drug courts, and four family preservation courts. Of these 49 programs, 37 have been in operation 10 years or longer. Each program is comprised of a drug court team, which is led by a drug court judge and includes a drug court coordinator, treatment staff, a prosecutor, a public defender, law enforcement representatives, a case manager, and other stakeholders. Drug court teams use a non-adversarial approach to ensure that participants receive the highest level of care possible. All 32 Adult Specialty Court programs have a policy allowing MAT, but some issues have been the cost, as well as the lack of eligible providers in rural areas. For example, the 32nd Judicial District DWI/Drug Court Program provided \$162,601.91 worth of Vivitrol injections to thirty-eight (38) participants from JAN 2017 - OCT 2018.

Actively Using MAT	22
No Participants Present with Need/Participant Refused	10
No Providers Available	3

STATE AGENCY INITIATIVES

M.A.T. in Adult Specialty Courts



Louisiana Board of Drug and Device Distributors Rule Promulgation for Wholesale Distributors

LA Poison Control Center

Provide education about all opiates and opioids with a focus on the new and emerging substances. Included in the education to healthcare providers, EMS and law enforcement is appropriate use of naloxone, how naloxone works and what the patient response may be when naloxone is used. Also included is the potential danger of working in proximity to these drugs and what precautions are appropriate.

Monitor drug trends in Europe by working with the European Monitoring Centre for Drugs and Drug Additions (EMDCCA). Monitor for the emergence of new drugs of abuse in the U.S. by working with the DEA, monitoring trends in the National Poison Data System, collecting samples and testing for substance(s) to help detect new drugs. Since 2009, as the result of efforts by poison center staff Dr. Ryan has recommended to the Secretary of the Department of Health and the State Health Officer 14 new novel drugs abuse that should be scheduled by emergency rule and placed in Schedule I of the Controlled Dangerous Substance Act. These included synthetic cathinones, synthetic cannabinoids, novel benzodiazepines and most recently several analogs of fentanyl.

Conduct research related to opiate and opioid use and abuse. Publish results of research in peer-reviewed journals.

Department of Environment and Quality

LA R.S. 9:3198.1 Per the statute, the LDEQ has been designated to receive notifications of clandestine methamphetamine drug lab seizures from law enforcement and other governmental entities. The LDEQ publishes these on its website. In addition, the property owner must then take measures to demonstrate to LDEQ that contamination has been mitigated to acceptable rehabilitation levels.

STATE AGENCY INITIATIVES
<p>LA State Board of Nursing</p> <p>Treatment of licensees with substance use disorders is managed by a division within the organization, the Recovering Nurse Program (RNP). I. This division monitors Registered Nurses and student nurses in the RNP through confidential agreements and disciplinary orders. The RNP was developed to protect the consumers of health care in Louisiana while allowing a Registered Nurse recovering from Substance Use Disorder (SUD) and/or a medical, mental or physical condition to maintain licensure while being closely monitored by the Board through a structured agreement or order. II. The division also reviews and approves treatment programs to ensure that they offer treatment to meet the unique needs of health care professionals who have SUD. III. LSBN rules were recently approved to be changed which previously limited medication assisted treatment allowed for licensees with SUD. Rules were also amended to revise the term “chemically dependent” to “substance use disorder.”</p>

OTHER STATEWIDE AND LOCAL INITIATIVES
<p>5th JDC</p> <ul style="list-style-type: none"> • Provide quality treatment for Drug Court & drug related cases from court.
<p>9th Judicial District Court</p> <ul style="list-style-type: none"> • Drug Court Program
<p>12th JDC</p> <ul style="list-style-type: none"> • Increased emphasis in Drug Court; search for additional treatment options; visiting schools.
<p>15th Judicial District Court</p> <ul style="list-style-type: none"> • The Therapeutic Adult Drug Court Program includes the delivery of Medically Assisted Treatment (MAT) and compliance is enforced by the court. Probationers who are not participating in that program are also allowed to include MAT in their treatment regime; however, compliance is not closely supervised by the court. The court lacks the resources required to supervise compliance in the same manner provided to the Adult Drug Court Participants. <ul style="list-style-type: none"> ◦ Indicators: ADC-MAT Measures Input & Process Indicators
<p>20th JDC</p> <ul style="list-style-type: none"> • We began the process of instituting a trial court.
<p>22nd Judicial District Court</p> <ul style="list-style-type: none"> • Specialty Courts based on the drug court model <ul style="list-style-type: none"> ◦ Indicators: recidivism rate and cost per participant
<p>29th JDC</p> <ul style="list-style-type: none"> • Beginning July 1, 2016, all of our uninsured participants were guided through the online steps to apply for and get approved for Medicaid coverage. After obtaining Medicaid coverage, all willing opioid addicted participants were referred to Medication Assisted Treatment (MAT) and Intensive outpatient treatment through the agency providing the MAT services for our program. These participants were required to follow all of the rules of our drug court program, including

OTHER STATEWIDE AND LOCAL INITIATIVES

treatment, random drug testing, and reporting weekly to the Drug Court Judge for a status hearing.

- In October 2017, our drug court contracted with the agency providing our MAT services to provide treatment to all of our drug court participants through a specially developed treatment program, which meets SCDCO guidelines for Adult Drug Courts in Louisiana. All of our drug court participants are receiving individual counseling and are seen by the Medical Director on a weekly or bi-weekly basis. We feel that all of our participants are receiving better, more intensive treatment, education, case management, and monitoring than ever before, which we hope, will reduce the likelihood of their experimentation with opioid substances in the future.

32nd JDC

- The 32nd Judicial District DWI/Drug Court Program provided \$162,601.91 worth of Vivitrol injections to thirty-eight (38) participants from JAN 2017 - OCT 2018.

