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

Metropolitan Human Services District	Click or tap here to enter text.		
Agency/Organization	Office/Subdivision		
Dr. Rochelle Head-Dunham, MD, FAPA	Executive Director/Medical Director		
Name	Title		
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Address	City		
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Email	Phone		

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 traning 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 primarly 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.

Current Initiatives:

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:

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. Naloxone kit education and distribution to MHSD staff as well as grant partners is a integral comppnent of the grant. MHSD and grant partners collectively provide the continuum of adult addiction services for ASAM 2.1 thru 3.7, as well OTP services.

В.	Initiative can be categorized as: (check all that apply)						
1	☑ Prevention – type of Prevention initiative: ☑ Education ☑ Awareness ☑ Outreach						
☑ Treatment							
□ Other							

1. Start Date: 10/01/2016 (Effective start Date,)1/12/2016)

2. In Progress: ✓ Yes □ No

3. End Date: 10/2019

D.	imple to thi • Pr • Pr	emented. Inc s link: https rogram Indica rogram Indica	dicators may in ://www.cdc.gov ator 1: National ator 2: GIPRA Nator 3: Census	nclude process v/eval/indicators Outcomes Measu Measures	and impact. T s/index.htm uresNOMS	butions necessary to enable the initiative to To better understand an indicator, please ref	
E.	Targe	et Population	n of this initiat	ive: (check all t	hat apply)		
	1. A	ge:	☑ 0-17	☑ 18-21	☑ 22-45	☑ 46 and older	
	2. G	ender:	☑ Male	☑ Female	☑ Other	☐ Data not available	
	ar □ ☑	opropriate ty I Statewide I Local Gover	pe and list the s Pai ning Entity (LGE	specific region(s)	in the text box gional Health U n Services Distr	impacted by your initiative (please check the x provided below): Jnit □ Judicial District rict □ Other geographic region	
<u> </u>	Ident	ify funding s	source for this	initiative: (che	ck all that app	oly)	
		l State genera l Private/four	al funds ndation funds	☑ Federal gra		☐ Local/parish funds	

G.	Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.
	Partnership 1: Behavioral Health Group (BHG)
	Partnership 2: Odessey House of Louisana (OHL)
	Partnership 3: Bridge House/Grace House (BHGH)
	Partnership 4: Behavioral Health Council (City of New Orleans)
Н.	Can you identify any gaps or opportunities for partnerships?
Na	loxone Distribution using a coordinated Peer Network
If	your agency has no other initiatives, go to question 4, page 18

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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 ongoing traning through our training division to all clinical staff around opioid use disorder. 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.

Initiative can be categorized as: (check all that apply)
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☐ Prevention – type of Prevention initiative:	☑ Education ☑ Awareness □ Outreach
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☑ Treatment

☐ Other

C. Current status of this initiative:

1. Start Date: July 2016

2. In Progress: ✓ Yes □ No

3. End Date: N/A

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O.	im	plemented. Inc this link: https Program Indica Program Indica Program Indica	dicators may in ://www.cdc.gov ator 1: National ator 2: Urine Dr ator 3: MHSD C	clude process /eval/indicators Outcome Measur rug Testing and EU Education Pr	and impact. To s/index.htm res (NOMS) Medication Com rogram – pre and	utions necessary to enable the initiative to better understand an indicator, please repliance teating, pre, post, and during treatment past testing	refer
	•	Program Indica	ator 4: Patient S	Satisfaction Surv	veys (TOMS)		
Ξ.	Ta	rget Populatior	n of this initiati	ve: (check all t	hat apply)		
	1.	Age:	☑ 0-17	☑ 18-21	☑ 22-45	☑ 46 and older	
	2.	Gender:	☑ Male	☑ Female	☑ Other	☐ Data not available	
	3.	appropriate typ ☐ Statewide ☑ Local Gover	pe and list the s □ Par	pecific region(s) ish Region/Human	in the text box properties in the text box properties of the text because the text box properties the t	npacted by your initiative (please check the provided below): nit □ Judicial District ct □ Other geographic region	
=.	Ide	entify funding s	source for this	initiative: (che	ck all that appl	у)	
		☑ State genera ☐ Private/four		☑ Federal gra ☐ Other fund		□ Local/parish funds	

G.	Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.							
	 Partnership 1: LSU Graduate Medical Education Program Partnership 2: Tulane Graduate Medical Education Program 							
	Partnership 3: Click or tap here to enter text.							
	Partnership 4: Click or tap here to enter text.							
Н.	Can you identify any gaps or opportunities for partnerships?							
	J Program extended to other partner agency staff, for advancement of knowledge, skills and application of addiction vices. Also, expanded coordination of services with organized peer services networks.							

