

Advisory Council on Heroin and Opioid
Prevention and Education:

2020 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*

Adopted by the HOPE Council on January 26, 2021,
pending minor edits and formatting adjustments.

Contents

EXECUTIVE SUMMARY	1
ABOUT THE HOPE COUNCIL.....	6
DESCRIPTION OF THE PROBLEM.....	6
National Data	6
State Data	7
Parish Data	8
IMPACT ON LOUISIANA	12
Impact Metrics	14
INTERAGENCY HEROIN AND OPIOID COORDINATION PLAN	21
Addressing the Problem	21
STATE AND LOCAL RESPONSES: SURVEILLANCE AND DATA	24
STATE AND LOCAL RESPONSES: EDUCATION AND PREVENTION	25
• Syringe Service Programs (SSP)	25
• Louisiana Department of Health’s Hepatitis C Elimination Plan: 2019-2024	26
• National Prescription Drug Take Back Days	28
• National Judicial Opioid Task Force Trainings and Resources	28
• 2020 Education Events	28
STATE AND LOCAL RESPONSES: TREATMENT AND RECOVERY	29
• Methadone Funding 2020 Update	30
• Tulane Department of Psychiatry’s Expansion of Opioid and SUD Programs and Services	30
• Department of Corrections (DOC) Opioid/MAT Substance Abuse Program	31
STATE AND LOCAL RESPONSES: RESOURCE AND CAPACITY DEVELOPMENT	32
• Louisiana Department of Health/Office of Behavioral Health Performance Improvement Projects	32
• Louisiana State-Recognized Native American Tribal Needs Assessment	33
• Expanding addiction professionals’ workforce capacity	33
STATE AND LOCAL RESPONSES: CHANGES IN LEGISLATION FOR 2020	33
STATE AND LOCAL RESPONSES: MEDICAID MANAGED CARE ORGANIZATION OPIOID-RELATED ACTIVITIES	34
2020 UPDATE TO COMMUNITY OF CARING APPROACH	34
RECOMMENDATIONS	35
RESOURCES	39
APPENDICES.....	40
APPENDIX A – HOPE Council Member Agencies and Appointees per Act 88 of 2017	40
APPENDIX B – Opioid Death Data	42
APPENDIX C – Opioid Prescription Data	44
APPENDIX D – PMP Data	46

APPENDIX E – Louisiana Specialty Courts Pandemic Lessons Learned & Improvements Needed49

APPENDIX F – Federal Funding62

APPENDIX G – Education and Training July 2019 – June 2020.....63

APPENDIX H – DOC Intensive Incarceration Program.....72

APPENDIX I – Louisiana State-Recognized Native American Tribal Needs Assessment Summary.....76

APPENDIX J – MCO Opioid Effort Descriptions79

EXECUTIVE SUMMARY

IMPORTANT NOTE

Pursuant to the Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq., Louisiana has been under an official statewide public health emergency declaration since March 11, 2020, due to the threat posed to the state by COVID-19. As of, January 26, 2021, the Louisiana Department of Health was reporting the total number of cases at 388,562 and total number of deaths at 8,621. Louisiana has consistently ranked in the top ten states with the most deaths per 100,000 people due to COVID-19 and in the top half of states with the most cases per 100,000 people.

To complicate matters, this year produced a record-setting Atlantic hurricane season with 30 names storms, 12 of which made landfall in the United States. Five of the 12 storms made a direct hit along the coast of Louisiana before moving farther inland. Five direct hits also set a record for the State. These hurricanes resulted in a significant need of resources and assistances from other states' governments, the federal government, and non-governmental organizations. All 64 parishes were deemed eligible for public assistance through the Federal Emergency Management Agency's (FEMA) Hazard Mitigation Grant Program. Residents in over one-third of Louisiana's parishes (24) were eligible for individual assistance from FEMA and residents in 21 parishes were eligible for Disaster Supplemental Nutrition Assistance Program (D-SNAP) provided by the U.S. Department of Agriculture's Food and Nutrition Service (USDA FNS).

This and subsequent public health declarations, including stay at home orders and multiple flood or hurricane-related Emergency and Major Disaster Emergency Declarations, resulted in significant disruptions across every institutional system in the state, including education, healthcare, public health, public safety, and economic and workforce development. For these reasons, all information presented in this report must be viewed in the context of extremely challenging circumstances that often adversely affected the basic survival of individuals, families, businesses, schools, state and local public and private systems. In turn, the ability of these institutions to collect and report impact data and implement planned responses to the opioid epidemic in Louisiana were made that much harder.

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 third full year of operation. The following is the Council's fourth year-end Interagency Coordination Plan. Year End 2017, 2018, and 2019 reports are posted at www.ldh.la.gov/hope.

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 medication-assisted treatment, prevention, overdose, and recovery.

As stated in the 2018 and 2019 Plans, the Louisiana Opioid Surveillance Initiative (LOSI), developed its signature component, the Louisiana Opioid Data & Surveillance System (LODSS) for the collection of information, including health data, from LDH and external organizations related to opioid use disorder.

LODSS analyzes the collected information and disseminates results through fact sheets, publications, training and educational materials, and the online data and surveillance system. The website for LODSS is www.lodss.lah.gov.

Despite challenges associated with the COVID-19 pandemic and numerous hurricane and storm-related emergency declarations, since the last HOPE Advisory Council report in 2019, Louisiana's Prescription Monitoring Program (PMP) data has continued to show a *decrease* in the number of *opioid prescriptions* written, and PMP data showed an *increase* in the numbers of Opiate Antagonist (e.g., Narcan, Naltrexone, Naloxone, Vivitrol, and Evzio) prescriptions filled (from 8,470 Naloxone prescriptions in January through November 2019 to 8,899 for same period 2020, a 5% increase), and an increase in the numbers of opiate partial agonists (e.g., Suboxone, buprenorphine, etc.) prescribed (from 259,469 prescriptions from January through November 2019 to 265,199 during same period 2020, a 2.2% increase year to year). Since the 2019 HOPE report, Louisiana has also seen an increase in those accessing both outpatient and inpatient Medicaid residential substance use services.

However, even with increased use of these treatments, Louisiana Medicaid claims data shows that both opioid-related emergency department visits and inpatient hospital admissions continued to rise in Louisiana. Most concerning among this year's trends, opioid poisonings, synthetic opioid poisonings, and all drug deaths continued to increase since the last report, with notable spikes coincident with the **COVID-19 outbreak** beginning in March 2020. According to data provided through the Louisiana Electronic Registration System, these opioid and drug-related deaths peaked in May 2020, and represent a significant increase over May 2019 deaths. As in prior years, synthetic opioids and fentanyl continued to contribute to these deaths in Louisiana. In fact, the Louisiana State Police Bureau of Investigations reported that illicit fentanyl seizures increased substantially from **49 grams** seized in 2019 to **3.6 kilograms** seized in 2020, representing a dramatic increase over the prior year, and reflecting the national trend.

While the most current data continues to improve in terms of its precision and comprehensiveness, the COVID-19 pandemic has introduced additional variance and uncertainty to the trended impacts related to opioid use. For example, Louisiana State Police (LSP) and Drug Enforcement Administration (DEA) 2020 drug takeback statistics are significantly lower when compared with 2019. According to LSP, this seems to be largely due to the COVID-19 pandemic, which directly impacted DEA/LSP "Take Back Initiative" in which government buildings were closed to the public during the height of the pandemic.

