

Heroin & Opioid Crisis Interagency Survey

Heroin and Opioid Crisis Interagency Coordination Survey

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

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

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

Organization Information

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|--------------------------------------|---|
| Metropolitan Human Services District | <u>Click or tap here to enter text.</u> |
| Agency/Organization | Office/Subdivision |
| Dr. Rochelle Head-Dunham, MD, FAPA | Executive Director/Medical Director |
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Agency/Organization Mission

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

To ensure person-centered support and services are available and provided to eligible individuals with Addictive Disorders, Intellectual/Developmental Disabilities and Mental Illness living in Orleans, Plaquemines, and St. Bernard Parishes.

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

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

First, MHSD is a sub-recipient of 3 year SAMHSA Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) grant. Through this grant, MHSD has been able to partner with local substance use disorder (SUD) provider agencies and hire resource coordinators (RC) to strengthen the current continuum of care, specifically targeting those who are in need of MAT services.

Secondly, MHSD has re-vamped its internal SUD array of services. This includes the hiring of licensed addiction counselors, the organization of clinical operations using the Lean Six Sigma (LSS) processes, and providing on-going training through our training division to all clinical staff around opioid use disorder's. The LSS process has proved to facilitate an internal system of care within our clinics that is person centered and person driven which is needed when addressing the needs of this complex population.

Thirdly, MHSD has been developing a Recovery Oriented System of Care (ROSC) which affords MHSD the opportunity to collaborate to address the crisis, with multiple agencies in the greater New Orleans area allowing communication to occur amongst agencies while hearing from stakeholders concerns, feedback and input provision.

Fourth, the State Targeted Response (STR) Grant, complimentary to the MAT PDOA Grant, used primarily to support education and training for community agencies and service providers, not directly collaborated with for the MAT PDOA Grant.

Fifthly, MHSD has engaged a contract with Faith Partner, LLC, for the purpose of engaging the faith based community in bridging the science and faith divide, to better meet substance use and co-occurring mental health needs for congregations.

Sixthly, MHSD has developed a Reengagement/Reentry Program, for seamless coordinated liaison with the criminal justice system, for linkages to care for inmates being released with behavioral health continuity of care needs, to MHSD services and supports.

Initiative #5

A. Describe initiative:

MHSD has engaged a contract with Faith Partner, LLC, for the purpose of engaging the faith based community in bridging the science and faith divide. The purpose is to better meet substance use and co-occurring mental health needs for congregations. The initiative includes education of clergy and congregations about SUD, OUD and Naloxone usage. Kits are distributed to this group as well.

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

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

C. Current status of this initiative:

1. Start Date: September 2017
2. In Progress: Yes No
3. End Date: Ongoing

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

- Program Indicator 1: Number of Church MOUs
- Program Indicator 2: Number of Naloxone Kits Distributed
- Program Indicator 3: Click or tap here to enter text.
- Program Indicator 4: Click or tap here to enter text.

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

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

Orleans, St. Bernard and Plaquemines Parishes

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

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

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

- Partnership 1: Faith Partners. LLC (Drew Brooks)
- Partnership 2: Various churches, multiple denominations throughout the GNO
- Partnership 3: Click or tap here to enter text.
- Partnership 4: Click or tap here to enter text.

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

More coordinated Peer Network.

I. If your agency or organization has additional initiatives, please list them here:

MHSD has developed a Reengagement/Reentry Program, for seamless coordinated liaison with the criminal justice system, for linkages to care of inmates being released with behavioral health continuity of care needs, to MHSD services and supports.

Future Opportunities

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

Hiring a team of Peer Coaches for outreach and naloxone distribution, to expand programmatic reach, along with the funding to support this.

5. What new initiatives would you undertake if funding were available?

More addiction treatment services (integrated with mental illness and primary care evaluations and services), to address what is properly termed an “addiction crisis” with emphasis on Opioids, currently the deadliest drug of choice. Emphasis on the one drug of choice, ignores the predominate “poly drug use pattern” of most users, including alcohol and nicotine. Drug selective approaches limit overall successful outcomes.

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

Social determinants of health are hugely impactful to the problems associated with use of alcohol and all drugs of choice. Attention to problems associated with poverty such as unemployment, low-income and often low education are critical to addressing the “symptoms” of addiction.

Additionally, prioritizing aggressive, coordinated primary treatment for mental illness (MI) is critical for successful outcomes. MI can precipitate SUD, co-exist with SUD, or can be made worse by substance use. Both conditions must be treated as primary in service provision.

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