

Advisory Council on Heroin and Opioid Prevention and Education: 2024 Year-End Report of State and Local Responses to the Opioid Crisis: Interagency Coordination Plan

Act 88 of the 2017 Legislative Session

State of Louisiana

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Drug Policy Board's Advisory Council on Heroin and Opioid Prevention and Education

Louisiana Office of Behavioral Health

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ACRONYMS – HOPE End of Year Report

ACLA: AmeriHealth Caritas Louisiana

ADHD: Attention deficit hyperactivity disorder

ASAM: American Society of Addiction Medicine

ATLAS: Addiction Treatment Locator, Assessment, and Standards Platform (by Shatterproof)

BOR: Board of Regents

CADCA: Community Anti-Drug Coalitions of America

CCYS: Caring Communities Youth Survey

CDC: Centers for Disease Control and Prevention

DCFS: Department of Children and Family Services

DOC: Department of Corrections

ED: Emergency department

ER: Emergency room

ECHO: (Project) Extension for Community Healthcare Outcomes

FFY: Federal fiscal year

FQHC: Federally qualified health center

FUA: Follow-up after emergency department visit for substance use

HCV: Hepatitis C virus

HEDIS: Healthcare Effectiveness Data Information Set

HIV: Human immunodeficiency virus

HOPE: Heroin and Opioid Prevention and Education (Advisory Council)

ICSED: Improving Care for the Substance-Exposed Dyad

IOP: Intensive outpatient program

IPRO: Island Peer Review Organization

LaPQC: Louisiana Perinatal Quality Collaborative

LaSOR: Louisiana State Opioid Response grant

LCSW: Licensed clinical social worker

LDH: Louisiana Department of Health

LGE: Local Governing Entity

LODSS: Louisiana Opioid Data and Surveillance System

LOSI: Louisiana Opioid Surveillance Initiative

LSP: Louisiana State Police

MAT: Medication-assisted treatment (now referred to as MOUD)
MCO: Managed care organization
MOUD: Medications for opioid use disorder
NASTAD: National Alliance of State and Territorial AIDS Directors
OBH: Office of Behavioral Health
OBOT: Office-based opioid treatment
OPH: Office of Public Health
OTP: Opioid treatment program
OUD: Opioid use disorder
PDTs: Prescription digital therapeutics
SAMHSA: Substance Abuse and Mental Health Services Administration
SBIRT: Screening, brief intervention, and referral to treatment
SCT: Spoke care teams
SFY: State fiscal year
SHHP: STI/HIV/Hepatitis Program
SSP: Syringe Service Program
SUD: Substance use disorder
SUM: Stimulant use and misuse
SUN: Substance use navigator
YRBS: Youth Risk Behavior Survey

About the HOPE Council

The Louisiana Advisory Council on Heroin and Opioid Prevention and Education (HOPE Council), created by [Act 88 of the 2017 Regular Legislative Session](#) and adopted as [LA Revised Statute \(R.S.\) 49:219.5](#) later that year, has completed its seventh full year of operation.

The HOPE Council is an advisory board established within the Governor’s Drug Policy Board charged with:

- Coordination of parish-level data on opioid overdoses and usage of overdose-reversal medication, and
- Coordination of a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan.

Interagency Heroin and Opioid Coordination Plan

The Interagency Heroin and Opioid Coordination Plan is also referred to as the HOPE Year-End Report. As in previous years, state and local entities have reported activities related to addressing the ongoing opioid crisis in Louisiana. The following is the Council’s sixth year-end Interagency Coordination Plan.

All HOPE Year-End reports are posted at www.ldh.la.gov/hope.

This report highlights undertakings as received from those agencies, providers, and/or organizations. This year’s updates are organized into the following categories:

- National Data
- State Data
- Parish Data
- Medicaid Data
- National Initiatives and Impact
- State Initiatives and Impact
- Recommendations

Act 88 requires that the Annual Interagency Coordination Plan include, but not be limited to, the following:

- Parish-level data on opioid overdoses and the dispensing of overdose-reversal medication,
- Progress of current initiatives in the state relating to the heroin and opioid epidemic, and
- Specific impacts to agencies in addressing education, treatment including the use of medications for opioid use disorder (OUD), prevention, overdose, and recovery.

The Council submits the plan annually to the Governor, the Governor’s Drug Policy Board, President of the Senate, Speaker of the House, and Chief Justice of the Louisiana Supreme Court.

The Council consists of 13 state agency members (currently there is a vacancy), listed in Appendix A. The Council engages and solicits input, recommendations, and guidance from interested parties and stakeholders (see appendix A). The Council welcomes participation from all interested parties and stakeholders. Over 300 persons are directly invited to HOPE Council meetings, and all requirements of the Louisiana Open Meetings Law are satisfied to encourage attendance and participation.

More information about the HOPE Council is available at the [Advisory Council on Heroin and Opioid Prevention and Education - Boards & Commissions](#) website.

Louisiana Opioid Response Plan

LDH released Louisiana's Opioid Response Plan in September 2019, aiming to reduce the negative impact of the state's opioid epidemic by implementing strategies to address the under-reporting of opioid deaths, enhance monitoring of opioid prescriptions, and increase access to treatment services. The plan identified five pillars upon which to build the state's response to the opioid epidemic. While there is clearly much more work to do, as demonstrated below, LDH's and the state's opioid response shows much progress since 2019. Since its original drafting, ongoing progress and improvements are identifiable in data analytics and surveillance, education and awareness, prevention activities, intervention and rescue activities, accessibility of naloxone, and access to quality treatment and recovery support services.

Read the full 2019 plan at ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf.

Executive Summary

The **Louisiana Advisory Council on Heroin and Opioid Prevention and Education (HOPE Council)**, established by **Act 88 of the 2017 Regular Legislative Session**, continues its mission to address the state's opioid crisis through coordinated interagency efforts. The 2024 report outlines the latest opioid-related trends, data analysis, harm reduction and policy recommendations to combat the ongoing epidemic in Louisiana. The 2024 HOPE Report underscores the urgent need for collaborative, data-driven strategies to reduce opioid-related deaths, improve treatment accessibility, and enhance prevention efforts statewide. With a multi-sector approach, the report aims to mitigate the devastating effects of the opioid crisis and promote long-term evidence-based solutions.

Key Findings and Trends:

- **CDC national overview:** Drug overdose deaths in the U.S. decreased to 106,881 deaths for the 12-month reporting period ending in December 2023 (CDC data¹).
- **CDC Louisiana overview:** Louisiana drug overdose deaths decreased by 7.32% to 2,255 for the 12-month reporting period ending December 2023 (CDC data²).
- **Louisiana Medicaid prescriptions:** Decreased by 119,724 compared to 2023 Medicaid treatment and prescriptions (Medicaid Data Warehouse).
- **Naloxone distribution and education:** Per LDH OPH and OBH, 90,827 kits were distributed utilizing funding from the LaSOR 3.0 grant, the Substance Abuse Prevention and Treatment Block Grant (SAPT-BG) COVID-19 Supplement, and the SAPT-BG American Rescue Plan Act (ARPA) Supplement (increased by 43,867 from the prior report). OPH and OBH educated 60,319 individuals on the use of naloxone through the LaSOR 3.0 grant (increased by 33,057 from the prior report).

LDH Strategic Initiatives and Responses:

- Adherence to federal focus on improving MOUD pharmacy access
- Launch of the State Health Improvement Plan (SHIP) including a focus on reducing opioid overdose deaths
- Alignment with the federal emergency rule to maintain methadone access flexibilities granted during the COVID pandemic
- Passage of opioid-related laws, including fentanyl reclassification, enhanced Good Samaritan protections, expanded SUD treatment and Medicaid coverage for pregnant women

Recommendations for 2025

- Support buprenorphine access at the pharmacy level by addressing barriers encountered at the pharmacy level
- Support the development of mobile dosing units by opioid treatment programs
- Support expansion of Louisiana Bridge emergency department initiation of buprenorphine treatment

¹ [CDC Vital Statistics - Provisional Drug Overdose Data](#)

² [CDC Vital Statistics - Provisional Drug Overdose Data](#)

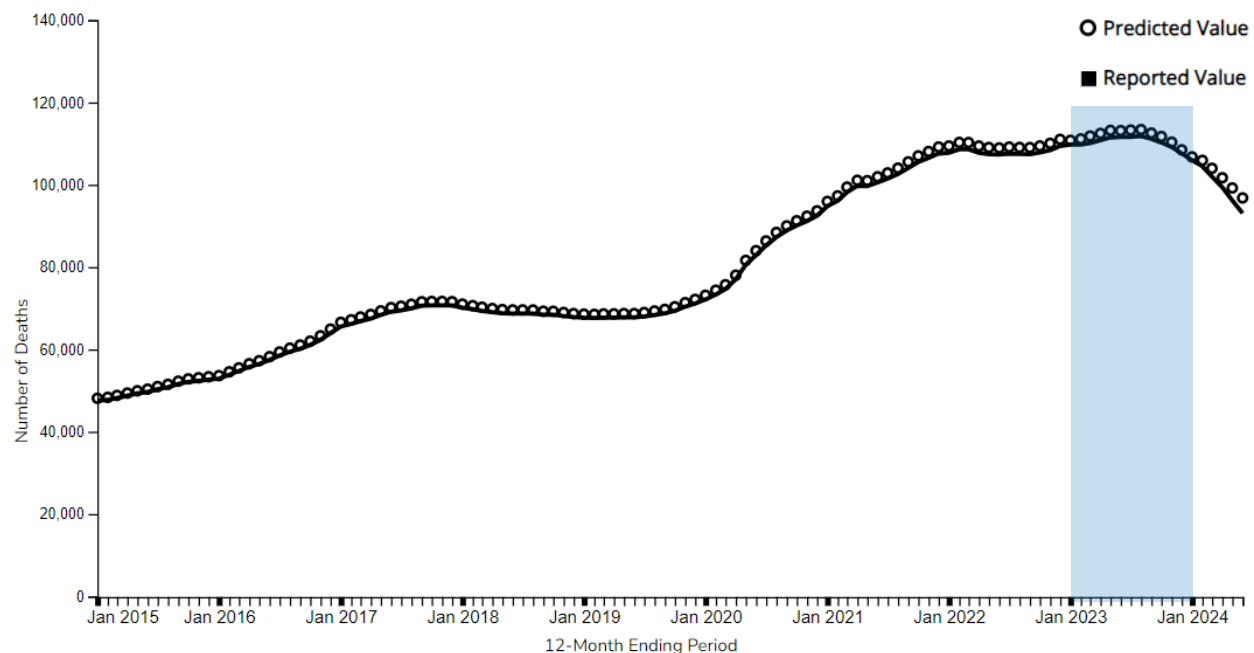
- Integrate agency data for exploration and health outcomes
- Continue to enhance harm reduction strategies
- Ensure and expand access to OUD treatment for pregnant women

CDC National Data

According to the CDC's National Vital Statistic System Provisional Drug Overdose Death Counts³ update from November 3, 2024, drug overdose deaths occurring in 2023 continued to decrease nationally, with 106,881 deaths for the 12-month reporting period ending in December 2023. This figure represents a 2.3% decrease, or 2,532 fewer deaths, from the 109,413 drug deaths reported for the same period in 2022, as seen in the figure below. The area in blue highlights the period from January 2023 to December 2023.

Figures 1 and 2 contain data reported via national sources and are marked provisional. The Monthly Provisional Drug Overdose Death Counts from the CDC provides estimates for the U.S. and jurisdictions within four months after the date of death. Some states have longer than usual delays in reporting drug overdose deaths, which may account for potential underestimations.

Figure 1: 12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths, U.S.



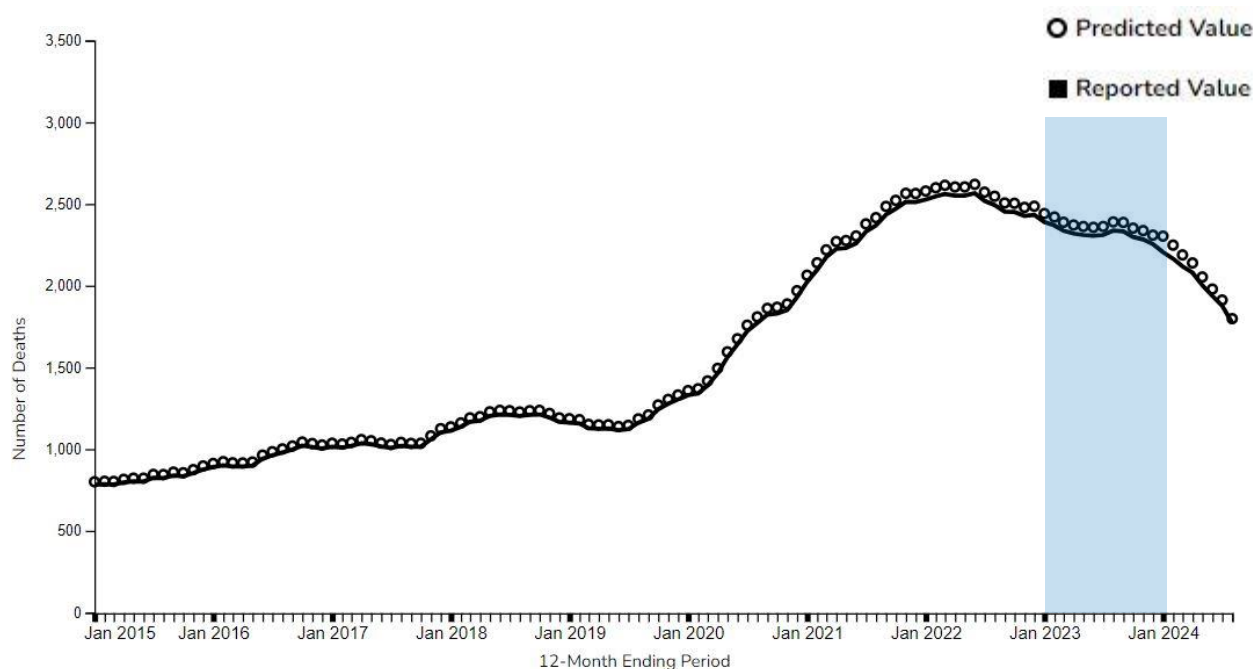
Source: Extracted 11/2024 by the Office of Behavioral Health from cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

³ Source note: Provisional drug overdose death counts are based on death records received and processed by the National Center for Health Statistics (NCHS) on the first Sunday of each month. National provisional estimates include deaths occurring within the 50 states and the District of Columbia. NCHS receives the death records from state vital registration offices through the Vital Statistics Cooperative Program. Provisional death counts presented in this data visualization are for "12-month ending periods," defined as the number of deaths occurring in the 12-month period ending in the month indicated. Provisional data are based on available records that meet certain data quality criteria at the time of analysis and may not include all deaths that occurred during a given time period. Therefore, they are subject to change.