36th JDC

- Counseling, rehab services, random drug testing and education

39th Judicial District Court

- Drug Court Program

ACER, LLC

- We are a substance use disorder treatment program, which has been CARF Accredited since 2010 with locations in Slidell, Baton Rouge, Chalmette and Metairie. ACER provides individualized and group client care in a healthy, non-judgmental environment welcoming individuals, families, and the community. Our caring and supportive staff uses established, holistic, and innovative treatment options for persons struggling with substance use challenges to improve their quality of life. We have been providing ASAM level 2-WM integrated with ASAM 2.1 since 2004, and treating all types of substance dependence. Since the use of opioids (Heroin) has become the most predominate presenting condition we have increased our medical/nursing and psychiatrist/addictionologist use to accommodate the needs for an intervention on the same day or within 24 hours of presentation. The opioid crisis does not expressly effect our mission, meaning we have always focused on addiction services and this is another substance, but with a much higher mortality. In our community we are one of the very few and only providers that provide ASAM level of care with Medicaid funding. We have been treating addicted pregnant women since 2014, with an Obstetrician and a complete, medical and clinical team. This practice is unique to the region, as no other provider can or does deliver the type of integrated service model. With each incidence we save the state Medicaid \$40,000 in initial hospital cost for the neonate.

We are focused on the transformation of the generations of addiction. Especially when we treat a pregnant woman and her family. We have the opportunity to change the face of addiction for three generations past-parents and grandparents, present-mother and significant other and future-the neonate. Please create a sustainable funding source for this model of care to not just save taxpayer dollars, but change the course of many lives. Our website is www.acercanhelp.com.

OTHER STATEWIDE AND LOCAL INITIATIVES

Acadiana Area Human Services District (AAHSD)

- AAHSD provides screening, assessment, ASAM 1.0 and 2.1 levels of care, referrals to contracted agencies for III.1, III.3, III.5, and III.7 levels of care as needed to respond to clients seeking treatment for opioid addiction.
- AAHSD participates in the State Targeted Response Grant to facilitate referrals for medication replacement treatment.

Addiction Recovery Resources

- We are a treatment program with multiple levels of care. We focus on treatment for the patients that present to us, but also have a lecture series that is open to the public and support community efforts to inform the public. We are convinced by the available science that medication to treat addiction involving the use of opioids should be discussed and considered in all cases, and we have facilitated the availability of Narcan to patients and families in case of relapse

Berwick Police Department

- Proactive policing, targeting both street level dealers as well as dealers and abusers
 - Indicators: Identifying and looking for resources to fund education and enforcement
- Education and enforcement of current laws
 - Indicators: Funding
- To protect and serve the citizens of Berwick
 - Indicators: Funding

Capital Area Human Services District (CAHSD)

- Facing Addiction: Initiative for communities looking for a targeted grassroots approach toward changing the public response to the epidemic of substance use disorders. The long-term goal of this project is to establish guidelines that, where applicable, divert low-risk offenders from court involvement or formal criminal justice system supervision to health-centered interventions.
 - Indicators: Number of staff/amount of staff time dedicated to initiative, Infrastructure (number of phone lines, computers, and amount of meeting space needed), number of advocates and number of community partners
- Opioid Misuse Prevention Project: Three Year Federal Grant Award from the DHH Office on Women's Health. The goal of the project is to develop and implement evidence-based prevention strategies to increase awareness, knowledge, and skills to prevent opioid misuse in the CAHS region. Target population is women age 45+ and girls age 10-17. Strategies include launching a comprehensive media campaign, conducting educational programs in schools and community settings, and distributing consumer and healthcare provider educational materials.
 - Indicators: 15% increase in awareness, knowledge and skills related to opioid misuse prevention, number of consumer and provider educational materials distributed, media campaign reach and number of participants at educational programs.
- Regional Response to the Opioid Crisis: Using the Behavioral Health Collaborative, CAHSD will serve as a hub and establish the framework to develop a localized community-wide plan. The proposed plan will recommend the following specialized responses:
 - Public awareness, Anti-Stigma (public and professional) and Advocacy
 - Prevention: Primary & Secondary Prevention for Children and Adults
 - Law Enforcement & Criminal Justice Reform
 - Prescribing Practices

OTHER STATEWIDE AND LOCAL INITIATIVES
<ul style="list-style-type: none"> ○ Overdose Reversal & Outreach/Syringe Access ○ Pain Management/Treatment ○ Detoxification (medical/ambulatory), I/patient & O/patient Treatment, Medication Assisted Treatment (MAT), Supportive Counseling (Pain & MAT) ○ Neonatal Abstinence Syndrome Treatment, Treatment of Mothers ○ Recovery Services <ul style="list-style-type: none"> ▪ Indicators are the number of community agencies partnering, number of technical assistance workshops and number of individuals reached by Narcan outreach efforts
<p>Clarity Hospice</p> <ul style="list-style-type: none"> • We educate every patient and caregiver about safe medication handling, medication administration, storage, and wasting. We monitor the number of opioids prescribed to the patient from hospice and count the remaining opioids at every skilled nurse visit. If there are drug diversion concerns a limited daily supply of medications is ordered at one time. At the time of death or discharge caregivers are strongly encouraged to destroy remaining opioids. A count is made of remaining opioids and documented in the medical record whether it was destroyed.
<p>Central LA Human Service District (CLHSD)</p> <ul style="list-style-type: none"> • To provide education in the community and referral for treatment for opiate/heroin addiction. <ul style="list-style-type: none"> ○ CLHSD/Caring Choices Clinic did not begin implementation of the STR Grant until December 2017. <ul style="list-style-type: none"> ▪ Indicators: Number of public participating, number of healthcare professionals participating, and number of health providers participating in educating
<p>Compassus Hospice</p> <ul style="list-style-type: none"> • Opioid discussions at all IDT meetings • Involvement of Pharmacist on all patients with drug abuse history • Lock Boxes in homes where there is any question of diversion of medication • Narcotic counts on each visit • On admission all patients and families receive a copy of our narcotic disposal policy • On admission at risk patients sign narcotic contract
<p>Duson City Police Department</p> <ul style="list-style-type: none"> • Enforcement of applicable laws
<p>East Baton Rouge Parish Coroner's Office</p> <p>Working on, interactive outreach campaign aimed at raising awareness among our region's young people</p> <ul style="list-style-type: none"> • Indicators for the above are a pre-test to gauge knowledge and experience then a post-test after the program runs to determine effectiveness of the program itself.
<p>East Baton Rouge PD</p> <p>At this time, the Baton Rouge Police Department has no official initiatives addressing the opioid crisis, aside from promoting and supporting general public awareness, and assisting Emergency Medical Services in responding to and assisting overdose victims.</p>

