

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

Guardian Angel Hospice	Hospice
Agency/Organization	Office/Subdivision
Gina Jones LPN	Office Manager
Name	Title
825 Little Farms Ave., Suite D	Metairie, LA 70003
Address	City
ginaguardianangel@bellsouth.net	504-737-2244
Email	Phone

Agency/Organization Mission

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

Guardian Angel Hospice is a team of competent, compassionate professionals committed to the relief of suffering. We provide high quality caring services to individuals and their family members. Our mission enables clients to live their lives to the fullest within the confines of a disease process.

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

Our mission is to relieve suffering, in which in some cases suffering pertains to pain relieved by opioids. We regulate opioids very closely with hospice, so overdose and use of Naxalone hasn't occurred.

Current Initiatives:

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

Initiative #1

A. Describe initiative:

Monitor dispensing amount of opioids for treatment to avoid abuse/overdose.

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: April 2003
2. In Progress: Yes No
3. End Date: indefinite

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: staff
- Program Indicator 2: patio drugs
- Program Indicator 3: drug contract form if applicable
- 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

50 mile radius fom office location 825 Little Farms Ave., Metairie

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: Patio Drugs
- Partnership 2: Click or tap here to enter text.
- Partnership 3: Click or tap here to enter text.
- Partnership 4: Click or tap here to enter text.

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

No

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

Initiative #2

A. Describe initiative:

Click or tap here to enter text.

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

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

C. Current status of this initiative:

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

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

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

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

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

Click or tap here to enter text.

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

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

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

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

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

Click or tap here to enter text.

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

Initiative #3

A. Describe initiative:

Click or tap here to enter text.

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

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

C. Current status of this initiative:

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

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

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

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

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

Click or tap here to enter text.

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

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

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

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

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

Click or tap here to enter text.

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

Initiative #4

A. Describe initiative:

Click or tap here to enter text.

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

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

C. Current status of this initiative:

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

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

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

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

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

Click or tap here to enter text.

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

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

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

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

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

Click or tap here to enter text.

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

Initiative #5

A. Describe initiative:

Click or tap here to enter text.

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

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

C. Current status of this initiative:

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

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

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

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

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

Click or tap here to enter text.

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

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

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

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

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Future Opportunities

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

Potential possible partnership with a rehabilitation company

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

Drug rehab or treatment programs

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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:

Click or tap here to enter text.

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