CDC State Data

According to the CDC's National Vital Statistic System Provisional Drug Overdose Death Counts⁴ update from November 3, 2024, drug overdose deaths occurring in 2023 continued to decrease. The CDC reports that Louisiana's drug overdose deaths in 2023 totaled 2,255 deaths for the 12-month reporting period ending December 2023, a decrease from 2,433 deaths for the same period in 2022. This represents a decrease of 281 deaths (2.74%) in Louisiana during this time. In the figure below, the blue highlighted area identifies January as beginning of the 2023 calendar year and December as the end of the 2023 calendar year.

Figure 2: 12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths, Louisiana



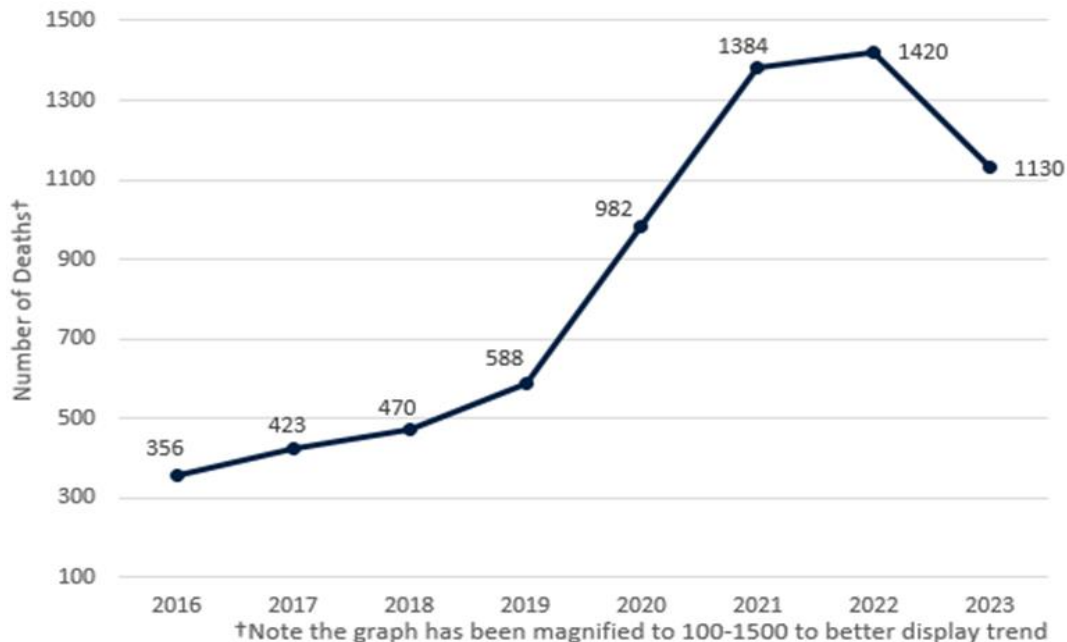
Source: Extracted 11/2024 by the Office of Behavioral Health from cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

⁴ Source note: Provisional drug overdose death counts are based on death records received and processed by the National Center for Health Statistics (NCHS) on the first Sunday of each month. National provisional estimates include deaths occurring within the 50 states and the District of Columbia. NCHS receives the death records from state vital registration offices through the Vital Statistics Cooperative Program. Provisional death counts presented in this data visualization are for "12-month ending periods," defined as the number of deaths occurring in the 12-month period ending in the month indicated. Provisional data are based on available records that meet certain data quality criteria at the time of analysis and may not include all deaths that occurred during a given time period. Therefore, they are subject to change.

Louisiana Overdose Data

The Louisiana Opioid Surveillance Initiative (LOSI) through OPH developed the Louisiana Opioid Data and Surveillance System (LODSS) (lodss.ldh.la.gov) for the collection of information, including health data related to OUD. LODSS analyzes the collected information and disseminates results through factsheets, publications, educational materials, and through the online data, surveillance system. As in prior years, the HOPE Council collaborated with LOSI. LOSI staff analyzed and visualized the following data in Figures 3 through 6 and Tables 1 and 2, extracted directly from the state's vital records and are considered final.

Figure 3: Opioid-Involved Deaths Occurring in Louisiana, 2016-2023



Source: Louisiana Electronic Event Registration System, extracted from the Louisiana Opioid Data and Surveillance System (LODSS)

The deaths in Figure 3 above represent opioid-involved deaths⁵ that occurred in the state of Louisiana from 2016 to 2023. Louisiana residents and non-residents who died in the state are included in this number. The number of opioid-involved deaths occurring in Louisiana from January to December 2023 was 1,130. This represents a 20.4% decrease compared to the previous year.

While there were fewer deaths in most opioid types, a notable decrease is observed in the category of synthetic opioids, which includes fentanyl and its more potent formulations (see Table 1). Continued efforts to educate the dangers of opioids and available treatment options have raised awareness and encouraged individuals to seek support.

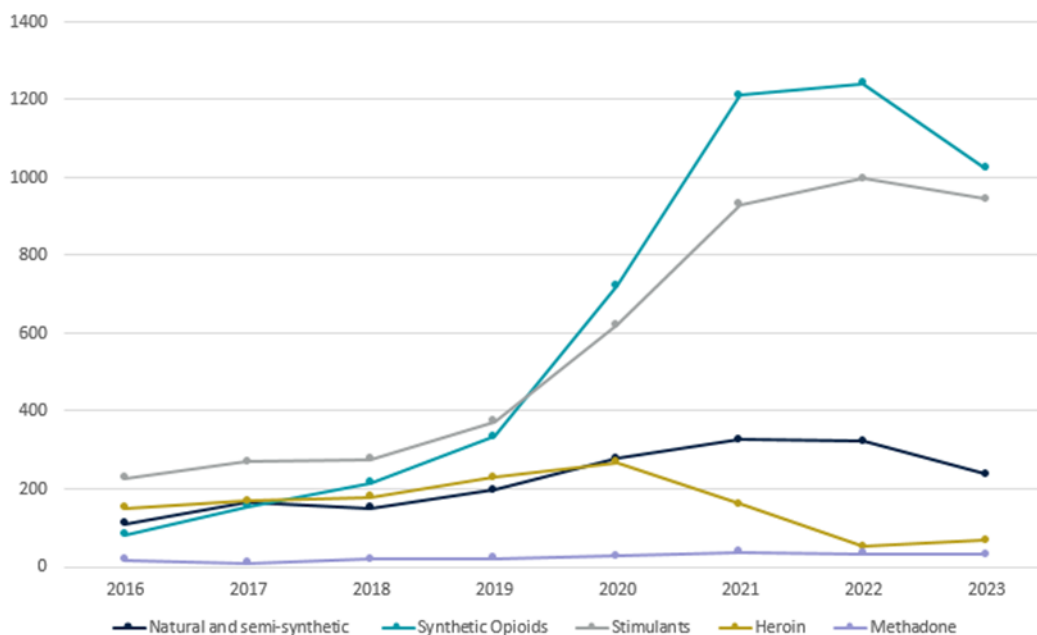
⁵ An "opioid-involved" death is one where the coroner recorded an opioid as either a cause or contributor to the death.

Table 1. Number of Deaths by Specific Drugs Used, Louisiana 2016-2023								
Drug Involved / Year	2016	2017	2018	2019	2020	2021	2022	2023
Synthetic opioids	82	154	215	335	722	1211	1241	1023 (↓17.5% from 2022)
Heroin	150	169	178	229	268	160	51	68 (↑ 33% from 2022)
Methadone	18	10	20	21	28	37	33	31 (↓ 6% from 2022)
Natural and semi-synthetic opioids	110	165	151	197	278	327	323	238 (↓26% from 2022)
Stimulants	227	269	276	372	621	930	997	945 (↓5% from 2022)

Source: Louisiana Electronic Event Registration System, extracted from the Louisiana Opioid Data and Surveillance System (LODSS)

Note: Categories do not sum, as several drugs could have been detected in one death.

Figure 4: Drug Overdose Deaths by Specific Opioid Drug Used in Louisiana, 2014-2023

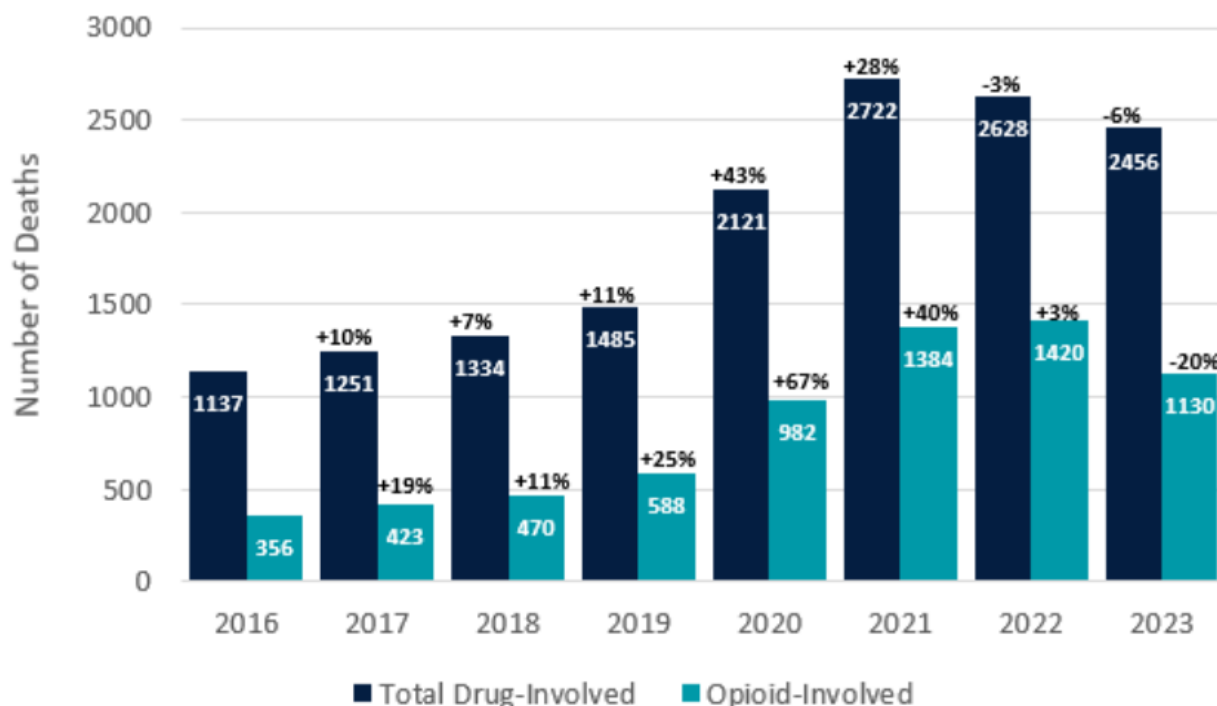


Source: Louisiana Electronic Event Registration System, extracted from the Louisiana Opioid Data and Surveillance System

Figure 4 above displays trends of death data involving stimulants and several types of opioids, including heroin, natural (morphine, codeine, derived from opium poppy plant) and semi-synthetic (oxycodone, hydrocodone, created by chemical processing in labs) opioids, as well as methadone.

Few deaths are attributed to methadone, and these must be demonstrated in toxicology to be listed with other drugs as the cause of death. Deaths involving heroin began to sharply decrease in 2020 but have slightly increased in 2023. Deaths involving synthetic opioids (mostly illicit fentanyl) and stimulants surged in 2020 and increased until 2022. Deaths involving synthetic opioids surpassed the number of deaths involving heroin or natural and semi-synthetic opioids in 2018. Although it is too soon to say whether these trends will continue, prevention efforts and increasing access to harm reduction supplies and recovery support may have contributed to the decline.

