

## 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

Louisiana Board of Drug & Device Distributors	Click or tap here to enter text.
Agency/Organization	Office/Subdivision
George Lovecchio	Executive Director
Name	Title
12091 Bricksome Ave, Suite B	Baton Rouge, LA 70816
Address	City
<a href="mailto:g.lovecchio@lsbwdd.org">g.lovecchio@lsbwdd.org</a>	225 295 8567
Email	Phone

## Agency/Organization Mission

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

The Louisiana Board of Drug and Device Distributors issues licenses for and regulates the distribution of legend drugs and legend devices by distributors within and into the state of Louisiana in order to safeguard life and health and to promote the public welfare.

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

Public Health Threat

## 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

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#### A. Describe initiative:

Rule Promulgation for Wholesale Distributors

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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: December 2017
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: INPUT INDICATORS
- 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?

Opportunity to work with Distribution and CDS Associations if successful.

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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:

For our agency and licensees to Partner with LBOP, LSBME and AG Office to identify top 10 CDS Dispensing Pharmacies and top Prescribing Physicians to look for violations of law (administrative and criminal).

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

Click or tap here to enter text.

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