OTHER STATEWIDE AND LOCAL INITIATIVES

Florida Parishes Human Services Authority (FPHSA)

- We employ a full time Training Education & Technical Assistance Coordinator (TETA) who drives the STR initiative in our Region. Additionally, there are two full-time, certified Peer Support Specialists (PSS) who provide individual, group and outreach services to individuals seeking treatment and/or information regarding opioid use disorders (OUD).
 - This team is currently serving over 40 individuals and anticipates a dramatic increase as the program continues into its second year.
- FPHSA is also operating a NARCAN availability program as a component of the STR effort and we are working with our community-based partners to widely available throughout our region.
- FPHSA is also providing outpatient and residential treatment OUD treatment services to the non- or under-insured residents of the region, although residential services are provided to any individual residing in the State of Louisiana.
- We are also working diligently with a number of medical and behavioral health providers and organizations throughout the region to educate the public about the opioid epidemic, and to ensure more direct, focused contact with individuals needing treatment and/or information.
 - Indicators for the above are extensive outreach, peer support with individuals requiring treatment, number of individuals engaged in treatment and completing treatment

Gardere Initiative

- Participation in the DEA Drug Take Back Day
- Submitted proposal to federal agency for funds to conduct awareness and outreach interventions in the community.

Grambling Police Department

- The GPD has held several in-service and roll call training series as it relates to opioid problems.

Gretna Police Department

- Primarily respond to the opioid crisis with the intent to save as many lives possible and administer Narcan as soon as possible. We work hand and hand with other jurisdictions by treating the opioid overdoses.
 - Indicators of the initiative: Process

Hill Cross Hospice

- If our patient is in critical condition and near the end of life, we order pain medication on a weekly basis so as not to have excess.
- If the patient is in severe condition and death is not imminent, the opioids are ordered for 15 days at a time again to prevent excess.
- If the patient is in minimal pain, rated 1-5, alternative therapies will be instituted such as heat/cold, OTC medicated patches or creams and/or oral OTC analgesics
- Patient's pain will be evaluated 2-3 times a week by a nurse and once the pain reaches 6/10 or above, their pain regimen will be reevaluated and as need opioids will be introduced.
 - Indicators: Pain evaluated using FLACC scale for those unable or unwilling to report, the Facial Scale for non-verbal patients and on a numerical scale for patients who are cognizant

OTHER STATEWIDE AND LOCAL INITIATIVES

Hospice of Acadiana, Inc.

- Encourage the destruction of leftover opioids at the time of patient death, document refusals and amounts. Limit amounts sent out to no more than 14 days' worth of medication. Use alternate pain management as able, adjunctant medications, non-pharmacologic treatments.

Imperial Calcasieu Human Services Authority (ImCalHSA)

- Participation in the State Targeted Response Grant Initiative. As part of this grant, ImCalHSA has completed the following tasks: 1) revised screening and assessment procedures to ensure individuals with Opioid Use Disorders (OUD) are offered Medication Assisted Treatment (MAT); 2) hired a peer specialist who is in recovery from OUD and has experience in MAT who works directly with OUD clients; 3) created partnership and referral process with local methadone clinic; 4) expanded education, advocacy and outreach efforts around OUD and MAT through ImCalHSA public Forum in October and participation at local health fairs; 5) purchase of Naloxone kits which will be disseminated to OUD clients, local homeless shelters, food banks and churches; and 6) created processes for the collection of data on individuals who present for behavioral health services and are identified as OUD.
 - Indicators: Numbers screened, referred to treatment and successful referrals

Jefferson Parish Human Services Authority (JPHSA)

- Raising awareness of prescribing practices with General Practitioners. RN meets with doctors and educates them per the Opioid Toolkit.
 - Indicators: Numbers of calls, meetings scheduled, and meetings kept with doctors
- Use of a Recovery Support Specialist to educate the community on dangers of Opioid use and connect individuals with treatment.
 - Indicators: Numbers referred to program
- Ambulatory Detox for Opioids
 - Indicators: Numbers completing treatment

Louisiana Ambulance Alliance

The Louisiana Ambulance Alliance is currently working with the Attorney General's Office on an awareness and education campaign, "End the Epidemic LA."

Louisiana State Medical Society

Supported and helped pass Act 86, which expands the mandate to access the Prescription Monitoring Program prior to initially prescribing any opioid or if the patient's course of treatment continues for more than 90 days. Additionally, all prescribers are required to obtain three continuing education credit hours as a prerequisite of license renewal in the first annual cycle after Jan 1, 2018. Supported and helped pass Act 82, which prohibits a medical practitioner from prescribing more than a seven-day supply when issuing a first-time opioid prescription for outpatient use to an adult patient with an acute condition. The LSMS partnered with LAMMICO, the state's largest provider of medical malpractice insurance, to create a three-hour CME (continuing medical education) program that meets the requirements of ACT 86 from 2017. This CME course is free to all LSMS members and/or LAMMICO insureds.

OTHER STATEWIDE AND LOCAL INITIATIVES

MHSD

Metropolitan Human Services District (MHSD) is poised to address the opioid crisis in six ways:

- MHSD is a sub-recipient of a 3-year SAMHSA Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PADOA) grant. Through this grant, MHSD has been able to partner with local substance use disorder provider agencies to hire resource coordinators to strengthen the current continuum of care, specifically targeting those who are in need of MAT services.
- MHSD has re-vamped its internal SUD array of services. This includes the hiring of licensed addiction counselors, the organization of clinical operations using the Lean Six Sigma (LSS) process and providing on-going training through our training division to all clinical staff around opioid use disorder. LSS process has proved to facilitate an internal system of care within our clinics that is person centered and person driven which is needed when addressing the needs of this complex populations.
- MHSD has been developing a Recovery Oriented System of Care (ROSC) which affords MHSD the opportunity to collaborate to address the crisis, with multiple agencies in the greater New Orleans area allowing communication to occur amongst agencies while hearing from stakeholders' concerns, feedback and input provision.
- The State Targeted Response (STR) Grant, complimentary to the MAT PDOA Grant, used primarily to support education and training for community agencies and service providers, not directly collaborated with for the MAT PDOA Grant.
- MHSD has engaged a contract with Faith Partner, LLC, for the purpose of engaging the faith-based community in bridging the science and faith divide, to better meet substance use and co-occurring mental health needs for congregations.
- MHSD has developed a Reengagement/Reentry Program, for seamless coordinated liaison with the criminal justice system, for linkages to care for inmates being released with behavioral health continuity of care needs, to MHSD services and supports.