Figure 5: Drug-Involved and Opioid-Involved Deaths in Louisiana, 2016-2023



Source: Louisiana Electronic Event Registration System, from the Louisiana Opioid Data and Surveillance System

In 2023, the total of drug-involved deaths (by location) in Louisiana was 2,456. For the first time in nearly a decade, a decrease in the total number of drug-involved deaths was recorded in 2022 and continued in 2023. For years prior, the percent increase in drug-involved deaths ranged from 7% to 43%. Opioid-involved deaths increased from 2016 to 2022, but showed a 20% decrease from 1,420 deaths in 2022 to 1,130 deaths in 2023 (see Figure 5).

Overall, there has been a slight reduction in drug-involved deaths from 2022 to 2023. The opioid-involved deaths continued to increase from 2019, during and post COVID. The opioid-involved deaths only saw a decrease in 2023. Expanding access to treatment, harm reduction, prevention methods, and education has contributed to the decrease in opioid-involved deaths. LDH's prevention teams are diligently making sure Narcan is available to those in need and providing it to first responders. Additionally, LOSI has been working with state coroners since 2018 to be more specific on death certificates about the drugs that caused deaths in notation.

Louisiana Parish Data

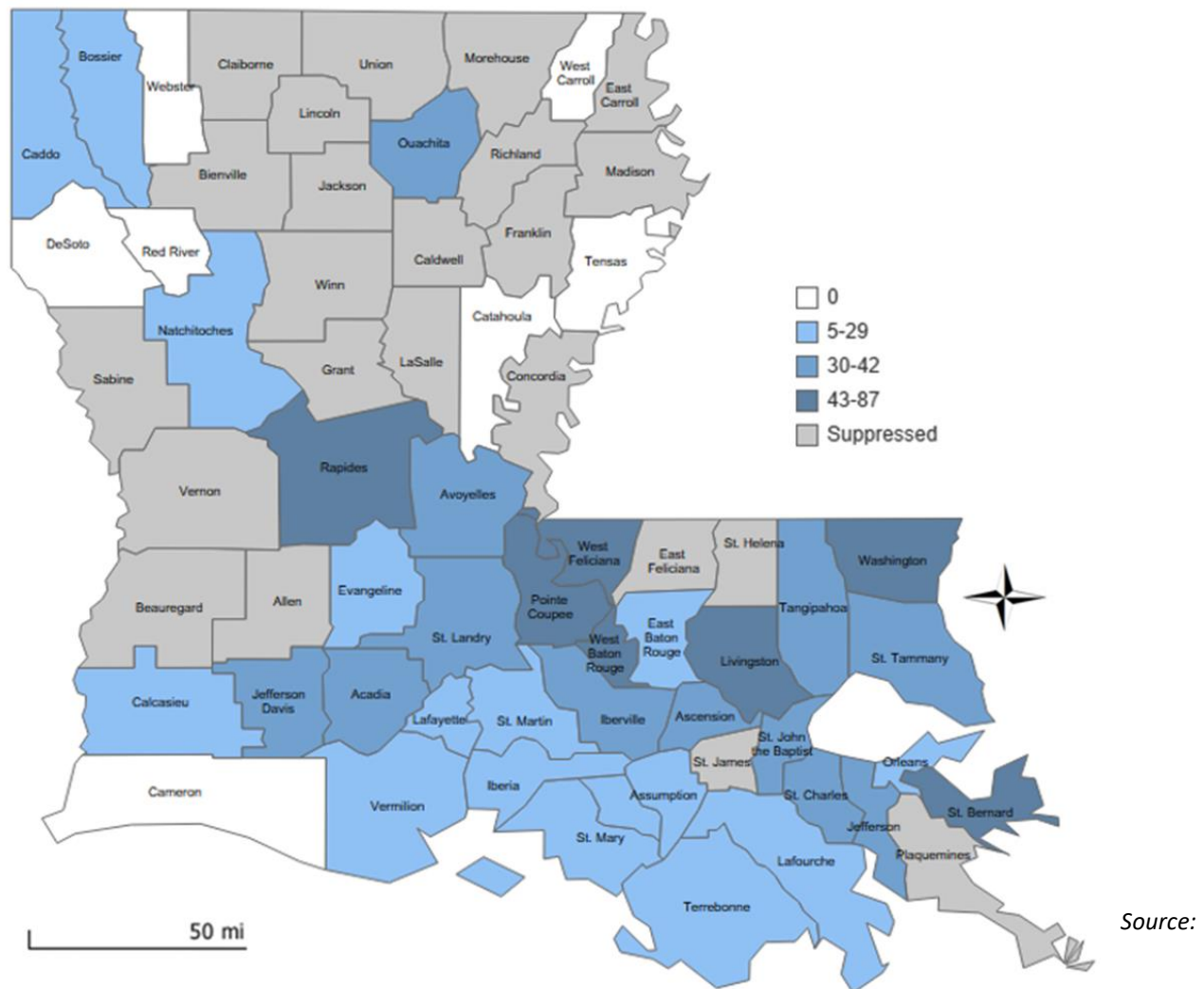
A total of 1,130 opioid-involved deaths occurred in Louisiana during 2023, down from 1,420 recorded in the prior year. These deaths include Louisiana residents, as well as residents from other states and countries who fatally overdosed in Louisiana. For deaths listed by parish of residence, the parishes of death indicated are those in which the decedent maintained a residential address in the state of Louisiana. This section details deaths where the parish coroner's determination listed opioid poisoning as the primary cause or opioids as a secondary cause of death. Table 2 lists the top five parishes for opioid-involved death counts by the decedent's residence and by the parish where the death occurred.

Table 2: Opioid-Involved Overdose Deaths by Parish of Residence and by Parish of Occurrence, Louisiana, 2023

Parish of Residence Count	Parish of Occurrence Count
1. Jefferson – 162	1. Jefferson – 193
2. St. Tammany – 85	2. St. Tammany – 84
3. Livingston – 72	3. Lafayette – 68
4. Lafayette – 62	4. Rapides – 63
5. Rapides – 60	5. Livingston – 58

Deaths listed for the five parishes above represent 41% (441 of 1,051) of statewide deaths by parish of residence and 41% (466 of 1,130) of statewide deaths by occurrence. While Figure 6 below maps the rates of opioid-involved death by the decedent's parish of residence, a table containing the number of opioid deaths by parish of residence and occurrence for all 64 parishes for 2023 is included in Appendix B.

Figure 6. Age-adjusted Rates of Opioid-Involved Deaths per 100,000 Residents in Louisiana, 2023



Louisiana Electronic Event Registration System, extracted from the Louisiana Opioid Data and Surveillance System

The map above illustrates the geographic distribution of age-adjusted rates of opioid-involved deaths among Louisiana residents. Age-adjusted rates are a statistical method used to compare rates between populations with different age structures⁶. Statewide, the rate of opioid-involved deaths in 2023 was 23.95 per 100,000 residents, a decrease of 20.1% from a rate of 29.99 in 2022. Opioid-involved deaths substantially increased from 2016 to 2022, and 2023 is the first decrease in opioid-involved deaths in many years. Opioid overdose death rates vary across the state, with only nine parishes seeing no deaths among residents in 2023. The highest rates of opioid-involved deaths were in Washington, St. Bernard, Pointe Coupee, Livingston, and Rapides parishes. St. Bernard, Pointe Coupee, and Rapides parishes were not in the top five in 2022. Twenty parishes have rates higher than the state rate of 23.95 opioid-involved deaths per 100,000 residents, which is three more than the number of parishes than the state rate in 2022.

⁶ [Age adjustment - National Center for Health Statistics](#)

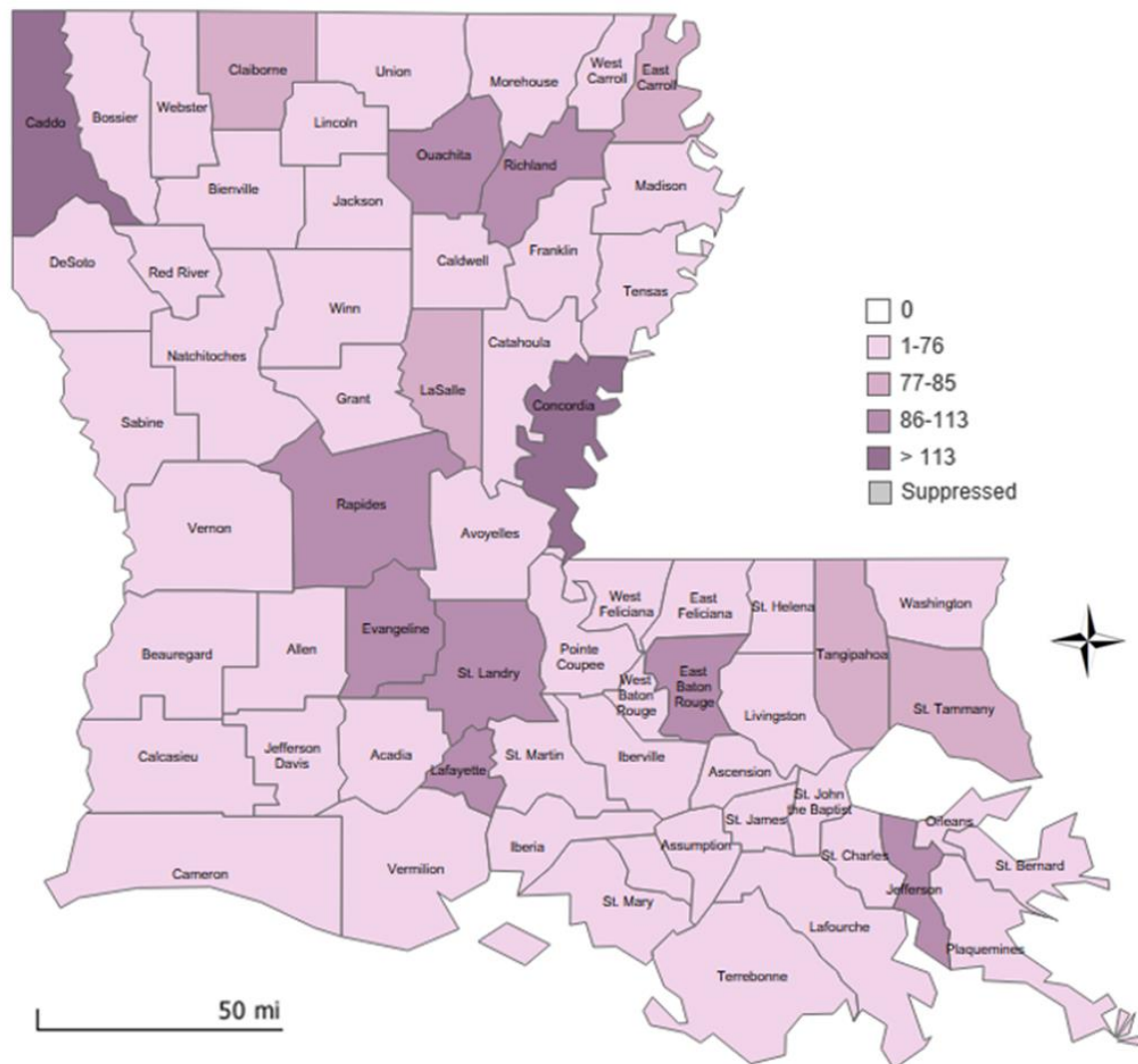
Opioid Prescription Data

Using data from the Louisiana Board of Pharmacy's Prescription Monitoring Program, LDH has identified the number of opioid prescriptions issued to residents by parish for 2016 to 2022. In 2023, there was an average of **68 opioid prescriptions per 100 individuals** in Louisiana. This was a decrease of nearly 3% from 70 prescriptions per 100 Louisianans in 2022. The decline in opioid prescriptions alone is not enough to address the decrease in opiate overdoses. An analysis of 2022 opioid prescription data at the parish level identified the following parishes as having the highest prescription rates. For 2023, the number of opioid prescriptions in each of these parishes exceeded the resident population.

1. **Caddo:** 127 prescriptions issued per 100 residents, down from 132 prescriptions in 2022
2. **Concordia:** 115 prescriptions issued per 100 residents, down from 117 prescriptions in 2022
3. **Rapides:** 104 prescriptions issued per 100 residents, down from 115 prescriptions in 2022
4. **East Baton Rouge:** 103 prescriptions issued per 100 residents, down from 107 in 2022
5. **Lafayette:** 103 prescriptions issued per 100 residents, down from 105 prescriptions in 2022

Figure 7 (next page) maps the opioid prescription rates by parish for 2023. A table listing the number of prescriptions issued to residents per 100 individuals for all 64 parishes for 2023 is included in Appendix C.

Figure 7. Crude Rates of Opioid Prescriptions Dispensed per 100,000 Residents in Louisiana, 2023



Source: Louisiana Prescription Monitoring Program of the Louisiana Board of Pharmacy, extracted from the Louisiana Opioid Data and Surveillance System

Note: The prescription rates discussed in this section and displayed in Figure 7 are shown by parish of prescriber, not parish of patient residence. Four of the five parishes with the highest rates on the prescriber parish map are parishes containing large cities, such as Rapides (Alexandria), Caddo (Shreveport), Lafayette (Lafayette), and East Baton Rouge (Baton Rouge). The pattern shows the parish containing the population centers of each region has a higher rate of prescriptions than the surrounding parishes. Providers tend to concentrate in areas with a high population density, but the population they serve are distributed more evenly across the area.

