

## 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 5<sup>th</sup>, 2018**. Please send completed survey responses to Brad Wellons with the Office of Behavioral Health at [brad.wellons@la.gov](mailto: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

Hospice of Acadiana, Inc.	Click or tap here to enter text.
Agency/Organization	Office/Subdivision
Lynn Rayburn	Administrator
Name	Title
2600 Johnston St Lafayette LA 70503	Lafayette
Address	City
lynn@hospiceacadiana.com	337-232-1234
Email	Phone

## Agency/Organization Mission

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

To enable persons with terminal illness to live as fully and comfortably as possible, to emphasize quality of life, to help people deal with grief, to be an educational resource in the field of death, dying and terminal care, to advocate for individuals to receive the appropriate care at the appropriate time and to reach diverse populations, honoring their customs and values.

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

More stringent requirements for prescribing of narcotics, concerns about availability of needed drugs, our population is already afraid that the symptom management with opioids is hastening death and they fear addiction, the media bombardment around the opioid crisis makes it more difficult to convince families to treat their loved ones, who are in significant pain or having shortness of breath and anxiety, to appropriately treat those symptoms.

We are having more and more issues with drug diversion from patients as well as family members. This requires more work on the part of the staff to keep the individual comfortable but protect the agency around opioids. We use blister packs, only give 1-3 days worth of meds, use lock boxes, have contracts signed and as a last resort discharge these individuals.

**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:

Encourage the destruction of leftover opioids at the time of patient death, document refusals and amounts. Limit amounts sent out to no more than 14 days worth of medication. Use alternate pain management as able, adjunctant medications, non pharmacologic treatments.

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: 7-2016
2. In Progress:  Yes     No
3. End Date: ongoing

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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.

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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

All of our patient census

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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

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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.

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

Palliative care in the community and with chronically ill, seriously ill individuals to manage symptoms. Multidisciplinary care in place of Pain Management Clinics whose primary modality is the prescribing of opiates.

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

## Initiative #2

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### A. Describe initiative:

Click or tap here to enter text.

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

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

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### 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.

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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.

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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.

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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

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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.

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

Click or tap here to enter text.

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

## Initiative #3

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### A. Describe initiative:

Click or tap here to enter text.

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

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

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### 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.

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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.

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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.

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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

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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.

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

Click or tap here to enter text.

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

## Initiative #4

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### A. Describe initiative:

Click or tap here to enter text.

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

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

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### 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.

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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.

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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.

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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

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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.

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

Click or tap here to enter text.

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

## Initiative #5

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### A. Describe initiative:

Click or tap here to enter text.

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

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

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### 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.

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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.

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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.

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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

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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.

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

Click or tap here to enter text.

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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:

Educational outreach to the community and medical professionals. Encourage and provide a training resource for palliative care specialists through LSU School of Medicine.

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

Offer educational presentations on palliative treatment, ways to treat pain and minimize the need for opiates. Research alternative treatments such as cannabis, guided imagery, acupuncture and other therapies.

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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:

1. When we do admit individuals with drug histories, especially opiate abuse, it is a challenge to appropriately palliate their symptoms. 2. The stigma of addiction overflows to those individuals who are experiencing tolerance rather than addiction and causes a negative judgement among the staff and family. 3. It is important that we do not undertreat pain and other symptoms at end of life because of fear and the perception of “bad” versus “good” drugs. 4. It is important to train and use palliative care specialists and establish evidence driven best practices for pain management. 5. The treatment of pain outside of a terminal illness is very different and should not affect access for those at end of life or with a terminal disease.

**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](mailto:brad.wellons@la.gov)**