Another example of unanticipated negative COVID-19 impact is grant-funded "Opioid Education Activities," which only served 593 people, a decrease from 32,739 in the prior year, in part due to COVID-19-related educational training disruptions.

Like other systems and service providers, Louisiana's judicial system also encountered a number of challenges that adversely affected its ability to effectively manage during the COVID-19 pandemic. Included among these challenges were issues related to lack of sufficient technology resources, smart phones, high-speed internet, and lack of necessary subscriptions or licenses to make full use of videoconferencing technologies under stay at home and distancing mandates. Distancing requirements also made review hearings, in-person contact, communication with families, drug testing, case management, referrals for treatment, and in-person groups difficult or inaccessible for some. In some cases, courts had to close, due to quarantine. Employment of sanctions and incentives was also much more challenging under COVID-19 restrictions.

According to LODSS, in Louisiana, deaths related to fentanyl use increased by roughly 65% from 2018 to 2019, outpacing deaths resulting from any other opioid type.

As both national and Louisiana data show that increases in opioid-related overdose deaths were occurring even before the onset of the COVID-19 pandemic, the CDC noted that the co-occurring COVID-19 pandemic and opioid overdose epidemic created “the perfect storm for folks who are substance dependent,” suggesting that the mortality rate for patients with substance use disorders is now predicted to be significantly higher than the general population. The CDC also noted that stress and anxiety stemming from uncertainty and fear over job losses, reductions in income, significant work changes, and other stressors may lead to increased substance use or misuse. With this in mind, along with the emerging evidence that the spread of COVID-19 is contributing to increased opioid-related deaths in Louisiana, as evidenced by a significant increase in all substance and opioid-related deaths coincident with spikes of active coronavirus cases, the HOPE Advisory Council agreed that its 2020 Interagency Coordination Plan and End of Year Report should focus on recommendations that reflect this new reality.

Official state and national data on the behavioral health effects (including substance use) that the COVID-19 pandemic has had on the population is still being processed. However, with overdose rates on the rise, there is also concern that the COVID-19 pandemic may contribute to breaks in continuity of care, relapses, and increased risk substance use, depression, stress, anxiety, grief, and trauma. The current COVID-19 pandemic and the 2020 hurricane season continue to emphasize the need to create resilient systems of care that can offer continuity of care during crises and respond accordingly to new demands. The HOPE advisory council recommends for provider groups, patient support groups and Managed Care Organizations (MCO’s) to incorporate and update crisis preparedness and response as part of their operations, and to support modalities that ensure continuity of care, such as telehealth and tele-Medication Assisted Treatment (MAT).

The HOPE Advisory Council’s Interagency Coordination Plan for 2020 has prioritized recommendations that aim to address the new and additional challenges presented by the COVID-19 pandemic, resulting public health declarations, including stay at home orders, as well as the multiple flood or hurricane-related Emergency and Major Disaster Emergency Declarations, so as to address exposed vulnerabilities within Louisiana’s healthcare, public safety and community systems and structures, and to help strengthen those systems and structures to better meet the needs of those adversely impacted by opioid and related substance use disorders.

Presented in more detail within the full body of the HOPE Advisory Council’s 2020 Interagency Coordination Plan, recommendations include the following:

1. **Person-centered recommendations:** Because many mental health, substance use and physical health conditions are known to increase during and after such disasters as pandemics, and because unrecognized and untreated mental and physical health conditions place those with pre-existing substance use disorders at higher risk for drug overdose deaths and at higher risk for severe illness related to COVID-19, it is critical to identify and address individual vulnerabilities to depression, anxiety, trauma, medical conditions, stress, treatment non-adherence, and risky substance behaviors. For these reasons, the HOPE Council makes the following *person-centered* recommendations that aim to help address potential benefits of increased opioid prevention and education efforts as well as screening, brief intervention and referral to treatment (SBIRT), so as to capture those most vulnerable as soon as possible and refer for intervention/treatment].
 - a. Incentivize and adopt universal screenings for substance use disorders (including opioid use disorders), medical and behavioral conditions in primary care settings, schools, correctional facilities, and behavioral health settings.

- b. Facilitate both training [in-person and virtual] and shifts in practice to increase opioid education and prevention, screening, brief interventions, and referrals to treatment in K-12 schools across all instruction formats, in colleges and universities across all instruction formats, in primary and behavioral healthcare provider settings, as well as in all correctional settings.
- 2. **System-centered recommendations:** Because well-meaning and necessary restrictions were enacted to limit potential community spread of Covid-19, access to needed medical, mental health, behavioral health, prevention and education services was also restricted to all segments of the general public, particularly during the initial weeks and months of the pandemic. Such restrictions likely contributed to declines in educational activities and implementation of prevention efforts, new referrals for treatment, service delays, decreased access for those already in treatment, and may have contributed to increases in opioid misuse, overdoses and deaths. For these reasons, the HOPE Advisory Council recommends development of protocols for shifting to safe and physically-distanced medical, non-medical care, and acute care responses to behavioral health issues. Detailed recommendations are below:
 - a. Assure access to all ASAM levels of care, treatment and services related to OUD and SUD during COVID-19 or similar pandemics, by increasing both residential and community-based capacity to serve new Covid-19 positive patients in isolation and by optimizing use of telecommunications, take-home dosing for methadone, and other physical, environmental and infection control measures to safely service those who need substance use services.
 - b. Increase access to Medication Assisted Treatment (MAT) by expansion of SUD (BH) integration into primary care; incentivizing SUD education and overdose prevention, and facilitate provider access to peer-to-peer consultation and peer education through strategies like expansion of Project ECHO.
 - c. Continued/increased usage of telecommunications strategies for delivery of OUD/SUD education, prevention, recovery support, and treatment services, especially in underserved and remote areas: As services and provider business were disrupted by COVID-19, some providers closed or had reduced staff or capacity to provide services to those in remote areas. Strategies like telemedicine, web-based OUD assessments, and virtual education sessions must increase for individuals, who otherwise may not have access to services.
 - d. Require augmented/updated infection control and all hazards disaster plans for OUD/SUD prevention and treatment providers and OTP providers. SUD prevention and treatment providers, and especially Opioid Treatment Providers (OTP's) Methadone clinics, must anticipate ongoing and new challenges, as well as disruptions posed by pandemics. Each should develop plans to assure adequate PPE, testing, and other related supplies, as well as identify strategies to maintain patient access and flow in accord with CMS, CDC guidelines.
 - e. Consideration for the development and distribution of a flyer providing education about the limitation of Louisiana Child Protective Services in families' lives, when a child is affected by a mother's use of legally prescribed, lawfully used medically assisted treatment, so that treatment might be sought without fear being reported. Distribution includes, but is not limited to OBGYN's and OTP providers.