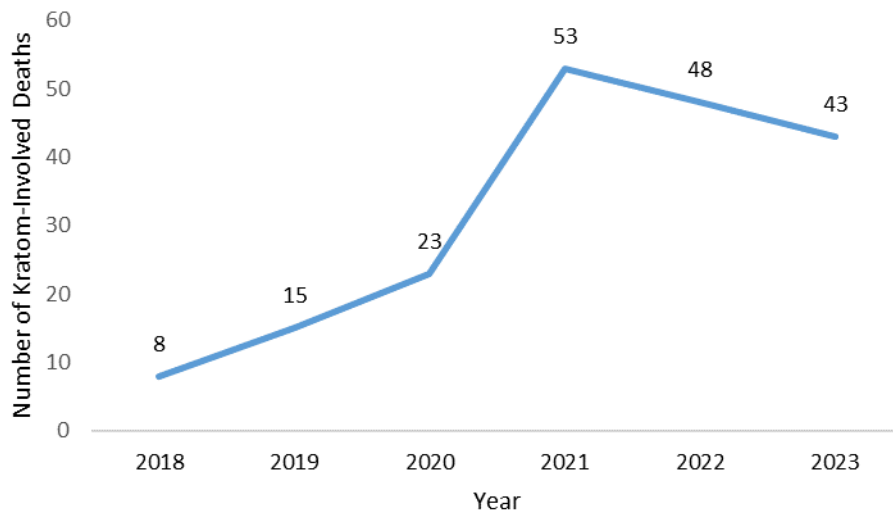
Kratom in Louisiana, 2023

Kratom is a tropical tree native to Southeast Asia, whose leaves contain compounds that can have psychotropic effects. In the U.S., kratom is not federally regulated, although the DEA considers it a “drug of concern.” Kratom produces both stimulant-like effects (increased energy, alertness, and

rapid heart rate) and effects similar to opioids and sedatives (relaxation, pain relief, and confusion), depending on the dosage.⁷

The primary active compounds in kratom, mitragynine and 7-hydroxymitragynine, interact with opioid receptors in the brain, potentially leading to dependence and addiction. The increasing popularity of kratom for recreational use, combined with its unregulated status, has raised concerns about its potential risks and its long-term effects on human health.

Figure 8. Kratom-Involved Deaths in Louisiana, 2018-2023



Source: Louisiana Electronic Event Registration System, extracted 10/2024 by the Louisiana Opioid Surveillance Initiative

These data, certified by the parish coroners, originated from the state vital records database. From 2018 through 2021, the number of deaths involving kratom in Louisiana increased drastically from 2018 to 2021, and showed a gradual decline from 2021 to 2023. The peak of kratom-involved deaths during this period occurred in 2021, as illustrated in Figure 8. At the federal and state level, there is a need to continue to monitor as a cause of concern; the reason for a decrease in kratom-involved deaths is unknown.

Xylazine in Louisiana, 2023

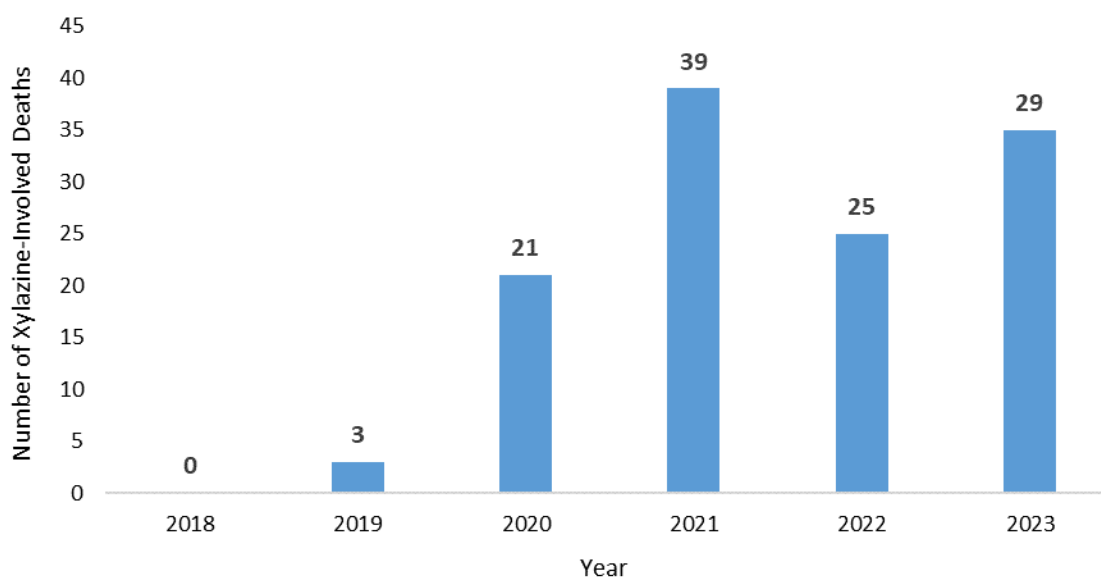
Xylazine is a non-opiate sedative, analgesic, and muscle relaxant and is currently only authorized in the U.S. for veterinary use. The first use of xylazine as an illicit substance produced for human consumption in the U.S. was in the late 1990s. An important distinction is that xylazine produced for veterinary use is in a liquid form, while illicit xylazine is a white or brown powder. Xylazine has been most commonly found combined with fentanyl, but has also been seen in combination with cocaine and heroin⁸.

⁷ [NIH NIDA - Kratom](#)

⁸ [Xylazine - CDC](#)

Human consumption of xylazine can lead to physical dependence and physiological effects similar to those of opioids. Withdrawal symptoms include sharp chest pains, seizures, and depression of the central nervous system. Due to its lower cost, xylazine is used to reduce the concentration of fentanyl or heroin in drug products. It may also lead to a more powerful, prolonged effect than heroin or fentanyl. The increasing prevalence of xylazine in drug overdose deaths is a growing concern in Louisiana.

Figure 9. Xylazine-Involved Deaths in Louisiana, 2018-2023



Source: Louisiana Electronic Event Registration System, extracted 10/2024 by Louisiana Opioid Surveillance Initiative

The data in Figure 9, certified by parish coroners, originated from the state vital records database. From 2018 through 2021, the number of deaths involving xylazine in Louisiana steadily increased. Xylazine-involved deaths increased 600% from 2019 to 2020 and 86% from 2020 to 2021. At the federal and state level, there is a need to continue to monitor and watch xylazine carefully.

Louisiana Medicaid Data

The number of drug overdose deaths decreased nationally and in the state of Louisiana. Moreover, in calendar year 2024, Louisiana experienced decreases in emergency department visits, hospital admits and inpatient treatment. For this data, the “Prescriptions Filled” count represents the number of Medicaid claim records for prescriptions. The count of “Unduplicated Recipients” is a count of unique individuals on the Medicaid prescription claim records. For Medicaid opioid payments, the increase in payments is attributed to buprenorphine prescribing. This data source includes MCO Managed Care encounter records and Medicaid fee-for-service (FFS) claim records.

Table 3. Measurable Impacts of the Opioid Epidemic

Measure	Impact Data
Louisiana Department of Health (LDH)	
Louisiana Medicaid opioid prescriptions filled in SFY 24	<p>Total Prescriptions Filled: 369,895 Decreased by 119,724 compared to 2023</p> <p>Unduplicated Recipients: 167,789 Decreased by 48,104 compared to 2023</p> <p>Medicaid Payments: \$29,052,071 Increased by \$6,288,943 compared to 2023</p> <p><i>Data source: Medicaid data warehouse</i></p>
<p>Louisiana Medicaid medication-assisted treatment prescriptions in SFY 24</p> <p><i>Medicaid claims date of service between July 1, 2023, and June 30, 2024, using three month claim lag for the following: Medication-assisted treatment = (buprenorphine, naltrexone, etc. – excluding methadone) prescriptions</i></p>	<p>Total Prescriptions Filled: 160,303 Decreased by 9,774 compared to 2023</p> <p>Unduplicated Recipients: 21,511 Increased by 142 compared to 2023</p> <p>Medicaid Payments: \$ 79,295,850 Increased \$1,214,476 compared to 2023</p> <p><i>Data source: Medicaid data warehouse</i></p>

Measure	Impact Data
<p>Louisiana Medicaid naloxone prescriptions filled in SFY 24</p> <p><i>Medicaid claims date of service between July 1, 2023, and June 30, 2024, using three month claim lag for the following: naloxone HICL seq no. 001874</i></p>	<p>Total Prescriptions Filled: 12,981 Increased by 2,385 compared to 2023</p> <p>Unduplicated Recipients: 9,848 Increased by 1,408 compared to 2023</p> <p>Medicaid Payments: \$972,952 Increased by \$50,242 compared to 2023 <i>Data source: Medicaid data warehouse</i></p>
<p>Louisiana Medicaid number of emergency department days for OUD in SFY 24</p>	<p>Emergency Department Days: 6,803 Decreased by 1,876 days compared to 2023</p> <p>Unduplicated Recipients: 5,287 Decreased by 1,346 recipients compared to 2023</p> <p>Medicaid Payments: \$2,128,888 Decreased by \$452,436 compared to 2023 <i>Data source: Medicaid data warehouse</i></p>
<p>Louisiana Medicaid hospital admits in for OUD in SFY 24</p>	<p>Inpatient Admissions: 9,022 Decreased by 2,364 compared to 2023</p> <p>Unduplicated Recipients: 6,532 Decreased by 1,571 compared to 2023</p> <p>Medicaid Payments: \$48,762,046.63 Decreased by \$10,443,220 compared to 2023 <i>Data source: Medicaid data warehouse</i></p>

Measure	Impact Data
<p>Louisiana Medicaid inpatient/residential ASAM OUD in SFY 24</p> <p><i>Medicaid claims date of service between July 1, 2023, and June 30, 2024, using three month claim lag for the following:</i></p> <p><i>Inpatient/residential ASAM levels 4-WM, 3.7-WM, 3.7, 3.5, 3.3, 3.2-WM, and 3.1</i></p>	<p>Unduplicated Recipients:</p> <p>7,472 Decreased by 1,101 compared to 2023</p> <p>Medicaid Payments:</p> <p>\$52,043,454 Decreased by \$8,307,326 compared to 2023</p> <p><i>Data source: Medicaid data warehouse</i></p>
<p>Louisiana Medicaid outpatient ASAM OUD in SFY 24</p> <p><i>Services related to opioids for Outpatient ASAM levels 2.1, 2-WM, and 1.0</i></p>	<p>Unduplicated Recipients:</p> <p>9,756 Increased by 577 compared to 2023</p> <p>Medicaid Payments:</p> <p>\$9,945,145 Increased by \$326,756 compared to 2023</p> <p><i>Data source: Medicaid data warehouse</i></p>
<p>Number of prevention/education activities (OBH grant funded)</p>	<p>Overdose ED/naloxone distribution:</p> <p>90,827 kits distributed through federal grants (increased by 43,867)</p> <p>60,319 individuals educated on use of naloxone through the LaSOR grant (increased by 33,057)</p> <p>Evidence-based Prevention Practices:</p> <p>6,587 individuals participated in evidence-based prevention programs through the LaSOR grant (increase of 2,111)</p> <p><i>Data source: LaSOR 3.0 Grant Data Hub (data date range: September 30, 2023, to September 29, 2024)</i></p>
<p>Number and type of treatment services provided through LaSOR 3.0</p>	<p>1,866 people served through OTPs, LGEs, DOC and OBOTs (decrease of 76 people served in the prior year)</p> <p><i>Data source: LaSOR 3.0 Grant Data Hub (data date range: September 30, 2023, to September 29, 2024)</i></p>

National Initiatives and Impact

The HOPE Council has listed specific impacts on the national and state level, addressing education, SUD treatment (including use of medication-assisted treatment), prevention, overdose prevention, and recovery.

Buprenorphine Access at Pharmacies

The Consolidated Appropriations Act of 2023 has significantly increased the number of practitioners who can prescribe medication for opioid use disorder (MOUD), such as buprenorphine and combination products containing buprenorphine and naloxone, for patients with OUD. In January 2024, the Drug Enforcement Administration (DEA) published a guidance document that clarified that neither the Controlled Substance Act (CSA) nor the DEA regulations establish quantitative thresholds or place limits on the volume of controlled substances DEA registrants can order and dispense. The document also reminded DEA registrants of the requirement to establish systems to identify and report suspicious orders of controlled substances to include MOUD.

The DEA, HHS, and DOJ issued a joint letter in March 2024 expressing their support for safe and ready access to MOUD, especially in rural or underserved areas. The letter acknowledged that increasing the number of practitioners who can prescribe Schedule III MOUD products, such as buprenorphine combination products, likely will lead to a corresponding rise in prescriptions from medical providers. The DEA supports collaboration amongst its registrants to ensure an adequate and uninterrupted supply of MOUD products when appropriately prescribed. The DEA also suggested distributors should carefully examine quantitative thresholds they have established to ensure that individuals with OUD who need buprenorphine are able to access it without undue delay. Committed to saving the lives of Louisiana residents, pharmacies across the state are following federal guidance to improve access to these vital medications.