Northeast Delta Human Services Authority (NEDHSA)

- In conjunction with the Louisiana STR initiative, NEDHSA has implemented a mobile resource roadshow to educate healthcare professionals, behavioral health professionals, and community members regarding the current opioid crisis.
 - Indicators: Number of partners participating, number of people who attend and the number of people who receive valuable information
- University Roundtable initiative creates an open forum for discussing the dangers associated with misusing and abusing prescription and illicit opioid drugs. NEDHSA uses this platform to introduce the community and college age individuals.
 - Indicators: Number of students and faculty present, number of individuals trained in opioid misuse and the outcome indicator is the number of opioid misusers and overdoses decrease
- The Statewide Opioid Summit addresses the current state of the opioid crisis. This initiative emphasizes the collaboration of healthcare administration and professionals, behavioral health professionals, law enforcement, and community-based organizations in order to formulate integrative methods of decreasing the opioid use within Louisiana.
 - Indicators: Input - number of speakers and presenters, process - number of attendees supplies with information, and outcome - number of individuals that obtain valuable information and number of solutions discussed during the summit
- Wellness Recovery Action Plan (WRAP) groups are designed to aid individuals in recovery maintain their goals for sobriety. The individual develops their personal WRAP, which consists of peers,

OTHER STATEWIDE AND LOCAL INITIATIVES
<p>supporters, and professionals who have a great understanding of addiction. Information and skills are developed through lectures, discussions, and individual and group exercises.</p> <ul style="list-style-type: none"> ○ Indicators: Input-number of peers, supporters and professionals that are able to participate and contribute to the WRAP groups, Process - number of individuals enrolled, and outcome - numbers who benefit from the groups
<p><i>New Iberia City Court</i></p> <ul style="list-style-type: none"> • Actively require substance abuse evaluations and programs in appropriate cases. I also implement a very hands-on and proactive approach to ensure that the defendant stays committed to their program(s). I also speak to school groups about the problems that I see from the bench about drug use.
<p><i>Northwest Human Services District (NLHSD)</i></p> <ul style="list-style-type: none"> • Through the Louisiana State Targeted Response (STR) to the Opioid Crisis Initiative, funded by a grant from the Substance Abuse Mental Health Services Administration (SAMHSA), the OBH is enhancing the existing prevention, treatment and recovery support services offered for individuals experiencing or at risk for OUD. This will be accomplished by housing one Behavioral Health Peer Recovery Support Specialist (BH-PRSS) and one Regional Training, Education and Technical Assistance Coordinator at nine of the Local Governing Entity (LGE) offices throughout the state. These positions will play an intricate role by providing education and awareness, access to evidence-based treatments, referrals, services for Medication Assisted Treatment (MAT), where applicable, and education and training on non-opioid alternatives. <ul style="list-style-type: none"> ○ Indicators: <ul style="list-style-type: none"> ▪ The OBH will make available the designated statewide Behavioral Health Peer Recovery Support Specialist to provide peer recovery support services in accordance with an agreed upon plan between OBH and the LGE. ▪ The OBH will make available the designated statewide Education Coordinator to provide training and technical assistance in accordance with an agreed upon plan between OBH and the LGE. Contact will be made at least on a monthly basis ▪ The LGE will identify and hire staff to perform the roles of the Regional BH-PRSS and the Regional Training, Education and Technical Assistance Coordinator
<p><i>Plaquemine Police Department</i></p> <ul style="list-style-type: none"> • To prevent an epidemic of deaths by Overdoses.
<p><i>Ruston Police Department</i></p> <ul style="list-style-type: none"> • Our agency participates in a parish-wide narcotics task force whose primary focus is the suppression and prevention of narcotics related offenses.
<p><i>SCLHSA</i></p> <ul style="list-style-type: none"> • Addressing the opioid crisis is congruent with the SCLHSA mission, specifically, increasing public awareness and access to integrated care. The opioid crisis has become an interdisciplinary epidemic, impacting medical, behavioral health, criminal justice and social systems. This initiative will allow SCLHSA to utilize prevention, education, outreach and treatment efforts to enhance the promotion of wellness, recovery and independence of individuals with Opioid Use Disorders.

OTHER STATEWIDE AND LOCAL INITIATIVES

Springfield Police Department

- We deal with each situation as they come we are a small town and have not really had a problem inside our jurisdiction.

St Catherine's Hospice

- Narcotic prescriptions are logged and counted on every visit by the RN. The counts are compared to the order to review for any discrepancies. If any discrepancies are noted, the Director of Nursing is notified and an investigation is started. If any patients are suspected of diverting opioids to a family member or anyone other than the patient, the supply will stop and possible discharge of the patient.
 - Indicators: Performance Improvement Committee and Monthly reporting to ownership

St Margaret's Hospice

- Educate staff to use preventative measures, such as repositioning and use of cushions, as a first line of defense before trying narcotic medications.
 - Indicators: Funding and staff

Thibodaux Police Department

- Through administrative instruction to our Narcotics Division, we have targeted opioid dealers as well as users in an effort to combat this epidemic. We have also launched a Problem Oriented Policing unit to assist the Narcotics Division with street level distribution of opioids. We have also launched educational efforts through materials, social media and media outlets. Recently the entire department was trained on the use and issuance of Naloxone (Narcan) with distribution of that substance coming in the near future.