3. **Special population-centered recommendations:** support, expand, incentivize programs to address the needs of Drug and Specialty Courts, patient with comorbid SUD's, serious mental illness, and/or intellectual disabilities, expand adolescent care, perinatal SUD care, Native American, African American, Hispanic American, and other minority groups, as well as for people who are incarcerated and formerly incarcerated, those who have intellectual disabilities, adolescents, and females who require perinatal care, also addressing implicit bias in SUD care and access. Consider review of Drug Court Challenges manifest during pandemic. Assistance in Discharge Planning for vulnerable populations, including those being released from incarceration should be considered.
4. **Investigate executive/administrative/legal ways to remove barriers to SUD and OUD service access through regulatory flexibility.** Workgroups or other interest groups might be established or consulted to identify opportunities to remove barriers to care during crisis through regulatory flexibility. For example, review of requirements for in-person visits related to MAT prescribing might be studied and reconsidered to assure those who need MAT have access to it during pandemic situations.
5. **Data collection and data analysis recommendations**
 - a. Stratified OUD use and Treatment Data: Consider stratifying OUD use and treatment data by new versus established Medicaid status, as it is unclear whether increased numbers of individuals seeking OUD treatment, going to Emergency Department (ED), hospitalization etc. during the pandemic represent members who have long had Medicaid eligibility, or if these increases might represent NEW Medicaid enrollees, who lost their jobs and health insurance during and as a result of the pandemic or storms, and were therefore seeking treatment through Medicaid because of loss of private insurance.
 - b. Enhanced Data Collection and data elements: The HOPE Advisory Council recommends that additional data be collected or analyzed to help investigate apparent increase seizures of fake Xanax, synthetics, fentanyl, and pre-loaded/ready-to-inject syringes to help determine if this apparent trend is Covid-19-related or due to other causes.
 - c. ODMAP: The HOPE Advisory Council recommends that that the Louisiana Department of Health look into utilization of the Overdose Detection Mapping Application Program (ODMAP) to explore why only a few participating entities are listed for Louisiana.
6. **Treatment Retention Strategy recommendations:** In addition to increasing treatment access, the HOPE Advisory Council recommends that, MAT providers, OTP/methadone providers and MCO's should focus on treatment retention strategies and identification of which patients are most likely to leave treatment prematurely or who may experience pandemic or disaster-related care disruptions.
7. **HOPE Council General and Impact Workgroup Meeting recommendations: Allow/facilitate virtual meetings for future HOPE AC and Impact Workgroup meeting during pandemic.**

ABOUT THE HOPE COUNCIL

The HOPE Council is an advisory board established within the Governor’s Drug Policy Board and is charged with the: (1) Coordination of parish-level data on opioid overdoses and usage of overdose-reversal medication; (2) Coordination of a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan. The Plan shall be submitted at the end of each year 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 thirteen state agency members, and the list of current council members is included herein at Appendix A. The Council may engage and solicit, as necessary, input, recommendations, and guidance pertaining to heroin and opioid prevention and education from interested parties and stakeholders, including, but not limited to, nineteen listed stakeholders.

Since the first official meeting on December 7, 2017, the HOPE Council has now met eleven times. The onset of the COVID-19 outbreak and consequent stay-at-home mandates issued by the Governor and social distancing recommendations disrupted HOPE Advisory Council meetings, and resulted in the previously-planned Impact Workgroups being cancelled during the 2020 reporting year.

Since its inception in 2017, interest in the work of the HOPE Council continues, and the Council welcomes the participation of all interested parties and stakeholders. Currently approximately 150 persons are invited to each HOPE Council meeting, including the HOPE Council members, and all requirements of the Louisiana Open Meetings Law are satisfied to encourage attendance and participation. Stakeholders and interested parties are included in workgroups and encouraged to take leadership roles in the work of the Council as they represent many of the individuals and groups who are greatly affected by the opioid epidemic in Louisiana.

Information about the HOPE Council is available at:

<http://ldh.la.gov/index.cfm/page/2970>;

<https://wwwcfprd.doa.louisiana.gov/boardsandcommissions/home.cfm>

DESCRIPTION OF THE PROBLEM

National Data

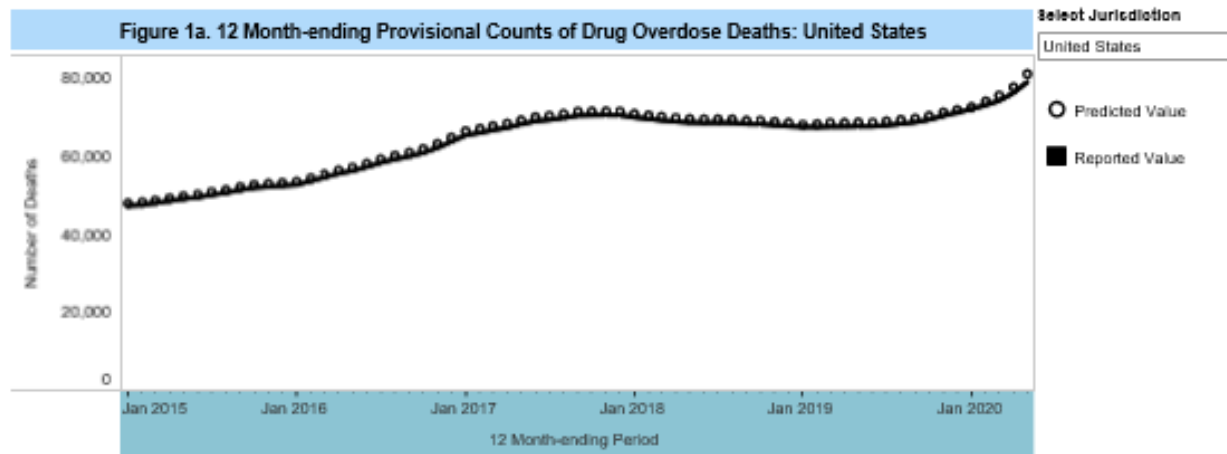
According to recently released CDC Provisional Drug Overdose Death Counts¹, the 12 Month-ending Provisional Number of Drug Overdose Deaths increased 10% from March 2019 to March 2020. The CDC also notes that **“The COVID-19 pandemic in the United States introduces new risks to Americans impacted by substance use disorder, as well as a series of new challenges related to treatment and recovery.”**² According to the CDC, people with substance use disorders may have more untreated or poorly treated underlying medical conditions that may in turn put them at higher risk for severe illness from Covid-19.

¹ From: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

² From: <https://www.cdc.gov/injury/features/prescription-drug-overdose/index.html>

Based on data available for analysis on:

12/6/2020



State Data

As in prior years, the HOPE Council partnered with the Louisiana Opioid Surveillance Initiative (LOSI) in the Louisiana Department of Health (LDH), Office of Public Health (OPH). LOSI has received several federal grants to collect, analyze, and disseminate opioid-related data and administer the Louisiana Opioid and Data Surveillance System (LODSS). This web-based data dissemination tool provides data visualizations and tables of opioid-related data at the parish and state level, and is the source of the Parish-level data included in this report.

In Louisiana, there was a clear increase from 2018 to 2019 in deaths by any/all opioids. While there were more deaths in all opioid types, the largest jump was seen in synthetic opioids, which includes more potent fentanyl formulations, as highlighted in Table 1.

The number of Deaths by Specific Opioid is listed below in **Table 1**.