Additional resources for DEA's MOUD guidance:

- [DEA-Registered Manufacturer and Distributor Established Controlled Substance](#)
- [DEA-MOUD Supply Guidance to Registrants](#)

Extended Telemedicine Flexibilities for Buprenorphine through 2025

In November 2024, the DEA addressed the status of telemedicine prescribing flexibilities including medications for OUD prescribed by telephone (DEA-DC-022 EO-DEA068) in the temporary rule titled "Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications" which published in the Federal Register on May 10, 2023 ([88 FR 30042](#)). The DEA in concert with the Department of Health and Human Services (HHS) issued a third extension of telemedicine flexibilities for the prescribing of controlled medications, through December 31, 2025.

In order to prevent lapses in care, these exceptions allow for the prescribing of controlled medications via telemedicine encounters even when the prescribing practitioner had not conducted an in-person medical evaluation of the patient. This allowance included Schedule III-V

narcotic controlled medications approved by the FDA for maintenance and withdrawal management treatment of OUD via audio-only telemedicine encounters, provided that such prescriptions otherwise comply with the requirements outlined in DEA guidance documents, DEA regulations, and applicable federal and state law.

Opioid Treatment Program Rulemaking

In March 2020, the DEA and SAMHSA implemented policy changes for the first time in over 20 years to decrease the number of patients who dose daily in-person and increase access to MOUD at OTPs. This policy allowed OTPs to provide additional methadone take-home doses to reduce traveling and daily dosing in response to COVID. The data collected during the COVID-19 pandemic revealed no increase in overdoses or diversion, and a steady increase in OTP admissions.

These findings prompted the DEA and SAMHSA to make the policy changes permanent. Published in February 2024, the new policies included:

- Removal of the one-year addiction eligibility criteria,
- Expansion of the types of eligible practitioners to include nurse practitioners and physician assistants (within the scope of their respective licenses; respectively),
- Changed the criteria for consideration of take-home doses of methadone allowing patients to receive take-home doses from the first week of treatment under certain conditions, and
- Allowed OTP use of mobile dosing units under their existing licenses.

State Initiatives and Impact

Louisiana State Health Improvement Plan

In July 2024, LDH launched the Louisiana State Health Improvement Plan (SHIP), a roadmap that outlines four priority areas for improving the health of all Louisianans. The SHIP is the result of several years of work that included creating a State Health Assessment (SHA) with the input of more than 6,000 Louisiana residents and a comprehensive analysis of current health data and trends. One of the priority areas for the SHIP is behavioral health, specifically drug misuse and overdoses. The behavioral health specific goals are below.

- Reduce barriers to behavioral health services by increasing the number of mental health professionals and peer support specialists in Louisiana.
- Reduce deaths from drug misuse by improving access to healthcare, treatment options and resources to prevent overdoses.
- Reduce exposure to adverse childhood experiences (ACEs) by increasing behavioral health support that is available to residents.

Adoption of New ASAM Criteria in 2024

Nationally, the adoption of new ASAM Criteria in 2024 represents a significant advancement in the field of addiction treatment. The ASAM Criteria is a comprehensive set of standards for placement, continued service, and transfer of patients with addiction and co-occurring conditions. Level of care recommendations and treatment plans are developed based on multidimensional patient assessments that consider the patient's biomedical, psychological, and social needs.

The updated edition promotes:

1. A chronic care model of treatment,
2. Integration of care,
3. Co-occurring care,
4. Access to recovery support services, and
5. Harm reduction.

These principles correspond substantially with SAMHSA priorities and HHS's Overdose Prevention Strategy.

In October 2024, LDH began the review process of the currently adopted ASAM Criteria 3rd Edition and considered the transition to ASAM Criteria 4th Edition. The rate review included ASAM-suggested changes by level of care for levels with significant changes that are pertinent to rate development. With assistance from Milliman, the Office of Behavioral Health (OBH) conducted a review of SUD service descriptions and rates to compare alignment with the updated criteria and to support high quality services. OBH conducted this review via a provider survey, stakeholder work groups, and provider feedback to develop report drafts. The finalized report is pending approval for 2025. Rate adjustments and transition to ASAM Criteria 4th Edition will be dependent on implementation readiness and budget availability.

Federal Opioid Grant-funded Initiatives

Through LaSOR 3.0, OBH has implemented statewide services for OUD and stimulant use/misuse (SUM), focusing on treatment, prevention, and recovery. Between September 30, 2023, and September 29, 2024, the program enhanced access to FDA-approved MOUD, benefiting populations such as the underinsured, criminal justice population, tribes, and pregnant women, among others. A total of 1,866 individuals received OUD treatment, with 1,757 choosing MOUD. Additionally, 1,664 individuals received recovery support services including recovery housing, recovery coaching, and/or employment services.

LGEs, DOC, OTPs/methadone clinics, office-based providers, and other partners participated in naloxone distribution to family members of persons in recovery, those actively using opioids, first responders, jails, FQHCs, EDs, and other entities. During this latest reporting period (September 30, 2023, to September 29, 2024), 63,466 naloxone kits were distributed resulting in 4,934 overdose reversals, and 60,319 individuals were educated on recognizing the signs of an overdose and the administration of naloxone. An additional 27,361 naloxone kits were distributed using funds from other grant resources, bringing the total number of grant funded naloxone kits distributed to 90,827. The LaSOR program also facilitated the expansion of harm reduction via vending machines and established 52 distribution sites, which utilize diverse methods to distribute harm reduction materials throughout the state, from 52 to 72.

As part of its hub and spoke model, LaSOR supported 11 opioid treatment programs (OTPs), which serve as hubs, and 36 office-based treatment providers (OBOTs), which serve as spokes, across the state, serving hundreds of individuals with MOUD and other support services. Additionally, nine spoke care teams, which support and serve as liaisons to the hub and spoke providers, conducted 3,979 screenings and interventions.⁹

Collaborative initiatives led by Tulane University offered training on issues relative to OUD to providers and pharmacists. Tulane incorporated Project ECHO, which offered education and the review of case studies, enhancing the learning experience. Additionally, Tulane provided academic detailing sessions utilizing nurse practitioners who provided interactive outreach by meeting face-to-face with physicians, community pharmacists, and other providers to offer unbiased evidence-based information about MOUD to improve patient care.

Education and Prevention

Office of Behavioral Health (OBH) and Office of Public Health (OPH) Prevention Initiative

Opioid-related educational trainings prevention, education, and intervention services associated with and funded by the LaSOR program are detailed in Appendix D. Additional prevention accomplishments include 5,954 individuals participating in Generation Rx evidence-based prevention programs for elementary, teen, college, and older adult individuals. In addition, LGEs distributed and placed prescription drop boxes and distributed safe storage and disposal products strategically throughout the state.

⁹ [LDH OBH Opioid Response Grant - LaSOR](#)

HIV and Viral Hepatitis Prevention and Harm Reduction Efforts

In 2017, Louisiana passed the Syringe Access Authorization Legislation (RS 40:1040), allowing for the legalization of syringe service programs (SSPs) if authorized by local governments. To date, two parishes (Orleans and East Baton Rouge) and two cities (Alexandria and Shreveport) have authorized SSPs for a total of seven active SSPs throughout the state. The OPH STI/HIV/Hepatitis Prevention Program (SHHP), in partnership with OBH, provides partial funding along with trainings and other technical assistance to five of these programs:

- The Philadelphia Center in Shreveport,
- Central Louisiana AIDS Support Services (CLASS) in Alexandria,
- Capital Area Re-entry Program (CARP) in Baton Rouge,
- CrescentCare/New Orleans Syringe Access Program (NOSAP) in New Orleans, and
- Women with a Vision in New Orleans.

Over the 2023-24 state fiscal year, the five state-supported SSPs served 6,850 unique participants across the state, with over 38,022 participant visits. These five SSPs distributed approximately 3.5 million sterile syringes — an instrumental HIV and hepatitis C (HCV) prevention intervention for people who inject drugs — as well as 24,839 fentanyl test strips and 28,084 doses of naloxone, preventing an estimated 4,890 overdose-related deaths. Demand for these programs and their services continues to rise, indicating a greater need for local authorizations, services, and funding, especially for essential supplies such as sterile syringes.

As part of efforts to reduce overdose-related deaths across Louisiana, SHHP and OBH have collaborated on the development and implementation of a statewide distribution portal for harm reduction supplies, including naloxone and fentanyl test strips (louisianahealthhub.org/hrdhub). Eligible institutions can apply to be distribution hubs, which receive these supplies for free to distribute in their communities. As of October 2024, 72 organizations across Louisiana have become distribution hubs. At the time of this report, 75,329 nasal naloxone kits and 60,100 fentanyl test strips were distributed to community members across the state via the portal over the 2023-24 fiscal year, with 5,043 overdose reversals reported using naloxone obtained from the portal.

To help bolster overdose response efforts, the SHHP harm reduction team conducts monthly trainings on naloxone and fentanyl test strip use for partners across the state. The team has also provided, throughout the year, trainings on topics including harm reduction basics, reducing stigma, and syringe service programs and their role in public health. These trainings have been well attended by state employees, medical professionals, and community partners.

The persistent public health issues of overdose deaths and HCV/HIV transmission among people who inject drugs in Louisiana necessitate continued support for harm reduction efforts. This includes but is not limited to support at the local governmental level for SSP ordinances, support for local naloxone distribution efforts, and funding for harm reduction work, including essential harm reduction supplies

(e.g., sterile syringes).

Treatment and Recovery

The Louisiana Bridge Program: Louisiana Bridge, a model of substance use disorder treatment that consists of programs that provide access to buprenorphine and other medications for OUD in emergency departments (EDs) and other hospital departments has been implemented in several regions/LGE's at varying levels of service.

A robust ED Bridge program has three pillars present: a navigator who is appropriately trained and integrated into the ED, embedding harm reduction practices into the ED (including but not limited to Narcan distribution), and prescribers who are using and comfortable with buprenorphine (both in the ED and bridge prescriptions). Full implementation in participating areas has dramatically reduced opioid overdose deaths, achieving significant results. The Louisiana Department of Health is currently assessing how it can assist with supporting and expanding treatment for OUD through the emergency department via bridge programming.

Region 5 (Southwest Louisiana) – Louisiana Bridge

Established in 2021, Lake Charles Memorial Hospital was one of the state's two National Bridge program sites. The Louisiana Bridge Program now operates in four hospitals in Region 5 with five full-time navigators. This program has linked more than 1,000 patients with a substance use navigator and reports that 95% have left the hospital with Narcan in hand, harm reduction information, and links to local resources.

Region 4 (Acadiana) – The ALLY Initiative

Established in 2022, ALLY, is an opioid overdose response initiative with Beacon Community Connections. This program is active with nine participating hospitals in Region 4 and employs four full-time navigators who operate on an on-call basis and are not embedded within the emergency departments of its participating hospitals. One of the ALLY program's primary metrics of success is connecting patients to detox.

Region 6 (Central Louisiana) – Mobile Crisis Team

Established in 2020, the Mobile Crisis Team operates on an on-call basis 24/7. In 2022, the team began staffing navigators in the emergency departments of two hospitals in Alexandria.

Region 2 (Capital Area) – Woman's Hospital

Woman's Hospital's Guiding Recovery and Creating Empowerment (GRACE) program has a robust naloxone distribution program. Last summer, the LGE in Region 2 (Capital Area Human Services District) approved funding for two navigators for its program.

Region 1 (Greater New Orleans) – University Medical Center

University Medical Center in New Orleans is the second National Bridge pilot program site. Its program shares navigators with its LGE (Metropolitan Human Services District) and has on-site access to navigators one to two days a week.

Tulane School of Medicine (SoM): The Division of Addiction Medicine and the Addiction Medicine Fellowship are involved in several efforts to mediate the opioid epidemic. Tulane School of Medicine

has a new automated decision-making consultation service for LCMC at East Jefferson Hospital, Lakeside Hospital, and at the VA. Tulane SoM provides addiction medical care in its continuity clinic and in structured facilities across the spectrum of the ASAM Criteria. The Division and the fellowship began in 2018, so these are new services.

Collegiate Recovery Programs (CRPs): CRPs build student achievement by offering specialized and strategic supportive services to help students achieve growth and success within their substance use disorder recovery and academic journeys. They support educational and recovery opportunities to ensure that recovering students will not have to choose between their education and recovery. Through the collaborative efforts of LDH, OBH, Florida Parishes Human Services Authority (FPHSA), Southeastern Louisiana University (SELU), and the Board of Regents (BoR), Louisiana now has six higher education institutions implementing Substance Use Disorder Collegiate Recovery Programs: SELU, Tulane University, Grambling State University, Louisiana State University, Southern University Law Center, and Northshore Technical College. OBH plans to expand to two additional institutions in the next year.

Resource and Capacity Development

Louisiana Department of Health/Office of Behavioral Health Performance Improvement Projects (PIPs) are those conducted by Medicaid managed care entities designed to achieve significant improvement, sustained over time in health outcomes and enrollee experience. One focus of PIPs are is improving the 7-day and 30-day rates of follow-Up after hospitalization for mental illness, follow- up after emergency department visits for mental illness, and follow-up after emergency department visits for substance use disorders.

Table 4 shows Healthy Louisiana rates have improved from 2021 to 2023.

