

# 2021 Year-End Report of State and Local Responses to the Opioid Crisis: Interagency Coordination Plan

*Advisory Council on Heroin and Opioid Prevention and Education*

*ACT 88 of the 2017 Louisiana Legislative Session*

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## EXECUTIVE SUMMARY

The Louisiana Advisory Council on Heroin and Opioid Prevention and Education (HOPE Council) is an advisory board created by Act 88 of the 2017 Regular Legislative Session and adopted as La. Revised Statute (R.S.) 49:219.5 later that year. The HOPE Council has completed its fourth full year of operation. The following is the Council's fourth year-end Interagency Coordination Plan. All HOPE Year End reports are posted at [www.ldh.la.gov/hope](http://www.ldh.la.gov/hope).

Act 88 requires that the Annual Interagency Coordination Plan 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 Council consists of 13 state agency members, listed in Appendix A. The Council may engage and solicit, as necessary, input, recommendations, and guidance pertaining to heroin and opioid prevention and education from interested parties and stakeholders, including, but not limited to, 19 listed stakeholders.

As stated in prior reports, the Louisiana Opioid Surveillance Initiative (LOSI) developed the Louisiana Opioid Data & Surveillance System (LODSS) for the collection of information, including health data, from LDH and external organizations related to opioid use disorder. LODSS analyzes the collected information and disseminates results through fact sheets, publications, training and educational materials, and the online data and surveillance system, which also makes data viewable by demographics, such as age, race, and gender. The website for LODSS is [www.lodss.ldh.la.gov](http://www.lodss.ldh.la.gov).

**Ongoing COVID-19 Challenges:** During the 2021 reporting period, Louisiana continued to remain under an official statewide public health emergency declaration (i.e., the Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq.) due to the continued threat of COVID-19. Challenges included access to and provision of behavioral health services, requiring the continued utilization of telecommunication strategies for service delivery. Medicaid data shows that telehealth encounters began in March 2020 for services such as Intensive Outpatient Program treatment, substance use disorder assessments, as well as for substance use disorder outpatient services and psychotherapy. While the use of telehealth was helpful for continuity and access to care, Louisiana still experienced some declines in utilization of these services during the pandemic.

## DESCRIPTION OF THE PROBLEM

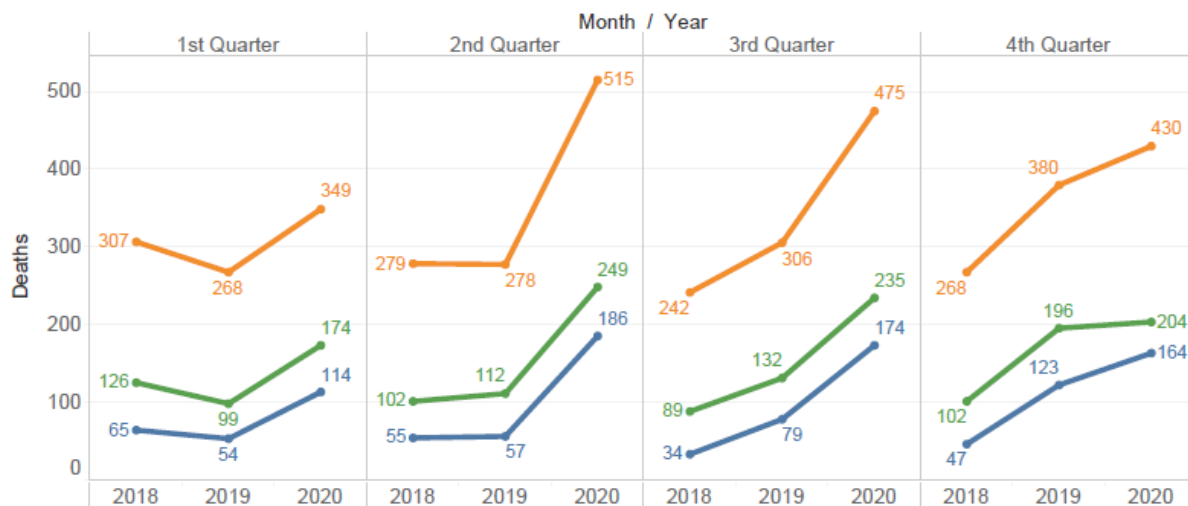
**National Drug Overdose Death Trends:** According to CDC data, drug overdose deaths in 2020 hit the highest number ever recorded. The CDC reported an estimated 93,331 individuals died of a drug overdose in the United States in 2020, including an estimated 57,550 who died of overdoses from synthetic opioids. This represents an increase of 29.4% from the 72,151 deaths predicted in 2019. According to the CDC, overdose deaths from synthetic opioids (primarily fentanyl) and psychostimulants such as methamphetamine also increased in 2020 compared to 2019. Cocaine deaths and those from natural and semi-synthetic opioids also increased.

Source: [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20210714.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20210714.htm)

**Louisiana Fatal Drug Overdoses:** Fatal overdoses from all drugs increased by 48% between 2019 and 2020. The fatal overdoses due to opioids rose 69% during the same period, and those due to synthetic opioids increased by 117% from 2019 to 2020 in Louisiana.

**COVID-19-Related Overdose Trends:** Fatal overdose data in Louisiana between 2018 and 2020 shows that drug deaths rose significantly in the second and third quarters of 2020, when compared to 2019, coincident with Louisiana's stay-at-home orders put into place for COVID-19 mitigation.

### Fatal Overdose\* Comparison by Quarter Louisiana, 2018 - 2020\*\*



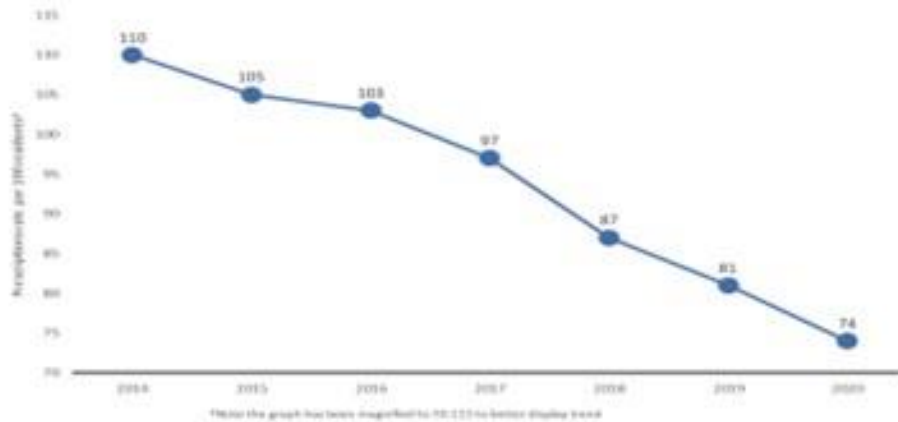
Source: Louisiana Electronic Event Registration System, extracted 03/2021 by the Louisiana Opioid Surveillance Initiative.  
 \*\*"Overdose" deaths are defined as those where a drug poisoning was certified in the death record as the primary cause of death.  
 NOTE: Louisiana was under a "stay at home" order between March 22 and May 15 in 2020. Phase 1 began May 15 and ended September 11.

Type  
 Drug Deaths  
 Opioid Poisoning Deaths  
 Synthetic Opioid Poisoning Deaths

**Rises in Drug-Related Emergency Department Visits:** Bureau of Infectious Disease Epidemiology data shows emergency department visits rose 44% for all drugs between 2019 and 2020. Most of this increase was related to opioids and heroin, which rose by 93% and 97% respectively.

**Total Louisiana Opioid Prescriptions per 100 Residents:** Louisiana's rate continues to decrease each year, declining from 81 prescriptions per 100 residents in 2019, to 74 prescriptions per 100 residents in 2020. This continues a trend in place since 2014, as seen below.

## Total opioid prescriptions per 100 Residents Louisiana, 2014 – 2020



Source: Louisiana Prescription Monitoring Program, Louisiana Board of Pharmacy, extracted 07/2021 by the Louisiana Opioid Surveillance Initiative



**Top 5 Opioid Prescriptions in Louisiana – Calendar Year 2020:** Data sourced from the Louisiana Prescription Monitoring Program shows three of the top five prescriptions in the Louisiana Prescription Monitoring Program were opioids. These included hydrocodone (16.4%), dextroamphetamine (11.1%), alprazolam (9.4%), oxycodone (7.5%), and tramadol (7.1%), with all other controlled substances totaling 48.5%.

**Number of Louisiana Deaths by Specific Opioid Drugs Used:** Deaths by any/all opioids in Louisiana increased from 2018 to 2020. The largest increase was in synthetic opioids, which includes more potent fentanyl formulations. Deaths from synthetic opioids in 2020 totaled 692, an increase of 109% from 2019, and deaths from fentanyl rose to 664 in 2020, an increase of 107% from 2019. Deaths due to heroin increased to 258, increasing 18.3% from 2019. Deaths from natural and semi-synthetic opioids increased to 278, up 41% from 2019, and deaths from methadone increased to 28, an increase of 33% from 2019.

**Medicaid Opioid Prescriptions during 2020:** As total opioid prescriptions (Medicaid and non-Medicaid) per 100 residents continued to decline, Medicaid data showed that the number of opioid prescriptions for Medicaid clients increased by 5.7% when compared to the prior year. The number of unduplicated Medicaid members who filled opioid prescriptions increased by 9.8% during that same time. For reference, Medicaid enrollment grew by 211,158 or 13.1% during this same period.

**Louisiana Opioid Deaths by Parish:** 982 opioid-related deaths occurred in Louisiana during 2020, up from 588 in the prior year. These deaths included Louisiana residents as well as residents from other states and countries. The top five parishes of residence and of occurrence in 2020 were as follows: 1. Jefferson; 2. St. Tammany; 3. Lafayette; 4. Orleans; and 5. Livingston Parish.

**Opioid Prescriptions Issued by Parish:** In 2020, there was an average of 74 opioid prescriptions per 100 individuals in Louisiana. The number of opioid prescriptions issued were highest in the parishes below. Each had more prescriptions issued than people residing in the parish.

1. Rapides (143 prescriptions issued per 100 residents, down from 159 prescriptions issued in 2019)
2. Caddo (131 prescriptions issued per 100 residents, down from 138 prescriptions issued in 2019)
3. Lafayette (114 prescriptions issued per 100 residents, down from 123 prescriptions issued in 2019)
4. East Baton Rouge (109 prescriptions issued per 100 residents, down from 119 prescriptions in 2019)
5. Evangeline (106 prescriptions issued per 100 residents, down from 118 prescriptions issued in 2019)

## IMPACT ON LOUISIANA

Unfortunately, like the trends seen across the country, many of the measurable impacts of the opioid epidemic in Louisiana continued to rise last year. Opioid-related deaths, opioid poisonings, as well as the overall number of Medicaid opioid prescriptions filled increased in 2021. Louisiana Medicaid Medication Assisted Treatment (MAT) prescriptions for 2021 also continued an upward trend. MAT prescriptions increased by 29,994 during 2021, representing a 20.4% increase compared to last year. More Medicaid members are seeking and receiving MAT in Louisiana each year.

Medicaid data also showed increases in emergency department visits, acute hospital admits, and increases in the numbers of recipients utilizing these specialized Medicaid services. Fortunately, the numbers of naloxone prescriptions filled and the number of both outpatient and residential substance use treatment visits also increased, indicating more people accessing critical substance and opioid use disorder services. The following data reflects these trends:

- **Louisiana Medicaid Opioid Prescriptions Filled:** In State Fiscal Year 2021, 552,579 Medicaid prescriptions were filled for 226,812 unduplicated Medicaid recipients at a cost of \$13,026,890 in Medicaid payments. Each of these represented increases from prior state fiscal year.
- **Naloxone Prescriptions filled in 2021:** Medicaid data for 2021 indicates 6,431 naloxone prescriptions were filled in Louisiana during 2021, an increase of 32.1% compared to the prior year. During this time, 5,770 unduplicated Medicaid recipients obtained naloxone, representing an increase of 32.2% from 2020.
- **Emergency Department and Acute Inpatient Hospital Admissions Related to Opioids in 2021:** Continuing previously observed trends, Louisiana Medicaid claims data shows opioid-related emergency department visits rose by 14.6% in 2021, while inpatient hospital admissions rose by 16.9%. Similarly, the number of emergency department days for those with opioid use disorders increased by 20.6% during 2021, as 7,686 unduplicated recipients sought emergency department services for opioid use issues in 2021.
- **Inpatient and Residential Substance Use Disorder Treatment:** Louisiana saw an increase in those receiving inpatient/residential substance use disorder treatment related to opioids, with 8,759 unduplicated recipients receiving these services in 2021. This represents an increase of 17.3 % compared with 2020.
- **Louisiana Medicaid Outpatient Opioid Use Disorder Treatment:** In 2021, 7,372 individuals received outpatient substance use disorder treatment for opioid-related issues, a 15% increase from 2020.

- **Department of Children and Family Services:** As of October 18, 2021, there were 1,966 children with a valid Drug/Alcohol Affected Newborn Allegation for FFY 2020. This number includes newborns affected by opioids used in an unlawful manner, a decrease from 2,116 last year.
- **Louisiana State Police (LSP):** Opioid statistics from the Louisiana State Police drug takeback initiative showed a decrease from 138.91 kg in 2019 to 81.4 kg in 2020, likely due in part to government building closures related to the COVID-19 pandemic. Similarly, the DEA takeback initiative showed a decline from 5,153.8 kg in 2019 to 1,951.8 kg in 2020. LSP also reported decreases in heroin seizures and oxycodone seizures that may correspond with a COVID-19-related decline in physical arrests during this report period.
- **Attorney General's Office:** As of November 2020, the attorney general's office provided vouchers for close to 25,000 doses of naloxone to law enforcement personnel and is providing training statewide. This represents an increase from 20,000 in the prior year. The office also received a donation of 60,000 medication disposal pouches, which were distributed to hospice organizations and Meals on Wheels throughout the state. In addition, Attorney General Jeff Landry announced an historic \$26 billion agreement with the nations' three major pharmaceutical distributors and another company, which requires significant industry changes and reforms. Louisiana anticipates the receipt of more than \$325 million.
- **Higher Education:** The most recent opioid use data from Louisiana's college students is 0.7%, an increase from 0.1% in 2019. Regional data is as follows:
  - **New Orleans:** 0.8% (+0.3 from 2019)
  - **Baton Rouge:** 1.0% (no change from 2019)
  - **Houma/Thibodaux:** 0.0% (not available in 2019)
  - **Lafayette:** 0.5% (-0.1 from 2019)
  - **Shreveport:** 0.5% (no change from 2019)
  - **Monroe:** 1.1% (+0.5 from 2019)
  - **Hammond:** 0.5% (-0.1 from 2019)

## INTERAGENCY HEROIN AND OPIOID COORDINATION PLAN

### Addressing the Problem

To continue the partnership and collaboration with stakeholders that are addressing the issues, efforts of various public and private entities are highlighted below. They include various public and private entities' newly enacted or continued, established programs in response to the opioid crisis, including, but not limited to the following:

#### *State and Local Responses: Surveillance and Data*

- **Louisiana Opioid Surveillance Initiative:** The Louisiana Opioid Surveillance Initiative (LOSI) developed the Louisiana Opioid Data & Surveillance System (LODSS) for the collection of information from LDH and external organizations related to opioid use disorder. LODSS analyzes the collected information and disseminates results through fact sheets, publications, training and educational materials, and the online data and surveillance system. The website for LODSS is [www.lodss.ldh.la.gov](http://www.lodss.ldh.la.gov).



- **Performance Improvement:** LDH/OBH continued working with Island Peer Review Organization, Inc. (IPRO), LDH/OBH's external quality review organization, and the five Medicaid MCOs in 2021 on a performance improvement project (PIP). The PIP aims included improving member initiation and engagement of alcohol and other drug use or dependence treatment (IET) and increasing follow-up care following an emergency department visit for a substance use reason (FUA). LDH/OBH expanded the PIP in 2021 by adding another HEDIS measure to increase rates of continuity of pharmacotherapy for opioid use disorders (POD).
- **Louisiana's State Epidemiology Workgroup (SEW):** The SEW leads the process for state-level substance use data collection and analysis to support the statewide substance misuse prevention infrastructure. That process continues to make it clear that youth and adult opioid use and associated negative consequences will continue to be a priority. The Office of Public Health (OPH) has been instrumental in improving statewide data collection and analysis of opioids through federal discretionary grants, helping the boards and commissions under the Office of Drug Policy to target funding, strategy implementation, and other vital resources.
- **NOLA Data Workgroup (DWG):** This epidemiological workgroup aims to improve availability, access, and quality of data at the local level to address substance use problems and support comprehensive local planning and targeting resources and programming. In 2021, New Orleans emergency medical services, fire departments, and police departments recorded and reported instances of naloxone administrations, including the physical location of administrations that occurred during service calls. This data was entered into the Overdose Detection Mapping Application Program (ODMAP). These maps are used to create quarterly naloxone administration heat maps to convey the density of opioid overdoses and subsequent naloxone administration across Greater New Orleans.

#### ***State and Local Responses: Education and Prevention***

- **Prevention Initiatives:** During 2021, OBH and OPH engaged in several education and prevention activities targeting Opioid Prevention Outreach Coordinators (OPOCs) and Prevention Specialists. Topics included, but were not limited to, SAMHSA's Strategic Prevention Framework (SPF), SAMHSA Substance Abuse and Prevention Block Grant, Louisiana's State Opioid Response Grant, various evidence-based/informed prevention programs, information about Local Governing Entities (LGEs), workforce development resources, and general opioid prevention education and outreach.
- **Public/Professional Training:** OBH contracted with The Women's Foundation, Inc. to provide training to local communities to increase awareness and education for prevention and treatment of opioid misuse, including education on alternatives to pain medications. See Appendix E for list of 2021 trainings.
- **Higher Education Professional Development Training:** In FY 2021, the Louisiana Higher Education Coalition (LaHEC) hosted a series of professional development webinars related to collegiate communities. Webinars were free and recordings were available to attendees for future viewing. Examples of offerings include Exploring Substance Misuse Prevention, Treatment & Recovery Among Black, Indigenous, and People of Color; Prevention, Lessons Learned and Emerging Research on Cannabis Use by College Students; and supporting those choosing not to drink while attending college.
- **Faith-Based Initiative:** In FY 2021, OBH implemented numerous statewide faith-based initiatives, and created the Faith & Recovery Toolkit; created and launched The Firm (Faith in Recovery Matters) newsletter; created and distributed sober outreach fliers, and offered technical support

and assistance to LGEs. OBH also created a Faith & Recovery Outreach Hotspot Map, and a template for a town hall meeting held in January 2022. The toolkit is accessible at [https://ldh.la.gov/assets/docs/BehavioralHealth/Faith\\_Recovery\\_Outreach\\_ToolKit.pdf](https://ldh.la.gov/assets/docs/BehavioralHealth/Faith_Recovery_Outreach_ToolKit.pdf).

- **Louisiana Center for Prevention Resources:** OBH Prevention Services contracts with the Louisiana Center for Prevention Resources (LCPR) at Southern University Baton Rouge, within the Nelson Mandela College of Government and Social Sciences in the Psychology Department, to provide training and technical assistance services to the Substance Abuse Prevention and Mental Health Promotion Workforce. The LCPR increases capacity, skills, and expertise to ensure and/or enhance delivery of effective substance misuse prevention interventions, trainings, and other prevention activities. These services are available to youth, communities, professionals, and others in the prevention and behavioral health community. The LCPR works directly with the LDH/OBH Prevention Services and other statewide entities aimed at improving implementation and delivery of effective substance misuse prevention and mental health promotion interventions. The LCPR provides prevention skills trainings and technical assistance based on prevention science; uses evidence-based and promising practices; and leverages the expertise and resources available through new and existing alliances. It offers courses and trainings required for prevention certification and/or licensure and serves as a repository for prevention resources. A list of evidence-based trainings available through the LCPR is included in Appendix E.

#### ***State and Local Responses: Intervention***

- **Standing Order:** Naloxone is a prescription medication indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. The Office of Behavioral Health medical director issues the standing order in compliance with and under the authority of [La. R.S. 40:978.2](#). As per Louisiana's standing order, naloxone is available without a prescription at local pharmacies. Individuals on Medicaid can get naloxone free of charge at a local pharmacy. Naloxone coverage varies by insurance carrier. The naloxone standing order is online at [www.ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf](http://www.ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf).
- **Pharmacy Toolkit:** OPH developed the Louisiana Pharmacy Opioid Toolkit, which focuses on strategies to treat different types of pain and best practices used when dispensing opioids. The guide looks at the importance of recognizing signs and symptoms of overdose, alternative treatments, proper handling, storage and disposal, naloxone education, and regional contacts. The toolkit will be available online during early 2022 at <https://ldh.la.gov/assets/opioid/13245-OpioidFlipBook.pdf>.
- **Narcan Distribution:** OBH provided over 15,000 free nasal-spray naloxone kits for distribution through the LaSOR grant. As there is a limited number of kits purchased, priority was given to the following groups:
  - 1) Local Human Services Districts/Authorities based on need; and
  - 2) Opioid Treatment Programs (OTPs) for distribution to their at-risk clients and families.
- **Syringe Service Programs (SSP):** LDH contracts and funds services at four of the seven SSPs operating in the state. The SSPs began collecting participant intake and encounter data on July 1, 2021. LDH anticipates that this data may be available by the next HOPE End of Year Report. On December 8, 2021, SAMHSA announced a new Harm Reductions Grant, which, among other strategies, intends to support states' efforts related to syringe services programs and other harm reduction services.

- **Hepatitis C Harm Reduction Efforts:** LDH and the Office of Public Health continued efforts to reduce the risks associated with untreated hepatitis C in 2021. This included monthly Project ECHO-Hepatitis, Addiction, and stigma Reduction in Medicine (HARM) meetings, sponsoring a seminar on destigmatizing drug use, and helping to train over 500 prescribers statewide on the fundamentals of HCV testing and treatment.

#### ***State and Local Responses: Treatment and Recovery***

- **Louisiana's Methadone Clinics/Opioid Treatment Programs (OTP):** Despite hurricane-related closures since last year, Louisiana's OTPs experienced a slight increase in statewide census from 4,738 in January 1, 2021 to 5,005 by December 1, 2021, representing a 6% increase in numbers of individuals served by these methadone providers.
  - **OTP RFA:** In 2021, LDH/OBH determined a need to expand OTPs in LDH Administrative Regions 3 and 9, and released a Request for Applications (RFA) on November 30, 21. Planned opening of newly selected OTPs is May 2022.
  - **OTP 24hr Expansion Project:** Utilizing available LaSOR 1 and 2 grant dollars, Louisiana was one of the first states to implement 24/7 OTP access in 2021. Clinics already expanded to 24/7 access include New Orleans and Shreveport. Hammond and LaPlace were delayed due to Hurricane Ida.
  - **Mobile Methadone Services:** Hurricane Ida hit the Louisiana coast Aug 26, 2021, severely damaging the LaPlace Methadone clinic and the surrounding area. In response to maintaining Methadone access in Region 3, BAART brought a trailer from Maryland to Louisiana to dose the LaPlace patients. The DEA recently issued guidance for the utilization of mobile dosing units, and was agreeable in approving utilization for disaster response.
- **Odyssey House Louisiana Inc. (OHL):** OBH collaborated with Odyssey House Louisiana Inc. (OHL) to provide detox, treatment, behavioral and medical healthcare, life-skills, counseling, and case management for COVID-19 positive individuals needing residential level treatment. Through this collaboration, OHL opened a 30-bed, Clinically Managed High Intensity Residential Treatment Program meeting the American Society of Addiction Medicine's (ASAM) 3.5 level of care. The Isolation/Quarantine unit is the only COVID-19 positive residential facility in the Greater New Orleans area, and offers supports to ensure that proper safety precautions and equipment are in place for a healthier environment.

OHL has shown a tremendous potential for growth and improvements based on the modifications that the unit has made since implementation of the initiative. OHL was able to offer COVID testing to 2,238 individuals that presented for treatment from April 20, 2020 through September 30, 2021. Of the 2,238 individuals tested at screening, 106 of those clients went into the COVID Isolation Unit. Of those 106 admissions, 51 of those clients tested positive for COVID.