Table 1. Number of Deaths by Specific Opioid Drugs Used, Louisiana 2014-2019						
Drug Involved / Year	2014	2015	2016	2017	2018	2019
All Opioids	217	260	320	401	758	1088 (up 43.5% from 2018)
Synthetic Opioids	29	38	82	154	215	331 (up 54% from 2018)
Fentanyl	22	25	72	136	194	321 (up 65.5% from 2018)
Heroin	108	127	150	169	178	218 (up 22.5% from 2018)
Methadone	19	17	18	10	20	21 (up 5% from 2018)
Natural & Semi-Synthetic Opioids	90	103	110	165	151	197 (up 30.5% from 2018)
*Data provided from the Louisiana Opioid Data and Surveillance System (LODSS)						
**NB: categories do not sum, as several drugs could have been detected in one death						

Parish Data

Opioid Deaths by Parish of Occurrence and by Parish of Residence

A total of 588 opioid-related deaths occurred in Louisiana during 2019, up from 455 in the prior year. These deaths include Louisiana residents as well as residents from other states and countries, who died in Louisiana. For deaths listed by parish of residence, the parishes of death are assigned to parishes in which the decedent maintained a residential address, and NOT the parish where the decedent died. All deaths included in this section are ones in which the parish coroner determined the cause of death was directly attributed to opioid poisoning, or opioids were specifically listed in the secondary causes of death field.

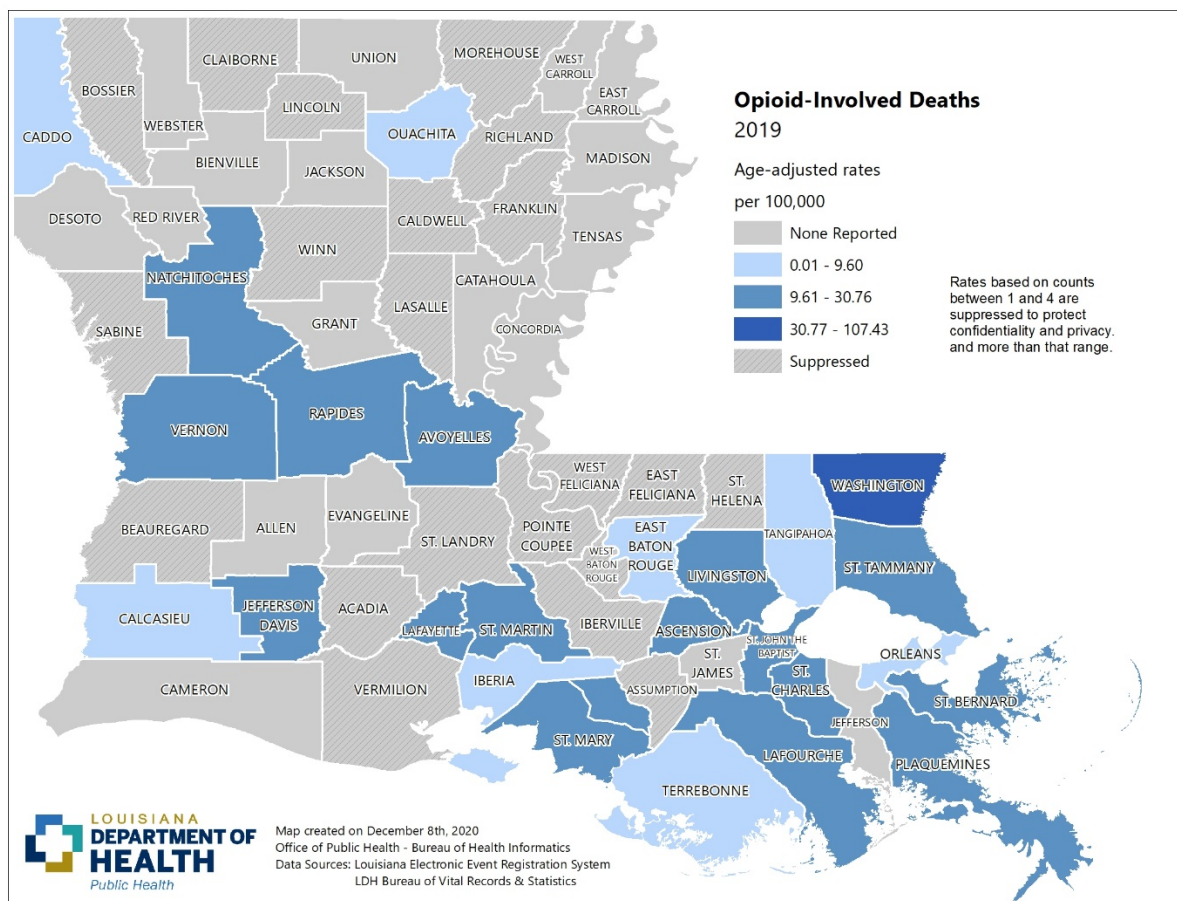
The five parishes by residence and occurrence with the greatest number of drug poisoning deaths from opioids as reported that occurred in 2019 are listed in Table 2.

Table 2: Opioid Overdose Deaths by Parish of Occurrence and by Parish of Residence, 2019

Parish of Residence	Parish of Occurrence
1. Jefferson- 124	1. Jefferson- 129
2. St. Tammany- 76	2. St. Tammany- 86
3. Washington- 45	3. East Baton Rouge- 45
4. East Baton Rouge- 38	4. Washington- 45
5. Livingston- 37	5. Orleans- 41

Deaths listed for the five parishes above represent 57% (320 of 562) of deaths by parish of residence and 58% (346 of 588) of all deaths by occurrence. While the 4 of the top 5 *parishes of residence* are the same as those top 5 in the 2018 data, it should be noted that Livingston Parish is now represented in place of New Orleans for 2019 Parish of Residence data. A table containing number of opioid deaths by parish of residence and occurrence for all 64 parishes for 2019 is included in *Appendix B*. Figure 1 below provides a visual depiction of the Opioid-Involved Deaths rates for each parish.

Figure 1 Louisiana Opioid Involved Deaths, 2019 Rates per 100,000



Opioid Prescriptions Issued

Using data from LODSS, LDH has identified the number of opioid prescriptions issued to residents by parish for 2014-2019. For 2019, there was an average of 81 opioid prescriptions per 100 individuals in Louisiana. Opioid prescriptions were then examined at the Parish-level for 2019. The number of opioid prescriptions issued were found to be highest in the parishes listed below.