Table 4. Healthy Louisiana Rates of Follow-up after ED Visit for Substance Use

Measure	Aetna Better Health	Ameri-Health Caritas of Louisiana	Healthy Blue	Humana	Louisiana Healthcare Connections	United Healthcare Community	MY 2023 STATEWIDE AVERAGE	MY 2022 STATEWIDE AVERAGE	MY 2021 STATEWIDE AVERAGE	My 2023 Quality Compass South Central All LOBs (Excluding PPOs): 50th Percentile Benchmark	MY 2023 Quality Compass National - All LOBs (Excluding PPOs): 50th Percentile Benchmark
Within 7 days of the ED visit	15.38%	12.51%	13.28%	8.95%	13.42%	14.40%	13.46%	17.19%	8.64%	14.40%	24.00%
Within 30 days of the ED visit	24.59%	20.50%	21.45%	14.86%	21.89%	22.92%	21.75%	27.70%	13.74%	23.16%	36.18%

Note: Caution is recommended when comparing HUM's MY 2023 rates to other MCOs' rates due to HUM's limited period as an MCO in Louisiana.

Louisiana Opioid Treatment Programs (OTPs):

Louisiana's outcome data for overdoses, diversion, and OTP admissions in response to COVID flexibilities mirrored the rest of the country. Louisiana implemented emergency rulemaking to maintain these policies and adopt other provisions of the emergency rule extension. These include removal of the one- year addiction eligibility criteria, expansion of the types of eligible practitioners to include nurse practitioners and physician assistants, criteria changes for consideration of take-home doses of methadone allowing patients to receive take-home doses from the first week of treatment under certain conditions, and to allow OTP use of mobile dosing units under their existing licenses.

Table 5 shows reporting for all 11 OTPs in Louisiana by month for 2024.

Table 5. Monthly Census Data for Louisiana OTP Program, 2024

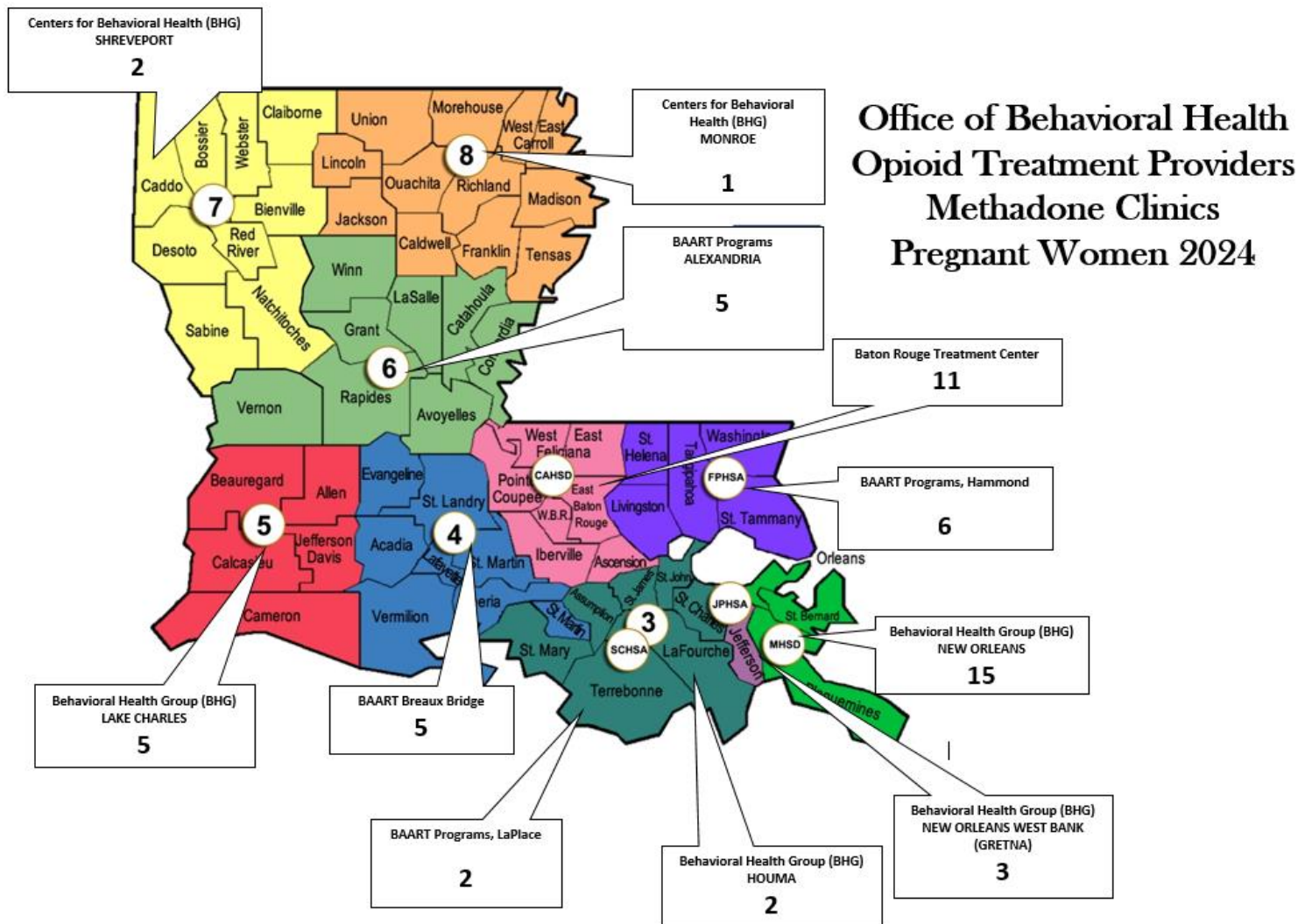
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
BHG/CBH Shreveport	506	524	515	515	504	505	508	511	518	512	517	506
BHG/CBH Monroe	149	152	161	161	158	159	157	157	159	155	159	159
BAYMARK/BAART of Alexandria	492	492	491	495	510	517	512	518	510	510	510	500
BAYMARK/BAART LaPlace	298	296	292	292	289	288	293	290	292	292	291	291
BAYMARK/BAART North Shore	681	684	672	669	673	667	672	689	673	683	690	689
BR Treatment Center (CRC)	839	840	823	825	845	819	800	796	782	769	774	773
BAYMARK/BAART/BREAUX BRIDGE	326	319	322	321	321	322	321	321	320	322	317	321
(Downtown NOLA) BHG/DRD	872	898	896	896	895	902	912	922	936	934	919	906
(Westbank NOLA) BHG/NONTC	683	682	702	702	705	691	667	664	654	663	637	640
BHG/LCSAC	381	405	410	425	430	441	443	452	461	477	487	481
BHG HOUMA	23	36	39	39	40	35	36	41	47	48	49	51
TOTAL	5,250	5,327	5,323	5,340	5,370	5,346	5,321	5,361	5,352	5,365	5,350	5,317

Per R.S. 40:2159.2, licensed substance use disorder (SUD) facilities (OTPs) that provide treatment to pregnant women shall provide onsite access to at least one form of FDA-approved opioid agonist treatment. Each SUD treatment facility must provide an attestation to LDH regarding its compliance with this requirement in its initial licensing application or annual licensing renewal application.

As a result, pursuant to Act 309 of the 2022 Regular Legislative Session, LDH reports the following:

- Fifty-seven pregnant women received services in 2024 at OTPs in Louisiana.
- Eleven OTPs are licensed in Louisiana to provide treatment to pregnant women (and other individuals) for OUD. All 11 are in full compliance with R.S. 40:2156 et seq.

Figure 10. Opioid Treatment Providers Methadone Clinics Treating Pregnant Women in Louisiana



Changes in Legislation Re: Regular Legislative Session 2024

HB 456 by Representative Paula Davis. Signed by the Governor and became Act No. 378. Provides relative to the administration of medication at school with a purpose to amend and reenact R.S. 17:436.1(M) and to enact R.S. 17:436.1(O), relative to the administration of medication at schools; to require rather than authorize schools to adopt policies relative to the administration of naloxone or other opioid antagonists; to provide for the administration of certain life-saving medications at schools; to provide relative to the training of school personnel; to provide relative to a limitation of liability; and to provide for related matters.

HR 305 by Representative Kathy Edmonston. Directs the Partners in Protecting Children Subcommittee of the Children's Cabinet Advisory Board to study the needs of the child welfare system in this state. The study shall analyze the challenges facing children and families in this state that receive assistance and care through the Department of Children and Family Services and provide recommendations to improve outcomes and protect children. The Partners Protecting Children Subcommittee shall submit a written report summarizing its findings and recommendations to the House Committee on Health and Welfare.

SB 70 by Senator Beth Mizell. Signed by the Governor and became Act No. 498. Provides clarification for parish overdose fatality review panels.

SB 163 by Rick Edmonds. Signed by the Governor and became Act No. 147. Relative to the Advisory Council on Heroin and Opioid Prevention and Education to provide reporting requirements by March 15.

SB 224 by Senator Robert Owen. Signed by the Governor and became Act No. 320. Provides clarification relative to opioid alternatives and provisions for non-opioid and opioid prescription drugs by Medicaid managed care organizations. Requires the Louisiana Department of Health to perform certain functions relative to opioid alternatives, including education, awareness, and technical assistance.

SB 487 by Senator Stewart Cathey. Signed by the Governor and became Act No. 769. Requires fentanyl testing in certain circumstances for hospital drug screenings. If a minor is treated at a hospital for a suspected opioid overdose and the hospital conducts a urine drug screening to assist in diagnosing the minor's condition, the hospital shall include testing for fentanyl in the minor's urine drug screening. If the urine drug screening conducted detects fentanyl, the hospital shall report the de-identified test results to the Louisiana Department of Health and comply with mandatory reporting requirements.

SC R9 by Senator Beth Mizell, urges and requests the Louisiana Department of Health to develop a strategy for statewide implementation of the Overdose Detection Mapping Application Program. The Overdose Detection Mapping Application Program (ODMAP) is a free, web-based, mobile-friendly platform for near real-time reporting and monitoring of suspected fatal and nonfatal overdose events.

SC R23 by Senator Regina Barrow, urges and requests the Louisiana Department of Health to perform a comprehensive study on behavioral health services across the state.

Legislative Clarifications

There has been some confusion on the provider level regarding the implementation of this fentanyl testing in cases of substance-exposed newborns. Concerns have been raised about mothers who may be taking opioids in a clinically appropriate and legal way. In the case of substance-exposed newborns who

exhibit symptoms of opioid withdrawal, if the physician believes these symptoms are due to the prescribed use of buprenorphine or methadone, they simply need to file a notification form to DCFS. This notification shall not constitute a report of child abuse or prenatal neglect, nor shall it require prosecution for any illegal action. In addition, the reporting required by Act 769 of Regular Legislative Session 2024 (SB 487) is not intended to include a synthetic or naturally occurring opioid substance given to a laboring or delivering mother during the course of childbirth for analgesic purposes.

More detailed information about reporting requirements can be found here:

- [Reporting the Detection of Fentanyl in Minors](#)
- [Substance-Exposed Newborns Reporting](#)

Recommendations

As the HOPE Advisory Council transitions into 2025, the new leadership on the Drug Advisory Board and changes in the participating membership of the HOPE Council, submit this year's recommendations as the following:

Support Buprenorphine Access at the Pharmacy Level by Addressing Barriers Encountered at the Pharmacy Level

Encourage Louisiana pharmacies to examine unnecessary quantitative thresholds to maintain an adequate supply of buprenorphine and to remove excessive requirements that patients may encounter when attempting to get their buprenorphine prescriptions filled.

Support the Development of Mobile Dosing Units by Opioid Treatment Programs

Encourage OTPs to engage in mobile dosing, offer guidance in the use of grant funding sources, and assist with understanding regulatory requirements in order to increase access to methadone in rural areas as well as clinic closures due to natural disasters.

Support Expansion of Louisiana Bridge Emergency Department Initiation of Buprenorphine Treatment

The Louisiana Bridge Program provides immediate help for those in behavioral health crises, reducing strain on emergency rooms, prisons, and law enforcement. Expanding this model would create a more effective safety net for people experiencing mental health and/or substance use emergencies. This program also works to reduce stigma in emergency departments and communities, making it easier for those seeking help. LDH is currently looking to collaborate again with National Bridge to survey current ED dosing practices across the state, support existing programming, and develop statewide standards to improve quality of care continuously.

Integrating Interagency Information for Data Exploration and Health Outcomes

Monitoring LODSS is crucial for data driven decision-making in addressing the opioid epidemic. LODSS serves as a centralized platform with opioid-related data, including prescription trends and emergency room visits. While LODSS provides critical insights into Louisiana trends, integrating data from other agencies and behavioral health services offers a more holistic view of the crisis. In addition, by integrating agency resources, Louisiana can develop a more coordinated response.

Continue to Enhance Harm Reduction Strategies

Louisiana has made significant strides in supporting harm reduction efforts by continuing to expand support for syringe services programs, overdose education, and naloxone distribution. These initiatives are crucial in reducing overdose fatalities and life-threatening infections related to unsterile drug injection. To increase community acceptance, LDH must actively conduct more public education campaigns to reduce the stigma associated with these services.

Ensure and Expand Access to Opioid Use Disorder Treatment for Pregnant Women

Expanding community-based maternal behavioral health services can improve access to timely, culturally relevant treatment. It is crucial to address common barriers pregnant women face, including stigma, childcare responsibilities, and/or problems with transportation. Incorporating peer support specialists

who have personal experience with SUD can help break down barriers and provide relatable guidance. Additionally, leveraging pregnant women as a special population can create more comprehensive and accessible SUD treatments.