- **Ness Healthcare Opioid-related Activities in 2021:** Ness Healthcare NFP, also known as Northlake Behavioral Health System, reported several opioid-related activities in 2021 that expanded treatment and recovery options for those with opioid and substance use disorders. This included workforce development and trainings, enhancement of clinical services and programs, as well as educational activities aimed at assuring community providers, the Emergency Medical System, as well as OBGYNs and Primary Care Practitioners were aware of these expanded service offerings. Ness' primary service areas include Washington, St. Tammany, and Tangipahoa Parishes.

- **Department of Corrections:** This past year, the number of incarcerated Louisianans with active opioid offences was 1,777, which was *down* from the prior year's number of 2,122. The number of opioid convictions in 2020 was 972, also down from the 2019 figure of 1,474 reported. The number of opiate-convicted inmates released last year also fell from 2,013 in 2019 to 1,685 in 2020. One possible explanation provided by the Department of Corrections was that some arrests, revocations, and court proceedings were suspended beginning in 2019 through mid-2021. The decreases in arrests and court services may account for the drop in convictions, and with fewer convictions and revocations, fewer offenders entered the system since 2019.
- **Louisiana State University Health Sciences Center/University Medical Center (UMC):** UMC provides inpatient psychiatric care in its 15-bed Addictions Psychiatry Behavioral Health Unit, which also treats those with opioid use disorders, and provides MAT through its consultation-liaison service teams. In addition, LSUHSC Addiction Psychiatry provides outpatient care for adolescents aged 14 to 21 years, in its Intensive Outpatient Program (IOP). The Integrated Care Clinic allows outpatient primary care practitioners to provide MAT. Furthermore, the Perinatal Psychiatric Clinic provides high-risk obstetrical patients with MAT throughout pregnancy. These services are provided across UMC, Touro, and Children's Hospitals.
- **Recovery Project:** Faces & Voices of Recovery provided LDH with a series of six trainings for recovery support providers, presented by subject matter experts with decades of experience in the peer recovery movement. Faces & Voices also provided technical support assistance before, during, and after each training by sending reminders for each training; supporting individuals and assisting peers with copies of training materials and training certificates.

#### ***State and Local Responses: Resource and Capacity Development***

- **ATLAS Treatment Locator Initiative:** Louisiana continued collaboration in 2021 with Shatterproof (a national nonprofit) and 10 other states to refine and promote ATLAS, a free online substance use disorder treatment locator. ATLAS also offers a free drug and alcohol Addiction Treatment Needs Assessment, a brief lay-friendly resource to support identifying a likely type/level of care for those seeking treatment. The assessment is widely available anonymously and can be accessed at [www.treatmentatlas.org](http://www.treatmentatlas.org). For more information about Shatterproof, visit: [www.Shatterproof.org](http://www.Shatterproof.org).
- **Louisiana State Police Opioid-related Statewide Initiatives:** Drug takeback initiatives continued through the Louisiana State Police in 2020, but netted significantly less than in the prior year, largely due to COVID-19 pandemic-related impacts. During this same time, the Louisiana State Police Bureau of Investigations reported that State Police Patrol seizures of heroin increased, but hydrocodone and oxycodone seizures and physical arrests decreased significantly. Undercover operations doubled the number of opioid cases being opened, and the number of arrests stemming from undercover operations also increased. In addition, there was a decrease in seizures of hydrocodone dosage units, but an increase in contraband seizures such as heroin, fentanyl, and oxycodone in 2020. (See Enforcement/Public Safety/Corrections impact metric entries above for details.)
- **Attorney General Activities:** The Louisiana Attorney General's Office remained active in 2021, providing education in partnership with the Louisiana Ambulance Alliance through their "End the Epidemic" website ([www.endtheepidemicla.org](http://www.endtheepidemicla.org)). The Attorney General's Office also provided training and vouchers for approximately 25,000 doses of naloxone to law enforcement, increased its drug take back boxes to 80 statewide, and distributed 60,000 medication disposable pouches to

hospice associations and meals on wheels throughout the state. Following a year-long investigation into various companies' roles in creating and fueling the opioid epidemic, three major pharmaceutical distributors reached a historic settlement of \$26 billion, \$325 million of which Louisiana will receive. The agreement also requires significant industry changes that will help prevent this type of crisis from happening again.

- **K-12 Education:** Due to COVID-19-related issues, the 2021 Youth Risk Behavior Survey was delayed and updated information will not be available to the HOPE Advisory Council until the 2022 report.
- **Higher Education:** The Board of Regents, in partnership with LDH/OBH and LGEs, has provided over 500 naloxone kits, training information, and educational materials to college campuses throughout the state.
- **Tribal Collaboration:** During 2021, the Tunica-Biloxi Tribe of Louisiana has continued developments in their program to continue improvement and effectiveness in drug prevention services of the Tribal Opioid Response (TOR) Program. The TOR exceeded its goals in decreasing opioid use for the year and noted that their Opioid Prevention Program grant was scheduled to end in September 2020. However, the program continued to September 2021 due to a 1-year extension.

#### **State and Local Responses: Changes in Legislation for 2021**

- **House Concurrent Resolution 76 (Edmonds):** Urges and requests LDH to post on its website notices of online opioid educational opportunities and training available in 2021 and to convene an opioid action summit by January 1, 2023.
- **Senate Resolution 82 (Mizell):** Urges and requests LDH to study and provide written report on options regarding Medicaid reimbursements for non-opioid pain treatment alternatives on or before February 1, 2022.

#### **State and Local Responses-Medicaid Managed Care Organization Opioid-related Activities:**

During 2021, Louisiana's Managed Care Organizations (MCOs) continued the following existing programs: 1) monitoring for consistent usage of ASAM criteria in clinical service programs, 2) using encounter data to identify those at risk for opioid use disorders, 3) providing education, care management, and navigation assistance, and 4) continuing the use of pharmacy lock in programs. MCOs also facilitated SBIRT screening and linkage of their members to specialized substance and opioid use disorder services, including MAT, and employed recovery coaches, telemedicine access to providers, and subsidized buprenorphine waiver training through ASAM for interested providers. Some MCOs collaborated with private providers, such as Woman's Hospital's Grace Program, and engaged in harm reduction activities, such as distributing naloxone kits.

#### **Summary/Conclusions from Available Impact Data and Statewide Opioid Activities:**

2021 saw a continuation of challenges introduced in 2020 as related to COVID-19 restrictions and disruptions, including challenges to access to and provision of behavioral health services, requiring the continued utilization of telecommunication strategies for service delivery. Both national and Louisiana opioid-related deaths continue to trend upwards, spurred by synthetic opioids (primarily fentanyl). Even as more and more Louisianans with opioid use disorders took advantage of education opportunities, naloxone access, and were able to access MAT, outpatient and residential-based substance use treatment, the number of people presenting to emergency departments and acute medical hospitals continued to rise. Special populations, like perinatal and pregnant women, still have challenges accessing specialized behavioral health services for substance use disorders, including opioid use

disorders. Even as the overall rate of opioid prescriptions per 100 people in Louisiana continued to decline, the numbers of Medicaid individuals receiving opioid pain prescriptions continued to increase.

### Recommendations for 2021:

The HOPE Advisory Council's Interagency Coordination Plan for 2021 recommendations continue to reflect challenges presented by the COVID-19 pandemic and repeated hurricane events. This plan aims to 1) address exposed vulnerabilities within Louisiana's healthcare, public safety and community systems and structures, and 2) help strengthen those systems and structures to better meet the needs of those adversely impacted by opioid and related substance use disorders.

The HOPE Advisory Council's 2021 Interagency Coordination Plan, recommendations include the following:

#### 1. Person-Centered Recommendations:

- a. Focus on recognition and treatment of trauma: Among those who seek treatment, there is a high rate of people with comorbid Posttraumatic Stress Disorder (PTSD) and substance use disorders. Research shows that individuals with PTSD are more likely to suffer from substance use disorders. In addition, for those with substance use disorders, rates of comorbid PTSD are much higher than the general population.<sup>1</sup> It is therefore recommended that all healthcare professionals, teachers, corrections professionals, and others screen for history of early childhood trauma and maltreatment, sexual trauma, assault, domestic violence, and other trauma exposures so that appropriate culturally-informed and gender-specific trauma approaches and therapies might be made available to those who need them. With the above in mind, consideration should be given to assuring access to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Gender-Responsive Treatment (GRT), and additional evidence-based modalities, such as Eye Movement Desensitization and Reprocessing Therapy (EMDR).

#### 2. System-centered Recommendations:

- a. Outlier Opioid Prescribers: Based on most current/available data, the HOPE Advisory Council recommends that MCO's and Medicaid Pharmacy Operations focus outreach efforts on outlier opioid prescribers, so as to help assure that opioids are prescribed only for appropriate indications, at safe doses, for time-limited durations, and prescribed in conjunction with other effective treatment modalities. The overall goal of such outreach is to inform clinicians/prescribers on safe opioid prescribing practices, alternatives to opioids for pain management, and to assure access to behavioral health referrals and services, when clinically indicated.
- b. Increase education and training on availability of alternative and integrated models for pain management: Prior HOPE recommendations highlighted a need for increased access to opioid alternatives for chronic pain management. While the volume of opioid analgesics prescribed has declined in recent years, there is a continued and urgent need for increased utilization of non-opioid treatments for pain. Senate Resolution 82 of the 2021 Legislative session tasked LDH with reporting on reimbursements. While alternatives such as physical therapy, occupational therapy, chiropractic care, acupuncture, transcutaneous electric nerve stimulation (TENS), joint and trigger point injections, nerve blocks, epidural steroid injections, radio- and cryoneuroablation, neuromodulator, implantable infusion pumps and other modalities are

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<sup>1</sup> Clin Psychol (New York). 2012 Sep 1; 19(3), Published online 2012 Oct 29

available and often reimbursable, increased public and prescriber awareness of these alternatives may help assure these are more optimally prescribed as alternatives to opioid therapies.

c. Targeted Opioid and Addictions Education:

- i. According to a notice published by the Department of Health and Human Services (HHS) on April 28, 2021, substance use disorder education is not yet uniformly integrated into medical education, colleges of medicine, and residency training programs for nurses and physician assistants. These institutions are strongly encouraged to develop or to continue implementing comprehensive training in substance-use disorder diagnosis and management as a component of their core, required curriculum. Review and reconsideration of such curricula enhancements should also include training around special populations, such as pregnant women at risk for substance use disorders.
- ii. New HHS buprenorphine guidelines published in April 2021 exempt eligible prescribers from certification requirements related to training and the provision of psychosocial services, which were previously necessary when dispensing or prescribing buprenorphine for the treatment of opioid use disorders to 30 or fewer patients. However, because many patients will have other behavioral health conditions like anxiety and depression, HHS states that assuring the capacity to treat or refer to counseling or psychotherapy is recommended. The combination of MAT/buprenorphine with counseling is often required to assure a whole-patient” approach to treating substance use disorders. For these reasons, each buprenorphine prescriber should make efforts to either provide counseling to those who receive buprenorphine prescriptions, and/or make referrals to behavioral health specialists available to each buprenorphine patient.

d. Recovery-oriented System of Care:

A healthy Recovery Oriented System of Care (ROSC) prioritizes the involvement of a wealth of stakeholders, particularly the people in recovery themselves. It is vital to promote trust in the design and intention behind the design, by bringing the recovery community together with all other concerned segments of the community. This system would include treatment and recovery professionals, policy-makers, health and social service leaders, community leaders, family members, and others.

We need a robust peer-support specialist cohort in Louisiana precisely to maximize the input of voices in recovery for ROSC design. In order to ensure the focus of the design remains outcome-driven, people in recovery and their family members or caregivers need to be included in the decision-making at every level. Personal and professional experience gained in their own journeys can provide practical solutions to overcoming common barriers – and avoiding common challenges. These can be as basic (and daunting) as transportation and childcare difficulties, that prevent individuals from taking full advantage of the ROSCs offerings.

The feedback gained by peer support specialists in their regular interactions with the persons served allow for a constant flow of feedback from end-users, and therefore, continual, incremental process quality improvements. Peers can also be exceptionally useful in gathering the data needed to measure necessary outcome benchmarks, such as housing stability, quality of life, improved health and social connectedness, etc.

**3. Special Population-Centered Recommendations:**

- a. Louisiana should develop strategies to target special populations and their communities. Such strategies should support continued efforts to increase provider-to-provider psychiatric

consultations and universal screening for opioid and other substance use disorders. They should also increase access to early detection, referral to specialist services, and assure increased access to specialty consultation. One example of such a program is the Louisiana Mental Health Perinatal Partnership (LAMHPP), which targets pregnant and postpartum women, and it is recommended that such programs be scaled and expanded to assure statewide access for those who might benefit from these services.

#### **4. Administrative/Executive/Legal Recommendations:**

- a. The State Board of Nursing and the Louisiana State Board of Medical Examiners should be invited to be “Of Counsel” members of the HOPE Council, as these boards have a role in monitoring opioid prescribing, outliers, outreach, and education. Under Act 88 of the 2017 Regular Legislative Session, the HOPE Council is allowed and encouraged to engage and solicit input, recommendations, and guidance pertaining to opioid prevention and education from these entities. Further, the Drug Policy Board by-laws under Section 4 provide for “Of-counsel members,” who are not legislatively identified, but whose expertise has been identified by the voting members as being needed on an ongoing basis. The Health/Healthcare Impact Workgroup of the HOPE Council recommended that both be invited to participate in a more formal non-voting manner.

#### **5. Data-related Recommendations:**

- a. Telemedicine Utilization Tracking: The use of telecommunication technologies proved to be an important adaptation to system access restrictions presented by the COVID-19 pandemic by facilitating continuity of care for many during lockdown. Moving forward, tracking and reporting telemedicine SUD/OD treatment via telehealth is recommended to help determine changes in utilization as restrictions ease and/or federal and CMS allowances expire.
- b. Medicaid Opioid Prescription Tracking: Prescription data from 2020 shows a 5.7% increase in the number of opioid prescriptions for Medicaid clients and a 9.8% increase in the number of unduplicated Medicaid patients who filled opioid prescriptions. Thus, the HOPE Advisory Council should consider further analyzing 2020 and 2021 data and comparing it with new Medicaid member enrollment trends to determine if there is correlation.

#### **6. Treatment Retention Strategies:**

It is well-known, researched, and reported that substance use disorder patients who engage in more continuing care for outpatient substance use disorder services have better outcomes, but barriers such as transportation, pandemic restrictions, and statewide staff shortages have created new challenges to maintaining continuity of care, treatment, and services. Therefore, strategies focused on education, individualized treatment decision-making, care navigation, telemedicine, and engaging special populations are ideal.

- a. Telemedicine: Use of technologies such as telephone-based services, videoconferencing, texting, smartphone applications, and web-based tools may help assure that those who need mental health and substance use disorder treatment maintain access and continuity of care, especially during challenging situations such as pandemic restrictions and post-natural disaster system disruptions. With this in mind, the HOPE Advisory Council submits several related recommendations:
  - i. Increase telemedicine access, education, and training on digital literacy to assure continued access to clinically indicated specialty substance use disorder services.
  - ii. Research hybrid models of telehealth/brick and models to enhance access for those without broadband and limited transportation, etc.
  - iii. Increase broadband internet access to enhance use of telemedicine services, education, etc.



- iv. Address Toxicology Screening for MAT. The COVID-19 pandemic and natural disaster system disruptions created new challenges to providers and patients. While telecommunication technologies may help bridge the access gap for such services, additional strategies would ensure that providers and patients are able to provide access to recommended toxicology screens for those receiving treatment remotely.
- b. Trauma-informed and Gender-specific Care: Because individuals may have experienced unique types of trauma (e.g. domestic violence, sexual trauma, gender-based trauma, etc.), those seeking treatment must be able to focus on the issues most impactful and prevalent in their lives, and each may respond differently to available modalities of treatment. For these reasons, ensuring access to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Gender-Responsive Treatment (GRT), and additional evidence-based modalities, such as Eye Movement Desensitization and Reprocessing Therapy (EMDR), would allow individuals to engage openly and honestly with peers and counselors in a therapeutic environment best suited for their particular needs.

## 7. Recommendations for the HOPE Advisory Council and Impact Workgroups:

The HOPE Advisory Council Health/Healthcare subgroup recommended the review of the following new and innovative models and treatments for opioid use:

- a. Emergency Department Staff Training:
  - i. In 2017, Rhode Island released treatment standards of care for adult patients with opioid use disorder. These standards prescribed three levels of hospital and emergency department treatment and prevention of opioid use disorder and opioid overdose and mechanisms for referral to treatment and epidemiological surveillance. By June of 2018, standardized care for opioid use disorder, enhanced opioid overdose surveillance and response, and expanded linkage to peer recovery support, naloxone, and medication for opioid use disorder was required statewide. The HOPE Council may wish to study this and other models further, including possible MAT, seeking input from actual emergency department administrators and clinicians to optimize the capacity of emergency departments to provide quality care to those presenting with substance and opioid use disorders in need of treatment.
  - ii. Another model of interest is the CA Bridge Program: <https://www.bridgetreatment.org/>. The CA Bridge website provides opioid use disorder treatment algorithms and protocols, as well as practice guidance, blueprints for hospital opioid use disorder treatment, and guidance for those with COVID-19 and addiction needs. The website also lists potential referral to treatment resources for patients and providers, as well as resources to assist consumers in finding emergency departments that offer MAT.
  - iii. The HOPE Health/Healthcare Workgroup also recommended that the HOPE Advisory Council study and perhaps advocate for hospitals without specialty substance and opioid use disorder staff in emergency departments to credential and allow qualified providers to go into emergency departments to assess, treat, and assist in referral to specialty providers, when indicated. Again, it may be helpful to discuss the opportunities and barriers of this approach with emergency department administrators and clinical staff.
- b. Continuity of care and outpatient follow up after emergency room or hospital treatment: The optimization of enhanced communication/coordination between EDs/hospitals, MCOs, and all SU/MH providers would ensure timely and reliable referrals and linkages to outpatient substance use disorder services. Referral and linkage to outpatient specialty substance and opioid use disorder care is critical for those who need these services. The HOPE Advisory Council

might consider inviting emergency department administrators and clinicians to discuss opportunities and barriers for such linkages and referrals with HOPE Advisor Council Members.

- c. Transcranial Brain Stimulation: A 2020 article in the *Journal of Addiction Disorders* considered the use of non-invasive brain stimulation techniques, such as transcranial magnetic stimulation (TMS) and other similar modalities, to have potential therapeutic benefit for those with opioid use disorders. While such therapies have reported good safety, and may be able to play a role in opioid use disorder prevention and treatment, further study is required before formal recommendations should be made.
- d. Louisiana Health Information Exchange: Communication among providers, including hospitals, emergency departments, and outpatient substance use providers is critical for optimal treatment engagement and continuity of care. Increased utilization of the Louisiana Health Information Exchange as a means to leverage more health information from hospital and community health providers, and addressing barriers to treatment access and follow up may be helpful. The HOPE Advisory Council might invite members and administrators of this exchange to present at an upcoming meeting in 2022.
- e. Tracking and trending of Opiate Prescription Numbers by Medical Specialty: Preliminary review of Louisiana Medicaid data in 2021 provided some information on opioid prescribing patterns of specialties such as Family Practice, General Dentistry, General Practice, OB/GYN, Orthopedics, Emergency Medicine, Physician Assistants, General Surgery, and APRN's, etc. While interesting and somewhat informative, utility seemed limited, as more information related to dosages, amounts, duration, indication, etc. may be needed to put this data into context. The HOPE Advisory Council may wish to study these data further, so that targeted education relative to alternatives to opioid prescribing and treatment of opioid use disorders might be employed as indicated.

## ABOUT THE HOPE COUNCIL

The HOPE Council is an advisory board established within the Governor's Drug Policy Board and is charged with the: (1) coordination of parish-level data on opioid overdoses and usage of overdose-reversal medication and (2) coordination of a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan. This plan shall be submitted at the end of each year to the Governor, the Governor's Drug Policy Board, President of the Senate, Speaker of the House, and Chief Justice of the Louisiana Supreme Court.

The Council consists of 13 state agency members, which is included herein at Appendix A. The Council may engage and solicit input, recommendations, and guidance pertaining to heroin and opioid prevention and education from interested parties and stakeholders, including, but not limited to, 19 listed stakeholders.

The COVID-19 outbreak and consequent social distancing recommendations and stay-at-home mandates issued by the Governor disrupted HOPE Advisory Council meetings, which resulted in the previously-planned Impact Workgroups being cancelled during the 2020 reporting year.

Since its inception in 2017, interest in the work of the HOPE Council continues. The Council welcomes participation from all interested parties and stakeholders. Approximately 150 persons are invited to HOPE

Council meetings, and all requirements of the Louisiana Open Meetings Law are satisfied to encourage attendance and participation. Stakeholders and interested parties are included in workgroups and encouraged to take active roles.

Information about the HOPE Council is available at:

<http://ldh.la.gov/index.cfm/page/2970>;

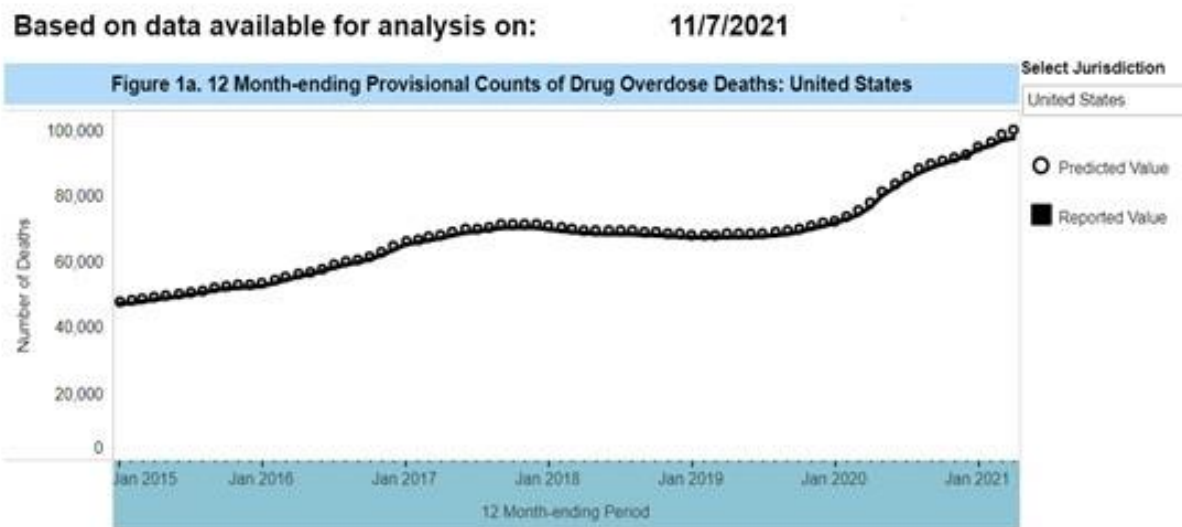
<https://wwwcfprd.doa.louisiana.gov/boardsandcommissions/home.cfm>

## DESCRIPTION OF THE PROBLEM

### NATIONAL DATA

**National Drug Overdose Death Trends:** According to the CDC's National Center for Health Statistics, provisional data indicate that there were an estimated 93,331 drug overdose deaths in the United States during 2020, an increase of 29.4% from the 72,151 deaths in 2019. This is the highest number ever recorded. This new CDC data documents that estimated overdose deaths from opioids increased from 50,963 in 2019 to 69,710 in 2020. Overdose deaths from synthetic opioids (primarily fentanyl) and psychostimulants, such as methamphetamine, also increased in 2020 compared to 2019. Cocaine deaths also increased in 2020, as did deaths from natural and semi-synthetic opioids (such as prescription pain medication). Below is a visualization of this data provided by the CDC.