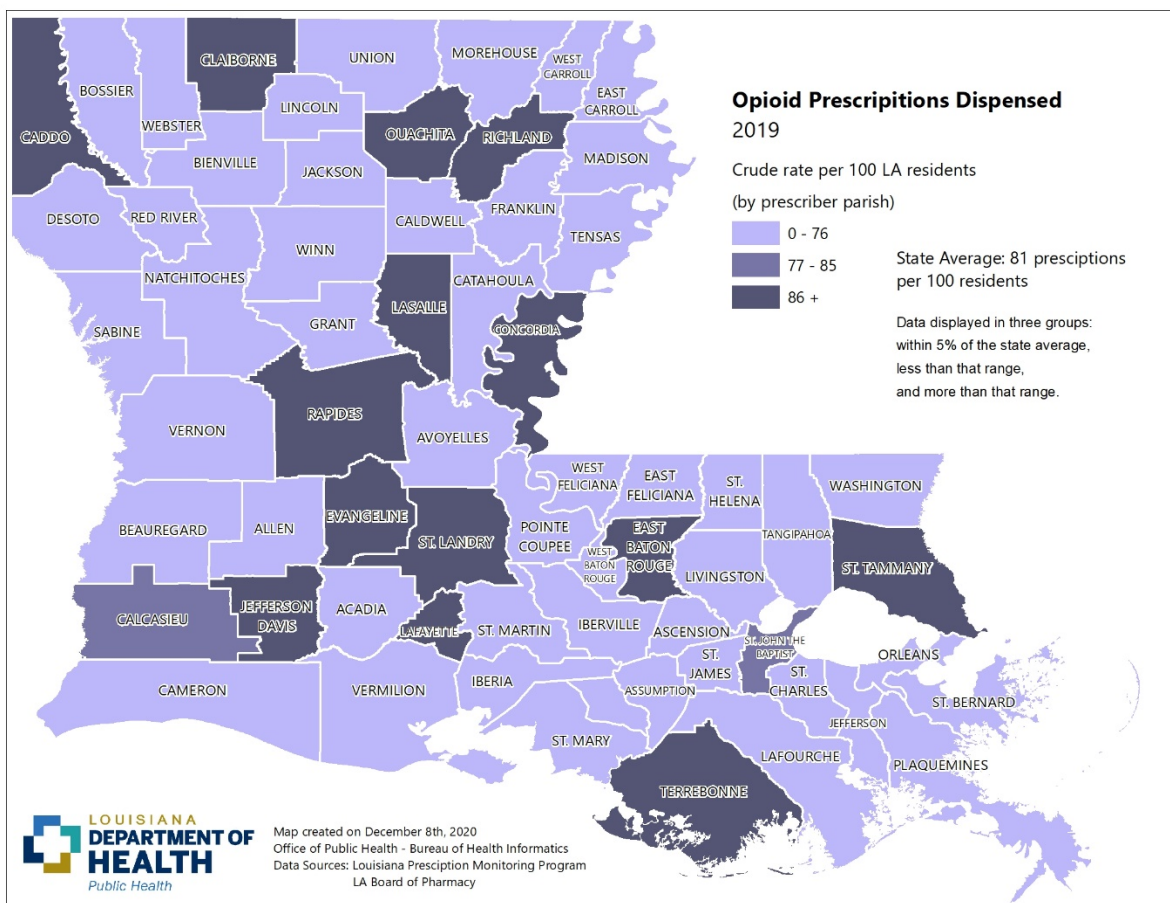
For 2019, each of these parishes had more prescriptions issued than people residing in the parish.

1. Rapides (159 prescriptions issued per 100 residents, *down from 191 prescriptions issued in 2018*)
2. Caddo (137 prescriptions issued per 100 residents, *down from 160 prescriptions issued in 2018*)
3. Lafayette (123 prescriptions issued per 100 residents, *down from 139 prescriptions issued in 2018*)
4. East Baton Rouge (119 prescriptions issued per 100 residents, *down from 139 prescriptions in 2018*)
5. Evangeline (117 prescriptions issued per 100 residents, *down from 141 prescriptions issued in 2018*)

A comparison of rates from 2018 highlights a clear shift in Evangeline parish in their prescription rate of reduction of 24 prescriptions issued per 100 residents.

Figure 2 highlights the opioids prescriptions for 2019 by parish. A table containing the number of prescriptions issued to residents per 100 individuals for all 64 parishes for 2019 is included in *Appendix C*.

Figure 2 Louisiana Opioid Prescriptions, 2019 Rates per 100



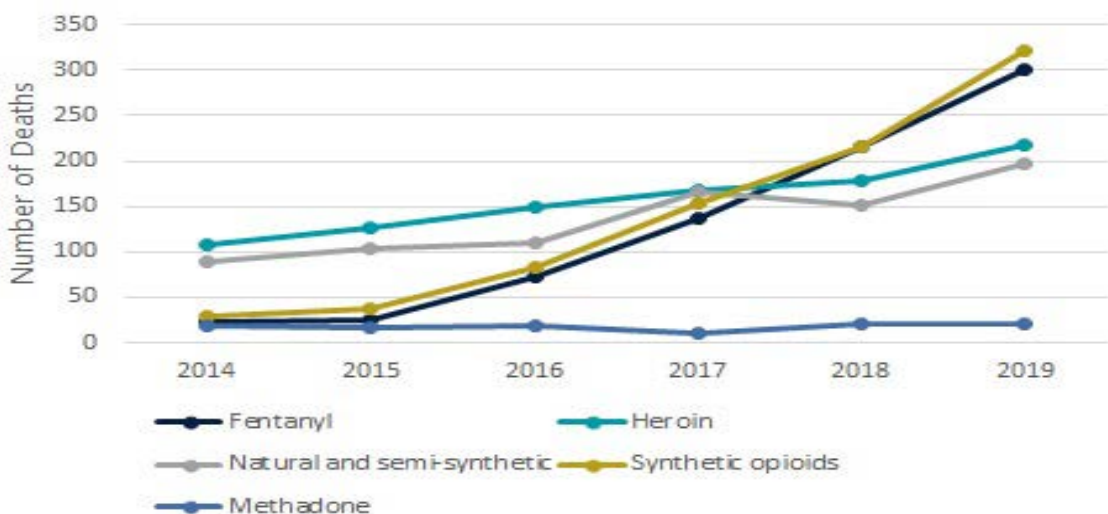
As noted in previous reports, the prescription rates displayed in Figure 2 are shown by parish of prescriber, not parish of patient residence. The majority of high rate parishes on the prescriber parish map are parishes containing large cities. For example, Rapides Parish contains Alexandria, Caddo Parish has Shreveport, East Baton Rouge Parish has Baton Rouge, and so on. The pattern shows the parish containing the population centers of each region has a higher rate of prescriptions than the surrounding parishes. A distribution of prescriptions by parish of patient residence, however, shows that people filling opioid prescriptions are relatively evenly dispersed across all parishes. Providers tend to concentrate in urban areas with a high population density, but the population they serve are distributed more evenly across the area.

Changes in deaths by specific opioids

When examining the trends from 2018 to 2019 for deaths by specific opioids, increases were seen in all categories, EXCEPT for Methadone. Below, natural and semi-synthetic opioids represent prescription opioids. While not as obvious as in 2018, the trend of deaths by fentanyl and synthetic opioids has continued to climb and has overtaken prescription opioids and heroin. These troubling increases

continue to warrant a shift in strategies as efforts to reduce prescription drug availability in the community has led to a shift in substance availability to more potent formulations.

Change in Deaths by Specific Opioids (2014-2019)



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

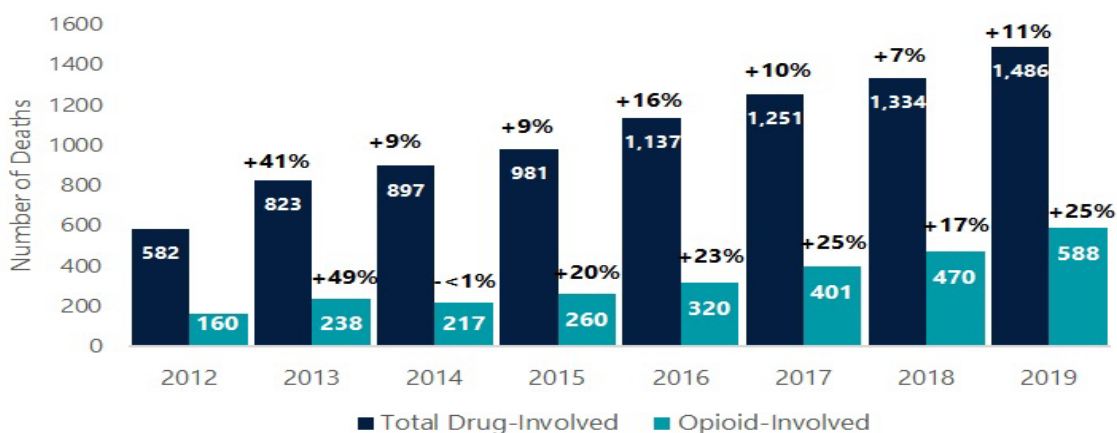
Note: Typically, when reviewing the toxicology for a methadone overdose, methadone often appears mixed with other opioids, not that a lethal amount of methadone was ingested.