Resources

1. Louisiana Department of Health: Opioids: www.ldh.la.gov/opioids
2. Louisiana Department of Health: HOPE Council (includes previous reports): www.ldh.la.gov/hope
3. CDC National Vital Statistics System Provisional Drug Overdose Death Counts Update: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
4. Louisiana Department of Health Opioid Response Plan: www.ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf
5. Louisiana Opioid Data and Surveillance System (LODSS): www.lodss.ldh.la.gov
6. California Bridge Program: <https://cabridge.org>
7. Louisiana Board of Pharmacy: www.pharmacy.la.gov
8. Louisiana State Board of Medical Examiners: www.lsbme.org
9. Louisiana-Mississippi Hospice and Palliative Care Organization: www.lmhpc.org
10. American Academy of Hospice and Palliative Medicine: www.aahpm.org
11. Substance Abuse and Mental Health Administration (SAMHSA): www.samhsa.gov
12. National Institute on Drug Abuse: www.drugabuse.gov
13. American Society of Addiction Medicine: www.asam.org
14. US Drug Enforcement Administration: www.dea.gov
15. Faces and Voices of Recovery: www.facesandvoicesofrecovery.org
16. Louisiana Opioid Abatement Task Force: <https://laoatf.org>

Appendices

APPENDIX A – HOPE Council Member Agencies and Appointees per Act 88 of 2017

2024 Advisory Council on Heroin and Opioid Prevention and Education members:

- **Chair: Secretary of LDH designee:** Dr. Vanessa de la Cruz, Medical Director, Office of Behavioral Health
- **Secretary of Department of Children and Family Services designee:** Etrena Gerard, Child Protective Services Manager 1
- **Commissioner of Higher Education designee:** Dr. Allison Smith, Program Administrator, Board of Regents
- **Superintendent of Education designee:** Michael Comeaux, Healthy Communities Section Leader
- **Secretary of Department of Public Safety and Corrections designee:** Shelley Edgerton, LPC, Department of Public Safety and Corrections Program Director for Opioid/MAT/Substance Treatment Programs
- **Superintendent of State Police designee:** Lieutenant William Bosworth
- **Secretary of Veterans Affairs designee:** Ronald Callegari, RN, Program Manager
- **Secretary of Louisiana Workforce Commission designee:** Dr. Jason Picard, Medical Services Director
- **President of Senate designee:** Senator Regina Barrow, District 15
- **Speaker of the House designee:** Troy Prevot, Director of Compliance and Quality Control, Stonetrust Commercial Insurance Company
- **Attorney General designee:** Vacant
- **Commissioner of Insurance designee:** Crystal Lewis, Assistant Director, Louisiana Health Care Commission
- **A judge from the drug division of a district court appointed by the Chief Justice of the Louisiana Supreme Court:** Judge Thomas Duplantier

The Advisory Council on HOPE Stakeholder Organizations listed in Act 88 of 2017:

1. The Louisiana Board of Pharmacy
2. The Louisiana State Board of Medical Examiners
3. The Louisiana Sheriffs' Association
4. The Louisiana District Attorneys Association
5. The Louisiana State Medical Society
6. The Chiropractic Association of Louisiana
7. The Louisiana Physical Therapy Association
8. The Louisiana Association of Chiefs of Police
9. The Louisiana Independent Pharmacies Association
10. The Louisiana State Nurses Association
11. The Louisiana Association of Nurse Practitioners
12. The Louisiana Ambulance Alliance
13. The Louisiana State Board of Nursing
14. The Louisiana Psychiatric Medical Association
15. The Louisiana Poison Control Center
16. The Louisiana-Mississippi Hospice and Palliative Care Organization
17. The Optometry Association of Louisiana
18. The Louisiana Association of Health Plans
19. The Louisiana State Coroners Association

Staff supporting our efforts are Dr. Ashley Jefferson and Catherine Peay from the Office of Behavioral Health and Dr. Shayla Polk from the Governor's Office of Drug Policy.

APPENDIX B – Opioid Death Data

APPENDIX B. Opioid-Involved Deaths by Parish of Occurrence and by Parish Residence — Louisiana, 2023 (counts and age-adjusted rate per 100,000 residents)

Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rates (Residence)
Acadia	15	17	33.28
Allen	5	*	*
Ascension	47	42	34.37
Assumption	*	5	26.14
Avoyelles	9	15	38.87
Beauregard	*	*	*
Bienville	*	*	*
Bossier	14	11	8.50
Caddo	21	21	9.47
Calcasieu	44	42	22.75
Caldwell	*	*	*
Cameron	*	0	0
Catahoula	*	0	0
Claiborne	*	*	*
Concordia	*	*	*
DeSoto	0	0	0
East Baton Rouge	57	44	11.12
East Carroll	*	*	*
East Feliciana	*	*	*
Evangeline	6	7	21.80
Franklin	*	*	*
Grant	*	*	*
Iberia	11	9	16.03
Iberville	11	10	36.31
Jackson	*	*	*
Jefferson	193	162	39.43
Jefferson Davis	6	8	29.15
Lafayette	68	62	25.73
Lafourche	21	20	21.68
LaSalle	*	*	*
Lincoln	*	*	*
Livingston	58	72	51.49
Madison	*	*	*
Morehouse	*	*	*
Natchitoches	6	7	22.03

Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rates (Residence)
Orleans	41	42	10.72
Ouachita	53	47	33.73
Plaquemines	7	*	*
Pointe Coupee	8	9	59.90
Rapides	63	60	53.12
Red River	0	0	0
Richland	0	*	*
Sabine	*	*	*
St. Bernard	28	31	65.03
St. Charles	17	16	30.26
St. Helena	*	*	*
St. James	8	*	*
St. John the Baptist	8	13	33.35
St. Landry	23	22	30.52
St. Martin	8	8	15.34
St. Mary	10	11	24.72
St. Tammany	84	85	35.04
Tangipahoa	57	50	39.88
Tensas	0	0	0
Terrebonne	5	7	6.68
Union	*	*	*
Vermilion	11	12	21.42
Vernon	*	*	*
Washington	36	37	86.65
Webster	0	0	0
West Baton Rouge	12	14	51.58
West Carroll	0	0	0
West Feliciana	12	8	44.49
Winn	*	*	*

Source: Louisiana Electronic Event Recording System, extracted from the Louisiana Opioid Data and Surveillance System

APPENDIX C – Opioid Prescription Data

APPENDIX C. Opioid Prescriptions Dispensed by Parish — Louisiana, 2023 (counts and rates per 100 residents)

Area	Count	Percent change from 2016	Percent change from 2022	Rate per 100
Acadia	19,512	-41.66	-5.00	34
Allen	9,729	-1.26	9.10	43
Ascension	43,051	-33.8	-6.77	32
Assumption	1,436	-59.74	-2.64	6
Avoyelles	14,819	-51.46	-2.93	38
Beauregard	12,585	-25.67	-16.18	34
Bienville	1,279	-17.37	8.11	10
Bossier	78,429	-18.72	-6.50	60
Caddo	293,072	-33.63	-3.37	127
Calcasieu	126,159	-41.04	-3.82	62
Caldwell	3,055	-56.29	-6.83	31
Cameron	195	-77.87	-18.07	3
Catahoula	1,158	-45.63	-9.03	13
Claiborne	10,979	-37.23	-11.23	79
Concordia	21,014	51.91	-1.46	115
DeSoto	2,462	-74.33	-29.55	9
East Baton Rouge	465,625	-32.37	-3.97	103
East Carroll	5,618	-33.32	3.12	80
East Feliciana	3,099	-70.24	9.85	16
Evangeline	30,054	-44.47	-3.58	93
Franklin	11,768	-37.65	-8.35	60
Grant	1,752	17.58	6.12	7
Iberia	39,382	-30.98	-0.60	57
Iberville	3,749	-58.49	5.16	12
Jackson	4,198	-57.04	-0.33	28
Jefferson	403,560	-30.99	-2.48	94
Jefferson Davis	10,555	-59.45	-14.46	32
Lafayette	256,745	-32.19	-2.26	103
Lafourche	55,099	-29.31	-3.49	57
LaSalle	12,426	-33.34	3.58	84
Lincoln	16,987	-56.33	-2.03	35
Livingston	10,954	-63.33	-9.23	7
Madison	710	-82.92	-46.29	7
Morehouse	12,208	-35.59	4.63	49
Natchitoches	14,951	-45.63	-9.67	40

Area	Count	Percent change from 2016	Percent change from 2022	Rate per 100
Orleans	181,685	-49.25	-3.28	49
Ouachita	139,918	-31.68	-2.34	88
Plaquemines	4,674	-34.78	-0.91	20
Pointe Coupee	4,480	-47.46	-8.81	22
Rapides	132,612	-50.28	-9.73	104
Red River	5,013	-14.17	10.49	67
Richland	17,881	-25.06	-4.44	90
Sabine	6,181	-6.43	11.85	28
St. Bernard	9,072	-52.25	-7.27	20
St. Charles	3,022	-73.29	-2.70	5
St. Helena	3,016	-41.57	0.77	27
St. James	10,482	-43.13	-11.63	53
St. John the Baptist	10,728	-47.21	-12.53	26
St. Landry	73,651	-26.11	-0.86	90
St. Martin	8,120	-51.32	-6.09	15
St. Mary	16,671	-45.73	-2.21	34
St. Tammany	221,618	-28.7	-2.10	81
Tangipahoa	108,416	-22.67	-1.23	79
Tensas	1,030	57.77	7.85	26
Terrebonne	76,939	-44.47	-2.17	73
Union	8,449	-26.86	-3.84	40
Vermilion	17,281	-38.08	-8.70	30
Vernon	18,084	-31.46	2.39	38
Washington	13,935	-21.65	-6.90	30
Webster	15,217	-52.48	-8.62	42
West Baton Rouge	3,479	-54.25	-17.80	12
West Carroll	3,128	-42.42	5.04	33
West Feliciana	4,560	-35.78	-7.28	29
Winn	4,429	-48.96	-6.22	33
Louisiana	3,122,145	-34.78	-3.58	68

Source: Louisiana Prescription Monitoring Program of the Louisiana Board of Pharmacy, extracted from the Louisiana Opioid Data and Surveillance System