12 Month-ending Provisional Number of Drug Overdose Deaths – United States

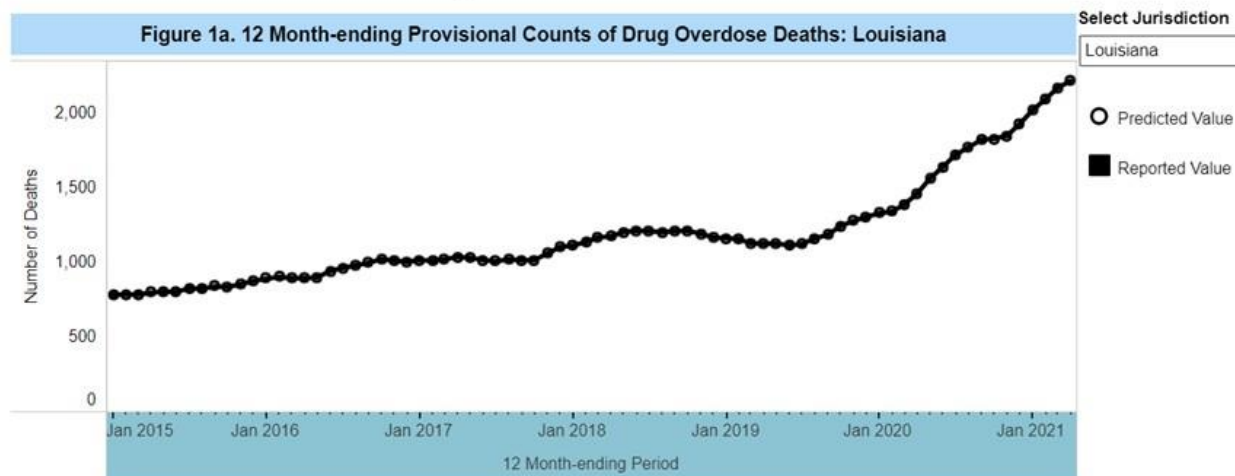


Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

### STATE DATA

**Louisiana Statewide Overdose Death Trends:** As seen in the CDC visualization below, Louisiana's provisional number of overdose deaths followed a pattern similar to the broader national drug overdose death trends.

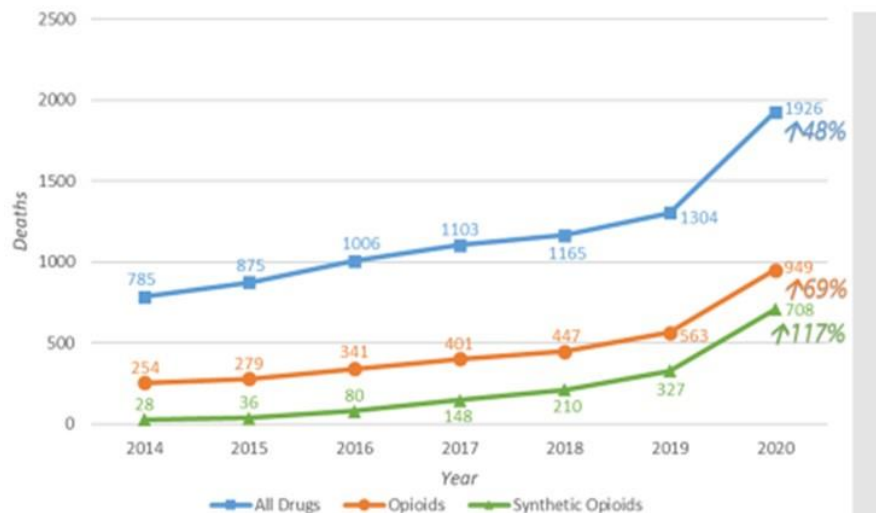
12 Month-ending Provisional Number of Drug Overdose Deaths – Louisiana  
Based on data available for analysis on: 11/7/2021



Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

**Louisiana Fatal Drug Overdoses:** The below graph, extracted from the Louisiana Electronic Event Registration System, breaks data out by type of drug responsible for fatal overdoses in Louisiana between 2014 and 2020. It shows a 48% increase in overdoses from all drugs between 2019 and 2020. The fatal overdoses due to opioids rose 69% during the same period, and those due to synthetic opioids increased by 117% from 2019 to 2020 in Louisiana.

Fatal Overdose\* Comparison by Year, Louisiana, 2014-2020

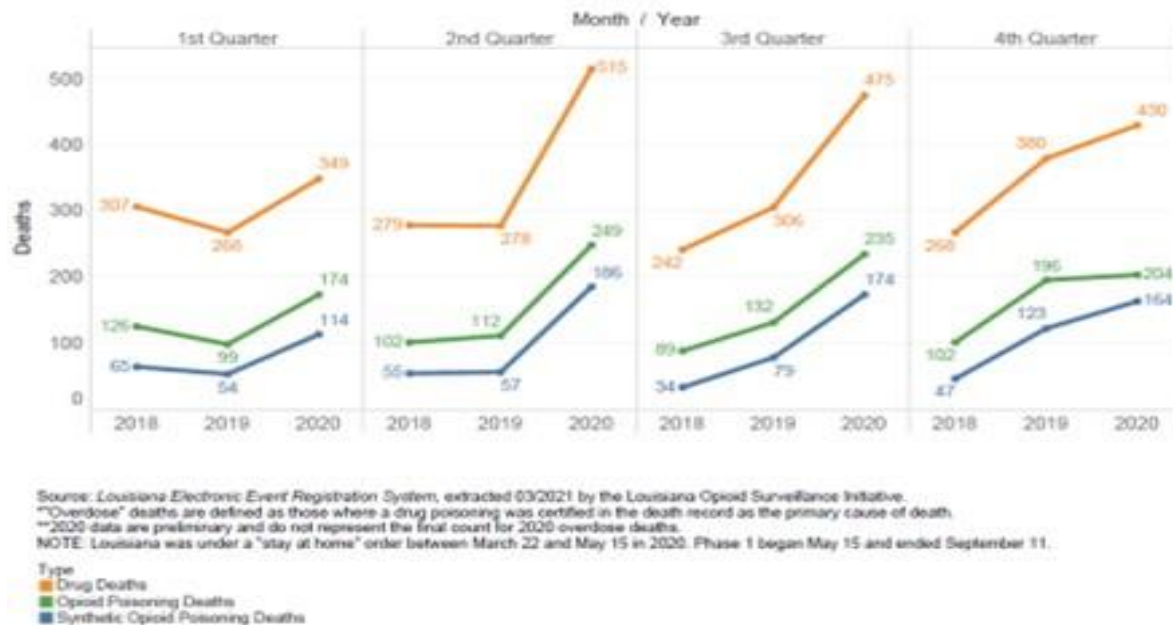


Source: Louisiana Electronic Event Registration System, extracted 07/2021 by the Louisiana Opioid Surveillance Initiative.  
\*Overdose\* deaths are defined as those where a drug poisoning was certified in the death record as the primary cause of death.



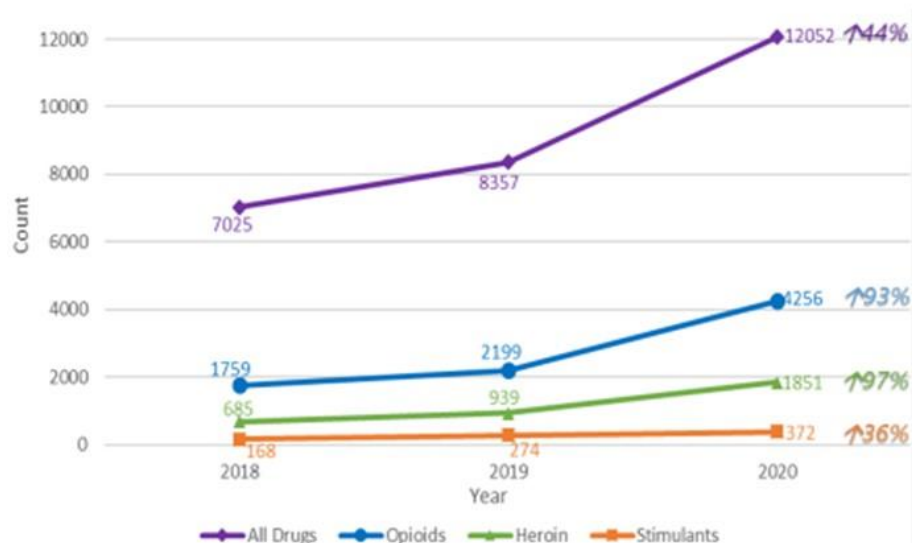
The below graph from Louisiana Electronic Event registration System under the Louisiana Opioid Surveillance initiative displays trending fatal overdoses from 2018 to 2020. It shows that Louisiana drug deaths rose significantly in the second and third quarters of 2020, when compared to 2019, coincident with Louisiana's stay-at-home orders put into place for COVID-19 mitigation.

## Fatal Overdose\* Comparison by Quarter, Louisiana, 2018-2020



As seen below, emergency department visits also rose sharply for all drugs between 2019 and 2020, but was most significantly related to opioids and heroin.

## Emergency Department Visits, Louisiana, 2018-2020

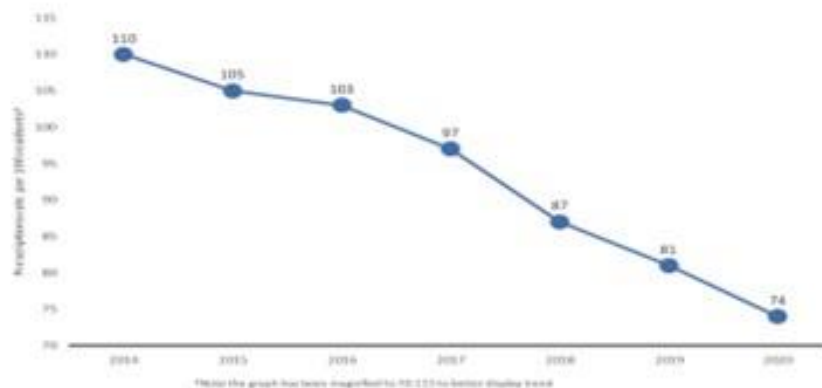


Source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), Bureau of Infectious Disease Epidemiology, analyzed 07/2021 by the Louisiana Opioid Surveillance Initiative



According to data from the Louisiana Board of Pharmacy's Prescription Monitoring Program, Louisiana's opioid prescription rate continues to decrease each year, declining from 81 prescriptions per 100 residents in 2019, to 74 prescriptions per 100 residents in 2020, continuing a trend in place since 2014, as seen below.

### Total opioid prescriptions per 100 Residents Louisiana, 2014 – 2020



Source: Louisiana Prescription Monitoring Program, Louisiana Board of Pharmacy, extracted 07/2021 by the Louisiana Opioid Surveillance Initiative



According to additional data sourced from the Louisiana Prescription Monitoring Program, Louisiana Board of Pharmacy, retrieved on July 14, 2021, below are the top five prescriptions in the Louisiana Prescription Monitoring Program by generic name for the calendar year 2020:

Top Five Prescriptions in Louisiana PMP by Generic Name - Calendar Year 2020			
Drug Generic Name	Drug Type	Number of Prescriptions	Percent of Total
Hydrocodone	Opioid	1,690,180	16.4%
Dextroamphetamine	Amphetamine	1,139,932	11.1%
Alprazolam	Benzodiazepine	970,268	9.4%
Oxycodone	Opioid	769,997	7.5%
Tramadol	Opioid	736,376	7.1%
Other Controlled Substances		4,996,473	48.5%
<b>Total Prescriptions</b>		<b>10,303,226</b>	<b>100.0%</b>
Source: Louisiana Prescription Monitoring Program, Louisiana Board of Pharmacy. Retrieved 7/14/2021			



**Number of Louisiana Deaths by Specific Opioid Drugs Used:** As in prior years, the HOPE Council collaborated with the Louisiana Opioid Surveillance Initiative (LOSI) in LDH/OPH. 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 the source of the Parish-level data included in this report. In Louisiana, there was a clear increase from 2018 to 2020 in deaths by any/all

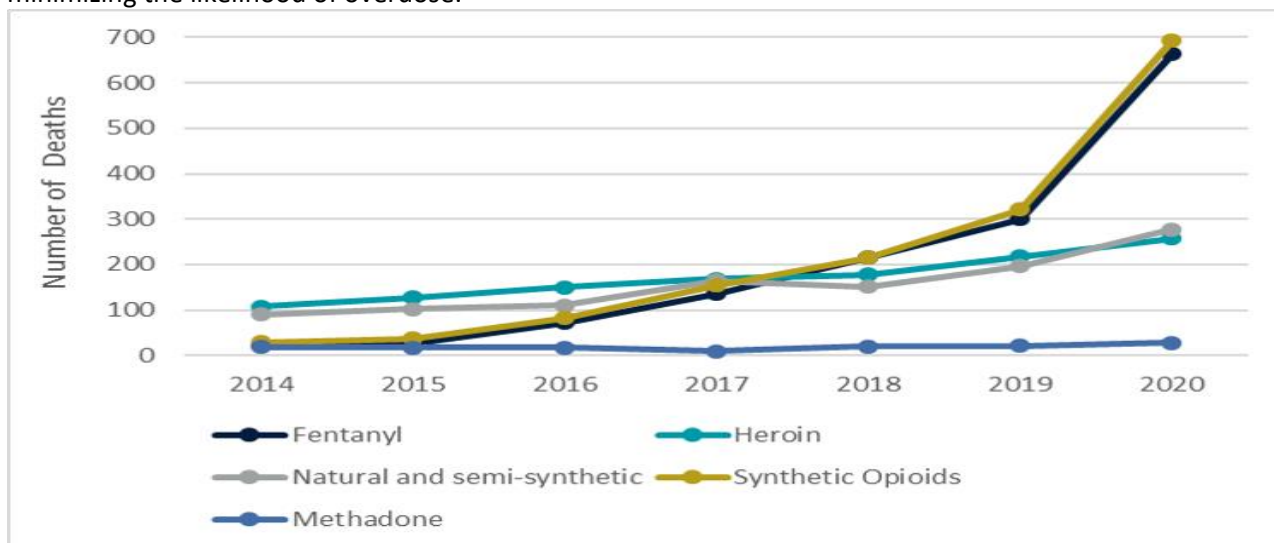


opioids. While deaths increased in all opioid types, the largest was in synthetic opioids, which includes more potent fentanyl formulations, as highlighted in Table 1.

Drug Involved / Year	2015	2016	2017	2018	2019	2020
Synthetic Opioids	38	82	154	215	331	692 (up 109% from 2019)
Fentanyl	25	72	136	194	321	664 (up 107% from 2019)
Heroin	127	150	169	178	218	258 (up 18.3% from 2019)
Methadone	17	18	10	20	21	28 (up 33% from 2019)
Natural & Semi-Synthetic Opioids	103	110	165	151	197	278 (up 41% from 2019)

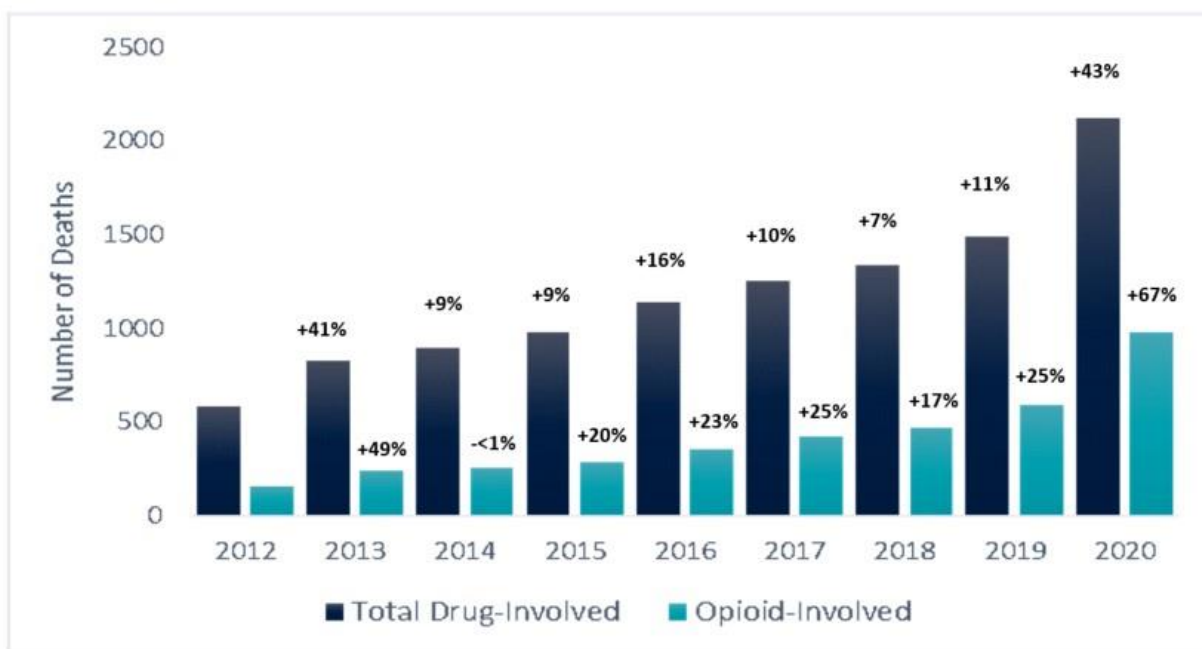
\*Data provided from the Louisiana Opioid Data and Surveillance System (LODSS)  
 \*\*NB: categories do not sum, as several drugs could have been detected in one death

**Change in Deaths by Specific Opioids (2014-2020):** The graph below highlights the sharp rise in opioid-related deaths by specific drug type, beginning in 2019, fueled by synthetic opioids and fentanyl. Also, note the safety of methadone, which helps maintain continuity of opioid use disorder treatment, while minimizing the likelihood of overdose.



Source: Louisiana Electronic Event Registration System, from the Louisiana Opioid Data Surveillance System. Note: Typically, when reviewing toxicology for methadone overdose, methadone often appears mixed with other opioids, not that a lethal amount of methadone was ingested. Also, note the dramatic increase in fentanyl deaths over the last five years. Deaths involving fentanyl – usually a fentanyl-laced drug – have increased by 1400% since 2014. Fentanyl in Louisiana causes more deaths than heroin and more deaths than prescription opioids.

**Drug-Involved and Opioid-Involved Deaths in Louisiana, 2012-2020:** The figure below highlights the clear increase in drug-involved deaths in the Louisiana population. Note the increasing percentage of drug-involved deaths with *any* opioid involved. For 2020, the percentage of opioid-involved deaths was approximately 46% (982) versus 39% (588) in 2019.



Source: Louisiana Electronic Event Registration System, from the Louisiana Opioid Data Surveillance System.

Note: Both drug overdose and opioid overdose deaths have been consistently increasing. It is important to note that opioid-involved deaths are increasing at a higher rate than all drug-involved deaths.

## PARISH DATA

**Data Opioid Deaths by Parish of Occurrence and by Parish of Residence:** 982 opioid-related deaths occurred in Louisiana during 2020, up from 588 in the prior year. These deaths include Louisiana residents as well as residents from other states and countries, who died in Louisiana. For deaths listed by parish of residence, the parishes of death are assigned to parishes in which the decedent maintained a residential address, NOT the parish where the decedent died. All deaths included in this section are ones in which the parish coroner determined the cause of death was directly attributed to opioid poisoning, or opioids were specifically listed in the secondary causes of death field. Table 2 displays the five parishes by residence and occurrence with the greatest number of drug poisoning deaths from opioids as reported that occurred in 2020.

Table 2: Opioid Overdose Deaths by Parish of Occurrence and by Parish of Residence, 2020

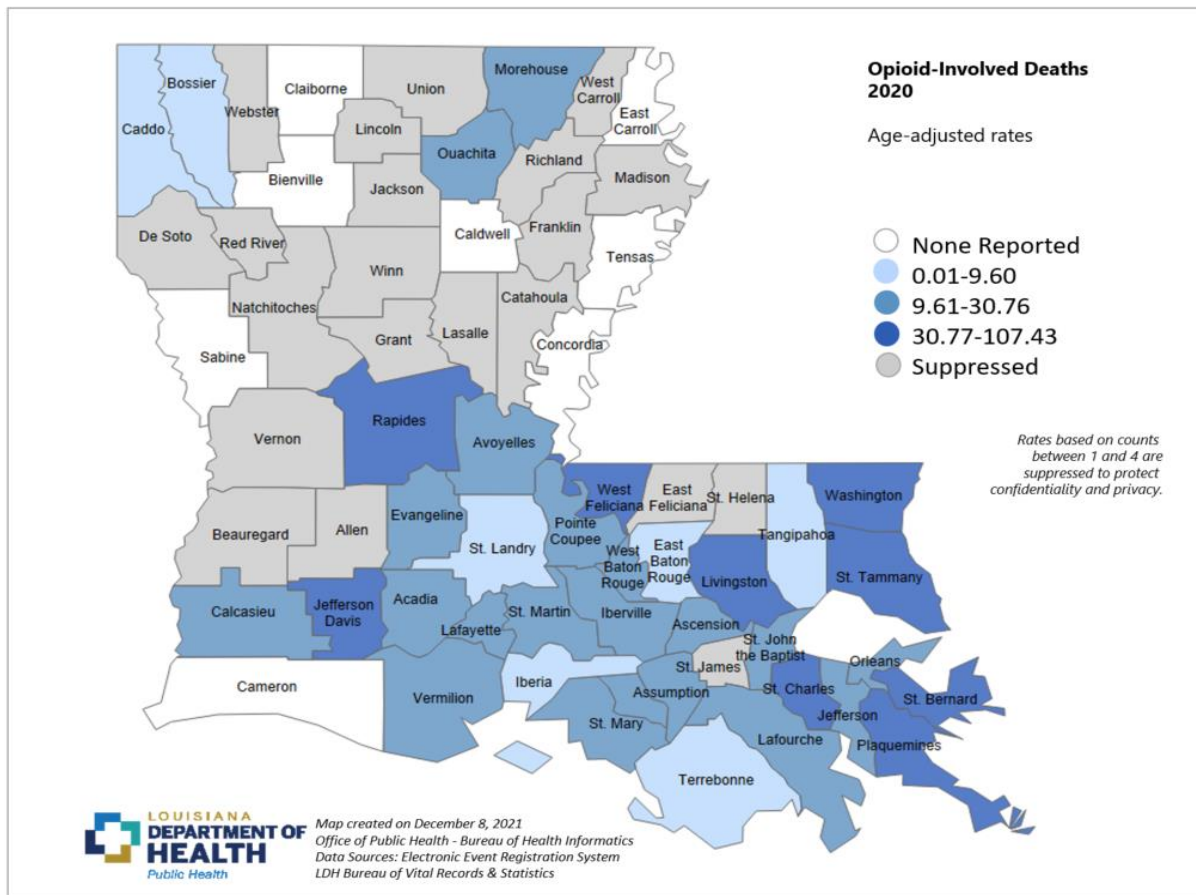
Parish of Residence	Parish of Occurrence
1. Jefferson- 190	1. Jefferson- 223
2. St. Tammany- 110	2. St. Tammany- 114
3. Lafayette-67	3. Lafayette- 73
4. Orleans- 57	4. Orleans- 61
5. Livingston-46	5. Livingston- 46

Deaths listed for the five parishes above represent 50% (470 of 940) of deaths by parish of residence and 53% (517 of 982) of all deaths by occurrence. A table containing number of opioid deaths by parish of residence and occurrence for all 64 parishes for 2020 is included in Appendix B. Figure 1 below provides a visual depiction of the opioid-involved Deaths rates for each parish.



Louisiana Opioid-Involved Deaths, 2020 Rates per 100,000 by Parish: Figure 1 below shows age-adjusted opioid-involved deaths by parish, expressed as rates per 100,000. The highest rates in Jefferson Davis, Livingston, Plaquemines, Rapides, St. Bernard, St. Charles, St. Tammany, Washington, and West Feliciana parishes.

Figure 1. Louisiana Opioid-Involved Deaths, 2020 Rates per 100,000



**Opioid Prescriptions Issued by Parish:** Using data from LODSS, LDH has identified the number of opioid prescriptions issued to residents by parish for 2015-2020. For 2020, there was an average of 74 opioid prescriptions per 100 individuals in Louisiana. Results from examining the opioid prescriptions at the parish-level for 2020 showed that prescriptions issued were the highest in the parishes listed below. For 2020, each of these parishes had more prescriptions issued than people residing in the parish.