Also note the dramatic increase in fentanyl deaths over the last five years.

Deaths involving fentanyl – usually a fentanyl-laced drug – have increased by 1400% since 2014. Fentanyl in Louisiana causes more deaths than heroin and more deaths than prescription opioids.

Drug-Involved and Opioid-Involved Deaths in Louisiana, 2012-2019

The figure below highlights the clear increase in drug-involved deaths in the Louisiana population. One clear thing to note is the increasing percentage of drug-involved deaths with any opioid involved. For 2019, the percentage was opioid-involved deaths was approximately 39% versus 35% in 2018.



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

Notes: Both drug overdose and opioid overdose deaths have been consistently increasing.

It is important to note that opioid-involved deaths are increasing at a higher rate than all drug-involved deaths.

IMPACT ON LOUISIANA

Despite challenges associated with the COVID-19 pandemic and numerous hurricane and storm-related emergency declarations, since the last HOPE Advisory Council report in 2019, Louisiana's Prescription Monitoring Program (PMP) data has continued to show a *decrease* in the number of *opioid prescriptions* written, and PMP data that showed an *increase* in the numbers of Opiate Antagonist (e.g., Narcan, Naltrexone, Naloxone, Vivitrol, and Evzio) prescriptions filled (from 8,470 Naloxone prescriptions in January through November 2019 to 8,899 for same period 2020, a 5% increase), and an increase in the numbers of opiate partial agonists (e.g., Suboxone, buprenorphine, etc.) prescribed (from 259,469 prescriptions from January through November 2019 to 265,199 during same period 2020, a 2.2% increase year to year). Since the 2019 HOPE report, Louisiana has also seen an increase in those accessing both outpatient and inpatient Medicaid residential substance use services.

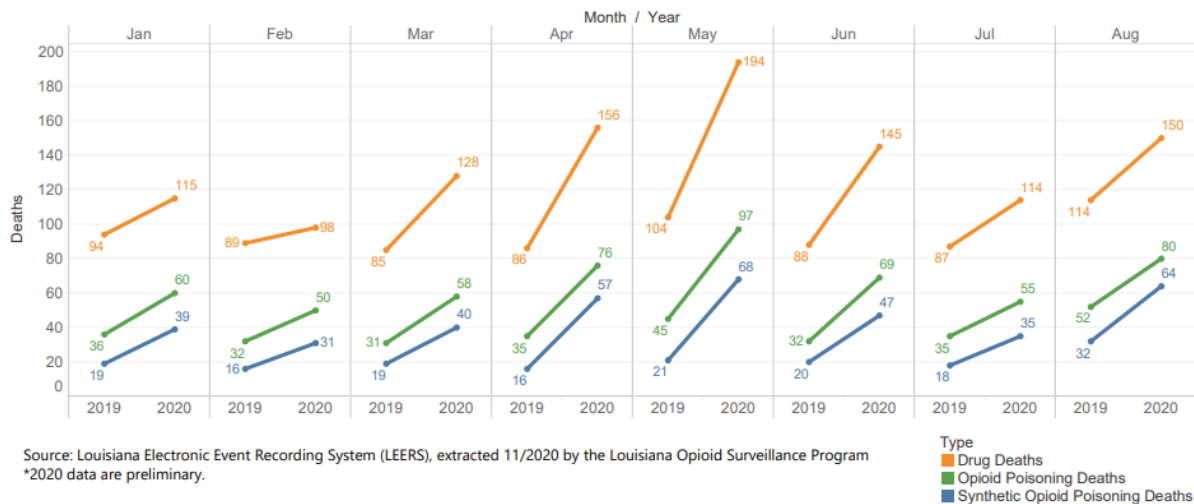
For a more detailed breakout by specific partial agonist and antagonist, please see Appendix D, which includes CY2019 and CY 2020 PMP supporting documents/reports from APPRISS Health)

In terms of individuals receiving treatment at one of the 10 Opioid Treatment Program/Methadone (OTP's) sites across the state, Louisiana saw a very small increase in the numbers served at these facilities during State Fiscal Year (SFY) 2020. According to available data from Louisiana's State Opioid Treatment Authority (SOTA), since Medicaid coverage of OTP services began in January 2020, the SOTA has seen a steady increase of approximately 100 persons per month since that coverage began in 2020.

However, even with increased use of these services, Louisiana Medicaid claims data shows that both opioid-related emergency department visits and inpatient hospital admissions continued to rise in Louisiana over the past year. Most concerning among this year's trends, opioid poisonings, synthetic opioid poisonings, and all drug deaths continued to increase since the last report, with notable spikes coincident with the **COVID-19 outbreak** beginning in March 2020. According to data provided through the Louisiana Electronic Registration System, these opioid and drug-related deaths peaked in May 2020, and represent a significant increase over May 2019 deaths. As in prior years, synthetic opioids and fentanyl continued to contribute to these deaths in Louisiana. In fact, the Louisiana State Police Bureau of Investigations reported that illicit fentanyl seizures increased substantially from **49 grams** seized in 2019 to **3.6 kilograms** seized in 2020, representing a dramatic increase over the prior year, and reflecting the national trend.

Fatal Drug Overdoses: COVID Comparison

Louisiana, Jan-Aug 2019 and Jan-Aug 2020



While the most current data continues to improve in terms of its precision and comprehensiveness, the COVID-19 pandemic has introduced additional variance and uncertainty to the trended impacts related to opioid use. For example, Louisiana State Police (LSP) and DEA 2020 drug takeback statistics are significantly lower, when compared with 2019. According to LSP, this seems to be largely due to the COVID-19 pandemic, which directly impacted the DEA/LSP “Take Back Initiative” in which government buildings were closed to the public during the height of the pandemic.

Another example of unanticipated negative COVID-19 impact is STR grant-funded “Opioid Education Activities.” While 1,863 people received overdose education and naloxone distribution through the STR grant (a small increase over the 1,168 served in prior year), and 2,806 individuals participated in Project ECHO trainings, other STR grant opioid educational activities were only able to serve 593 people, a decrease from 32,739 in the prior year, in large part due to COVID-19-related educational training disruptions.