United Health Care

- United Healthcare's has several initiatives for prevention, treatment and education. UHC's pharmacy interventions include the monitoring of opioid prescriptions, opioid-benzodiazepine co-prescriptions, opioid prescriptions by MME, the monitoring of opioid/naltrexone prescriptions by provider, and the identifying outlier prescribers. UHC is also expanding MAT provider network capacity, offers education to its providers, and is looking to pilot evidence-based pain treatment modalities that minimize the use of opioids in the treatment of chronic pain. UHC is also identifying and addressing the needs of special populations with opioid use disorders, i.e. pregnant mothers with opioid use disorders, Sickle cell disease, HIV and hepatitis C populations, and is working with re-entry agencies. UHC is also expanding capacity to treat substance use disorders in primary care settings through expansion of behavioral health integration to primary care, and increasing engagement of highly recidivist populations including those with mental illness and substance use/opioid use disorders when identified through service claims, or in the ED post overdose. UHC is collaborating with Woman's Hospital in Baton Rouge supporting and expanding the GRACE program (Guiding Recovery And Creating Empowerment) which offers outreach, treatment and coordination of care for expecting mothers with an opioid use disorder. In collaboration with the DEA and local law-enforcement agencies, UHC sponsored Louisiana's 2018 Drug Take Back Day on October 27th in New Orleans, Baton Rouge, Lafayette, and Alexandria, and will soon announce other efforts to reduce availability of opioids for misuse in the general population.

OTHER STATEWIDE AND LOCAL INITIATIVES

Willis Knighton Hospice of Louisiana

- We monitor opioid usage. Medications are adjusted, and patients are taught alternate methods to achieve better pain control. Alternate methods include relaxation, distraction, music therapy, etc.
 - Indicators: Chart and medication review, MD involvement to adjust medications and pharmacy recommendations and evaluations

Organizations that responded and did not report initiatives:

- Baton Rouge Police Department (No official Initiatives)
- Louisiana Board of Pharmacy (No official initiatives)
- Shreveport Police Department (No official initiatives)
- Second Parish Court, Jefferson Parish (No Opioid-Specific Initiatives)
- City Court of Hammond (No official initiatives)
- Office of the Gov - OCP - SILC (No initiatives)
- Pointe Coupee Home health and Hospice (No official initiative)
- LA Department of Agriculture & Forestry (No official initiative)
- Louisiana Commission on Human Rights (No official initiative)
- Audubon Home Health, Inc. (No official initiative)
- Civil District Court for the Parish of Orleans (No official initiative due to lack of funding)

Current Partnerships

The following is a list of all the partnerships the organizations above listed that help with their initiatives. Only 21 out of the 48 respondents listed partnerships, meaning that many of the organizations are working alone on their initiatives.

- Berwick Police Department - All local law enforcement agencies and state, Parish and local agencies
- Capital Area Human Services District - Behavioral Health Collaborative, Ascension Public School System, Mirror of Grace Outreach, ICARE Program of East Baton Rouge Schools, LSU- LA-SBIRT Project
- East Baton Rouge Coroner's Office - Mental Health Association of Greater Baton Rouge
- Florida Parishes Human Services Authority - OBH, FPHSA Prevention Services Team, Multiple Community-based Prevention and Services Coalitions in the region and other community-based treatment providers
- Gretna PD: Jefferson Parish 911 agencies
- Baton Rouge Police Department is partnered with EBR Emergency Medical Services in serving the Baton Rouge Community. The police dept. relies on EMS to administer opioid suppressant medications because they are not trained to do so.
- Louisiana Medical Society partnered with LAMMICO
- The 15th JDC has contracted with a private provider for the drug education and treatment program that is provided to the ADC participants.
- The 22nd JDC is partnered with the district attorney, sheriff, clerk of court, public defender, parish government, probation and parole, coroner, FPHSA, NAMI, and religious groups
- New Iberia City Court is partnered with Iberia Parish Mental Health Unit, 16th JDC, and Keys to Sober Living
- ImCalHSA is partnered with OBH and BHG- Local Methadone Treatment Provider
- DCFS are partnered with OBH, Maternal and Child Health and Early Steps

- Louisiana State Police Crime Lab are partnered with NFLIS and TRCC to produce reports on their data
- Compassus Hospice is partnered with the VA and Community of Palliative Care
- Hill Cross Hospice is partnered with Boudreaux's Pharmacy, Med RX Pharmacy and Kroger's Pharmacy - These pharmacies do not always communicate, however, so their medical director evaluates any areas of conflict
- St. Margaret's Hospice is partnered with Aspen Pharmacy and Southeast DME
- Willis Knighton Hospice of LA is partnered with physicians, community pharmacies, and other health centers
- Northwest LA Human Services District is partnered with OBH, Center for Behavioral Health- OTP and Dept. of Corrections
- BHI is partnered with OBH, LDH Medicaid, SEW and HOPE and the LA Board of Pharmacy's Prescription Monitoring Program
- St Catherine's Hospice is partnered with other nursing homes, assisted living centers, physicians' offices and hospitals
- Louisiana Poison Control Center is partnered with EMCDDA, US Drug Enforcement Agency, American Association of Poison Control Centers National Poison Data System and LA State Police Crime Lab. For their second initiative, they are partnered with LSU-S Health Sciences Center, Louisiana Coroners Association and Fire/EMS/Police agencies. They partner with other poison centers in the US to spread their articles and reports.
- United Healthcare is partnered with LSU, Tulane University, Woman's Hospital, Louisiana Children's Medical Center, LA State Police, Metropolitan Human Services District, and the New Orleans East Medical Collaborative.

Gaps or Opportunities for Partnerships

The following are the responses that organizations stated they felt are gaps in partnerships or opportunities partners could fill to make their initiatives better and long lasting. Quite a few expressed that they wish they had more funding for education programs. The organizations who assist rural communities also expressed that they wish they had more financial support, so that they can assist those in those communities more. More funding for research and education on opioids and new drugs of abuse were common themes among the responses.