APPENDIX D – Education Trainings July 1, 2023, to June 2024

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Project ECHO: Addiction as a Chronic Disease	7/6/2023	22	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Opioid Action Summit (Woman's Foundation): Implementing a Statewide Community Drug Checking Program: Opportunities, Challenges, and Successes	7/12/2023	323	OPH	Describe the rationale for and basic characteristics of community drug checking	Traci Green	Virtual
Project ECHO: Overdose Prevention	7/13/2023	19	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO Potential Therapeutic Uses of Ketamine for Substance Use Treatment	7/20/2023	5	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Fentanyl Test Strips	7/27/2023	25	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Opioid Action Summit (Woman's Foundation): Fentanyl Myths	7/27/2023	372	OPH	Discover the historical context of our overdose crisis; become experts on the facts and fictions of fentanyl; plan for the future.	Ryan Marino, MD	Virtual
Project ECHO: Buprenorphine Administration in the Field-Recent Implementation in Milwaukee	8/3/2023	31	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: ASAM Levels of Care	8/10/2023	21	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Stimulant-Related Admissions in OUD Patients on Pharmacotherapy	8/17/2023	20	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Project ECHO: Overdose Risks in Healthcare Workers	8/24/2023	22	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Opioid Action Summit (Woman's Foundation): The Naloxone Project	8/30/2023	275	OPH	Increase knowledge on naloxone, its purpose, and the importance of distributing it in hospitals and emergency departments	Don Stader, MD, FACEP	Virtual
Project ECHO: Racism and Addiction Treatment	8/31/2023	24	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: XR BUP and Community-Ordered Treatment	9/7/2023	20	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: LAI Buprenorphine Indications and Use	9/14/2023	44	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
NEDHSA Recovery Day Celebration	9/15/2023	210	LaSOR 3.0 Grant	To celebrate the gains made by those in recovery and highlight treatment providers and services offered through a message of hope and that long-term recovery is possible	Multiple presenters	2300 Sycamore Street, Monroe, LA 71201
Community Opioid Symposium (Woman's Foundation)	9/19/2023	36	LaSOR 3.0 Grant	Give healthcare providers additional knowledge about the epidemic and to increase their awareness on how they can help manage the crisis	Multiple presenters	In person
Project ECHO: Cognitive Behavioral Therapy and Substance Use	9/21/2023	24	LaSOR 3.0 Grant	Provider training and case consultation	Safia Mohiuddin MD, MPH	Virtual
Project ECHO: Public Data Review of Published Data	9/28/2023	17	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Trends in Polysubstance Overdoses 2010-2021	10/5/2023	22	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Project ECHO: Non-pharmacologic Options for Pain Management	10/12/2023	19	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Community Drug Checking and Fentanyl Prevalence	10/19/2023	22	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Predictors Risk of Opioid Relapse	10/26/2023	24	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
LaSOR 3.0 Learning Community Session: Peer Support Services	10/31/2023	42	LaSOR 3.0 Grant	Maximizing the value of peer support, plus updates on training, structure, and future goals	Jamie Tindle	Virtual
Project ECHO: Brain Imaging Common Brain Pathways in SUD	11/2/2023	22	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Community Pharmacists and Buprenorphine	11/9/2023	25	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Evidence-Based Screens for Substance Use	11/16/2023	21	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Long-Acting Buprenorphine Treatment	11/30/2023	19	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Global Opioid Review: The World and U.S.	12/7/2023	30	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Non-Medical Prescription Opioid Use and Adolescents	12/14/2023	24	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Buprenorphine Protection from Fentanyl Overdose	12/21/2023	24	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Nalmefene and Season Greetings	12/28/2023	16	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Project ECHO: Let's Talk About Modernizing Opioid Treatment Act	1/4/2024	Unknown (attendance not captured)	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Glucagon-Like Peptide-1 Receptor Agonists and Substance Use Disorders: Recent Publications	1/11/2024	23	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: Adolescent Treatment Facilities: Review of United States Accessibility	1/18/2024	32	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Community Opioid Symposium (Foundation for Wellness)	1/23/2024	69	LaSOR 3.0 Grant	Provide healthcare providers additional knowledge about the epidemic and to increase their awareness on how they can help assist in managing the crisis	Taylor Farris, Rebekah Daugereaux, Brad Farmer, Jamie Donaldson, Marisa Beard	In-Person
Project ECHO : Stimulant Use Disorder and Women's Health	1/25/2024	33	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
LaSOR Learning Community Session: Regional Recovery Hub: Creating Opportunities	1/30/2024	38	LaSOR 3.0 Grant	Overview of the work occurring at the regional recovery hubs	Addie Duval, LCSW-BACS	Virtual
Project ECHO: Opioids and Cardiovascular Disease	2/1/2024	33	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Project ECHO: How Do We Save Lives	2/8/2024	26	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual
Health Equity Series - Session 2: The Application of Prevention Science and the Role of Harm Reduction	2/8/2024	28	SAPT Block Grant	Harm reduction as an approach that emphasizes engaging with people who use drugs to prevent overdose and improve their physical, mental and	Carlton Hall, Dorothy Chaney	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
				societal well-being.		
Project ECHO: Supply and Access Issues with Buprenorphine	2/15/2024	29	LaSOR 3.0 Grant	Provider training and case consultation	Michael Palladini (Alosa Health), RPh, MBA	Virtual
Service Members, Veterans, and Their Families (SMVF) - Session 1: From the Battlefield to the Homefront: Navigating Military Culture, Substance Misuse, and Suicide Prevention	2/21/2024	20	SAPT Block Grant	Empower the Louisiana Center for Prevention Resources' (LCPR) network of professionals with the knowledge and tools necessary to effectively support Louisiana's military community	Dave Closson	Virtual
Motivational Interviewing Part I	2/21/2024	59	Medicaid - ARPA	Empower participants in creating an effective environment for change for clients	Mike McGuire, LCSW, LMFT, LCAS, Ali Hall, JD	Virtual
Project ECHO: Use of Toxicology Testing in MOUD and Pain Management	2/22/2024	36	LaSOR 3.0 Grant	Provider training and case consultation	Elisabeth Fowlie, MD, MPH	Virtual
Motivational Interviewing Part II	2/28/2024	33	Medicaid - ARPA	Empower participants in creating an effective environment for change for clients	Mike McGuire, LCSW, LMFT, LCAS, Ali Hall, JD	Virtual
Project ECHO: Dual Diagnoses	2/29/2024	36	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
Community Opioid Symposium (Foundation for Wellness): Multi-topics on Addiction, Mental Health, Harm Reduction, and Stigma	3/7/2024	148	LaSOR 3.0 Grant	Offer healthcare providers additional knowledge about the epidemic and increase their awareness on how they can help manage the crisis.	Mishka Terplan, Katy Penton, Rachel Hernandez, Dr. Victor Chou; Dr. Kate Lufkin, Jessica Moody, Crystal Breaux, John Nugent	In person

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Project ECHO: Post Hospitalization Transition of Care Models for SUD	3/7/2024	35	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
First Annual Louisiana Recovery Capital Conference	3/7-8/2024	75	ARPA	Focus on enhancing Louisiana's capacity to build and sustain collegiate recovery communities at our higher education institutions	Sam Quinones	In person
Screening for SUDs and working with the families	3/11/2024	38	Medicaid - ARPA	Help better understand addiction, recognize substance use disorders, screen for problematic use, refer when indicated, and be familiar with treatment options	Ken Roy, M.D.	Virtual
Community Opioid Symposium (Foundation for Wellness): Healing the Opioid Crisis with Mindfulness-Oriented Recovery Enhancement: An Evidence-Based, Neuroscience-Informed Treatment for Opioid Misuse, Addiction, and Chronic Pain"	3/13/2024	240	LaSOR 3.0 Grant	<ul style="list-style-type: none"> • Identify two ways in which addiction and its comorbidities (affective disorders, chronic pain) change the brain to promote craving and drug use • Detail two therapeutic techniques to reduce craving, decrease drug use, regulate emotions, and manage chronic pain 	Eric Garland, Ph.D., LCSW	In person
Project ECHO: Expanding Buprenorphine Prescribing: Community and Clinician Interventions	3/14/2024	31	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Foundation for Wellness: Digital Therapeutics (DTX) - Introduction of Digital Therapeutics	3/20/2024	159	LaSOR 3.0 Grant	<ul style="list-style-type: none"> Seamlessly integrate DTx into your practice Leveraging its potential to reduce disease burdens Improve clinical outcomes Enhance patient lives 	Risa Weisberg, PhD	Virtual
Motivational Interviewing Part III	3/20/2024	29	Medicaid - ARPA	Teach participants how to create an effective environment for change for clients	Mike McGuire, LCSW, LMFT, LCAS, Ali Hall, JD	Virtual
Project ECHO: Federal Changes to OTPs: Summary of Changes in Louisiana	3/21/2024	57	LaSOR 3.0 Grant	Provider training and case consultation	Traci Perry, MSN, RN, Ellen Dancel, PharmD, MPH	Virtual
Project ECHO: Adolescent and Transitional Age Substance Use	3/28/2024	33	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
Project ECHO: Methamphetamines	4/4/2024	31	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
Project ECHO: Interface Between Chronic Pain and Opioid Use Disorder	4/11/2024	37	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
Health Equity Series - Session 3: Prevention, Race, and the Social Determinants of Health	4/17/2024	16	SAPT Block Grant	How to help prevention program providers, prevention technical assistance providers and community leaders understand the importance of race and its relationship to the social determinants of health	Carlton Hall	Virtual
Foundation for Wellness: DTX-Treating and Managing OUD/SUD	4/17/2024	160	LaSOR 3.0 Grant	<ul style="list-style-type: none"> Evaluate digital health solutions, assessing their potential 	Hans Morefield	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
				effectiveness for improving patient outcomes. <ul style="list-style-type: none"> • Apply the principles of contingency management to analyze how digital health solutions incentivize and reward progress 		
Project ECHO: DoxyPEP - The Revolutionary New STI Prevention Tool	4/18/2024	31	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
Project ECHO: Patients' Perspectives on Discontinuing Buprenorphine for the Treatment of Opioid Use Disorder	4/25/2024	23	LaSOR 3.0 Grant	Provider training and case consultation	Amy L. Sandridge, PhD, LCSW	Virtual
LaSOR Learning Community Session: Oxford House	4/30/2024	25	LaSOR 3.0 Grant	The Oxford House blueprint has been used for nearly 50 years to provide peer-run, self-sustaining, and substance-free housing	Jeremy Weatherspoon	Virtual
Project Echo: ADHD Diagnosis with SUD	5/2/2024	30	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
Community Opioid Symposium (Foundation for Wellness): Treating the Chemically Addicted Couple Along the Whole Continuum of Care	5/7/2024	186	LaSOR 3.0 Grant	<ul style="list-style-type: none"> • Review the importance of including the couple along the whole continuum of care • Discuss the influence of the therapist's approach and taking a non-judgmental stance when conducting couples sessions 	Sara Tigay, LPC	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Foundation for Wellness: DTx - Research, Regulatory, and Reimbursement Considerations for DTx	5/8/2024	124	LaSOR 3.0 Grant	<ul style="list-style-type: none"> • Differentiate types of DTx based on regulatory pathway. • Educate patients on research and regulation of DTx. • Identify barriers to patient and clinician adoption of DTx. • Respond to reimbursement questions from patients regarding DTx. 	Dr. Benjamin Alouf, Dr. Acacia Parks	Virtual
Project ECHO: Unlocking Potential: Navigating Adult Attention-Deficit Disorder	5/9/2024	30	LaSOR 3.0 Grant	Provider training and case consultation	Dominick Trombetta, PharmD, BCPS, BCGP	Virtual
Project ECHO: Seven Years of Peers - Peer Support in Opioid Use Treatment in Louisiana	5/16/2024	37	LaSOR 3.0 Grant	Provider training and case consultation	Brent Ambacher, PRSS	Virtual
Project ECHO: Naltrexone - Treating both AUD and OUD	5/23/2024	37	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
IDD and Substance Use Disorders	5/23/2024	19	Medicaid - ARPA	Provide an overview of approaching substance use disorders in people with intellectual or developmental disabilities	Melissa Chepic	Virtual
Project ECHO: Buprenorphine for Pain	5/30/2024	32	LaSOR 3.0 Grant	Provider training and case consultation	Dominick Trombetta, PharmD, BCPS, BCGP	Virtual
NEDHSA's "Do No Harm: The Opioid Epidemic" theater screening	5/30/2024	200	LaSOR 3.0 Grant	A multimedia educational series that chronicles the progression of what experts deem the "worst man-made public health	N/A	Cinemark Tinseltown Monroe

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
				epidemic in American history”		
Foundation for Wellness: DTx - Increasing Equity in Digital Therapeutics	6/6/2024	108	LaSOR 3.0 Grant	<ul style="list-style-type: none"> Recognize the advantages of digital therapeutics for increasing equity in care Identify unique barriers to equity in digital therapeutics 	Dr. Elaine Boucher	Virtual
Project ECHO: Prazosin and Cyproheptadine in Combination in the Treatment of Alcohol Use Disorder	6/6/2024	22	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
Project ECHO: The Intersection of Sexually Transmitted Infections and Substance Use Disorder	6/13/2024	26	LaSOR 3.0 Grant	Provider training and case consultation	Ellie Grossman, MD, MPH	Virtual
NEDHSA 2024 Opioid Summit - Louisiana Opioid Crisis: From Problems to Solutions	6/13/2024	316	LaSOR 3.0 Grant	Educate NEDHSA's catchment area on the topic as well as provide attendees with the resources available to address the issue.	Dr. Monteic Sizer, Dr. Ralph Abraham, Jamie Donaldson, Melinda Robinson	Virtual
Project ECHO: Xylazine	6/20/2024	24	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Lee Michals	Virtual
Project ECHO: Harm Reduction and Academic Detailing	6/27/2024	28	LaSOR 3.0 Grant	Provider training and case consultation	Dr. Katarina Frank	Virtual
Total		4,702				

APPENDIX E – 2024 Louisiana Medicaid Naloxone Distribution by Parish

Parish of Residence	Naloxone Prescriptions		
	Standing Order	Non-standing Order	Total
Acadia	-	264	264
Allen	-	63	63
Ascension	-	201	201
Assumption	-	32	32
Avoyelles	-	243	243
Beauregard	-	53	53
Bienville	-	18	18
Bossier	-	95	95
Caddo	-	299	299
Calcasieu	1	364	365
Caldwell	-	25	25
Cameron	-	7	7
Catahoula	-	22	22
Claiborne	-	9	9
Concordia	-	39	39
Desoto	-	31	31
East Baton Rouge	1	929	930
East Carroll	-	16	16
East Feliciana	-	45	45
Evangeline	-	119	119
Franklin	-	46	46
Grant	-	81	81
Iberia	-	240	240
Iberville	-	93	93
Jackson	-	27	27
Jefferson	1	1,389	1,390
Jefferson Davis	-	101	101
Lafayette	-	682	682
Lafourche	-	208	208
LaSalle	-	34	34
Lincoln	-	45	45
Livingston	-	459	459
Madison	-	18	18
Morehouse	-	76	76
Natchitoches	-	55	55
Orleans	-	1,495	1,495
Ouachita	-	495	495
Plaquemines	-	59	59
Pointe Coupe	-	52	52

Rapides	-	615	615
Red River	-	8	8
Richland	-	28	28
Sabine	-	38	38
St. Bernard	1	358	359
St. Charles	-	155	155
St. Helena	-	20	20
St. James	-	30	30
St. John	-	120	120
St. Landry	-	291	291
St. Martin	-	118	118
St. Tammany	2	923	925
St. Mary	-	133	133
Tangipahoa	1	430	431
Tensas	-	12	12
Terrebonne	3	348	351
Union	-	42	42
Vermilion	-	196	196
Vernon	-	115	115
Washington	-	285	285
Webster	-	35	35
West Baton Rouge	-	43	43
West Carroll	-	38	38
West Feliciana	-	12	12
Winn	-	34	34
State	10	12,956	12,966
Out-of-State	-	15	15
Total	10	12,971	12,981

Notes:

1) Data was pulled from Medicaid pharmacy claims with HICL seq no. 001874 for naloxone dispensed between July 1, 2023, and June 30, 2024.

2) Standing orders were naloxone prescribed by Dr. Shantel Herbert-Magee and non-standing orders were prescribed by other prescribers.

3) Naloxone prescriptions are counts of Louisiana Medicaid pharmacy claim records only.

Louisiana Department of Health

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