Like other systems and service providers, Louisiana’s judicial system also encountered a number of challenges that adversely affected their ability to effectively manage during the COVID-19 pandemic. Included among these challenges were issues related to lack of sufficient technology resources, smart phones, high speed internet, lack of necessary subscriptions or licenses to make full use of videoconferencing technologies under stay at home and distancing mandates. Distancing requirements also made review hearings, in-person contact, communication with families, drug testing, case management, referrals for treatment, and in-person groups difficult or inaccessible for some. In some cases, courts had to close, due to quarantine. Employment of sanctions and incentives was also much more challenging under COVID-19 restrictions. *Reference to more complete Judicial summary in appendix E.*

THE CRIMINAL JUSTICE RESPONSE TO THE OPIOID CRISIS IN EAST BATON ROUGE PARISH —CURRENT ACTIONS AND FUTURE CONSIDERATIONS

Published in August 2020 by the Louisiana State University Research and Evaluation Center, funding for this report was supported by a grant awarded by the Bureau of Justice Assistance. The report describes

the history and current state of the opioid crisis in East Baton Rouge Parish, current and planned efforts to respond to the crisis, as well as provides recommendations for criminal justice practitioners regarding the opioid crisis in the East Baton Rouge area. The report highlights that in EBR **between 2014 and 2018**, opioid-related emergency department visits increased by 45%, heroin poisonings increased by 30%, and non-heroin poisoning-related emergency visits increased by 59%. The report also notes that from 2018 to 2019 opioid overdose deaths increased by 29% and that from January to June 2020, opioid overdose deaths increased by 113%, compared to the same months in 2019. The report noted that early attempts to address the opioid crisis were challenged by a lack of trust and cooperation among governmental agencies and community members, and that individuals with substance use disorders are often fearful of interacting with law enforcement due to the belief that they will be arrested, decreasing the likelihood that such individuals will reach out for treatment. The report includes a number of recommendations for criminal justice practitioners in the community that include, but are not limited to, expanding prescription medication disposal programs and community education, supporting expansion of harm reduction efforts, bolstering of prevention efforts, establishing a prison take home Naloxone program. The complete report, findings and recommendations can be found at https://digitalcommons.lsu.edu/cgi/viewcontent.cgi?article=1005&context=srec_reports

Impact Metrics

Below, the HOPE Council has listed specific impacts to agencies in addressing education, treatment (including use of medication-assisted treatment (MAT)), prevention, overdose prevention, and recovery.

As in its 2019 report, the HOPE Advisory Council sought to list impacts that were measurable, so that such impacts might be quantified and trended over time. As such, the following impact measures with corresponding responsible party are listed below for 2020:

Table 3. Measurable Impacts of the Opioid Epidemic

Measure	Impact Data
Louisiana Department of Health (LDH)	
Opioid-related deaths in Louisiana, 2019	588 opioid involved deaths (<i>Increased from 455 in 2018</i>), including 539 opioid poisoning deaths (<i>Increased from 405 in 2018</i>) (state totals, 2019) <i>Data source = Louisiana Opioid Data and Surveillance System (LODSS)</i>
LA Medicaid Opioid Prescriptions filled in SFY 2020	Total Prescriptions Filled: 522,541 (Decreased by 114,996 compared with 2019.) Unduplicated Recipients: 206,557 (Decreased by 36,538 compared with 2019.) Medicaid Payments: \$10,144,536.86

Measure	Impact Data
	<p>(Increase by \$857,833.16 over 2019.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
<p>LA Medicaid MAT Prescriptions in SFY 2020</p> <p>Note:</p> <p>MAT = Buprenorphine, Suboxone, Bunavail, Zubsolv, Probuphine, Naltrexone, Vivitrol.</p> <p>Does not include Methadone utilization or costs, as Methadone is not covered under Medicaid for MAT at time of this report.</p>	<p>Total Prescriptions Filled:</p> <p>120,008 (Increased by 22,336 compared with 2019.)</p> <p>Unduplicated Recipients:</p> <p>17,239</p> <p>(Increased by 2,942 compared with 2019.)</p> <p>Medicaid Payments:</p> <p>\$46,900,144.31</p> <p>(Increased \$15,036,712.43 compared with 2019.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
<p>LA Medicaid Naloxone prescriptions filled in SFY 2020</p> <p>*Medicaid claims date of service between July 1, 2018 and June 30, 2019 using 3 months claim lag for the following: Naloxone HICL seq no. 001874</p>	<p>Standing Order 1,267 (Increased from 1,259 in 2019)</p> <p>Non-standing order 3,601 (Increased from 1,988 in 2019)</p> <p>Total Prescriptions Filled: 4,868</p> <p>(Increased by 1,621 compared with 2019.)</p> <p>Unduplicated Recipients:</p> <p>4,363</p> <p>(Increased by 1,367 compared with 2019.)</p> <p>Medicaid Payments:</p> <p>\$615,318.78</p> <p>(Increased by \$213,405.44 compared with 2019.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
<p>LA Medicaid Number of Emergency Department days for OUD in SFY 2020</p>	<p>Emergency Department Days:</p> <p>8,649</p> <p>(Increased by 745 days compared with 2019.)</p> <p>Unduplicated Recipients:</p> <p>6,607</p> <p>(Increased by 629 recipients compared with 2019.)</p> <p>Medicaid Payments:</p> <p>\$2,225,563.50</p> <p>(Increased by \$275,533.78 compared with 2019.)</p>

Measure	Impact Data
	<i>Data source = Medicaid data warehouse.</i>
LA Medicaid Hospital Admits in for OUD in SFY 2020	<p>Inpatient Admissions: 11,714 (Increased by 676 compared with 2019.)</p> <p>Unduplicated Recipients: 8,174 (Increased by 281 compared with 2019.)</p> <p>Medicaid Payments: \$56,354,472.28 (Increased by \$7,657,180.15 compared with 2019.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
LA Medicaid Inpatient/Residential ASAM OUD in SFY 2020. Services related to opioids for Inpatient/Residential ASAM levels 4-WM, 3.7-WM, 3.7, 3.5, 3.3, 3.2-WM, and 3.1.	<p>Unduplicated Recipients: 7,468 (Increased by 330 compared with 2019.)</p> <p>Medicaid Payments: \$46,814,147.47 (Increased by \$5,697,229.63 compared with 2019.)</p> <p><i>Data source = Medicaid data warehouse</i></p>
LA Medicaid Outpatient ASAM OUD in SFY 2020 Services related to opioids for Outpatient ASAM levels 2.1, 2-WM, and 1.0.	<p>Unduplicated Recipients: 6,408 (Increased by 916 compared with 2019.)</p> <p>Medicaid Payments: \$7,868,993.79 (Increased by \$851,812.38 compared with 2019.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
# Prevention/education activities, funding/costs (STR and LaSOR grants)	<p>Overdose ED/naloxone distribution: 1,863 people served through STR. (↑ from prior year's 1,168 people served)</p> <p>Other opioid education activities served 593 people through STR. (↓ from prior year's 32,739 people served)</p> <p>Cost of STR activities: \$1,207,400 (↓ from prior year's \$1,291,041)</p> <p><i>Data Source = STR Grant annual report</i></p>