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

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MHSD has been developing a Recovery Oriented System of Care (ROSC), which affords MHSD a framework for opportunities to network with multiple agencies in the greater New Orleans area. A ROSC allows for complimentary coordination of care for all needs of recipients of services. The ROSC occurs amongst agencies, stakeholders, families and friends, but is co-led by persons receiving services who provide feedback and input to grow the network. Opioid Use Disorders are a component of the focus.

✓ Prevention – type of Prevention initiative:	☑ Education ☑ Awareness ☑ Outreach
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☑ Treatment

☐ Other

C. Current status of this initiative:

1. Start Date: July 2016

2. In Progress: ✓ Yes □ No

3. End Date: Ongoing

D.	im	plemented. Inc		clude process	and impact. To	utions necessary to enable the initiative to be better understand an indicator, please refer				
	 Program Indicator 1: Pre,Post testing at events Program Indicator 2: Expanded number of Partner MOUs Program Indicator 3: Successful Behavioral Health Council Initiatives (Core Agency) Program Indicator 4: Numbers and Outreach Efforts of Peer Coached involved 									
E.	Та	rget Population	n of this initiati	ve: (check all t	hat apply)					
	1.	Age:	☑ 0-17	☑ 18-21	☑ 22-45	☑ 46 and older				
	2.	Gender:	☑ Male	☑ Female	☑ Other	☐ Data not available				
 Gender: ☑ Male ☑ Female ☑ Other ☐ Data not available 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 										
F.	Ide	entify funding s	source for this i	initiative: (che	ck all that apply	<i>'</i>)				
		☑ State genera ☑ Private/four		☑ Federal gra ☐ Other fund		☑ Local/parish funds				

G.	Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.
	Partnership 1: City of New Orleans, St. Bernrd and Plaquemines Parishes
	Partnership 2: Local Hospitals and Housing Associations
	Partnership 3: Department of Education
	Partnership 4: Criminal Justice System
Н.	Can you identify any gaps or opportunities for partnerships?
A c	oordinated peer recovery network in the greater New Orleans Area.
If	your agency has no other initiatives, go to question 4, page 18

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The State Targeted Response (STR) Grant, complimentary to the MAT PDOA Grant, is used primarly to support education and training for community agencies and service providers, not directly collaborated with for the MAT PDOA Grant. With a Prevention focus, the STR grant targets, opioid naïve popluations and points of entry to opioid exposure. Specific populations include dental offices and schools, middle and high school sports programs in the tri-parish areas. Additionally, Naloxone kit distribution and eduction is included and provded to outreach workers, churches and shelters.

B. Initiative can be categorized as: (check all t	hat apply)
☑ Prevention – type of Prevention initiative:	☑ Education ☑ Awareness ☐ Outreach
☐ Treatment	
☐ Other	

C. Current status of this initiative:

1. Start Date: January 2018

2. In Progress: ☑ Yes ☐ No

3. End Date: October 2020

D.	im	plemented. Inc this link: https:// Program Indica Program Indica	dicators may in ://www.cdc.gov ator 1: Pre, post ator 2: Kit distri	clude process /eval/indicators testing in schools bution and educe number of denta	and impact. To s/index.htm cation monitoring al offices and sch	pitions necessary to enable the initiative to better understand an indicator, please refe			
E.	Tai	rget Populatior	n of this initiati	ve: (check all t	hat apply)				
		Age:	☑ 0-17	☑ 18-21	□ 22-45	☑ 46 and older			
	2.	Gender:	☑ Male	☑ Female	☑ Other	☐ Data not available			
	 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.	Ide	entify funding s	source for this i	initiative: (che	ck all that apply	y)			
		☐ State genera ☑ Private/four	al funds	☑ Federal gra	nt funds	☐ Local/parish funds			

G.	Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.
	Partnership 1: 054 HealthNet
	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.
Н.	Can you identify any gaps or opportunities for partnerships?
	your agency has no other initiatives, go to question 4, page 18*
- 11	your agency has no other initiatives, go to question 7, page 10

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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.

В.	Initiative	can be	categorized	as:	(cneck al	i that ap	ply	

☑ Prevention – type of Prevention initiative:	☑ Awareness ☑ Outreach
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☑ 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.	Ta	rget Population	n of this initiati	ve: (check all th	nat apply)				
	1.	Age:	☑ 0-17	☑ 18-21	☑ 22-45	☑ 46 and older			
	2.	Gender:	☑ Male	☑ Female	☑ Other	☐ Data not available			
 Gender: ☑ Male ☑ Female ☑ Other ☐ Data not available 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 						rovided below): t □ Judicial District □ Other geographic region			
F.	Ide	entify funding s	source for this i	nitiative: (chec	k all that apply				
		☑ State genera ☐ Private/four		☑ Federal gran ☐ Other funds		☐ Local/parish 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 thorughout 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 p	partnersh	ips?
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More coordinated Peer Nerwork.

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.

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 povertry 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