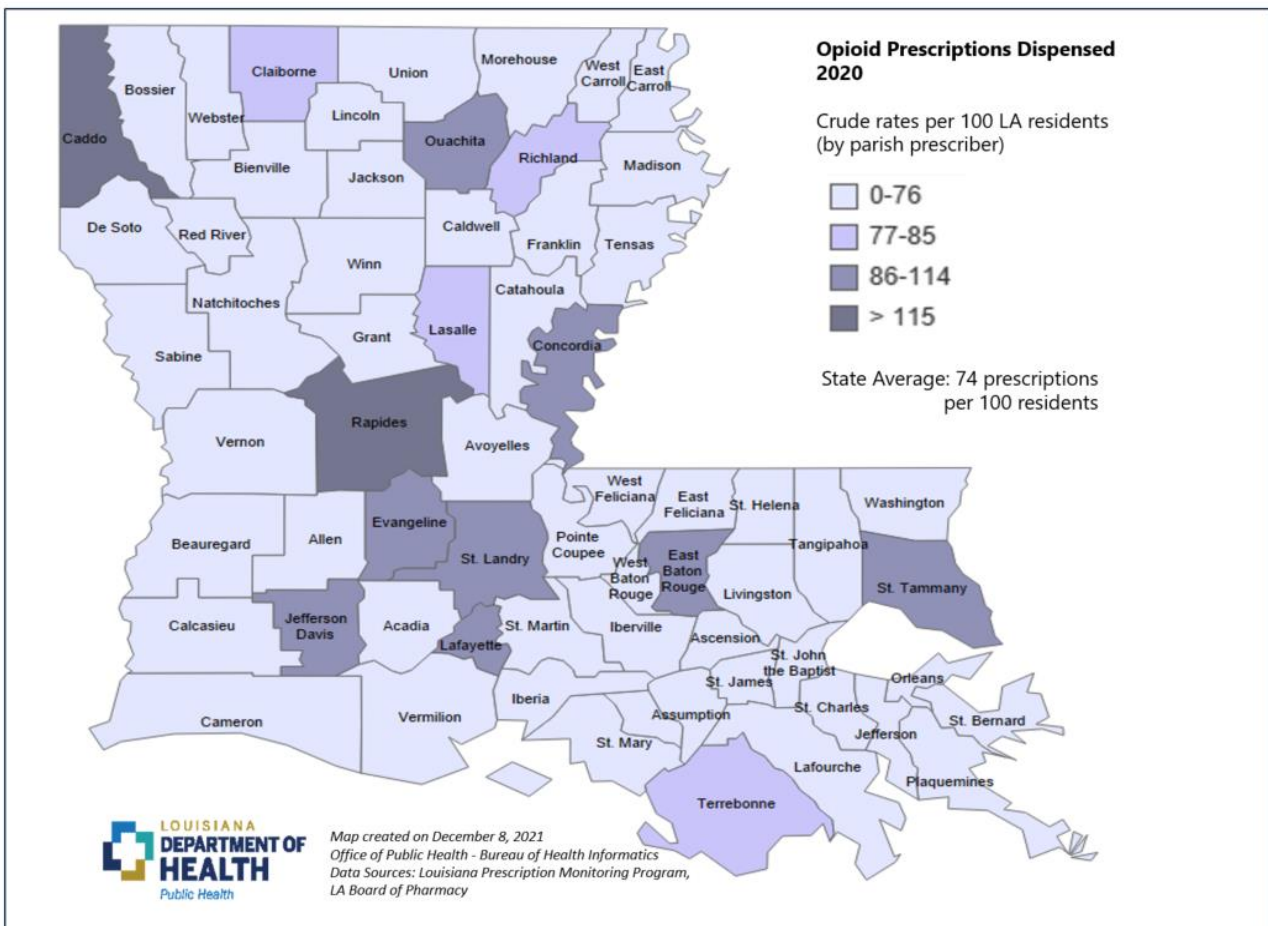
1. Rapides (143 prescriptions issued per 100 residents, down from 159 prescriptions issued in 2019)
2. Caddo (131 prescriptions issued per 100 residents, down from 138 prescriptions issued in 2019)
3. Lafayette (114 prescriptions issued per 100 residents, down from 123 prescriptions issued in 2019)

4. East Baton Rouge (109 prescriptions issued per 100 residents, down from 119 prescriptions in 2019)
5. Evangeline (106 prescriptions issued per 100 residents, down from 118 prescriptions issued in 2019)

A comparison of rates from 2019 highlights a clear shift in Rapides parish in their prescription rate of reduction of 16 prescriptions issued per 100 residents.

Figure 2 below highlights the opioids\_prescriptions for 2020 by parish. A table containing the number of prescriptions issued to residents per 100 individuals for all 64 parishes for 2020 is included in Appendix C.

Figure 2. Louisiana Opioid Prescriptions, 2020 Rates per 100



As noted in previous reports, the prescription rates displayed above in Figure 2 are shown by parish of prescriber, not parish of patient residence. The majority of high-rate parishes on the prescriber parish map are parishes containing large cities. For example, Rapides Parish contains Alexandria, Caddo Parish has Shreveport, and East Baton Rouge Parish has Baton Rouge. The pattern shows the parish containing the population centers of each region has a higher rate of prescriptions than the surrounding parishes. A distribution of prescriptions by parish of patient residence, however, shows that people filling opioid prescriptions are relatively evenly dispersed across all parishes. Providers tend to concentrate in urban areas with a high population density, but the populations they serve are distributed more evenly across

the area. Trends from 2019 to 2020 for deaths by specific opioids show an increase in all categories except for Methadone. Below, natural and semi-synthetic opioids represent prescription opioids. While not as obvious as in 2019, the trend of deaths by fentanyl and synthetic opioids has continued to climb and has overtaken prescription opioids and heroin. These troubling increases continue to warrant a shift in strategies as efforts to reduce prescription drug availability in the community have led to a shift in substance availability to more potent formulations.

## IMPACT ON LOUISIANA

Unfortunately, like the troubling trends seen across the country, many of the measurable impacts of the opioid epidemic in Louisiana continued to rise over last year. Opioid-related deaths, opioid poisonings, and the overall number of Medicaid opioid prescriptions filled increased in 2021. Medicaid data also showed increases in emergency department visits, acute hospital admits, and increases in the numbers of recipients utilizing these specialized Medicaid services. Fortunately, the numbers of naloxone prescriptions filled and the number of both outpatient and residential substance use treatment visits also increased, indicating more people accessing substance and opioid use disorder services.

Along with details on the above trends, updates from the Department of Children and Family Services, Louisiana State Police, Department of Corrections, the Attorney General's Office, the Louisiana Supreme Court, and Higher Education are included in the table below.

### IMPACT METRICS

Table 3. Measurable Impacts of the Opioid Epidemic

Measure	Impact Data
Louisiana Department of Health (LDH)	
LA Medicaid opioid prescriptions filled in SFY 2021	<p>Total Prescriptions Filled: 552,579 (Increased by 30,038 compared with 2020.)</p> <p>Unduplicated Recipients: 226,812 (Increased by 20,255 compared with 2020.)</p> <p>Medicaid Payments: \$13,026,890 (Increase by \$2,882,354 over 2020.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
LA Medicaid MAT prescriptions in SFY 2021  Note: MAT = Buprenorphine, Suboxone, Bunavail, Zubsolv,	<p>Total Prescriptions Filled: 150,002 (Increased by 29,994 compared with 2020.)</p> <p>Unduplicated Recipients: 20,367 (Increased by 3,128 compared with 2020.)</p> <p>Medicaid Payments:</p>

Measure	Impact Data
Probuphine, Naltrexone, Vivitrol.  Does not include Methadone utilization or costs, as Methadone is not covered under Medicaid for MAT at time of this report.	\$63,598,083  (Increased \$16,697,939 compared with 2020.)  <i>Data source = Medicaid data warehouse.</i>
LA Medicaid naloxone prescriptions filled in SFY 2021	Standing Order            597 (Increased from 1,267 in 2020) Non-standing order       5,834 (Increased from 3,601 in 2020)  Total Prescriptions Filled: 6,431  (Increased by 1,563 compared with 2020.)  Unduplicated Recipients:  5,770  (Increased by 1,407 compared with 2020.)  Medicaid Payments:  \$806,385  (Increased by \$191,067 compared with 2020.)  <i>Data source = Medicaid data warehouse.</i>
LA Medicaid number of emergency department days for OUD in SFY 2021	Emergency Department Days:  10,430  (Increased by 1,781 days compared with 2020.)  Unduplicated Recipients:  7,686  (Increased by 1,079 recipients compared with 2020.)  Medicaid Payments:  \$2,752,954  (Increased by \$527,391 compared with 2020.)  <i>Data source = Medicaid data warehouse.</i>
LA Medicaid hospital admits in for OUD in SFY 2021	Inpatient Admissions:  13,688  (Increased by 1,974 compared with 2020.)  Unduplicated Recipients:  9,292  (Increased by 1,118 compared with 2020.)  Medicaid Payments:

Measure	Impact Data
	<p>\$69,131,240</p> <p>(Increased by \$12,776,768 compared with 2020.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
<p>LA Medicaid inpatient/residential ASAM OUD in SFY 2021.</p> <p>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.</p>	<p>Unduplicated Recipients:</p> <p>8,759</p> <p>(Increased by 1,291 compared with 2020.)</p> <p>Medicaid Payments:</p> <p>\$62,093,898</p> <p>(Increased by \$15,279,751 compared with 2020.)</p> <p><i>Data source = Medicaid data warehouse</i></p>
<p>LA Medicaid outpatient ASAM OUD in SFY 2021</p> <p>Services related to opioids for outpatient ASAM levels 2.1, 2-WM, and 1.0.</p>	<p>Unduplicated Recipients:</p> <p>7,372</p> <p>(Increased by 964 compared with 2020.)</p> <p>Medicaid Payments:</p> <p>\$8,466,997</p> <p>(Increased by \$598,003 compared with 2020.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
<p>Number of Prevention/education activities, funding/costs (STR and LaSOR grants)</p>	<p>Overdose ED/naloxone distribution: 7,440 kits distributed through LaSOR 1.0 No Cost Extension (NCE). (↑ from prior year's 4,938 kits distributed)</p> <p>Other opioid education activities served 7,829 people through LaSOR 1.0 NCE. (↓ from prior year's 11,715 people served)</p> <p>Cost of LaSOR 1.0 NCE activities: \$1,693,871 (↑ from prior year's \$1,207,400)</p> <p><i>Data Source = LaSOR 1.0 Grant annual report</i></p> <p>Overdose ED/naloxone distribution: 10,083 kits distributed through LaSOR 2.0 grant. (no prior year data as this is first year of grant)</p> <p>Other opioid education activities served 120,647 people through LaSOR2.0 grant. (no prior year data as this is first year of grant)</p> <p>Cost of LaSOR 2.0 activities: \$3,726,371 (no prior year data as this is first year of grant.)</p> <p><i>Data Source = LaSOR 2.0 Grant annual report</i></p> <p><i>Note: LaSOR 1.0 NCE-funded Opioid education activities were greatly impacted by the COVID-19 pandemic, as well as LaSOR 1.0 being in a 3<sup>rd</sup> year No Cost Extension period.</i></p>

Measure	Impact Data
	The LaSOR 1.0 NCE and LaSOR 2.0 data range is from September 30, 2020 – September 29, 2021.
Number and type of recovery services provided through STR grant, related costs	<p>\$6,306,359 LaSOR 1.0 NCE public grant funds spent on treatment and recovery services (↑ from prior year's \$225,042)</p> <p>605 people served through OTPs, LGEs, DOC, and OBOTs (↓ from 1,369 people served in prior year)</p> <p><i>Data source = SAMHSA's Performance Accountability and Reporting System (SPARS)</i></p> <p>\$1,347,670 LaSOR 2.0 public grant funds spent on treatment and recovery services (no prior year data as this is first year of grant.)</p> <p>389 people served through OTPs, LGEs, DOC, and OBOTs (no prior year data as this is first year of grant.)</p> <p><i>Data source = SAMHSA's Performance Accountability and Reporting System (SPARS)</i></p> <p>The LaSOR 1.0 NCE and LaSOR 2.0 data range is from September 30, 2020 – September 29, 2021.</p>
Department of Children and Family Services	
DCFS investigations reports of prenatal neglect, which is inclusive of opioids used in an unlawful manner	<p>As of October 18, 2021 there were 1,966 children with a valid Drug/Alcohol Affected Newborn allegation for FFY 2020. There were 11 children with a Drug/Alcohol Affected Newborn allegation for FFY 2020 that currently still have an open investigation.</p> <p>This number is inclusive of those newborns affected by opioids used in an unlawful manner, and represents a decrease from 2,116 in last year's report.</p> <p><i>Data source = Louisiana Opioid Data and Surveillance System (LODSS)</i></p>
Workforce Commission	
	No new information for this report period.
Louisiana State Police Opioid Statistics (2019)	
<p>Drug takeback initiative in Louisiana</p> <p>(The drug takeback initiative is a total of all drugs turned in by citizens of Louisiana. LSP does not separate the various types. This total number includes</p>	<p>LSP 81.4 Kilograms (↓ from prior year's 138.91 Kg)</p> <p>DEA 1,951.8 Kilograms (↓ from prior year's 5,153.8 Kg)</p> <p><i>Data source = LSP and DEA records</i></p> <p><i>Note: 2020 statistics are significantly lower when compared with 2019. According to LSP, this seems to be largely due to COVID-19 pandemic,</i></p>

Measure	Impact Data
opioids, other scheduled narcotics, and legend drugs).	<i>which directly impacted DEA/LSP "Take Back Initiative" in which government buildings were closed to the public.</i>
<b>Enforcement/Public Safety/Corrections</b>	
LSP criminal patrols seizures and arrests (2020)	<p>Heroin: 4 Kilograms (↓ from prior year's 9.8 Kilograms)</p> <p>Hydrocodone: None reported for 2021. (1,124 dosage units reported last year)</p> <p>Oxycodone: 1,047 dosage units reported, a ↓ from 1,005 dosage units reported prior year.</p> <p>Fentanyl: 3 kilograms</p> <p>Tramadol: 3 kilograms</p> <p>Physical arrests: 5 (↓ from 21 reported prior year)</p> <p><i>Data source = LSP Bureau of Investigations</i></p>
LSP undercover operations (2020)	<p>Opioid related cases opened: 275 (↑ 111 from prior year)</p> <p>Number of arrests: 25 (↓ from 117 in prior year.)</p> <p><i>Data source = LSP Bureau of Investigations</i></p> <p><i>Note: The above data may not capture the complete picture. Over this past year, LSP transitioned to a new reporting system, and appears the information needed is not available to report in a way consistent with prior years.)</i></p>
Number of incarcerated with active opioid offenses	<p>1638 -as of 10-26-2021 (↓ from 1,777 from prior year.)</p> <p><i>Data source = Department of Corrections</i></p>
Number of opioid convictions by year	<p>2017: 1,695</p> <p>2018: 1,687</p> <p>2019: 1,474</p> <p>2020: 972</p> <p><i>Data source = Department of Corrections</i></p> <p><i>Note: The numbers reported above for years 2017 through 2019 have been updated by DOC. from last year's report. According to the DOC, arrests, revocations and court proceedings were often suspended beginning in 2019 through mid-2021. These decreases may account for the drop in convictions, and may have resulted in fewer offenders entering the system, which then might account for fewer releases.</i></p>
Number of opiate-convicted inmates released last year	<p>2017: 1,378</p> <p>2018: 1,981</p> <p>2019: 2,013</p> <p>2020: 1,685</p> <p><i>Data source = Department of Corrections</i></p>

Measure	Impact Data
	<i>Note: DOC has updated the numbers reported above for years 2017 through 2019 from last year's report.</i>
Justice System	
Louisiana Attorney General's Office	<ul style="list-style-type: none"> <li>• The Attorney General's Office and the Louisiana Ambulance Alliance provided public education through a website called End the Epidemic LA. The address is <a href="http://www.endtheepidemicla.org">www.endtheepidemicla.org</a>.</li> <li>• As of November 2020, the Attorney General's office has provided vouchers for close to 25,000 doses of naloxone to law enforcement personnel and is providing training statewide. (Increased from 20,000 in prior year.)</li> <li>• The Attorney General's Office, Blue Cross Blue Shield of Louisiana, and the National Association of Diversion Investigators (NADDI) and numerous law enforcement agencies provided 80 permanent drug take back boxes to sheriff's offices and police departments across the State. (Increase of 10 boxes from prior year.)</li> <li>• The Attorney General's Office received a donation of 60,000 medication disposable pouches that were distributed to hospice organizations and meals on wheels throughout the state. (An increase of 28,000 from prior year.)</li> <li>• In July 2021, Attorney General Jeff Landry announced an historic \$26 billion agreement with the nation's three major pharmaceutical distributors and another company, which manufactured and marketed opioids. The agreement resolves investigations and litigation with Cardinal, McKesson, AmerisourceBergen, and Johnson &amp; Johnson over the companies' roles in creating and fueling the opioid epidemic. The agreement also requires significant industry changes that will help prevent this type of crisis from happening again. Louisiana is anticipated to receive more than \$325 million.</li> </ul>
Louisiana Supreme Court, Drug and Specialty Court 2019 Report data	<ul style="list-style-type: none"> <li>• In 2019, within 32 Adult and 10 Juvenile Drug courts, the following was reported by the Louisiana Supreme Court Drug and Specialty Court Office: <ul style="list-style-type: none"> <li>○ Individuals Screened: 2,950 (2,645 in prior year)</li> <li>○ Participants Admitted 1,974 (1,747 in prior year)</li> <li>○ Participants Served: 4,705 (4,552 in prior year)</li> <li>○ Treatment Hours Provided: 443,447 (↑ from 257,987 in 2018.)</li> <li>○ Multi-Panel Drug Tests Performed: 144,344 (↓ from 145,661 in 2018.)</li> <li>○ Participants Graduated: 870 (↑ from 829 in 2018)</li> <li>○ Recidivism Rate: 6.7% (↓ from 9.9% in 2018.)</li> </ul> </li> </ul>



Measure	Impact Data
	<ul style="list-style-type: none"> <li>○ Drug Free Births: 47 with \$11,750,000 estimated savings. (↑ from 46 in 2018.)</li> <li>○ Participants Found Employment: 645 or obtained GED-HiSET (↑ from 545 in 2018.)</li> <li>○ Participants Acquired Secure Housing: 654 (↑ from 448 in 2018.)</li> <li>○ Participants Performing Community Service Hours: 24,448 (↓ from 25,717 in 2018.)</li> </ul> <p><i>Data Source= 2019 SCDSCO Report</i></p>
<b>K-12 Education</b>	
2020 Louisiana Caring Communities Youth Survey (CCYS)  Number of students affected	<p>The Louisiana Caring Communities Youth Survey (CCYS) is a voluntary survey designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. These risk and protective factors have been shown to predict the likelihood of academic success, school dropout, substance use, violence, and delinquency among youth. The 2020 CCYS began with 6th, 8th, 10th, and 12th grade students in the fall of 2020 and ended May 2021. A total of 378 schools across Louisiana participated in the survey, with 51,731 students completing it. While the participation was lower than in previous years, we were pleased to obtain data during the COVID-19 pandemic.</p> <p><u>2020 CCYS Indicator Highlights</u></p> <ul style="list-style-type: none"> <li>• 15.3% of 12<sup>th</sup> grade survey respondents reported engaging in "binge drinking"</li> <li>• 19.3% of 10<sup>th</sup> grade survey respondents reported using alcohol in the past 30 days</li> <li>• 13.7% of 8<sup>th</sup> grade survey respondents reported attacking someone with the idea of seriously hurting them</li> <li>• 63.1% of 12<sup>th</sup> grade survey respondents reported obtaining alcohol from home with their parents' permission</li> <li>• 32.9% of 10<sup>th</sup> grade survey respondents reported using a form of e-cigarette in their lifetime</li> <li>• 18.5% of 10<sup>th</sup> grade survey respondents reported seriously considering attempting suicide in the past 12 months</li> <li>• 34.6% of 6<sup>th</sup> grade survey respondents reported being "greatly" impacted by someone's suicide</li> <li>• 19.0% of 10<sup>th</sup> grade survey respondents reported riding in a car, in the past 30 days, with a driver who had been drinking</li> <li>• 14.1% of 6<sup>th</sup> grade survey respondents reported being suspended from school in the past</li> <li>• 37.3% of 8<sup>th</sup> grade survey respondents reported gambling in the past year</li> <li>• 19.0% of 6<sup>th</sup> grade survey respondents reported being bullied on school property in the past year</li> </ul>

Measure	Impact Data
	<p>The full report can be found at <a href="https://picardcenter.louisiana.edu/research-areas/quality-life/caring-communities-youth-survey-ccys">https://picardcenter.louisiana.edu/research-areas/quality-life/caring-communities-youth-survey-ccys</a></p>
Number of students affected, related costs (Note: This is carry over data from the 2019 Youth Risk Behavior Survey)	<p><i>Note: The 2021 Youth Risk Behavior Survey was delayed due to COVID-19-related issues. Updated information will not be available to the HOPE Advisory Council until the 2022 report. Below is data from the prior year's entry.</i></p> <p><u>Secondary Schools</u></p> <p>21.7% of high school students, who participated in the 2019 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. This is 2.4% higher than the 2017 survey report.</p> <p>6.0% of high school students, who participated in the 2019 YRBS used heroin (also called "smack," "junk," or "China White,") one or more times during their life. This is 3.6% lower than the 2017 survey report.</p> <p>Data on related costs is not available</p> <p><i>Note: The YRBS is only conducted every other year. Above data is from 2019. Next update not available until 2021.</i></p> <p><i>Data source = 2019 Louisiana Youth Risk Behavior Survey (YRBS)</i></p>
<b>Higher Education Institutions</b>	
Number of students affected, related costs	<p>The most recent opioid use data from Louisiana's college students (n = 3,945) is 0.7%, up 0.1% from 2019 and regional data is as follows: New Orleans at 0.8% (+0.3 from 2019), Baton Rouge at 1.0% (no change from 2019), Houma/Thibodaux at 0.0% (not available in 2019), Lafayette at 0.5% (-0.1 from 2019), Shreveport at 0.5% (no change from 2019), Monroe at 1.1% (+0.5 from 2019), and Hammond at 0.5% (-0.1 from 2019).</p> <p>The next Core Alcohol and Drug Survey will be administered early in Spring 2023.</p> <p><u><a href="#">Data Source: 2021 Core Alcohol and Drug Survey</a></u></p> <p>The Board of Regents, in great partnership with the Louisiana Department of Health – Office of Behavioral Health (LDH – OBH) and Local Governing Entities (LGEs), has provided over 500 naloxone kits to be placed on college campuses throughout the state, along with training and educational materials.</p>

## INTERAGENCY HEROIN AND OPIOID COORDINATION PLAN

### ADDRESSING THE PROBLEM

As in last year's Interagency Heroin and Opioid Coordination Plan, and pursuant to the Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq., Louisiana continued under an official statewide public health emergency declaration in 2021 (see Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq.), due to the ongoing threat posed to the state by COVID-19. In 2021, Louisiana also endured Ida, a Category 4 hurricane, along with several additional extreme weather systems, resulting in more flooding and destruction across the state. Together, these systems again caused significant statewide educational, healthcare public safety, and community disruptions. As in 2020, many local and statewide, public, and private opioid response efforts were disrupted. Thus, many updates presented in this report should be viewed in the context of extremely challenging circumstances that often adversely affected individuals, families, businesses, schools, state and local public and private systems, as well as adversely affecting opioid impact data and planned responses to the opioid epidemic in Louisiana.

This year's updates are organized into the following state and local response categories for the purposes of this report:

- Active Federal Opioid Grants
- State and Local Surveillance Data;
- Education and Prevention;
- Intervention
- Treatment and Recovery;
- Resource and Capacity Development;
- Changes in Legislation, and
- Medicaid Managed Care Organization Opioid-related activities.

#### **Active Federal Grants Update**

The Louisiana State Opioid Response grant (LaSOR) initiative, which started September 30, 2018, and ended September 29, 2021, provided much-needed support and life-changing treatment opportunities for the uninsured and underinsured. The project successfully met and exceeded the five primary goals: 1) increase access to Medications for Opioid Use Disorder (MOUD) for the under- and uninsured with an OUD diagnosis who are being treated with Evidence-Based Programs or Practices (EBPs), 2) increase access to recovery support services for patients on MOUD and those reentering communities from criminal justice settings, 3) increase outreach to community programs, 4) identify and address needs of state-recognized tribes, and 5) increase public and professional awareness and education for prevention and treatment of opioid use and misuse.

The comprehensive approach to prevention, treatment, and recovery supports helped address the myriad of problems in Louisiana associated with illicit opioid use. Overall, through prevention efforts, 17,204 safe storage and proper disposal products were distributed, 5,548 individuals received at least one of the three EBPs that SOR funds implemented, and 15,784 naloxone kits were distributed. Through the treatment and recovery supports implemented by LaSOR, 2,425 individuals received MOUD at OTPs and OBOTs (Hubs and Spokes), 1,936 prescribers were trained on OUD, and 88 residents with OUD were served by the 21 Recovery Homes established with SOR funds.

