

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

Louisiana State Board of Medical Examiners	Click or tap here to enter text.
Agency/Organization	Office/Subdivision
Vincent Culotta Jr. , M.D.	Executive Director
Name	Title
630 Camp Street	New Orleans, Louisiana
Address	City
vculotta@lsbme.la.gov	504-568-6820
Email	Phone

Agency/Organization Mission

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

Established in 1894, the Louisiana State Board of Medical Examiners (LSBME) protects the health, welfare and safety of Louisiana citizens against the unprofessional, improper, and unauthorized practice of medicine by ensuring that those who practice medicine and other allied health professions under our jurisdiction are qualified and competent to do so. In addition, the Board serves in an advisory capacity to the public and the state with respect to the practice of medicine.

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

The misuse of and addiction to opioids, including prescription pain relievers, heroin, and synthetic opioids such as fentanyl is a serious national crisis that affects public health as well as the country's social and economic welfare. Prescription opioids continue to contribute to the opioid overdose epidemic in the United States. According to the CDC, more than 40% of all U.S. opioid overdose deaths in 2016 involved a prescription opioid, with more than 46 people dying every day from overdoses involving prescription opioids.

Increasing awareness through education is necessary to change the way opioids are prescribed to ensure patients have access to safer, more effective chronic pain treatment, while reducing the risk of opioid use disorder, overdose, and death.

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:

In response to legislation (La. R.S. 40:978.3) passed in 2017, the Board has proposed new rules which require that all practitioners with a Controlled Dangerous Substance (CDS) license in Louisiana complete at least three hours of Board approved continuing medical education (CME) that includes all four of the following topics: best practices for the prescribing of CDS, drug diversion training, appropriate treatment for addiction, and the treatment of chronic pain. This course is a once in a lifetime requirement under current law. This three hour requirement will be considered a part of, and not in addition to, the prescriber's annual CME requirement.

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: La. R.S. 40:978.3 went into effect on January 1, 2018
2. In Progress: Yes No
3. End Date: There is no end date to this CME CDS requirement.

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:** The Board is reviewing and approving CDS CME provided by a large number of CME providers. For a full list of those approved to date please visit our website: <http://www.lsbme.la.gov/content/board-approved-cme-courses-cds-requirements>
- **Partnership 2:** Click or tap here to enter text.
- **Partnership 3:** Click or tap here to enter text.
- **Partnership 4:** Click or tap here to enter text.

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

Click or tap here to enter text.

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

Initiative #2

A. Describe initiative:

Pursuant to the Board's mission to protect the health, welfare and safety of the public, the Board continues to investigate complaints involving improper prescribing practices.

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:

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

With funding the Board could develop additional education courses and seminars on proper prescribing.

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