- Berwick PD stated that some gaps in their initiatives are due to politics and not enough funding to train officers more.
- There is both a gap and an opportunity for partnership in working with the regulators and payers in various systems—health insurance, Medicare, Medicaid, group plans, etc.—to learn how to limit the overprescribing of opioids using the payment systems as a control - Dept. of Insurance
- FPHSA would like an increased partnership with primary care providers, emergency rooms, and EMT services as well as continued development of partnerships with prisons and hospitals. They would also like increased opportunities for access to Vivitrol within rural areas.
- NEDHSA would like to partner with colleges and universities on their Roundtable initiative. They would also like to try to partner with local health agencies.
- The 15th JDC stated that a lack of funding prevents partnering with the Acadiana Area Human Services District to provide Mental Health and Substance Use Disorder Treatment to probationers who do not participate in the Adult Drug Court Program.
- 9th JDC needs more state funding for their drug court programs as well as a longer time allowed for inpatient treatments. They need more transportation so that more patients can attend evening meetings.

- The 22nd JDC would like to partner with the 21st JDC to get a larger group to lower prices, etc.
- Central LA Human Services District think that there should be a physician that could prescribe Suboxone and Vivitrol for individuals through the STR Grant, which would provide more options for individuals seeking MAT services. At least once-a-week group meetings for individuals participating in MAT Services.
- New Iberia City Court would like to see more prevention programs targeted at school age juveniles to prevent opioid use and drug use in general.
- Many of the hospices around the state complain that as an agency there is nothing they can do when a caregiver refuses to waste remaining opioids. Partnerships with local law enforcement agencies to enforce this would be a big help.
- Many hospices would like to partner with surrounding hospices and nursing homes to extend educational services, as well.
- BHI would like to partner with DCFS and DPSC to more appropriately support the most vulnerable populations in the epidemic.

Potential opportunities to partner with other agencies

The following are potential partnerships organizations feel would help them achieve their initiative goals. Some of these organizations have reached out to the potential partners, as specified below.

- CAHSD would like to increase primary care partnerships to integrate screening, intervention and referral to treatment (SBIRT) programs for mental health and addiction recovery
- EBR Coroner's Office is in the process of partnering with the EBR District Attorney's Office to develop a plan to prosecute large-scale opioid dealers
- A great deal of surveys would like to partner with their local public health clinics and law enforcement agencies
- DCFS is in the process of partnering with LDH to improve access to Substance Use Disorder screenings, assessments and treatment services for Child Welfare clients to improve outcomes for children and families.
- LA Dept. of Veteran Affairs would like to partner with Federal VA because most of our veterans receive prescriptions for identified diagnoses from the Federal VA medical centers and clinics.
- The LA Dept. of Education would like to partner with LDH to develop and disseminate educational resources and to provide training for school personnel

New Initiatives if funding was available

Respondents expressed what initiatives they would like to see come to fruition, if funding was available. The main themes in this section had to do with more education and prevention programs for younger citizens as well as for the elderly. Many also expressed that they wish there was more funding so that they could provide more resources available in rural areas.

- Berwick Police Department would want a better training program for its officers, so that they could be better educated and equipped to deal with opioid-related incidents.
- CAHSD would like to implement SBIRT Programs.
- FPHSA would like mobile treatment services for rural communities, expansion of peer support services and increased availability of resources such as housing, financial assistance and job training.
- NEDHSA would, with additional funding, begin a Mobile Opioid Treatment Station (MOTS) initiative. The MOTS would comprise of a mental health professional (LPC, LCSW), an addictions counselor, a

psychiatrist, a nurse, and a prevention specialist. The MOTS team would travel to rural communities providing care for individuals struggling with opioid use disorder and other mental health disorders.

- New Iberia would like to see more aggressive probation and services offered for juvenile offenders in order to address the problem as early as possible. They would also like to have more programs that teach juveniles about the dangers of “gateway drugs” such as marijuana.
- DCFS would like to increase the availability of Recovery Specialists that work directly with parents involved with DCFS to improve successful outcomes for children and families. Additional residential treatment beds for mothers with children would be beneficial in maintaining family units while services are being provided. Continued Funding would allow for ongoing operations.
- Northwest LA Human Services would like a Provision of Vivitrol injections as a MAT option in appropriate individuals with opiate or alcohol use disorders would be a service that could most easily be provided within the NLHSD BH clinics with some additional funding/support.

APPENDIX H – SURVEY 2

Heroin and Opioid Crisis Survey #2 for Stakeholders Who Completed the First Survey

Version 1: FOR THOSE WHO REPORTED AT LEAST ONE HEROIN/OPIOID INITIATIVE

We are attempting to gather more information on your initiatives to address the problems associated with the use of heroin and the abuse of opioids. These initiatives tend to fall into one of the following categories:

- Treatment
- Prevention
- Education
- Awareness
- Outreach
- Other

Please refer to your attached survey responses and answer the following questions.

Questions marked with an * require an answer in order to complete the survey.

1. For the 1st initiative described in the first survey:
What is the name of that initiative?
2. What is the name of manual, criteria, guidelines, or handbook that the participant's use?
3. When did you start this initiative?
4. Have you created a process or tool to conduct an evaluation for your initiative?
☐ Yes (Move to Question # 5)
☐ No (Move to Question # 6)
5. What are its outcomes?
6. What is your plan and time line to create a tool or process and then collect reportable outcomes?
7. What would help you improve, enhance, or expand your initiative? Please explain:

Version 2: FOR THOSE WHO REPORTED HAVING NO HEROIN/OPIOID INITIATIVES

The type of initiatives that we are interested in generally to fall into one of the following categories:

- Treatment
- Prevention
- Education
- Awareness
- Outreach
- Other

Request you provide information which explains why your organization is not addressing the Opioid Overdose Crisis.

Are there any state or local statutory, regulatory, or other administrative barriers which impede your organization's efforts to address this challenge?

* 1. Are there any state or local statutory, regulatory, or other administrative barriers which impede your organization's efforts to address this challenge?

- ☐ Yes
☐ No

* 2. If so, when and what were the results? Please identify the state or local statutory, regulatory, or other administrative barriers which impede your organization's efforts to address this challenge:

* 3. Do you think efforts to address the Heroin & Opioid Crisis is beyond the scope of your organization's mission?

- ☐ Yes
☐ No

* 4. If YES, Please provide your organization's Mission Statement.

* 5. If you believe addressing the Heroin & Opioid Crisis is within the scope of your organization's mission, what resources would you require to take on one or more initiatives to address this problem?

* 6. If you had those resources, what initiatives would you take on?