## STATE AND LOCAL RESPONSES: SURVEILLANCE AND DATA

- **Louisiana Opioid Surveillance Initiative:** To reduce the impact of opioid use disorder in the state, the LDH/OPH Health Informatics section continued to assemble and analyze new and existing data on the opioid epidemic in Louisiana, providing education and improving prevention, response, and treatment efforts.. By providing data and graphics on drug poisoning deaths, drug-involved deaths, emergency department indicators, inpatient hospital visits, and prescription indicators, OPH continued to be a major contributor to data presented to the HOPE Council in 2021. Impact data from the Louisiana Opioid data and Surveillance System (LODSS) can be found within the Impact Metrics section of this report.
- **Performance Improvement:** LDH/OBH continued working with the five Medicaid MCOs and Island Peer Review Organization, Inc. (IPRO), LDH/OBH's external quality review organization to create a performance improvement project 1(PIP). This project will improve member initiation and engagement of alcohol and other drug use or dependence treatment (IET) and increase follow-up care following an emergency department visit for a substance use reason (FUA). LDH/OBH expanded the PIP in 2021 by adding another HEDIS measure to increase rates of continuity of pharmacotherapy for opioid use disorders (POD).

The IET measure has two sub-measures:

- a. Initiation – one treatment visit within 14 days of diagnosis.
- b. Engagement - two or more treatment visits within 34 days of diagnosis.

In addition, the IET measure stratifies rates by age-related and diagnosis cohorts (child/adult and alcohol use/dependence, opioid misuse/dependence, and other drug misuse/dependence).

The FUA measure has two sub-measures:

- a. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) misuse or dependence, who had a follow up visit for AOD within seven days of the ED visit.
- b. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) misuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit.

The POD measure tracks the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with an OUD diagnosis.

As part of this project, the MCOs identified a number of barriers and corresponding interventions.

Barriers identified included member engagement, lack of providers treating beneficiaries with substance use disorders, and lack of knowledge about treatment options or recognizing physical dependence and addiction.

In general, interventions centered on enhanced care management approaches, member outreach, partnerships with hospitals to improve timely initiation/engagement, provider education/training, and expansion of workforce.

The Delta variant surge of the COVID-19 pandemic and Hurricane IDA affected implementation of interventions in Q3 of 2021. Validated 2021 HEDIS rates for these measures will be available in late summer 2022.

- **Louisiana’s State Epidemiology Workgroup (SEW):** This workgroup has led the process for state-level substance use data collection and analysis to support the statewide substance misuse prevention infrastructure. As the SEW has been supporting the prioritization process for the 2022-2026 Louisiana Statewide Substance Abuse Prevention Strategic Plan, it is clear that youth and adult opioid use and associated negative consequences will continue to be a priority for the state. OPH, a member agency of the SEW, has been instrumental in improving statewide data collection and analysis of opioids through federal discretionary grants, which has helped the boards and commissions under the Office of Drug Policy to strategically target funding, strategy implementation, and other vital resources.
- **NOLA Data Workgroup (DWG):** This epidemiological workgroup sponsored by the Greater New Orleans Drug Demand Reduction Coalition provides information to OBH. The DWG aims to improve availability, access, and quality of data at the local level to address substance use problems including health, education, public safety, social welfare, and employment consequences by informing state and local policy development, supporting comprehensive local planning, and targeting resources and programming. DWG members include local and state government agencies, epidemiologists, health professionals, law enforcement agencies, service providers, community members, church leaders, educators, and academics from multiple disciplines engaged in substance use prevention and recovery. In 2021, New Orleans Emergency Medical Services, Fire Departments, and Police Departments recorded and reported instances of naloxone administrations, including the physical location of administrations that occurred during service calls. The naloxone administration location data is entered into the Overdose Detection Mapping Application Program (ODMAP), which provides near real-time overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase or spike in overdose events. These maps help create quarterly naloxone administration heat maps to convey the density of opioid overdoses and subsequent naloxone administration across Greater New Orleans.

## STATE AND LOCAL RESPONSES: EDUCATION AND PREVENTION

- **Prevention Initiatives:** The OBH Prevention Team participated in a Zoom Meeting with OPH’s Opioid Preparedness Outreach Coordinators (OPOCs) on November 17, 2021. In an effort to familiarize the OPOCs with OBH’s Prevention Initiatives, OBH staff created a PowerPoint presentation for the meeting that provided an overview of the following topics: SAMHSA’s Strategic Prevention Framework, Substance Abuse Prevention and Treatment Block Grant, Louisiana Partnerships for Success Grant, LaSOR Grant Prevention Efforts, Opioid Specific Evidence-Based/Informed Prevention Programs, Opioid Prevention Education, Outreach and Awareness Efforts, Opioid Education Platform, LGE/Human Services Districts Coordination, Roles and Responsibilities of LGE Opioid Use Disorder (OUD) Prevention Specialists, LGE Crisis Mobile Teams, and Workforce Development opportunities with the Louisiana Center for Prevention Resources (LCPR). OBH also worked with OPH to develop a Standard of Procedures (SOP) document related to Narcan distribution to Public Health Units (PHU). The intent of the SOP is to provide a process to allow public health staff to distribute Narcan at a PHU to an individual client, or family member, when an opportunity arises. The intention is to serve the clients who appear for other services, not to become a publically listed distribution site.
- **Public/Professional Training:** OPH partnered with Woman’s Foundation, Inc. to provide education to local communities and medical professionals such as nurses, physicians, nurse practitioners, licensed mental health professionals, licensed clinicians, and providers statewide in accordance with

the LaSOR Grant, to increase awareness and education for prevention and treatment of opioid use and misuse, specifically education on alternatives to pain medications. The Substance Abuse Mental Health Services Administration (SAMHSA) (Grant Number- H79TI083324) funds the LaSOR Grant, which is awarded to LDH, OBH, and administered through Woman's Foundation, Inc. Due to COVID-19 restrictions, the sessions are held virtually and then recorded in order to put them online for all professions. In the most recent education series, presentations focused on engagement of more pharmacists. Woman's Foundation offered presentations with multiple pharmacists who presented about non-opioid drug treatments for adult outpatient pain management. Opioid medications are routinely used for pain management due to their euphoric effects and quick onset analgesia; however, significant increase in use has led to an ongoing opioid crisis and epidemic due to problems with tolerance and addiction. Therefore, it is important to increase knowledge of alternative drug treatment options and how to optimally use these medications for effective pain management for certain pain conditions. In the last 3 years, over 30 education sessions have been offered with thousands in attendance. (Details on dates and topics of the OBH-Woman's Foundation sessions may be found in Appendix E.)

- **Higher Education Professional Development Training:** In FY 21, the Louisiana Higher Education Coalition (LaHEC) hosted a series of professional development webinars related to collegiate communities. Webinars are free and the recordings are available to attendees for future viewing. Examples of these offerings include:
  - Coloring Between the Lines: Exploring Substance Misuse Prevention, Treatment & Recovery Among BIPOC (Black, Indigenous, People of Color) Students by Dr. Sherra' Watkins, MAEd, LCMHC-S, LCAS, CRC, CCS, BC-TMH, Director of Wellness Counseling & Assistant Professor of Behavioral Sciences at American University of the Caribbean School of Medicine.
  - Considering Cannabis Use by College Students: Prevention, Lessons Learned, and Emerging Research – Dr. Jason R. Kilmer of the University of Washington
  - Not Your Average Late Night on Campus presented by Aimee J. Hourigan, M.Ed. of the University of South Carolina. This presentation focused on how to support the increasing numbers of students who do not drink while attending college.
- **Faith-based Initiative:** In 2021, OBH collaborated with Tonja Myles to implement a faith-based initiative across the state. This initiative targets regions that do not have a faith-based initiative and provides support to those who would like additional resources. Roles and responsibilities of contractor include:
  - Reaching out to the LGE in each region to identify those interested in implementing a faith based initiative.
  - With the help of the LGE in each Louisiana region, reaching out to faith based communities (the ones in place and the ones LGEs would be interested in getting involved ex: churches, catholic charities, salvation army, etc.) to discuss the goals and objectives of the initiative and invite them to participate. Contact will be via email, phones, and in-person to recruit community members in need of OUD prevention resources.
  - Provide one webinar training in FY1 and FY2 respectively to each LGE and faith-based communities on the nature and extent of Opioid Use Disorders (OUD), risk factors of addiction, current approaches to preventing, intervening and treating OUD, and on implementing the "Office of Behavioral Health Faith Recovery Outreach Toolkit".
  - Assist to organize two Sobriety Saturday events within each LGEs geographic area, which includes one Sobriety Saturday each fiscal year of grant.
  - Provide support trainings to LGEs bi-weekly on effectively running a faith-based recovery support group.

- Participate in quarterly meetings with LGEs set-up by OBH.

**Specific Accomplishments for this initiative in 2021 include the following:**

- Created the Louisiana Office of Behavioral Health Faith & Recovery Outreach Toolkit, available at: [https://ldh.la.gov/assets/docs/BehavioralHealth/Faith\\_Recovery\\_Outreach\\_ToolKit.pdf](https://ldh.la.gov/assets/docs/BehavioralHealth/Faith_Recovery_Outreach_ToolKit.pdf)
- Introduced the OBH Faith and Recovery Outreach Initiative launch to the LGEs via email
- Created and launched “The Firm” (Faith In Recovery Matters) Newsletter, which is sent to the LGEs monthly with spotlight stories, resources and tools to combat OUD.
- Created Sober Saturday Outreach flyer
- Held a Sober Saturday hosted by CAHSD
- Offered Tech support and assistance for Central Louisiana Human Services District upcoming Outreach events
- Held a Sober Saturday event with Healthy Baton Rouge
- Held a Sober Saturday and Sunday event with Lighthouse Church in Lafayette
- Participation in the When You are Ready (WYAR) campaign to reduce opioid overdose in our communities
- Created strategic plan and draft booklet for the Community Recovery Coalition
- Created Faith & Recovery Outreach Hotspot Map
- Created Town Hall Template Meeting Agenda planned to held in January 2022
- **Louisiana Center for Prevention Resource:** OBH Prevention Services contracts with the Louisiana Center for Prevention Resources (LCPR) at Southern University Baton Rouge (within the Nelson Mandela College of Government and Social Sciences in the Psychology Department) to provide training and technical assistance services to the Substance Abuse Prevention and Mental Health Promotion Workforce. The LCPR increases capacity, skills, and expertise to ensure and/or enhance delivery of effective substance misuse prevention interventions, trainings and other prevention activities. These services are available to youth, communities, professionals, and others in the prevention and behavioral health community. The LCPR works directly with the LDH/OBH Prevention Services and other statewide entities aimed at improving implementation and delivery of effective substance misuse prevention and mental health promotion interventions. It provides prevention skills trainings and technical assistance based on prevention science; use evidence-based and promising practices; and leverage the expertise and resources available through new and existing alliances. The LCPR also provides courses and trainings required for prevention certification and/or licensure and serves as a repository for prevention resources.

In addition, LCPR offers specialty trainings related to the “latest trends” that provide knowledge and skills to enhance the capabilities of persons in the behavioral health field. Below is a list of trainings that were sponsored/provided by LCPR during FY 2021.

- Generation Rx
- Empowered Health Consciousness
- Anxiety, and Healthy Alternatives: Building Comfort in a Time of Epidemic
- CADCA Youth Engagement;
- Cultural Competency in Substance Abuse Prevention
- Facilitation Skills Training and Substance Abuse Prevention
- Prevention and Mental Health First Aid
- Preventing Prescription Misuse and Abuse
- Health Disparities in Prevention
- Suicide Prevention



- Prevention of Mental, Emotional, and Behavioral Disorders Prevention
- Prevention Ethics Seminar
- Substance Abuse Prevention Skills Training
- Building Prevention Services Capacity To Address Substance Use And Misuse And Related Mental Health Problems Facing Communities
- Pills to Heroin Epidemic
- Social Media and Prevention
- High in Plain Sight: Substance Abuse Prevention Training
- The Role of Prevention, Treatment, Recovery, and Youth in a Time of National Crisis
- Changing the Conversation
- Tall Cop - High in Plain Sight: Substance Abuse Prevention Training
- Ensuring Prevention Services are Trauma-Informed and Promote Health
- Tall Cop - Drug Trends: Synthetics, Stashes, and More
- Going Upstream and Digging Deeper: The Critical Role Coalitions Play in Addressing the Nation's Opioid and Heroin Crisis
- CADCA (Community Anti-Drug Coalitions of America)- Social Media & Prevention (Part 1)
- CADCA (Community Anti-Drug Coalitions of America)- Social Media & Prevention - Addressing the Pills to Heroin Epidemic (Part 2)
- Environmental Approach to Alcohol and Other Drug Problems
- Media and Literacy - Best Practices for Preventing -Substance Misuse and OUD at Grassroots Level
- Prevention during COVID-19 and Beyond: Changing the Conversation: The Role of Prevention, Treatment, Recovery and Youth in a Time of National Crisis
- Working with the Faith Community

OBH also works closely with the South-Southwest Prevention Technology Transfer Center (PTTC) Network to improve implementation and delivery of effective substance misuse prevention interventions, and provide training and technical assistance services to the substance misuse prevention field. The PTTC has provided intensive technical assistance and learning resources to prevention professionals in Louisiana.

## STATE AND LOCAL RESPONSES: INTERVENTION

- **Standing Order:** Naloxone is a prescription medication indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. The standing order is issued by the OBH Medical Director in compliance with, and under the authority of, La. R.S. 40:978.2 and shall be deemed as a medical order for naloxone, or other opioid antagonist, as long as the conditions of the statute are met. As per Louisiana's standing order, naloxone is available without a prescription at local pharmacies. Individuals on Medicaid can get naloxone for free at a local pharmacy. Naloxone coverage varies by insurance carrier. The Naloxone standing order can be found online at [www.ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf](http://www.ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf).
- **Pharmacy Toolkit:** OPH developed The Louisiana Pharmacy Opioid Toolkit, which focuses on strategies to treat different types of pain and best practices used when dispensing opioids. The toolkit provides counseling to assess the patient's level of understanding and potential need for prescriber notification. The guide also looks at the importance of recognizing signs and symptoms of overdose, alternative treatments, proper handling, storage and disposal, naloxone education and regional contacts. The toolkit will be available online during early 2022 at the following link: <https://ldh.la.gov/assets/opioid/13245-OpioidFlipBook.pdf>



- **Narcan Distribution:** OBH provides free nasal-spray naloxone kits for distribution. As there is a limited number of kits purchased, priority goes to the following groups: 1) Local Human Services Districts/Authorities based on need and 2) Opioid Treatment Programs (OTPs) for distribution to their at-risk clients and families. While LaSOR 1.0 grant-related activities were greatly impacted by COVID-19 as well as the fact that the grant was in its 3<sup>rd</sup> year and in a “No Cost Extension” posture, in 2020, 7,440 naloxone kits were distributed through the LaSOR 1.0 grant (through its No Cost extension), increasing from last year’s 4,938 kits. Additional naloxone kits were distributed through the LaSOR 2.0 grant and totaled 10,083 kits from that source. 605 people were served with LaSOR 1.0 grant funded treatment and recovery services, a decrease from 1,369 served in the prior year; however, an additional 389 were served as part of LaSOR 2.0 during the year.
- **Syringe Service Programs (SSP):** Since the Syringe Access Authorization Legislation in 2017, there has been steady growth in the number of SSPs in LA. While the process of local authorization has proved difficult in some of the parishes and regions that have demonstrated a need for these services, there has been continued success and small victories as advocacy work continues to spread throughout the state.

“Outside of the pandemic, structural and policy barriers continue to negatively affect the health of use drugs. There has been an ongoing naloxone shortage in the US, which has led harm reduction organizations to ration their supplies and solicit expired naloxone to meet community needs. Naloxone access advocates, estimating that the shortage would ultimately result in 11,000-18,000 additional deaths from opioid overdose, launched herculean on-the-ground efforts to support communities and programs and mitigate the impacts of the shortage.” - *NASTAD Statement on Continued Catastrophic Loss of Life to Drug Overdose*

In the month of November 2021, three of the four SSPs funded by LDH/SHHP provided over 1,576 doses of naloxone resulting in 252 reported overdose reversals.

Between 2019 and 2020, drug deaths and synthetic opioid poisoning in Louisiana increased significantly. Additionally, in 2019 people who inject drugs (age 39 years and under) accounted for 36% of hepatitis C diagnoses in Louisiana as well as 10% of new HIV Diagnosis. SHHP currently funds four Syringe Service Programs. Due to current funding restrictions, these contracts do not support the purchase of syringes, cookers, vaccination services, or fentanyl testing equipment. Each program has reported need for these unrestricted funds as well as the capacity to implement funds effectively.

LDH/STD/HIV/HEP Program (SHHP) is currently in the process of securing funding and focusing on expanding harm reduction and drug user health staff positions.

Number of SHHPs funded within the state, location of services, and the number of clients served from Jan. 2021-June 2021

# of SSPs Funded in Louisiana	Location of Services	# of Clients Served
1	Baton Rouge	109
4	New Orleans	4,828
1	Shreveport	116
1	Alexandria	16

- **Hepatitis C Harm Reduction Efforts:** LDH and OPH continued efforts to reduce the risks associated with untreated hepatitis C statewide in 2021. Since last update, LDH/OPH has done the following:
  - Initiated monthly Project ECHO- Hepatitis, Addiction, and stigma Reduction in Medicine (HARM) meetings. Brandon Mizroch in OPH hosts these meetings on the third Wednesday of the month. They feature guest lectures and experts from addiction medicine, Syringe Service Programs, toxicology, and more. Each event averages around 40 clinicians from around the state and country and presents evidence-based CME education on HCV, harm reduction, treatment for people who use drugs, etc.
  - LDH/OPH also sponsors a seminar required for all of its Community Based Organization partners on destigmatizing drug use. This course provides a workshop to better understand, and provide care for people who use drugs.
  - To date, LDH/OPH helped train over 500 prescribers statewide on the fundamentals of HCV testing and treatment. Each of these detailed encounters involves a lengthy discussion on harm reduction and the role stigma plays in the HCV/Overdose syndemic (i.e., the combined challenges/interactions of the concurrent epidemics of Hepatitis C and the opioids).

## STATE AND LOCAL RESPONSES: TREATMENT AND RECOVERY

- **Active Federal Grants Update:** The LaSOR initiative, which started September 30, 2018, and ended September 29, 2021, successfully met and exceeded its five primary goals: Increase access to Medications for Opioid Use Disorder (MOUD) for the under- and uninsured with an OUD diagnosis who are being treated with Evidence-Based Programs or Practices (EBPs); Increase access to recovery support services for patients on MOUD and those reentering communities from criminal justice settings; Increase outreach to community programs; Identify and address needs of state-recognized tribes; Increase public and professional awareness and education for prevention and treatment of opioid use and misuse.. As part of these efforts, 17,204 safe storage and proper disposal products were distributed, 5,548 individuals received at least one of the three EBPs that were funded through SOR, and 15,784 naloxone kits were distributed. In addition, 2,425 individuals received MOUD at OTPs and OBOTs (Hubs and Spokes), 1,936 prescribers were trained on OUD, and a total of 88 residents with OUD were served by the 21 Recovery Homes established with SOR funds.
- **Louisiana's Methadone Clinics/Opioid Treatment Programs (OTP):** Despite some hurricane-related closures (i.e., Hurricane Ida severely damaged Baymark of Laplace, causing it to close between September and December of 2021, with anticipated reopening January 15, 2022.), since last year, Louisiana's Methadone Clinics experienced a slight, but steady, increase in statewide census from 4,738 in January 1, 2021 to 5,005 by December 1, 2021, representing a 6% increase in numbers of individuals served by these methadone providers. (For clinic-by-clinic and month-to-month enrollment figures, please see Appendix F)
  - OTP RFA: Effective in January 2020, Medicaid covered methadone in Louisiana based on data collected through the Louisiana Opioid Data and Surveillance System (LODSS), an initiative developed to study, map, and monitor Louisiana's opioid problem. As a result of this study, LDH/OBH determined a need to expand Opioid Treatment Programs (OTP) in LDH Administrative Region 3 (with a priority area being the Terrebonne Parish and Lafourche Parish areas) and in Region 9 (with a priority area being Washington Parish). LDH/OBH released a Request for

Applications (RFA) on November 30, 2021, with RFA questions and answer period scheduled between December 10 and December 17, 2021. It is hoped that the newly selected OTPs would open in May 2022.

- **OTP 24hr Expansion Project:** Due to having approximately 1,000 patients linked to the downtown clinic, this project began in New Orleans on the West Bank, utilizing additional LaSOR 1 and 2 grant funding. Louisiana became one of the first states to implement the 24/7 access to OTP clinics. The Shreveport clinic was the first to become 24 hours; OBH chose it due to its proximity to Monroe, Alexandria, and Breaux Bridge/Lafayette, in the event an emergency situation required such access. OBH proposed Hammond and LaPlace for the next 24/7 sites, but Hurricane Ida caused significant delays.
- **Mobile Methadone Services:** Hurricane Ida hit the Louisiana coast August 26, 2021, severely damaging the LaPlace Methadone clinic and the surrounding area. In response to maintaining Methadone access in Region 3, BAART brought a trailer from Maryland to Louisiana to dose the LaPlace patients. Each of the 10 regions in the state have one Methadone provider. As a sole source provider, every effort is made to maintain access for direct patient care services. The DEA recently issued guidance for the utilization of mobile dosing units, and was agreeable in approving utilization for disaster response.
- **Odyssey House Louisiana Inc. (OHL):** OBH collaborates with Odyssey House Louisiana Inc. (OHL), a nonprofit behavioral health care provider with an emphasis on addiction treatment. Established in 1973, OHL's mission is to provide holistic and patient-centered services in a safe environment that address the full continuum of special care needs for the state of Louisiana. OHL's encompassing system of care includes detox, treatment, behavioral and medical healthcare, life-skills, counseling, and case management. Through its services, OHL empowers individuals to become active participants in their treatment and recovery to reclaim functional, productive lives. OHL's holistic approach addresses the physical, mental, emotional, and social conditions of each patient in treating the illness of addiction. Services and programs include substance use disorder treatment, complete health and mental health care, life-skills training, vocational training, individual and group counseling, parenting classes and childcare, case management and housing placement.

OHL opened a 30- bed, Clinically-Managed High Intensity Residential Treatment Program meeting the American Society of Addiction Medicine's (ASAM) 3.5 level of care. The Isolation/Quarantine unit provides substance use services, shelter, and medical care to individuals who have tested positive for COVID-19 virus and are asymptomatic or who present low-level symptoms. Individuals with more serious complications of the virus go to the hospital. This is the only COVID-19 positive residential facility in the Greater New Orleans area. This program ensures clinical, medical, and care coordination including wrap around and referral services for continuity of care. Additionally, this program offers supports to ensure that proper safety precautions and equipment are in place for a healthier environment.

OHL has shown a tremendous potential for growth and improvements based on the modifications that the unit has made since implementation of the initiative. For example, OHL was able to offer COVID testing to 2,238 individuals that presented for treatment from April 20, 2020 through September 30, 2021. Of the 2,238 individuals tested at screening, 106 of those clients were admitted into the COVID Isolation Unit. Of those 106 admissions, 51 of those clients tested positive for COVID. A flyer for Odyssey House of Louisiana, Inc. is included in Appendix G.

- **Ness Healthcare Opioid-related Activities in 2021:** Ness Healthcare NFP, also known as Northlake Behavioral Health System, reported several opioid-related activities in 2021 that expanded

treatment and recovery options for those with opioid and substance use disorders. Included among these activities were workforce development and trainings, enhancement of clinical services and programs, as well as educational activities aimed at assuring community providers, the Emergency Medical System, as well as OBGYNs and Primary Care Practitioners were aware of these expanded service offerings. Ness' primary service areas include Washington, St. Tammany, and Tangipahoa Parishes. Ness conducted trainings and education with the local Sheriff's Office, local law enforcement and coroner's office on crisis and substance use treatment and services. Ness also became a HRSA facility that forgives student loans, and Ness expanded their inpatient admission criteria to include patients suffering from substance and opioid use disorders in 2021. Ness created a MAT program and joined Ochsner's Clinically Integrated Network to partner with Primary Care Practitioners on substance use and behavioral patients. More details on these service enhancements may be found in Appendix H.

