

## 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

South Central Louisiana Human Services Authority	OBH/ LGE
Agency/Organization	Office/Subdivision
Misty Hebert	Clinical Director
Name	Title
521 Legion Ave.	Houma
Address	City
Misty.Hebert@la.gov	985-876-8812
Email	Phone

## Agency/Organization Mission

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

To promote overall health within the general population by increasing public awareness and access for individuals with behavioral health and developmental disabilities to integrated primary care and community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

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

Addressing the opioid crisis is congruent with the SCLHSA mission, specifically, increasing public awareness and access to integrated care. The opioid crisis has become an interdisciplinary epidemic, impacting medical, behavioral health, criminal justice and social systems. This initiative will allow SCLHSA to utilize prevention, education, outreach and treatment efforts to enhance the promotion of wellness, recovery and independence of individuals with Opioid Use Disorders.

## 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:

Prevention and community awareness

1. SCLHSA presented a 7- part series providing awareness, education, statistics, treatment options and resources about opiates on a local television station, HTV.
2. SCLHSA participates in a multi-agency taskforce focused on reducing opiate overdose.
3. SCLHSA participates in local resource fairs providing awareness and education on opiate epidemic and treatment options.
4. SCLHSA Training, Education and Technical Assistance (TETA) spoke with local pharmacies and first responders for input regarding the impact of the opioid crisis on their profession.
5. SCLHSA TETA will communicate with local schools, physicians, emergency room departments, etc. focusing information and education about opiate use and overdose specific to each profession.

#### 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: July 1, 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
- Program Indicator 2: Process
- 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

HTV covers a 13 Parish catchment area. All other efforts were concentrated in SCLHSA’s 7 parish catchment area.

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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: HTV
- Partnership 2: Terrebonne Parish Sheriff's Office and Special Divisions, Terrebonne Parish District Attorney Office, Office of Public Health, Terrebonne General Medical Center, Terrebonne Parish Drug Court, and local Legislative Representative
- Partnership 3: Nicholls State University, Bluecliff College, local Food Banks, and Assisi Bridge House
- 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 #2

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### A. Describe initiative:

#### Treatment Efforts

1. SCLHSA hired a Peer Support Specialist (PSS) and provided the Certification training to the individual.
2. SCLHSA PSS works directly with clients diagnosed with Opioid Use Disorder and may need additional resources and supports.
3. SCLHSA PSS works with clients to determine appropriateness for Medication Assisted Therapy.
3. SCLHSA works with the local Opioid Treatment Program (OTP) to provide and receive appropriate referrals for treatment.

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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: October 2018
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: Process
- 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: Choices of Louisiana
- 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:

Click or tap here to enter text.

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

SCLHSA would hire an additional Peer Support to provide services to the River Parishes catchment area. SCLHSA is implementing a MAT program that would be able to be expanded in clinic and possibly in mobile unit if funds were available.

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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)**