* 7. Identify any potential opportunities to partner with other agencies or organizations to expand the scope of your current initiatives. (If you have more than one initiative, request you respond for each initiative separately i.e. Response for initiative # 1. Response for initiative # 2...)

Initiative #1

Initiative #2

Initiative #3

Initiative #4

* 8. Can you identify any gaps in service or opportunities for partnerships?

APPENDIX I – SURVEY #2 RESULTS

Survey Version 1:

Version 1 of the HOPE Council Survey was distributed to agencies throughout the state. In total, there were 24 respondents to this survey. Of these, two agencies had multiple submissions and three agencies did not complete the survey. The respondents are from the following agencies: South Central Louisiana Human Services Authority, LA Department of Health Office of Behavioral Health, Clarity Hospice, Florida Parishes Human Services Authority, 9th Judicial District Court, LA Department of Education, 29th Judicial District Court, LA Ambulance Alliance, ACER LLC., Hospice of South Louisiana, Louisiana State Board of Nursing, LA Department of Corrections, Gardere Initiative, LA Department of Insurance, 22nd Judicial District Court, Baton Rouge Police Department, Medicaid, Louisiana Poison Center, and the LA Department of Veterans Affairs.

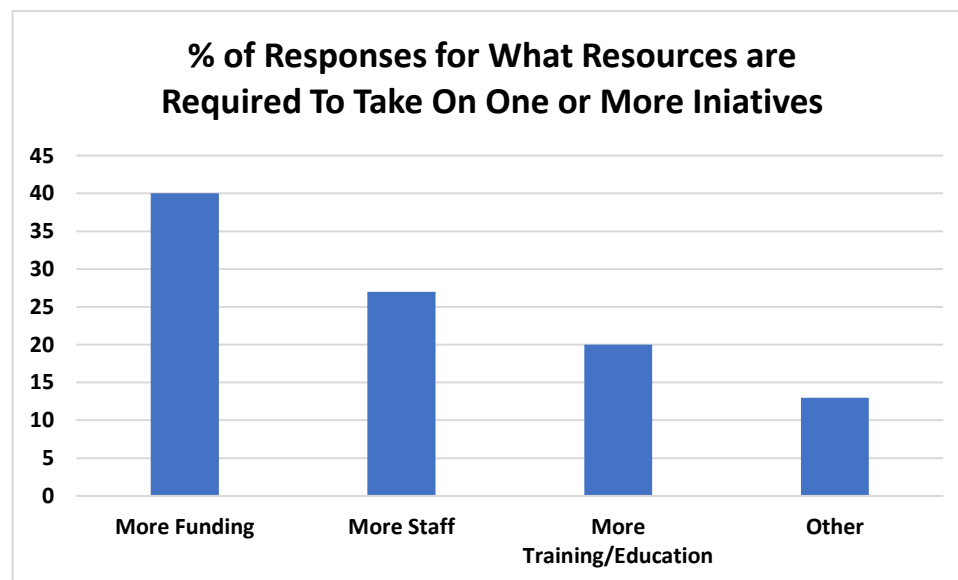
- **When asked to provide the names of the initiatives that were described in the first survey, the agencies responded with the following compiled list of initiatives:** State Targeted Response to the Opioid Epidemic Prevention Program, Louisiana Partnership for Success (PFS), Louisiana State Targeted Response Grant (STR), Opioid Overutilization Prevention, Drug Court, BESE Policy, Education, End the Epidemic LA, Treatment of Pregnant Women with Addiction, Recovering Nurse Program (RNP), STR Treatment Program, Gardere Initiative, Specialty Courts, Prevention, FFS and MCO programs, Monitoring for Emerging Threats, Opioid Safety Initiative (OSI), MAT-PDOA, Indigenous Leaders Outreach Model, ASAM Levels 1- and 2-WM, 1115 Waiver: Health Louisiana Opioid Use Disorder/Substance Use Disorder (OUD/SUD) Demonstration, Comprehensive Opioid Abuse Site-Based Program, ACEs Assessment Initiative, National Poison Drug System Data Monitoring, Strategic Prevention Framework for Prescription Drugs (SPF Rx), Opioid Outreach & Crisis Response Team.
- A total of 24 agencies responded to the first HOPE Council survey. Fourteen of those agencies (59%) indicated that they had no evaluation process in place for their opioid initiatives.
- **In response to what manuals, criteria, and guidelines the agencies used, they responded with the following compiled list of tools:** Addressing Opioid Overdose (SAMHSA): Understanding the Role of Prevention, Strategic Prevention Framework, Physician/Medical Direction/Pharmacy Board/Patient Handbooks, STR OBH Guided Approach, LA Drug Court Manual, BESE Policy Bulletin 741, Motivational Interviewing, Interpersonal Group Therapy, Structured Re-Entry Monitoring, ASAM, CBT, LSBN, SAMSHA guidelines, HPA 17-7: Updated Opioid Prescription Policy, Prevention Curriculum as outlined in SOR/Certified Peer Support Specialist, VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain. MAT Protocol, Referral Guidelines for Opioid Treatment Programs, Referral Guidelines for Department of Corrections, Nalaxone Distribution Protocol, Indigenous Leaders Model, Behavioral Health Provider Manual, 1115 Waiver's Special Terms and Conditions, Poison Control Center Protocol, CDC's Overprescribing Guidelines.
- Of the ten agencies that do have an initiative, most have only a single initiative in place (56%), and of these, only 42% also have an evaluation process.
- **When asked about when the agencies' initiatives were started,** 22 of them were created since 2016. Seven initiatives were created between 1998 and 2015. The oldest initiative dates to 1986.