- **Department of Corrections:** This past year the number of incarcerated Louisianans with active opioid offences was 1,777, which was down from the prior year's number of 2,122. The number of opioid convictions in 2020 was 972, somewhat down from the 2019 figure of 1,474 reported. The number of opiate-convicted inmates released last year also fell from 2,013 in 2019 to 1,685 in 2020. Arrests, revocations, and court proceedings were all mostly suspended beginning in 2019 through mid-2021. The decreases in arrests and court services may explain the drop in convictions. Also, given that there were fewer convictions and revocations, there were fewer offenders entering the system during the past 2 years, which then results in fewer releases. Opioid charges are usually not long sentences, unless they are distribution or conspiracy charges.
- **Louisiana State University Health Sciences Center/University Medical Center (UMC):** UMC provides inpatient psychiatric care in its 15-bed Addictions Psychiatry Behavioral Health Unit, which also treats those with opioid use disorders, and provides MAT through its consultation-liaison service teams. In addition, LSUHSC Addiction Psychiatry provides outpatient care for adolescents aged 14 to 21 years, in its Intensive Outpatient Program (IOP). The Integrated Care Clinic allows outpatient primary care practitioners to provide MAT. Furthermore, the Perinatal Psychiatric Clinic provides high-risk obstetrical patients with MAT throughout pregnancy. These services are provided across UMC, Touro, and Children's Hospitals.
- **Recovery Project:** Faces & Voices of Recovery provided LDH with a series of six trainings for recovery support providers. Subject matter experts with decades of experience in the peer recovery movement presented these trainings. Faces & Voices also provided technical support assistance before, during, and after each training by sending reminders for each training; supporting individuals experience technical difficulties and assisting peers with copies of training materials and training certificates.

## STATE AND LOCAL RESPONSES: RESOURCE AND CAPACITY DEVELOPMENT

- **ATLAS Treatment Locator Initiative:** Louisiana continued collaboration in 2021 with Shatterproof (a national nonprofit) and 10 other states to refine and promote ATLAS, a free online substance use disorder treatment locator. ATLAS also offers a free drug and alcohol Addiction Treatment Needs Assessment, a brief lay-friendly resource to support identifying a likely type/level of care for those seeking treatment. The assessment is widely available anonymously and can be accessed at [www.treatmentatlas.org](http://www.treatmentatlas.org). For more information about Shatterproof, visit: [www.Shatterproof.org](http://www.Shatterproof.org).

- Louisiana State Police Opioid-related Statewide Initiatives: Drug takeback initiatives continued through the Louisiana State Police in 2020, but netted significantly less than in the prior year, largely due to COVID-19 pandemic-related impacts. During this same time, the Louisiana State Police Bureau of Investigations reported that State Police Patrol seizures of heroin increased, but hydrocodone and oxycodone seizures and physical arrests decreased significantly. Undercover operations doubled the number of opioid cases being opened, and the number of arrests stemming from undercover operations also increased. In addition, there was a decrease in seizures of hydrocodone dosage units, but an increase in contraband seizures such as heroin, fentanyl, and oxycodone in 2020. (See Enforcement/Public Safety/Corrections impact metric entries above for details.)

Attorney General Activities: The Louisiana Attorney General's Office has remained active in 2020, providing education in partnership with the Louisiana Ambulance Alliance through their "End the Epidemic" website ([www.endtheepidemicla.org](http://www.endtheepidemicla.org)). The Attorney General's Office also provided training and vouchers for approximately 25,000 doses of naloxone to law enforcement, increased its drug take back boxes to 80 statewide, and distributed 60,000 medication disposable pouches to hospice associations and meals on wheels throughout the state. Following a year-long investigation into various companies' roles in creating and fueling the opioid epidemic, three major pharmaceutical distributors reached a historic settlement of \$26 billion, \$325 million of which Louisiana will receive. The agreement also requires significant industry changes that will help prevent this type of crisis from happening again.

- K-12 Education: : Due to COVID-19-related issues, the 2021 Youth Risk Behavior Survey was delayed and updated information will not be available to the HOPE Advisory Council until the 2022 report.
- Higher Education: The most recent opioid use data from the 2021 Core Alcohol and Drug Survey on Louisiana's college students (n = 3,945) is 0.7%, up 0.1% from 2019 and regional data is as follows: New Orleans at 0.8% (+0.3 from 2019), Baton Rouge at 1.0% (no change from 2019), Houma/Thibodaux at 0.0% (not available in 2019), Lafayette at 0.5% (-0.1 from 2019), Shreveport at 0.5% (no change from 2019), Monroe at 1.1% (+0.5 from 2019), and Hammond at 0.5% (-0.1 from 2019).

The Board of Regents, in partnership with LDH/OBH and LGEs, has provided over 500 naloxone kits, training information, and educational materials to college campuses throughout the state.

- Tribal Collaboration: OBH collaborates with Native American tribes in Louisiana to develop and implement prevention and intervention efforts. Highlights of this collaboration during 2021 include:
  - On May 27, 2021, during the quarterly meeting of the ONDCP National Opioids and Synthetic Coordination Group focusing on the South, Director of Social Services at the Tunica-Biloxi Tribe of Louisiana Evelyn Cass presented an update on the prevention grant received by the Tunica Tribe from SAMHSA. Evelyn spoke to the recent developments in their program and discussed the continued improvement and effectiveness in drug prevention services of the Tribal Opioid Response (TOR) Program. This program is a prevention program that hosts prevention groups with youth and outreach events to the families. She noted that the TOR already exceeded its goals in decreasing opioid use for the year and noted that their Opioid Prevention Program grant was scheduled to end in September 2020. The program continued to September 2021 due to the receipt of a 1-year extension.
  - The Tunica-Biloxi Tribe of Louisiana presented at the National Opioids and Synthetics Coordination Group-Webinar on Opioids and Synthetic Drugs presentation May 27, 2021-The South. White House Office of National Drug Control Policy.

- Louisiana State University College of Human Sciences and Education Social Research and Evaluation Center conducted a Louisiana State-recognized Native American Tribal Needs Assessment. The report was produced on behalf of LDH's Substance Abuse and Mental Health Service Administration (SAMHSA) State Opioid Response (LaSOR) Grant (FY 2018). The needs assessment aimed to gain knowledge of the OUD and SUD crises in Native American Tribes located in Louisiana. Because much that occurs within Tribal healthcare systems is unique to their specific governmental structures and policies, there was a need to explore the challenges, gaps, as well as strengths, which could be utilized for combatting the problem. The assessment informs service providers and policymakers on potential solutions. The Executive Summary is included in Appendix I.

## **STATE AND LOCAL RESPONSES: CHANGES IN LEGISLATION FOR 2021**

- House Concurrent Resolution 76 (Edmonds): Urges and requests LDH to post on its website notices of online opioid educational opportunities and training available in 2021 and to convene an opioid action summit by January 1, 2023.
- Senate Resolution 82 (Mizell): Urges and requests LDH to study and provide written report on options regarding Medicaid reimbursements for non-opioid pain treatment alternatives on or before February 1, 2022.

## **STATE AND LOCAL RESPONSES: MEDICAID MANAGED CARE ORGANIZATION OPIOID-RELATED ACTIVITIES**

During 2021, Louisiana MCOs continued to monitor all substance and opioid use disorder providers to ensure that they follow ASAM principles. For instance, several MCOs tracked member opioid refills to ensure that multiple pharmacies are not being utilized, using "lock-in" protocols that restrict opioid prescriptions to one pharmacy.

Predictive reporting technologies can also be used to identify individuals who may be at risk for opioid dependence or misuse. Population health measures also ensure that people who visit the emergency room with substance use concern are provided outreach and access to community services after the visit. In addition, MCOs often offer the following member services: care navigation, linkage to MAT service providers, recovery coaches, case managers, telemedicine access to specialty substance use disorder providers, staff education and training provider education on opioid use disorders and SBIRT, expansion of MAT, continuation of medical education activities, and subsidized buprenorphine waiver training through ASAM for interested providers. Some MCOs also collaborated with private providers, such as Woman's Hospital's Grace Program, and engaged in harm reduction activities by distributing naloxone kits during 2021. Aetna and United Health Care both employ board-certified addictionologists as their Behavioral Health Medical Directors.

For details of specific opioid-related offerings submitted to the HOPE Advisory Council by each MCO for inclusion in this report, please see Appendix J.

## 2020 UPDATE TO COMMUNITY OF CARING APPROACH

In 2019, the HOPE Council sought to engage stakeholders and interested parties to examine the broader impacts of the opioid epidemic in Louisiana, acknowledging that an examination of the entire continuum of opioid use and misuse revealed large sectors of the state that were impacted by the epidemic beyond adverse health consequences.

Since 2019, the Council has maintained three working groups to identify additional areas of action that can lead to collaboration. Based on the composition of the HOPE Council, its designated stakeholders and interested parties, the three work groups or subcommittees are, as follows:

- (1) *Health/Healthcare Domain* consisting of treatment and recovery providers, emergency responders, health care providers, behavioral health providers, pharmacists, insurers, public health professionals, health policy makers and coroners;
- (2) *Public Safety Domain* consisting of law enforcement, EMS and firefighters, corrections personnel, court officials, and other government officials;
- (3) *Community Domain* consisting of educators, educational institutions, employers, religious groups and clergy, persons with Substance Use Disorder, family members, and community organizations dedicated to quality of life issues for all persons.

During 2021, these workgroups struggled to meet consistently. While the Health/Healthcare workgroup met several times, and generated a number of recommendations for consideration by the HOPE Council, neither the Public Safety nor Community workgroups were successful in convening participants to generate additional recommendations during 2021. These groups are intended to continue in 2022.

## RECOMMENDATIONS

### **Summary/Conclusions from Available Impact Data and Statewide Opioid Activities:**

In some ways, 2021 saw a continuation of challenges introduced in 2020 as related to COVID-19 restrictions and disruptions, including challenges to access to and provision of behavioral health services, requiring the continued utilization of telecommunication strategies for service delivery. Both national and Louisiana opioid-related deaths continue to trend upwards, spurred by synthetic opioids (primarily fentanyl). Even as more and more Louisianans with opioid use disorders took advantage of education opportunities, naloxone access, and were able to access MAT, outpatient and residential-based substance use treatment, the number of people presenting to emergency departments and acute medical hospitals continued to rise. Special populations, like perinatal and pregnant women, still have challenges accessing specialized behavioral health services for substance use disorders, including opioid use disorders. Even as the overall rate of opioid prescriptions per 100 people in Louisiana continued to decline, the numbers of Medicaid individuals receiving opioid pain prescriptions continued to increase.

### **RECOMMENDATIONS FOR 2021:**

The HOPE Advisory Council's Interagency Coordination Plan for 2021 recommendations continue to reflect challenges presented by the COVID-19 pandemic, resulting public health declarations, as well as the repeated hurricane events, so as to address exposed vulnerabilities within Louisiana's healthcare, public safety and community systems and structures, and to help strengthen those systems and structures to better meet the needs of those adversely impacted by opioid and related substance use disorders.

The HOPE Advisory Council's 2021 Interagency Coordination Plan, recommendations include the following:

1. Person-Centered Recommendations:

- a. Focus on recognition and treatment of trauma: Among those who seek treatment, high rates of comorbid Posttraumatic Stress Disorder (PTSD) and substance use disorders are well known. Those who have been diagnosed with PTSD have been shown to be more likely to suffer from substance use disorders. In addition, for those who have been diagnosed with substance use disorders, rates of comorbid PTSD are much higher than the general population.<sup>2</sup> It is therefore recommended that all healthcare professionals, teachers, corrections professionals, and others, screen for history of early childhood trauma and maltreatment, sexual trauma, assault, domestic violence, and other trauma exposures so that appropriate culturally-informed and gender-specific trauma approaches and therapies might be made available to those who need them. With the above in mind, consideration should be given to assuring access to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Gender-Responsive Treatment (GRT), and additional evidence-based modalities, such as Eye Movement Desensitization and Reprocessing Therapy (EMDR).

2. System-centered Recommendations:

- a. Outlier Opioid Prescribers: The HOPE Advisory Council recommends that MCO's and Medicaid Pharmacy Operations focus outreach efforts on outlier opioid prescribers, based on most current/available data, so as to help assure that opioids are prescribed only for appropriate indications, at safe doses, for time-limited durations, and prescribed in conjunction with other effective treatment modalities. The overall goal of such outreach is to inform clinicians/prescribers on safe opioid prescribing practices, alternatives to opioids for pain management, and to assure access to behavioral health referrals and services, when clinically indicated.
- b. Increase education and training on availability of alternative and integrated models for pain management. Prior HOPE recommendations highlighted need for increased access to opioid alternatives for chronic pain management. While the volume of opioid analgesics prescribes continues to decline in recent years, there is a continued and urgent need for increased utilization of non-opioid treatments for pain. The Louisiana Department of Health was tasked with reporting on reimbursement of such options by Senate Resolution 82 of the 2021 Legislative session. While such alternatives as physical therapy, occupational therapy, chiropractic care, acupuncture, transcutaneous electric nerve stimulation (TENS), joint and trigger point injections, nerve blocks, epidural steroid injections, radio- and cryoneuroablation, neuromodulation, implantable infusion pumps and other modalities are available and often reimbursable, when medically necessary, increased public, provider and prescriber awareness of these alternatives may help assure these are more optimally prescribed as alternatives to opioid therapies.
- c. Targeted Opioid and Addictions Education:
  - i. According to a notice published by the Health and Human Services Department on 4/28/2021, substance-use disorder education is not yet uniformly integrated into medical education, colleges of medicine and residency training programs for nurses and physician assistants. These institutions are strongly encouraged to develop or to continue implementing comprehensive training in substance-use disorder diagnosis and management as a component

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<sup>2</sup> Clin Psychol (New York). 2012 Sep 1; 19(3), Published online 2012 Oct 29



of their core, required curriculum. Review and reconsideration of such curricula enhancements should also include training around special populations like pregnant women at risk for substance use disorders.

- ii. New buprenorphine guidelines published by the Department of Health and Human Services in April 2021 exempt eligible prescribers from certification requirements related to training and the provision of psychosocial services, which were previously necessary when dispensing or prescribing buprenorphine for the treatment of opioid use disorders to 30 or fewer patients. However, because many patients will have other behavioral health conditions, like anxiety and depression, the Department of Health and Human Services states that assuring the capacity to treat or refer to counseling or psychotherapy is recommended. The combination of Medication Assisted Treatment (MAT)/buprenorphine with counseling is often required to assure a “whole-patient” approach to treating substance use disorders. For these reasons, it is recommended that each buprenorphine prescriber make efforts to either provide counseling to those who receive buprenorphine prescriptions, and/or make referrals to behavioral health specialists available to each buprenorphine patient.

d. Recovery-oriented System of Care:

A healthy Recovery Oriented System of Care (ROSC) prioritizes the involvement of a wealth of stakeholders, particularly the people in recovery themselves. It is vital to promote trust in the design and intention behind the design, by bringing the recovery community together with all other concerned segments of the community. This system would include treatment and recovery professionals, policy-makers, health and social service leaders, community leaders, family members, and others.

We need a robust peer support specialist cohort in Louisiana precisely to maximize the input of voices in recovery for ROSC design. In order to ensure the focus of the design remains outcome-driven, people in recovery and their family members or caregivers need to be included in the decision-making at every level. Personal and professional experience gained in their own journeys can provide practical solutions to overcoming common barriers – and avoiding common challenges. These can be as basic (and daunting) as transportation and childcare difficulties, that prevent individuals from taking full advantage of the ROSCs offerings.

The feedback gained by peer support specialists in their regular interactions with the persons served allow for a constant flow of feedback from end-users, and therefore, continual, incremental process quality improvements. Peers can also be exceptionally useful in gathering the data needed to measure necessary outcome benchmarks, such as housing stability, quality of life, improved health and social connectedness, etc.

3. Special Population-Centered Recommendations:

- a. It is recommended that Louisiana develop strategies to target special populations and their communities. Such strategies should support continued efforts to increase provider-to-provider psychiatric consultations, support increased efforts related to universal screening for opioid and other substance use disorders, as well as increase access to early detection, referral to specialist services, and assure increased access to specialty consultation. One example of such a program is the Louisiana Mental Health Perinatal Partnership (LAMHPP), which targets pregnant and postpartum women, and it is recommended that such programs be scaled and expanded to assure statewide access for those who might benefit from these services.

4. Administrative/Executive/Legal Recommendations:

- a. The State Board of Nursing and the Louisiana State Board of Medical Examiners should be invited to be “Of Counsel” members of the HOPE Council, as these boards may have a role in monitoring opioid prescribing, outliers, outreach and education. Under Act 88 of the 2017 Regular Legislative Session, the HOPE Council is allowed and encouraged to engage and solicit input, recommendations and guidance pertaining to opioid prevention and education from these entities. Further, the Drug Policy Board by-laws, under Section 4, provide for “Of-counsel members,” who are not legislatively identified, but whose expertise has been identified by the voting members as being needed on an ongoing basis. The Health/Healthcare Impact Workgroup of the HOPE Council recommended that both be invited to participate in a more formal non-voting manner.
5. Data-related Recommendations:
- a. Telemedicine Utilization Tracking: As use of telecommunication technologies was seen to be an important adaptation to system access restrictions presented by the COVID-19 pandemic, facilitating continuity of care for many during lockdown, tracking and reporting telemedicine SUD/OD treatment via telehealth is recommended to help determine changes in utilization moving forward, as restrictions ease and/or federal and CMS allowances expire. It is therefore recommended that the HOPE Council add this as a new and routine Data Impact Metric for future yearly HOPE reports.
  - b. Medicaid Opioid Prescription Tracking: Given that prescription data seems to show that the number of opioid prescriptions for Medicaid clients increased by 5.7%, and the number of unduplicated Medicaid patients who filled opioid prescriptions increased by 9.8% in 2020, when compared to the prior year, it is recommended that the HOPE Advisory Council analyze 2020 and 2021 data further and compare it with new Medicaid member enrollment trends to determine if there is correlation.
6. Treatment Retention Strategies:
- It is well-known, researched and reported that substance use disorder patients who engage in more continuing care for outpatient substance use disorder services have better outcomes, but barriers such as transportation, pandemic restrictions, and statewide staff shortages have created new challenges to maintaining continuity of care, treatment and services. Strategies focused on education, individualized treatment decision-making, care navigation, telemedicine, and engaging special populations is recommended.
- a. Telemedicine: Use of technologies such as telephone-based services, videoconferencing, texting, smartphone applications and web-based tools may help assure that those who need mental health and substance use disorder treatment maintain access and continuity of care, especially during challenging situations like those presented by pandemic restrictions and post-natural disaster system disruptions. With this in mind, the HOPE Advisory Council submits several related recommendations:
    - i. Increase telemedicine access, education and training on digital literacy to assure continued access to clinically indicated specialty substance use disorder services.
    - ii. Research hybrid models of telehealth/brick and models to enhance access for those without broadband and limited transportation, etc.
    - iii. Increase broadband internet access to enhance use of telemedicine services, education, etc.
    - iv. Address Toxicology Screening for Medication Assisted Treatment (MAT). COVID-19 pandemic and natural disaster system disruptions create new challenges to providers and patients. While telecommunication technologies may help bridge the access gap for such services, additional strategies are recommended to assure that providers and patients are

able to provide access to recommended toxicology screens for those receiving treatment remotely.

- b. Trauma-informed and Gender-specific Care: Because individuals may have experienced unique types of trauma (e.g. domestic violence, sexual trauma, gender-based trauma, etc.), those seeking treatment must be able to focus on the issues most impactful and prevalent in their lives, and each may respond differently to available modalities of treatment. For these reasons, consideration should be given to assuring access to Trauma-Focused Cognitive Behavioral Therapy (TF-CGT), Gender-Responsive Treatment (GRT), and additional evidence-based modalities, such as Eye Movement Desensitization and Reprocessing Therapy (EMDR), so that individuals may be able to engage openly and honestly with peers and counselors in a therapeutic environment best suited for their particular needs.
7. Recommendations for the HOPE Advisory Council and Impact Workgroups:
- The HOPE Advisory Council Health/Healthcare subgroup recommended that new and innovative models and treatments for opioid use disorder be reviewed and considered for possible future recommendations, including, but not limited to the following:
- a. Emergency Department Staff Training:
    - i. In 2017, Rhode Island released treatment standards of care for adult patients with opioid use disorder. These standards prescribed three levels of hospital and emergency department treatment and prevention of opioid use disorder and opioid overdose and mechanisms for referral to treatment and epidemiological surveillance. By June of 2018, standardized care for opioid use disorder, enhanced opioid overdose surveillance and response, and expanded linkage to peer recovery support, naloxone, and medication for opioid use disorder was required statewide. The HOPE Council may wish to study this and other models further, seeking input from actual emergency department administrators and clinicians to optimize the capacity of emergency departments to provide quality care, including possible Medication Assisted Treatment (MAT), to those presenting with substance and opioid use disorders in need of treatment.
    - ii. Another model of interest that might be studied further is the CA Bridge Program: <https://www.bridgetreatment.org/>. The CA Bridge website provides opioid use disorder treatment algorithms and protocols, as well as practice guidance, blueprints for hospital opioid use disorder treatment, and guidance for those with COVID-19 and addiction needs. The website also lists potential referral to treatment resources for patients and providers, as well as resources to assist consumers in finding emergency departments that offer Medication Assisted Treatment.
    - iii. The HOPE Health/Healthcare Workgroup also recommended that the HOPE Advisory Council study and perhaps advocate for hospitals without specialty substance and opioid use disorder staff in emergency departments to credential and allow qualified providers to go into emergency departments to assess, treat, and assist in referral to specialty providers, when indicated. Again, it may be helpful to discuss the opportunities and barriers of this approach with emergency department administrators and clinical staff.
  - b. Continuity of care and outpatient follow up after emergency room or hospital treatment: In order to assure timely and reliable referrals and linkages to outpatient substance use disorder services, better communication/coordination between EDs/hospitals, MCOs and all SU/MH providers must be optimized. Referral and linkage to outpatient specialty substance and opioid use disorder care is critical for those who need these services. The HOPE Advisory Council might

consider inviting emergency department administrators and clinicians to discuss opportunities and barriers for such linkages and referrals with HOPE Advisor Council Members.

- c. **Transcranial Brain Stimulation:** A 2020 article in the Journal of Addiction Disorders considered the use of non-invasive brain stimulation techniques, such as transcranial magnetic stimulation (TMS) and other similar modalities, to have potential therapeutic benefit for those with opioid use disorders. While such therapies have reported good safety, and may be able to play a role in opioid use disorder prevention and treatment, further study is required before formal recommendations should be made.
- d. **Louisiana Health Information Exchange:** Communication among providers, including hospitals, emergency departments and outpatient substance use providers is critical for optimal treatment engagement and continuity of care. Increased utilization of the Louisiana Health Information Exchange as a means to leverage more health information from hospital and community health providers, and addressing barriers to treatment access and follow up may be helpful. The HOPE Advisory Council might invite members and administrators of this exchange to present at an upcoming meeting in 2022.
- e. **Tracking and trending of Opiate Prescription Numbers by Medical Specialty:** Preliminary review of Louisiana Medicaid data in 2021 provided some information on opioid prescribing patterns of specialties such as Family Practice, General Dentistry, General Practice, OBGYN, Orthopedics, Emergency Medicine, Physician Assistants, General Surgery, and APRN's, etc. While interesting and somewhat informative, utility seemed limited, as more information related to dosages, amounts, duration, indication, etc. may be needed to put this data into context. The HOPE Advisory Council may wish to study these data further, so that targeted education relative to alternatives to opioid prescribing and treatment of opioid use disorders might be employed as indicated.

## RESOURCES

1. Louisiana Department of Health Opioids webpage [www.ldh.la.gov/opioids](http://www.ldh.la.gov/opioids)
  2. Louisiana Department of Health HOPE Council webpage (includes previous reports) [www.ldh.la.gov/hope](http://www.ldh.la.gov/hope)
  3. Louisiana Opioid Data & Surveillance System (LODSS) [www.lodss.ldh.la.gov](http://www.lodss.ldh.la.gov)
  4. Louisiana Board of Pharmacy [www.pharmacy.la.gov](http://www.pharmacy.la.gov)
  5. Louisiana State Board of Medical Examiners [www.lsbme.org](http://www.lsbme.org)
  6. Louisiana-Mississippi Hospice and Palliative Care Organization [www.lmhpc.org](http://www.lmhpc.org)
  7. American Academy of Hospice and Palliative Medicine. [www.aahpm.org](http://www.aahpm.org)
  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](http://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](http://www.samhsa.gov)
  10. National Institute on Drug Abuse [www.drugabuse.gov](http://www.drugabuse.gov)
  11. American Society of Addiction Medicine [www.asam.org](http://www.asam.org)
  12. US Drug Enforcement Administration [www.dea.gov](http://www.dea.gov)
  13. Faces and Voices of Recovery [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)
  14. Opioid Crisis in East Baton Rouge Parish-August 2020  
[https://digitalcommons.lsu.edu/cgi/viewcontent.cgi?article=1005&context=srec\\_reports](https://digitalcommons.lsu.edu/cgi/viewcontent.cgi?article=1005&context=srec_reports)
- 2021 National Policy Papers, Tool Kits and Other Resources
1. BIPOC Mental Health Toolkit (May, 2021) [https://mhanational.org/sites/default/files/BIPOC-MHM-Toolkit-2021\\_Final\\_03\\_0.pdf](https://mhanational.org/sites/default/files/BIPOC-MHM-Toolkit-2021_Final_03_0.pdf)
  2. US Department of Health & Human Services Overdose Prevention Strategy (July, 2021)  
<https://www.hhs.gov/overdose-prevention/>
  3. Updated National Practice Guideline for Treating Opioid Use Disorder (November, 2021)  
<https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines>
  4. Addiction Policy Forum Publishes New Resource for Helping Children Impacted by Parental Substance Use (December 6, 2021) [Helping Children Impacted by Parental Substance Use Disorder \(addictionpolicy.org\)](http://addictionpolicy.org)
  5. Percentage of adolescents reporting drug use decreased significantly in 2021 as the COVID-19 pandemic endured (December 15, 2021) <https://www.drugabuse.gov/news-events/news-releases/2021/12/percentage-of-adolescents-reporting-drug-use-decreased-significantly-in-2021-as-the-covid-19-pandemic-endured>
  6. Monitoring the Future 2021 Survey Results (December 15, 2021) [Monitoring the Future 2021 Survey Results | National Institute on Drug Abuse \(NIDA\)](http://www.nida.nih.gov/publications/monitoring-the-future-2021-survey-results)

## APPENDICES

### APPENDIX A – HOPE Council Member Agencies and Appointees per Act 88 of 2017

The Advisory Council on Heroin and Opioid Prevention and Education members for 2021 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: Dr. Allison Smith, Program Administrator, Board of Regents
- Secretary of Dept. of Children and Family Services designee: Ms. Lori Miller, Child Protection Services Program Manager
- Superintendent of Education designee: Mr. Michael Comeaux, Healthy Communities Section Leader
- Secretary of Dept. of Public Safety and Corrections designee Blake LeBlanc, SUD Coordinator, Dept. of Corrections
- Superintendent of State Police designee: Captain Heath Guillote
- 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, Assistant Secretary, Office of Workers' Compensation, Louisiana Workforce Commission
- President of Senate designee: Senator Regina Barrow, District 15
- Speaker of the House designee: Elsie Joan Brown
- Attorney General designee: Ms. Monica Taylor, Special Projects Representative, Louisiana Attorney General's Office
- Commissioner of Insurance designee: John Ford, Executive Director of LATIFPA
- A Judge from the drug division of a district court appointed by Chief Justice of LA Supreme Court: Judge Timothy Marcel, Judge, Division "E"  
29th Judicial District Court, St. Charles Parish

The Advisory Council on HOPE Stakeholder Organizations listed in Act 88 of 2017

(1) The Louisiana Board of Pharmacy
(2) The Louisiana State Board of Medical Examiners
(3) The Louisiana Sheriffs' Association
(4) The Louisiana District Attorneys Association
(5) The Louisiana State Medical Society
(6) The Chiropractic Association of Louisiana
(7) The Louisiana Physical Therapy Association
(8) The Louisiana Association of Chiefs of Police
(9) The Louisiana Independent Pharmacies Association.
(10) The Louisiana State Nurses Association

(11) The Louisiana Association of Nurse Practitioners
(12) The Louisiana Ambulance Alliance
(13) The Louisiana State Board of Nursing
(14) The Louisiana Psychiatric Medical Association.
(15) The Louisiana Poison Control Center
(16) The Louisiana-Mississippi Hospice and Palliative Care Organization.
(17) The Optometry Association of Louisiana
(18) The Louisiana Association of Health Plans
(19) The Louisiana State Coroners Association

Staff supporting the effort are Lisa Longfellow and Catherine Peay from OBH; Kristy Miller from the Governor's Office of Drug Policy.

## APPENDIX B – Opioid Death Data

Opioid-Involved Deaths by Parish of Occurrence and by Parish Residence—Louisiana, 2020 (counts and age-adjusted rate for residence)

Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rates (Residence)
Acadia	8	8	14.57
Allen	*	*	*
Ascension	39	38	29.92
Assumption	*	5	28.39
Avoyelles	8	9	23.06
Beauregard	0	*	*
Bienville	0	0	0
Bossier	6	7	5.79
Caddo	10	7	3.45
Calcasieu	31	32	16.54
Caldwell	0	0	0
Cameron	0	0	0
Catahoula	*	*	*
Claiborne	0	0	0
Concordia	0	0	0
DeSoto	*	*	*
East Baton Rouge	45	36	8.57
East Carroll	0	0	0
East Feliciana	*	*	*
Evangeline	5	5	15.8
Franklin	*	*	*
Grant	*	*	*
Iberia	*	6	9.12
Iberville	6	7	21.91
Jackson	*	*	*
Jefferson	223	190	45.16
Jefferson Davis	7	6	22.99
Lafayette	73	67	28.87
Lafourche	21	24	24.41
LaSalle	0	*	*
Lincoln	*	*	*
Livingston	46	46	34.58
Madison	*	*	*
Morehouse	5	6	27
Natchitoches	*	*	*
Orleans	61	57	13.95
Ouachita	13	13	9.8
Plaquemines	13	15	69.52
Pointe Coupee	6	5	28.9



Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rates (Residence)
Rapides	42	40	36.88
Red River	0	*	*
Richland	5	*	*
Sabine	*	0	0
St. Bernard	31	31	66.43
St. Charles	12	17	36.06
St. Helena	*	*	*
St. James	*	*	*
St. John the Baptist	10	10	22.58
St. Landry	*	5	6.64
St. Martin	7	6	11.63
St. Mary	11	12	27.88
St. Tammany	114	110	46.01
Tangipahoa	5	11	8.68
Tensas	0	0	0
Terrebonne	6	7	5.91
Union	*	*	*
Vermilion	14	14	26.56
Vernon	*	*	*
Washington	34	33	80.39
Webster	*	*	*
West Baton Rouge	11	6	24.36
West Carroll	0	*	*
West Feliciana	6	6	34.64
Winn	*	*	*

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

## APPENDIX C – Opioid Prescription Data

### Opioid Prescriptions Dispensed by Parish--Louisiana 2020 (counts and crude rates)

Area	Count	Percent change from 2015	Rate per 100
Acadia	19817	-30.98%	31
Allen	8668	-9.52%	33
Ascension	51607	-19.90%	40
Assumption	1862	-40.94%	8
Avoyelles	16281	-46.28%	40
Beauregard	15054	-12.28%	40
Bienville	1767	28.04%	13
Bossier	85815	-7.47%	67
Caddo	315442	-29.80%	131
Calcasieu	135575	-38.08%	66
Caldwell	3842	-55.46%	38
Cameron	335	-74.25%	4
Catahoula	1686	-34.11%	17
Claiborne	12923	-24.94%	82
Concordia	18117	54.80%	94
DeSoto	5445	-33.40%	19
East Baton Rouge	482204	-28.37%	109
East Carroll	5005	-23.69%	72
East Feliciana	5084	-44.66%	26
Evangeline	35154	-36.70%	105
Franklin	13199	-22.71%	65
Grant	1376	-21.72%	6
Iberia	43887	-29.70%	62
Iberville	4853	-56.42%	14
Jackson	4901	-64.01%	31
Jefferson	415170	-27.59%	95
Jefferson Davis	17832	-34.98%	56
Lafayette	279960	-28.10%	114
Lafourche	60730	-23.24%	62
LaSalle	12353	-39.81%	82
Lincoln	31064	-19.32%	66
Livingston	15775	-47.60%	11
Madison	3336	-0.74%	30
Morehouse	12435	-40.15%	49
Natchitoches	19910	-37.52%	52
Orleans	218159	-42%	55
Ouachita	158695	-23.40%	103
Plaquemines	4460	-23.31%	19
Pointe Coupee	6499	-33.52%	29
Rapides	186569	-31.85%	143

Area	Count	Percent change from 2015	Rate per 100
Red River	4813	-20.94%	57
Richland	17280	-27.81%	85
Sabine	6131	-0.94%	25
St. Bernard	10117	-63.47%	21
St. Charles	4939	-57.96%	9
St. Helena	3044	-25.85%	30
St. James	12153	-34.83%	57
St. John the Baptist	32909	-7.90%	76
St. Landry	76160	-24.19%	92
St. Martin	9644	-40.61%	18
St. Mary	19272	-44.06%	39
St. Tammany	276732	-15.55%	106
Tangipahoa	79396	-27.70%	58
Tensas	1099	111.35%	25
Terrebonne	88249	-35.90%	79
Union	9485	-6.59%	42
Vermilion	20361	-14.60%	34
Vernon	18825	-27.16%	39
Washington	16493	-3.22%	35
Webster	16107	-54.03%	42
West Baton Rouge	4624	-38.53%	17
West Carroll	3641	-1.30%	33
West Feliciana	4504	-34.56%	28
Winn	5928	-25.82%	42
Louisiana	3474752	-29.11%	74

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

# APPENDIX D – Federal Funding

Table: Active Federal Opioid Grants

Grant Name	Status	Funding Award Total
SAMHSA: SOR	Ended September 2021	2018-2020: \$11,739,904 per year 2018-2020 (supplemental award): \$6,128,230 <i>total</i> Total Award: \$29,608,038
SAMHSA: SOR 2	Ends September 2022	2020-2022: \$17,262,461 per year Total Award: \$34,524,922
SAMHSA: SPF-Rx	Ended August 2021	2016-2021: \$371,616 per year Total Award: \$1,858,080
BJA: COAP II (Category 4b)	In No Cost Extension Year; Ends September, 2022	2018-2022: \$1,200,000 <i>total</i>
CDC: Overdose Data to Action Grant	Ends August 2023	2019-2023: \$4,900,000 per year Total Award: \$19,600,000
SAMHSA: Improving Access to Overdose Treatment <i>Awarded to Odyssey House</i>	In year 5 of 5-year grant; Ends September 2022	2017-2022: \$1,000,000 per year Total Award: \$5,000,000
SAMHSA: Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) <i>Awarded to Southwest Louisiana Primary Health Care Center</i>	In year 1 of 5-year grant; Ends September 2026	2021-2026: \$525,000 per year Total Award: \$2,625,000

## APPENDIX E – Education and Training July 2020 – June 2021

### Education Events

- The Alcohol and Drug Abuse Center of Excellence (ADACE), an interdisciplinary research center of LSU Health, and the Schools of Medicine and Public Health hosted a one-day public forum on the crisis and strategies for reducing urban opioid overdoses and deaths. Regional urban leaders in city government, law enforcement, business, healthcare, mental health, and emergency medical services and other interested parties attended.
- Northeast Delta Human Services Authority hosted a listening session for the citizens of Ruston and Lincoln Parish, on October 29. Citizens engaged Dr. Monteic A. Sizer, Executive Director of Northeast Delta HSA and staff, to discuss issues of mental health, addiction, prevention and developmental disabilities. Actionable steps to address problems, while providing information concerning assistance to those who need it, was presented.
- Northeast Delta Opioid Summit on September 24, 2019, Monroe, Louisiana
- Opioid Education Sessions held in Baton Rouge on April 24, 2019 at the Hampton Inn and at the ACME Oyster House, including overview of national opioid epidemic and alternatives to pain medication. Woman's Hospital Foundation provided these sessions targeting physicians, nurses, nurse, practitioners, mental health and behavioral health professionals, and other clinician and medical professionals.
- National Governor's Association MAT and Corrections Workshop, Southeast Regional Workshop on Expanding Access to MAT for Justice Involved Individuals, June 12 through June 14, New Orleans, Louisiana
- RX Opioid Treatment training sponsored by MAT-PDOA was held on August 26 in New Orleans, Louisiana and August 28 in Baton Rouge, Louisiana. This panel of "Physician Ambassadors" and national subject matter experts presented strategies to assist providers with transitioning from Abstinence Based Models to Harm Reduction or Medication Assisted Treatment of medically necessary services that target persons with opioid use disorder (OUD).
- Metropolitan Human Services District, Recovery Oriented System of Care Symposium, September 11 New Orleans, Louisiana
- CAHSD, Alternatives to Opioid Pain Management workshop, Sunday, September 22, Baton Rouge, Louisiana
- LSU School of Medicine, Alcohol and Drug Abuse Center of Excellence Symposium; A City in Crisis: The opioid Epidemic in New Orleans, October 31, 2019
- SAMHSA Opioid Response Network, NE Delta Human Services District, and LDH/OBH: Focus on Community Response to Opioid Crisis in Monroe, Louisiana on December 11 and 12.
- Louisiana Women's Foundation Symposia in collaboration with Acadiana Human Services District
  - November 8, 2019 in Lafayette at the Acadiana Area Human Services District
  - November 15, 2019 in Lake Charles at the Isle of Capri
  - December 7, 2019 in Shreveport at the Shreveport Convention Center

### Louisiana Center for Prevention Resource – Evidence-Based Trainings

LCPR offers specialty trainings related to the "latest trends" that provide knowledge and skills to enhance the capabilities of persons in the behavioral health field. Below is a list of trainings that were sponsored/provided by LCPR during FY 2021.

- Generation Rx
- Empowered Health Consciousness
- Anxiety, and Healthy Alternatives: Building Comfort in a Time of Epidemic
- CADCA Youth Engagement;
- Cultural Competency in Substance Abuse Prevention
- Facilitation Skills Training and Substance Abuse Prevention
- Prevention and Mental Health First Aid
- Preventing Prescription Misuse and Abuse
- Health Disparities in Prevention
- Suicide Prevention
- Prevention of Mental, Emotional and Behavioral Disorders Prevention
- Prevention Ethics Seminar
- Substance Abuse Prevention Skills Training
- Building Prevention Services Capacity To Address Substance Use And Misuse And Related Mental Health Problems Facing Communities
- Pills to Heroin Epidemic
- Social Media and Prevention
- High in Plain Sight: Substance Abuse Prevention Training
- The Role of Prevention, Treatment, Recovery, and Youth in a Time of National Crisis
- Changing the Conversation
- Tall Cop - High in Plain Sight: Substance Abuse Prevention Training
- Ensuring Prevention Services are Trauma-Informed and Promote Health
- Tall Cop - Drug Trends: Synthetics, Stashes, and More
- Going Upstream and Digging Deeper: The Critical Role Coalitions Play in Addressing the Nation's Opioid and Heroin Crisis
- CADCA (Community Anti-Drug Coalitions of America)- Social Media & Prevention (Part 1)
- CADCA (Community Anti-Drug Coalitions of America)- Social Media & Prevention - Addressing the Pills to Heroin Epidemic (Part 2)
- Environmental Approach to Alcohol and Other Drug Problems
- Media and Literacy - Best Practices for Preventing -Substance Misuse and OUD at the Grassroots Level
- Prevention during COVID-19 and Beyond: Changing the Conversation: The Role of Prevention, Treatment, Recovery and Youth in a Time of National Crisis
- Working with the Faith Community

The following table provides an overview of additional educational events:

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Community Opioid Symposium (Woman's Foundation): Opioid Tampering	3/31/2021	68	LaSOR 2.0 Grant	Identify evidence-based practices for tapering opioids in patients using chronically; Discuss cases of opioid tapering; Describe currently available tools tailored to help the busy clinician with opioid tapering.	Corey Hayes, Pharm.D., Ph.D., MPH	Virtual
Community Opioid Symposium (Woman's Foundation): Opioid Exposure During Pregnancy and the Postpartum Period	4/14/2021	100	LaSOR 2.0 Grant	Define the prevalence of opioid exposure during pregnancy; Review the data for adverse perinatal outcomes associated with opioid exposure in utero; Describe common patient presentations of opioid use disorder during pregnancy; Discuss medication management of opioid use disorder	Shona Ray-Griffith, MD	Virtual
Community Opioid Symposium (Woman's Foundation): Physical Therapy and the Opioid Crisis	4/21/2021	52	LaSOR 2.0 Grant	Describe the causes of pain; Identify what makes people susceptible to chronic pain; Understand the role that physical therapists play in helping people overcome acute and chronic pain issues; Understand the role that physical therapy can play in ending the opioid crisis	Beau Saunier PT, DPT, FAAOMPT	Virtual
Community Opioid Symposium (Woman's Foundation): "Opioid Treatment Options Mindfulness & Auricular Acupuncture"	5/17/2021	97	LaSOR 2.0 Grant	Identify mindfulness techniques; Comprehend the methodology and usage of auricular acupuncture; Identify when to use or refer a patient/client for auricular acupuncture	Adrianne Trogden, Ph.D, LAC, CCS, ADS, CFMHE, LPC-S	Virtual
Community Opioid Symposium (Woman's Foundation) "Prevention works... TREATMENT is EFFECTIVE... RECOVERY is POSSIBLE!"	6/3/2021	70	LaSOR 2.0 Grant	Gain insight into substance use disorders; Identify signs and symptoms; Identify appropriate interventions depending on client presentation and current stage of change	Barry Lafleur, LCSW-BACS Danielle Leffel, RAC	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Community Opioid Symposium (Woman's Foundation) Opioids and Louisiana	6/7/2021	74	LaSOR 2.0 Grant	Activities currently being undertaken by the LADOJ on the lawsuits; Education and outreach, prevention and other programs provided by the LADOJ regarding opioid addiction	Jeff Landry, Attorney General	Virtual
Community Opioid Symposium (Woman's Foundation) Motivational Interviewing: A Treatment Approach to the Opioid Epidemic	6/10/2021	78	LaSOR 2.0 Grant	Define the purpose and spirit of Motivational Interviewing; Identify the signs and symptoms of different stages of opioid use, and cite examples of various MI techniques	Lucy R. Cannon, LCSW, LICW, CCDP-D, MATS	Virtual
Community Opioid Symposium (Woman's Foundation) Non Opioid Options for Pain Management	6/17/2021	83	LaSOR 2.0 Grant	Describe specific non-opioid treatment options for various acute and chronic pain conditions; Identify treatable pain conditions and address them early in order to avoid unnecessary delays in treatment and improve patient outcomes; Limit use of opioid medication in clinical practice to help prevent long-term complications of opioid addiction, dependence, tolerance, and diversion. Help change the public perception/ misconception that opioid medications are first-line treatments and/or the only treatments for acute and chronic pain	Kelly Bousset, MD	Virtual
Community Opioid Symposium (Woman's Foundation) Overview of the Louisiana Prescription Monitoring Program (PMP)	6/22/2021	76	LaSOR 2.0 Grant	Provide an overview of the PMP and include a review of the state PMP mandatory use law to enhance knowledge and awareness.	Joe Fontenot, RPh	Virtual



Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Community Opioid Symposium (Woman's Foundation) The Opioid Epidemic and Its Impact in Orthopedic Surgery and Physical Therapy	6/28/2021	58	LaSOR 2.0 Grant	Comprehend the opioid epidemic, apply the Louisiana State Board Opioid Rules to a medical practice, alternatives to long-term opioid use, multimodal pain control, and clinical orthopedic and related research journal information	Otis Drew, MD & Beau Saunier, PT, DPT, FAAOMPT	Virtual
Community Opioid Symposium (Woman's Foundation) SAMHSA Data Waivered Guidelines/ DEA Guidelines	7/28/2021	48	LaSOR 2.0 Grant	Review the basics of treating opioid use disorder; Describe the laws and regulations surrounding obtaining credentialing to prescribe buprenorphine products for those patients; Give real world examples of implementing this in the form of clinical vignettes	Sarah Carroll Hamauei, MD	Virtual
Community Opioid Symposium (Woman's Foundation) Non-Opioid Drug Treatments for Adult Outpatient Pain Management	8/3/2021	84	LaSOR 2.0 Grant	Identify non- opioid drug treatment classes, dosing, side effects, contraindications, drug interactions, and indications for use; Formulate and apply treatment	Breannie A. Charles, PharmD, BCPS, AAHIVP, CSP	Virtual
Community Opioid Symposium (Woman's Foundation) Introduction to MAT and Importance of Harm Reduction	8/12/2021	86	LaSOR 2.0 Grant	Learn to implement harm reduction strategies in their OUD patients; Communicate harm reduction and patient safety strategies to both their patients and families; Reduce stigma when talking to patients concerning treatment of addictive disorders	Howard Osofsky, MD Lee Michals, MD	Virtual
Community Opioid Symposium (Woman's Foundation) Rehabilitation Settings and Levels of Care	8/18/2021	78	LaSOR 2.0 Grant	Discuss the use of ASAM placement criteria; Integrate ASAM dimensions into clinical interviews; Utilize knowledge to educate patient on level of care recommendations	Maeghan Davis, MD	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Community Opioid Symposium (Woman's Foundation) Induction and Tapering of Buprenorphine	9/22/2021	51	LaSOR 2.0 Grant	Home inductions; Information about tapering outcomes; Connections between tapering and psychiatric outcomes	Maeghan Davis, MD	Virtual
Community Opioid Symposium (Woman's Foundation) Opioid Minimization Strategies in a Dental Office	10/26/2021	57	LaSOR 2.0 Grant	Discuss opioid minimization strategies in a dental offices	Coty Hulgán, DMD, MPH	Virtual
Community Opioid Symposium (Woman's Foundation) Pain, Opioids, and Addiction. Understanding How They are Related and How We Can Treat Pain Better to Improve Outcomes	11/4/2021	137	LaSOR 2.0 Grant	Identify the 4 main mechanisms of pain and their impact on acute and chronic pain; Identify how our thoughts and emotions affect our pain experience; Understand how the use of opioids for acute and chronic pain commonly result in worse outcomes; Identify the optimal treatment options for both acute and chronic pain	Donald R. Teater, MD, MPH	Virtual
Pharmacist Lunch and Learn in Conjunction with Louisiana Independent Pharmacy Association. Opioid Abuse in Louisiana and the Importance of Pharmacists Engagement/Maximizing the Use of Health Information Technology	05/24/2021 to 06/04/2021	76	OD2A Grant	Understand difference between acute and chronic pain; Identify non-pharmacological and non-opioid options; Opioid dependence, tolerance and addiction. Signs of opioid overdose and dispensing red flags; Opioid countermeasures; Apply MME and ODR to prescription dispensing; Tips for naloxone counseling; Importance of dispensing documentation; Opioid Stigmas; PMP use and importance	Natasha Seals, PharmD John Le, PharmD, Orise Fellow Wesley Sargent, EdD, MA	Virtual


Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Pharmacist CEU in Conjunction with Louisiana Pharmacists Association. Opioid Abuse in Louisiana and the Importance of Pharmacists Engagement/Opioid Epidemic in Louisiana	7/25/2021	32	Louisiana Pharmacy Association/ OD2A Grant	Understand difference between acute and chronic pain; Identify non-pharmacological and non-opioid options; Opioid dependence, tolerance and addiction. Signs of opioid overdose and dispensing red flags; Opioid countermeasures; Apply MME and ODR to prescription dispensing; Tips for naloxone counseling; Importance of dispensing documentation; Opioid stigmas; Opioid Surveillance and LODDS, a look at the "numbers" of the epidemic	Natasha Seals, PharmD Lee Mendoza, PhD Nell Wilson, MPA	Virtual
Tough Talk Series. Let's Talk Opioids. A community awareness event	4/15/2021		OD2A	Stimulants vs Opioids; How pain relievers work; Signs of Opioid Addiction; Opioid tolerance, dependence, misuse, and addiction; Opioid countermeasures; How to use Naloxone; Stigmas (Region 2)	Natasha Seals, PharmD	Virtual
Bossier City Tough Talk Series: Let's Talk Opioids. A community awareness event	6/9/2021		OD2A	How pain relievers work; Signs of Opioid Addiction; Opioid tolerance, dependence, misuse, and addiction; Opioid countermeasures; How to use Naloxone; Stigmas (Region 7)	Natasha Seals, PharmD	Virtual
Louisiana Supreme Court and Drug Specialty Court: Tall Cop Says Stop - High in Plain Sight	1/21/2021	177	Overdose Data to Action (OD2A) Grant	Bring awareness to drug and specialty court personnel about the ever-evolving drug trends taking place.	Officer Jermaine Galloway	Virtual
Louisiana Supreme Court and Drug Specialty Court: Beck Institute Cognitive Behavior Therapy - CBT for Drug Court Professionals	5-19-2021 - 5-21-2021	43	Overdose Data to Action (OD2A) Grant	Train drug and specialty court team members on the evidence-based intervention tool of cognitive behavioral therapy that is proven effective in recovery from substance use disorder.	Elizabeth L. Jeglic, Ph.D	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Louisiana Supreme Court and Drug Specialty Court: Beck Institute Cognitive Behavior Therapy - CBT for Drug Court Professionals	7-14-2021 - 7-16-2021	43	Overdose Data to Action (OD2A) Grant	Train drug and specialty court team members on the evidence-based intervention tool of cognitive behavioral therapy that is proven effective in recovery from substance use disorder.	Elizabeth L. Jeglic, Ph.D	Virtual
Louisiana Supreme Court and Drug Specialty Court: SBIRT & WellScreen Administrator User Training	6/18/2021	24	Overdose Data to Action (OD2A) Grant	Train administrators on use of the Screening, Brief Intervention, and Referral (SBIRT) tool so they can effectively identify participants and create effective treatment plans.	Phil Breitenbucher	Virtual
Louisiana Supreme Court and Drug Specialty Court: SBIRT & WellScreen User Training	6/25/2021		Overdose Data to Action (OD2A) Grant	Train administrators on use of the Screening, Brief Intervention, and Referral (SBIRT) tool so they can effectively identify participants and create effective treatment plans.	Phil Breitenbucher	Virtual
Louisiana Supreme Court and Drug Specialty Court: SBIRT & WellScreen Administrator and User Check-In Training	7/23/2021		Overdose Data to Action (OD2A) Grant	Review use of the Screening, Brief Intervention and Referral (SBIRT) tool and answer any questions admins and users may have	Phil Breitenbucher	Virtual
Bureau of Family Health: Benefits SBIRT Training	1/27/2021	18	OD2A Grant	Educate home visiting staff on brief screening, intervention, and referral to treatment in Region 7.	Winford Amos	Online/Virtual
Bureau of Family Health: SBIRT Trainings	2/1/2021 2/5/2021 3/23/2021 4/14/2021 4/19/2021 5/24/2021	66	OD2A Grant	Educate home visiting staff on brief screening, intervention, and referral to treatment.	Winford Amos	Online/Virtual
Bureau of Family Health: Perinatal and Postpartum treatment of Opioid use disorder	8/4/2021	27	OD2A Grant	Educate staff on opioid treatment in regards to perinatal and postpartum.	Dr. Sarah Carroll Hamauei	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Bureau of Family Health: Substance Exposed Newborns and Caregiver Continuity of Care	8/5/2021	12	OD2A Grant	Educate staff on the importance and procedures of continuity of care related to newborns exposed to substance.	Winford Amos	Virtual
Bureau of Family Health: Care of Neonate with Opioid Exposure	8/4/2021	25	MIECHV/ OD2A	Educate staff on appropriate care of neonates with opioid exposure.	Dr. Anna Morad and Lauren Presley CPNP	Virtual
Bureau of Family Health: Motivational Interviewing Kickoff	12/14/2021	69	OD2A Grant	Introduce motivational interviewing to staff as intervention for opioid/substance use disorder.	Laura Saunders	Virtual


APPENDIX F – Opioid Treatment Program (Methadone Clinic) Enrollment by month, 2021

	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
Centers for Behavioral Health Shreveport	446	442	437	443	454	435	404	404	461	464	466	454
Centers for Behavioral Health Monroe	136	135	139	132	134	138	112	112	136	138	141	146
Baymark of LA Alexandria	471	468	470	478	478	478	471	478	497	484	480	480
Baymark of LA LAPLACE	432	431	429	432	429	416	416	422	Hurricane closure			
Baymark of LA Hammond	412	413	450	272	467	476	483	488	548	836	836	832
Baton Rouge Treatment Center (CRC)	663	646	659	665	662	665	655	649	766	751	752	724
BAYMARK/BAART/of LA BREAUX BRIDGE	325	325	324	322	329	340	338	331	340	337	338	342
(downtown N.O.) DRD NO (BHG)	961	958	936	936	960	969	954	972	1006	958	961	968
(W. Bank N.O.) New Orleans Narcotic Treatment Center	812	818	831	831	836	857	843	837	854	815	735	728
BHG Lake Charles LCSAC	80	85	85	85	237	248	249	254	326	331	339	331
TOTALS	4738	4721	4760	4596	4986	5022	4925	4947	4934	5114	5048	5005



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EMPOWERING PEOPLE TO  
CONQUER ADDICTION




**ADMITTS ACCEPTED DAILY**

**RESIDENTIAL  
SUBSTANCE USE  
DISORDER TREATMENT**


Admission Criteria:

- 18 +
- Louisiana Resident
- Must be LA Medicaid-eligible
- Must have used alcohol or substance(s) within last 30 days

Access to other levels of behavioral healthcare available (i.e. DETOX, IOP, PRIMARY CARE & MORE)

**ALL CLIENTS  
TESTED FOR COVID-19**

Reactive clients will receive treatment in a secure quarantine unit, will receive medical care, attend virtual groups, and will be cared for in a safe environment until medically cleared to move into the full program.

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## APPENDIX H – Ness Healthcare NFP 2021 Opioid Activities

### Ness Healthcare NFP 2021 Opioid Activities (Submitted by Tony Shir)

The following is a list of activities that Ness has been involved in during 2021 that address the opioid epidemic.

Ness Healthcare NFP – Northlake Behavioral Health System, the Ness Center and Ness Mobile Crisis. Our primary service areas are Washington Parish, St Tammany Parish and Tangipahoa Parish

#### Workforce Development and Training:

- Trained several Mobile Crisis Units in Region 9 as well as established Memorandums of Understanding to collaborate with law enforcement, nonprofits, and government agencies.
- Conducted training and education with the Sheriff's Office, Local Police, and Coroner's Offices on crisis and substance use with the goal of reducing law enforcement engagement and ER admissions.
- Became a HRSA facility whereby Ness's counselors, therapists, and medical providers that work within our substance misuse programs will have their student loans forgiven.
- Mentoring programs and peer support specialist development.

#### Clinical Services and Programs:

- Northlake Behavioral Health System Expanded our inpatient admission criteria to include patients suffering from SUD and Opioid Use Disorder.
- Northlake Behavioral Health System set up a 24/7 walk in policy for Substance Abuse and Mental Health as part of our Dual Diagnosis program.
- The Ness Center created a Medication Assisted Treatment (MAT) Program so that Detox or Dual Diagnosis discharges have a proscribing provider at discharge.
- Created a Substance Use Disorder Intensive Outpatient Program
- Participated in the ET3 program that allows EMS to bypass emergency rooms and bring patients to the most appropriate place of service.
- Join Ochsner's Clinically Integrated Network in order to partner with PCP's on substance misuse and behavioral patients.

#### Education Activities:

- Brought out two full time staff to focus on educating and marketing to FQHC's, RHC's, EMS's, OBGYN's, Primary Care as well as other specialists on the full continuum of services for those with SUD.
- Conducted on campus presentations at several universities about our services and need for volunteer services.
- Educating the MCO's on Ness's continuum of care and how it will impact outcomes.
- On- going case presentations and staffing with Coroner's office investigators and OPC specialists.

#### Licensing/Implementation:

- Started the licensing process for Recovery Housing, so that addicts have a place to stay while they are receiving treatment.
- Began the licensing process for Detox and Rehab beds to make sure that clients have access to the full continuum of services and there are no gaps in patient care.
- Obtained licenses for SUD IOP, MAT, & Mobile Crisis programs



## APPENDIX I – Louisiana State-Recognized Native American Tribal Needs Assessment Summary

### Louisiana State-Recognized Native American Tribal Needs Assessment Summary

#### Louisiana State Opioid Response (LaSOR) Grant

The Social Research and Evaluation Center is a research unit within the Louisiana State University College of Human Sciences and Education that fosters healthy social systems by facilitating the development, implementation, and evaluation of social programs; conducting research; and providing consultation and expertise to higher education institutions, communities, policy makers, and partners.

This report was produced on behalf of the Louisiana Department of Health's Substance Abuse and Mental Health Service Administration (SAMHSA) State Opioid Response (LaSOR) Grant (FY 2018).

The needs assessment aimed to gain knowledge of the OUD and SUD crises in Native American Tribes located in Louisiana. Because much that occurs within Tribal healthcare systems is unique to their specific governmental structures and policies, there was a need to explore the challenges, gaps, as well as strengths which could be utilized for combatting the problem. The assessment informs service providers and policymakers on potential solutions.

The five objectives of this project are

- To gain knowledge of how OUD and SUD impact Native American Tribes in Louisiana,
- To identify attitudes and perceptions of Native American Tribes in Louisiana about OUD and SUD,
- To assess gaps in current treatment and prevention services,
- To make recommendations on improving prevention, treatment, and recovery services,
- To connect Louisiana Native American Tribes with the Louisiana Department of Health (LDH) resources as well as the Louisiana Partnerships for Success II (LaPFS II) community coalitions in their local parishes to share information and receive support.

The Executive Summary from the report is copied below. The full report is expected to be released electronically in early 2022.

# EXECUTIVE SUMMARY

The Social Research and Evaluation Center (SREC) at the Louisiana State University, College of Human Sciences and Education engaged federally recognized Tribes located in Louisiana to investigate the perceptions, access to resources, and current challenges around the opioid use disorder (OUD) and the stimulant use disorder (SUD) crisis.

This project was conducted on behalf of the Louisiana Department of Health's Substance Abuse and Mental Health Service Administration (SAMHSA) State Opioid Response II (LaSOR II) Grant. Researchers conducted interviews and focus groups using a virtual meeting platform to accommodate the ongoing COVID-19 outbreak. Researchers contacted Tribal leadership of the four federally recognized Tribes in Louisiana, the Chitimacha Tribe of Louisiana, the Coushatta Tribe of Louisiana, the Jena Band of Choctaw Indians, and the Tunica-Biloxi Tribe of Louisiana, to arrange interviews with health care workers and leadership representatives and to recruit Tribal members for focus groups. Three of the four Tribes participated in these efforts and provided insight into their understanding of the available resources for coping with the opioid and stimulant use crises and their challenges related to these issues. Tribal members and leaders shared their understanding of the nature of OUD and SUD, the magnitude of the problem among Tribal members, and access to resources for prevention and treatment.

Researchers identified six themes that emerged from the data, including:

urgency and severity of need, knowledge of substance abuse, resources and treatment, availability of healing and culturally appropriate practices, community connections, trust and distrust, and availability v. scarcity.

Findings suggest the need for education and resources surrounding prevention and intervention of OUD and SUD services. Additionally, there were misperceptions around the use of opioid antagonists, including where to obtain the medication, who can administer and legal implications of intervention in an overdose among both Tribal members and health care workers at Tribal health care centers.

The Tribal connections and communication from this project provide future planning and the establishment of appropriate interventions to mitigate these issues and to improve outcomes. Findings of this investigation can be used to develop interventions specifically for Tribal populations in Louisiana. This report posits several recommendations to inform future strategic planning endeavors that address opioid and stimulant use disorders in Louisiana Tribal communities.

## APPENDIX J – MCO Opioid Effort Descriptions

Opioid Response Plans are included below in the following order:

1. AETNA BETTER HEALTH OF LOUISIANA
2. AmeriHealth Caritas Louisiana (ACLA)
3. Healthy Blue Opioid Strategy (2020)
4. Louisiana Healthcare Connections
5. United Healthcare

### 1. AETNA BETTER HEALTH OF LOUISIANA OPIOID RESPONSE (2021)

#### INTERNAL:

We discuss members with substance use disorders and help develop appropriate discharge plans through:

- New Admission rounds daily.
- Integrated rounds twice a week that include the physical health and behavioral health medical directors.
- Multidisciplinary NICU rounds three times a week that includes a high-risk OB Care Manager.
- Residential rounds weekly where we discuss members in various residential levels of care.

All of our staff have been educated on:

- Screening, Brief Intervention and Referral to Treatment (SBIRT).
- American Society of Addiction Medicine (ASAM) criteria and levels of care, and our Utilization Management staff is tested on it annually.
- Shatterproof and their ATLAS search engine to locate substance use treatment throughout the state.
- Mental Health First Aid to reduce stigma around substance use.

Our Behavioral Health medical director is board-certified in both Psychiatry and Addiction Medicine.

We have a local Case Management (CM) Opioid Champion whose role is to support the goals and objectives of the Aetna Medicaid CM Opioid program.

We have been assisting with Aetna's enterprise-level Opioid Task Force on their Opioid dashboard reviewing measures such as: use of opioids with benzodiazepines, rates of medication-assisted treatment (MAT) in members who have a diagnosed Opioid Use Disorder, and prescriptions of opioids to members who have had an overdose.

We follow the state preferred drug list (PDL) around appropriate opioid prescribing guidelines.

#### PROVIDERS:

We subsidized buprenorphine waiver training through ASAM for providers who were interested. We also referred providers to another online training option through Providers Clinical Support System (PCSS).

We offered SBIRT training to all providers in our network.

Providers have received general information on:

- SBIRT
- Naloxone (Narcan) access
- Tribal educational resources
- Shatterproof/Atlas
- Opioid use and Pregnancy
- Center for Disease Control (CDC) guidelines around opioid prescribing.

We also created and distributed an educational toolkit on Opioid Use Disorder for our providers.

We are working with a large treatment provider to provide analysis, and subsequent interventions (relative to the incorporation of elements of trauma-informed care) that have proven helpful in reducing the rate of readmission within 30 days of program completion.

We have contracted with the National Council for Behavioral Health for a year-long series of monthly educational webinars on Trauma-Informed Recovery-Oriented Care (TIROC) open to all providers:

Topics included (and applicable to substance use treatment) are:

- a. Introduction to trauma, resilience, and trauma-informed, resilience-oriented care
- b. Trauma-informed primary care
- c. Maternal health
- d. Trauma-informed care and health care integration
- e. Children's services
- f. Diversity, equity, and inclusion
- g. Other topics may be added as need is indicated.

#### MEMBERS:

We're educating our members on opioid use and the risks associated with it, both through all member communications and targeted communications to those we identify who are already receiving opioid prescriptions.

We have a designated CM team member who oversees the Opioid Use Disorder risk stratification report, which is used to outreach and support high risk members. This leads to individualized care planning and care coordination.

Our CM team receives a weekly list of members who are pregnant and have a diagnosis of Substance Use Disorder. Members are then enrolled in Care Management and followed as high risk pregnancies. CM team communicates with the members' provider and offers referrals and follow-ups.

We are also working with the Department of Corrections (DOC) in addressing Opioid Use Disorder of newly released prisoners through CM.

Our team holds biweekly Member Restriction rounds where we review members who are utilizing multiple pharmacies or prescribers for controlled substances. These members can be locked-in to one pharmacy and/or prescriber.

## 2. AmeriHealth Caritas Louisiana (ACLA) Opioid Response (2021)

1. Bright Start implemented the SAMHSA's 5P's (Parents, Peers, Partner, Past, Pregnancy) assessment which is designed for pregnant women to assess for substance use or high risk for developing a substance use disorder. The screening tool is completed on pregnant members who do not have a documented diagnosis of Substance Use Disorders. Referrals and resources are provided for any "yes" answers.
2. Population Health automated the notifications for ER visits r/t to Alcohol and Drug usage improving timeliness. Initiated September 2020. And continues to present
3. Population Health's Behavioral Health team implemented an intervention targeting members who have an ER visit related to Alcohol and Drugs usage – members are outreached and assisted with securing a post-ER appointment with their PCP or Specialist within 7 to 30 days - Initiated September 2020. And continues to present
4. Population health developed a Substance use Disorder clinical Pathway targeting members who:
  - a. positive for substance and/or substance use screening instrument including the Alcohol Abuse in Adults (Adult-C) and the Drug Abuse Questionnaire –DAST 10.
  - b. referred by a provider or internal departments for substance use concerns.
  - c. in the Pharmacy Lock In Program if agreeable
    - Population health team will monitor established metrics and outcomes of SUD clinical pathway outreach.
5. ASAM Criteria trainings for providers: 2/17/21 and 4/21/21
6. SBIRT training: 2/22/21 and 4/27/21
7. Extended the no cost ASAM coordinated MAT trainings for in-network ACLA providers through 2020 and 2021
8. AmeriHealth developed an Opioid Toolkit in 2019 to educate front line associates on the causes of the opioid epidemic as well as the specific line of business response and resources to address reduction in opioid prescription use and opioid use disorder. ACLA has offered this toolkit as a resource for all ACLA associates.
9. Corporate AmeriHealth resumed its monthly Opioid Strategy Blueprint workgroup with representation from each line of business (LOB).
10. ACLA continues the Louisiana Medicaid restrictions on novel opioid and established opioid prescriptions.
11. ACLA continues to actively employ the Lock-In program to better manage members who attempt to obtain opioid medications prescription from multiple sources and attempt to fill opioid prescriptions at multiple pharmacies. We have recently incorporated prescriber lock-in to complement the existing pharmacy lock-in.
12. ACLA monitors monthly opioid claims information and refers our members with chronic and/or high utilization patterns to case management.
13. Adding 2 new SUD outpatient providers to ACLA network with specialty services for MAT, including pregnant women. 1 provider will have MAT services/outpatient clinic for adolescents.

### 3. Healthy Blue Opioid Strategy (2021)

- Opioid Data Dashboard which monitors
  - The degree to which a member is keeping up with MAT plans with their doctor
  - Outcomes of Members with Substance Abuse Diagnosis
  - Critical events such as Overdose and Perinatal Substance Abuse
  - Member Opioid Use Reporting
  - Opioid Prescriber Dashboard
  - Opioid Prescriber Profile Dashboard
  - Pharmacy Opioid Reporting
  - Prescriber Patterns
- MAT Linkage Program
  - Provide SBIRT Training to Providers
  - Link Members to Healthy Blue Recovery Coaches
  - Healthy Blue Recovery Coach Case Managers are licensed counselor/therapist (Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage & Family Therapist (LMFT), Registered Nurse (RN) and Licensed Addiction Counselor (LAC) with at least one year of substance use disorder experience.
  - Licensed behavioral health clinicians operate as Subject Matter Experts on Substance Use Disorders, Motivational Interviewing, and Person-centered Planning.
  - Care Coordination for Members with high re-admission rates with SUD
  - Telemed Services
- Pharmacy MAT Program
  - Identification of members prescribed MAT and opioid prescriptions.
  - Outreach component to provider to assist with education and encouragement of positive outcomes (discontinued opioid RX) for members.
  - Member engagement in continued care.
- Quality Provider monitoring/audit reviews
  - in-patient & outpatient LMHP providers of Substance Abuse Services assess appropriate use of ASAM levels according to the LDH BH Services Manual

### 4. Louisiana Healthcare Connections Response to Louisiana's Opioid Response Plan (2021)

#### Monitoring and Identification:

- Monitors members' prescription opioid fills. If more than one pharmacy is being used to fill opioid prescriptions, the fills will be restricted to one pharmacy.
- Conducts 2 sets of rounds each week to review CM and provider services offered to members with co-occurring SU and MH issues who are frequent visitors to EDs and are frequently admitted to IP LOC. Forty percent of this group of members have Opioid Use issues.
- Leverages predictive reporting technology to identify members that may be at risk of Opioid dependency or misuse for outreach to offer treatment resources. This trigger is in addition to the Lock in reports/ and ED / IP utilization reports and populates to our new case assignment tools

- LHCC has also developed and begun promoting an SBIRT training (to try to encourage PH MDs to screen actively and preventatively for possible Substance use disorders) – this intervention saw some delays due to COVID but I think the webinar is up now

#### Engaging Providers:

- Promotes to providers OBH sponsored training for opioid treatment and OBH Shatterproof pilot for substance use disorder treatment.
- Sponsors free online course for physicians to become buprenorphine wavered to treat opioid use disorders. The course is conducted by the American Society of Addiction Medicine (ASAM). ASAM trainings are made available to providers, with weekly email reminders of dates. 3 trainings have been conducted this year, and 2 more trainings have been scheduled.
- Developed and promotes SBIRT training to encourage physical health providers to screen actively and preventively for substance use disorders.

#### Supporting Members:

- Offers case management services to members who present to emergency departments with opioid overdose, and/or have received treatment services for opioid disorders.
- Local case managers work within the community to lessen the stigma of opioid and other substance use disorders, to lead more members to seek treatment.
- Case managers provide physicians, nurses, and pharmacies with education regarding non-opioid strategies for pain management.
- Conducts education on Medication Assisted Treatment (MAT) strategies, as well as how physicians can receive the waiver needed to prescribe Suboxone.
- Provider crisis management services should a member call in crisis related to an opioid (as well as other substance use) disorder.
- Aligns with the third edition of the American Society of Addiction Medicine medical necessity criteria to determine treatment levels of care. UM's are trained annually on ASAM treatment placement criteria to assure our members at the appropriate level of care for their opioid and/or other substance use disorders.
- Incorporates peer support specialists as part of our recovery support services team.

## 5. UNITED HEALTHCARE-LA ACTIVITIES FOR OUD'S (2021)

2021 was a challenging year due to COVID, its socio-economic impact, and several extreme weather events that affected our state. United Healthcare diligently monitored, continued to support, and expanded behavioral health services in 2021.

- Member services: Offered care navigation and tele access to treatment for members struggling with a substance use disorder. In 2019, UHC created a tier engagement system that becomes active in anticipation of, or in the aftermath of disasters. Individuals engaged in MAT and those SUD's are considered at risk to be negatively impacted by disasters. These members are included in active outreach efforts to maintain treatment and access.  
There were edit lifts in 2020 per COVID and some natural disaster relief as directed per LDH and the state. All copays were removed. Prior Authorizations (PA's) were extended and need for were temporarily cancelled. There we also some out of state exceptions per LDH. However, no early fills, nor quantity limits were allowed for controlled meds.
- Provider support: UHC established a close working relationship with Eleanor Health, a medically-behaviorally integrated provider located in Baton Rouge, Shreveport, and New Orleans. Eleanor offers in clinic, mobile and remote services for special populations with substance use disorders.

Specifically, they have the expertise to serve individuals with severe mental illness and substance use disorders and expecting mothers with substance use disorders.

- Educating and facilitating provider's use of SBIRT evidence-based practices and offering free motivational interviewing education modules.
- UHC Co-sponsor with ASAM the production of an OUD ED Mini Course. The course seeks to advance knowledge on identification and management of OUD's in the emergency room. It is available for free and offers 1 hour of CME/CEU's to any provider seeking to initiate MAT in the ED. <https://elearning.asam.org/products/oud-mini-course-treatment-in-the-emergency-department>
- Expanding MAT initiation and maintenance provider incentive, currently active at DePaul Community health Centers.
- ED navigator: by using an ED navigator, UHC supports members and provider referrals from the emergency for substance use and other services.
- Services for expecting mothers with SUD's, UHC collaboration with GRACE Program at Woman's Hospital. As of 7/14/21, GRACE had 238 referrals with 157 enrollees (55 of which were UHC). They had 73 graduates in total. In year 2021, the program showed an increase in overall birthweight for program enrollees as compared to those that were not enrolled (3500 vs. 3000g). For comparison, GRACE enrollees in 2018 had an average birth weight of 2800g (the program has seen an increase in overall birth weight over the last 3 years). In 2021, the average gestational age at delivery for GRACE enrollees was 38.5 weeks, compared to 37.6 weeks in non-enrollees.
- UHC gave a grant to HOPE for the Homeless organization in Shreveport, who opened a low barrier shelter in 2021. The HOPE center seeks to engage in care individuals with OUD's and other conditions.
- Harm reduction: naloxone distribution kits. 2020+ 1771 kits, in 2021+ 1851 kits distributed, a 4.8 increase from the year prior.