- **When asked about what the outcomes for their initiatives were, the agencies gave the following responses:** Reducing the onset and progression of underage drinking among persons age 12 to 20 years of age, prevent non-medical use and abuse of prescription drugs among persons age 12-25 years of age, 558 persons treated, 660 persons receiving recovery support, 2,000 people trained on topics related to opioid epidemic, 426 persons attending training, average length of engagement (13.6 weeks), % of babies delivered to full term and % of babies experiencing NOWS symptoms, 60 persons entering program and 20+ receiving MAT, overall reduction in prescriptions for Medicaid recipients, number of patients referred to OTPs, number of referrals from OTP, number of referrals from DOC, number of providers implementing MAT, rates of opioid use and opioid-related deaths, number of clients receiving MAT and number of Nalaxone kits distributed, number of OUD clients that receive recovery support services, number of pregnant women served, number of gift cards and bus passes distributed, program completion rates, drug use prevalence rates, rates of non-medical use of prescription drugs for teens and adults.
- **When asked about a timeline and plan for creating an evaluation tool or process and collecting reportable outcomes,** some agencies had no plan or were unsure. A few agencies, however, gave more specific timelines and plans. For example, SCLHSA TETA will develop and implement a presentation pre-test and post-test evaluation form to collect outcomes within 60 days. The LA Department of Education will include substance abuse instruction in its annual health survey by Spring 2019. The Supreme Court Drug Court Office collects data on the different drug court programs within the State of Louisiana and tracks recidivism on each program.
- **When asked what would help improve, enhance, or expand their initiatives,** the agencies gave a wide range of varied responses. Some excerpts from the narratives given include the following ideas/statements: resource sharing from STR program, extending PFS, receiving a no-cost extension from SAMSHA, state enforcement on opioid removal, increase in funding and staff, higher survey response rate from schools, more access to detox and inpatient treatment services, better care coordination, increased community education, updating official terminology (e.g. relapse), better follow-up with Probation & Parole, expanding working relationships beyond the healthcare sector, implementation of SOR, better training for using NARCAN, more sophisticated drug screenings, and providing more information to veterans and their families, more peer-support specialists in Region 3, Medicaid expansion to include reimbursement for substance-abuse treatment, housing and transportation vouchers, developing educational materials, and PMP data specific to Jefferson Parish.
- Thirteen agencies indicated that they only have one initiative and 10 of the agencies reported that they had more than one initiative.
- Of the ten agencies with more than one initiative, only four of these agencies have an evaluation process for these initiatives.
- Three agencies indicated that they have more than two initiatives but only one of those organizations have an evaluation process for them.
- Two of the agencies surveyed have more than three initiatives but only one of those agencies has an evaluation process in place for their initiatives.

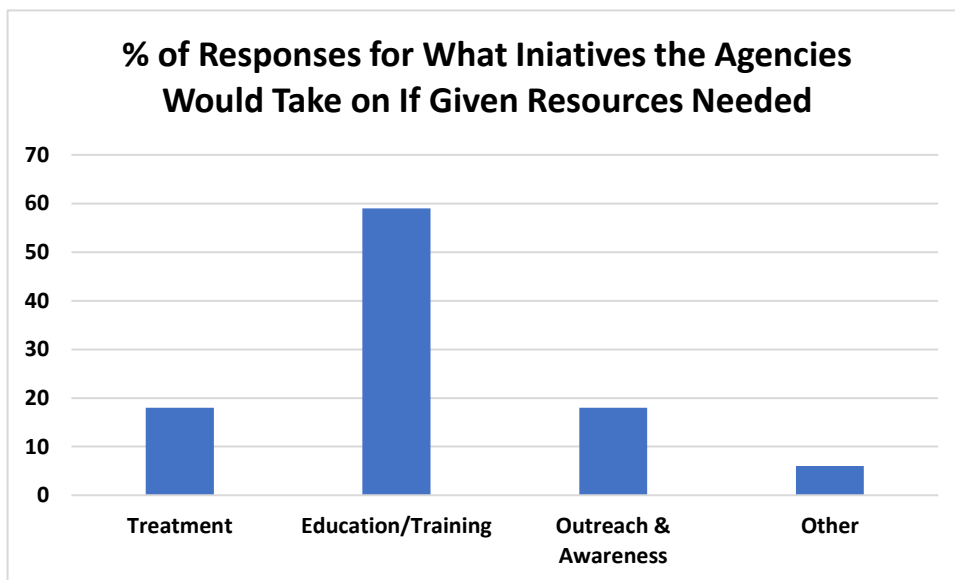
Survey Version 2:

Version 2 of the HOPE Council Survey was distributed to agencies throughout the state. In total, there were 26 respondents to this survey. Of these, four agencies had multiple submissions and three agencies did not complete the survey. Of these, The respondents are from the following agencies: Second Parish Court, 20th Judicial District Court, Monroe Police Department, Hospice Compassus, Shreveport Police Department, LA Board of Pharmacy, Chiropractic Association of Louisiana, Central LA Human Service District/Caring Choices Clinic, Ruston Police Department, Audubon Home Health, Inc., LACASU - Louisiana Board of Regents, Imperial Calcasieu Human Services Authority, LA Department of Agriculture and Forestry, Springfield, Pointe Coupee Hospice, Hospice of Acadiana, Inc., Optometry Association of Louisiana, LMHPCO, and the Iota Police Department.

- **When asked about whether any local/state statutes or administrative barriers were impeding ongoing agency efforts**, nearly all the 26 surveyed agencies (96%) responded “No”. The single agency that responded yes to this question indicated that the reason for this is that, “OTPs do not input into the PMP.”
- **Regarding whether the heroin and opioid crisis is beyond the scope of their organizations’ mission**, 19 of the 26 agencies indicated “No”. The seven respondents who said “Yes” indicated that their missions were more directly related to law enforcement, judicial proceedings, and environmental issues.
- **For agencies who indicated that addressing the crisis is within their scope and gave reasons for what would help them implement more than one initiative**, their responses were grouped into the following categories. As can be seen below in the figure, more funding (40%), more staff (27%), and access to educational and training materials (20%) were the most common types of responses. Other responses account for 13% of the total responses.



- When asked what types of initiatives that agencies would offer given that they had the resources needed, the most common answers were grouped into the following categories: education and training, treatment, outreach and awareness, and other. As can be seen below in the figure, education and training was the most frequent response (58%) followed by treatment (18%), outreach and awareness (18%), and other responses (6%).



- Of the 26 respondents, approximately 62% of them could not identify gaps in service or partnership opportunities. The remaining 38% of agencies identified some gaps such as poor communication between law enforcement and prescribing entities, cost and location of services, and lack of education.