Measure	Impact Data
	<p>Overdose ED/naloxone distribution: 4,312 people served through LaSOR grant. (↑ from prior year's 2,168 people served)</p> <p>Other opioid education activities served 12,537 people through LaSOR grant. (↓ from prior year's 19,852 people served)</p> <p>Cost of LaSOR activities: \$2,048,341(Data not included in prior year's HOPE report.)</p> <p><i>Data Source = LSU/SREC annual report</i></p> <p><i>Note: STR-funded Opioid education activities were greatly impacted by the COVID-19 pandemic, as well as STR being in a 3rd year No Cost Extension period.</i></p> <p>The LaSOR data range is from October 2019 – September 2020.</p>
# and type of recovery services provided through STR grant, related costs	<p>\$225,042 STR public grant funds spent on recovery services (↓ from prior year's \$794,864)</p> <p>1,982 people served through the 10 OTPs and 9 LGEs (↓ from 2,079 people served in prior year)</p> <p><i>Data source = STR annual report</i></p>
Department of Children and Family Services	
DCFS investigations reports of prenatal neglect, which is inclusive of Opioids used in an unlawful manner	<p>During FFY 2019, there were 2,116 Newborns validated for Drug/Alcohol Affected Newborn (This number is inclusive of those newborns affected by Opioids used in an unlawful manner and represents an increase of 280 compared with 2018 data).</p> <p><i>Data source = Louisiana Opioid Data and Surveillance System (LODSS)</i></p>
Workers' Compensation	
	<p>A Legislative Auditors' Report of October, 2019, reflects that during calendar years 2016 through 2018: (1) 24.6% of state workers' compensation claimants with opioids had an average daily morphine equivalent dose (MED) that exceeded CDC recommendations; (2) 29.9% of state workers' compensation claimants with opioids had opioids for 90 or more consecutive days during calendar years 2016 through 2018; and (3) during calendar years 2016 through 2018, 16.4% of state workers' compensation claimants with opioids were concurrently prescribed benzodiazepines.</p> <p>However, the latest WCRI report, July 2020, reflects that while the per-claim payments for opioids decreased by 58% in the typical state, the rate of reduction in Louisiana is at 33%. While opioid dispensing continues to decrease nationwide, there is still a large variation in</p>

Measure	Impact Data
	<p>payments per claims for opioids across states. For example, in Louisiana the per-claim payment for opioid prescription is \$84 for the first quarter of 2019, down 19% from the same quarter in 2018. In the first quarter of 2019, 16% of all prescription payments were for opioids, the same percentage as in the first quarter of 2018, but down one percent (1%) from the 4th quarter in 2018.</p> <p>Since the Legislative Auditor's report publication, the Louisiana Workforce Commission promulgated updated Chronic Pain Guidelines that may be found in the February 2020 issue of the Louisiana Register (LAC 40:1. Chapter 21), pg. 194, et seq. These Chronic Pain Guidelines specifically address workers' compensation opioid controls. For example, the Guidelines address the following issues, to-wit: (1) opioid prescribing and a mechanism to determine when a patient is opioid naïve so that additional opioids may be considered; (2) the appropriate MED that should be prescribed to an injured worker; (3) urine screening, improvements in pain and function, plans for treatment and tapering and patient-provider agreements and periodic review of the PMP (physician monitoring program) to ensure that no doctor-shopping is occurring; and, (4) a specific prohibition against the prescribing of opioids and benzodiazepines concurrently.</p> <p>The Chronic Pain Guidelines provide that all prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to Louisiana State Board of Medical Examiners' regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana. Additionally, the Guidelines reference the CDC Guidelines regarding the use of opioids, repeatedly and are incorporated therein as if copied in extenso.</p> <p>The 2020 WCRI reflects that the state is on the right trajectory to tackling its opioid issue.</p>
Louisiana State Police Opioid Statistics (2019)	
<p>Drug takeback initiative in Louisiana</p> <p>(The drug takeback initiative is a total of all drugs turned in by citizens of Louisiana. LSP does not separate the various types. This total number includes</p>	<p>LSP 81.4 Kilograms (↓ from prior year's 138.91 Kg)</p> <p>DEA 1,951.8 Kilograms (↓ from prior year's 5,153.8 Kg)</p> <p><i>Data source = LSP and DEA records</i></p> <p>Note: 2020 statistics are significantly lower when compared with 2019. According to LSP, this seems to be largely due to COVID-19 pandemic</p>

Measure	Impact Data
Opioids, other scheduled narcotics, and legend drugs).	<i>which directly impacted DEA/LSP "Take Back Initiative" in which government buildings were closed to the public.</i>
Enforcement/Public Safety/Corrections	
LSP Criminal Patrols Seizures and arrests (2020)	Heroin: 9.8 Kilograms (↑ from prior year's 7.9 kg.) Hydrocodone: 1,124 dosage units (↓ from prior year's 6,367 kg) ³ Oxycodone: 1,005 dosage units (↓ from prior year's 8,319 units) ⁴ Physical arrests: 21 (↓ from last year's 22 arrests) <i>Data source = LSP Bureau of Investigations</i>
LSP Undercover operations (2020)	Opioid related cases opened: 111 (↑ from prior year's 53 cases) Number of arrests: 117 (↑ from prior year's 96 arrests) <i>Data source = LSP Bureau of Investigations</i>
LSP Seized contraband (2020)	Heroin: 18.1 Kilograms (↑ from prior year's 7.7 kg) Fentanyl: 3.6 Kilograms (↑ from prior year's 49 grams) Hydrocodone: 215 dosage units (↓ from prior year's 3,518 units) Oxycodone: 14,000 dosage units (↑ from prior year's 684 units) Promethazine w/codeine: 55.6 Liters (No comparative data in prior year's HOPE report.) <i>Data source = LSP Bureau of Investigations</i>
# Incarcerated with active opioid offenses	1,777 (↓ from prior year's 2,122) <i>Data source = Department of Corrections</i>
# Opioid Convictions by year	2017- 1,695 2018- 1,687 2019- 1,474 <i>Data source = Department of Corrections</i>
# Opiate Convicted inmates released last year	2017- 1,506 2018- 1,492

³ For **Hydrocodone**: COVID-19 and more PMP partnerships by Providers have reduced those numbers.

⁴ For **Oxycodone**: COVID-19 and Hurricane /Tornado response by all LSP personnel, so less proactive enforcement through investigations and patrol operations over the last 7 months.

Measure	Impact Data
	<p>2019- 1,753</p> <p><i>Data source = Department of Corrections</i></p>
Justice System	
Louisiana Attorney General's Office	<ul style="list-style-type: none"> As of November 2019, the Attorney General's office has provided vouchers for close to 20,000 doses of naloxone to law enforcement personnel and is providing training statewide. The Attorney General's Office, Blue Cross Blue Shield of Louisiana and the National Association of Diversion Investigators (NADDI) and numerous law enforcement agencies provided 78 permanent drug take back boxes to sheriff's offices and police departments across the State. The Attorney General's Office received a donation of 32,000 medication disposable pouches that were distributed to hospice organizations throughout the state.
Louisiana Supreme Court, Drug and Specialty Court 2019 Report data	<ul style="list-style-type: none"> In 2019, within 32 Adult and 10 Juvenile Drug courts, the following was reported by the Louisiana Supreme Court Drug and Specialty Court Office: <ul style="list-style-type: none"> Individuals Screened: 2,950 (2,645 in prior year) Participants Admitted 1,974 (1,747 in prior year) Participants Served: 4,705 (4,552 in prior year) Treatment Hours Provided: 443,447 (↑ from 257,987 in 2018.) Multi-Panel Drug Tests Performed: 144,344 (↓ from 145,661 in 2018.) Participants Graduated: 870 (↑ from 829 in 2018) Recidivism Rate: 6.7% (↓ from 9.9% in 2018.) Drug Free Births: 47 with \$11,750,000 estimated savings. (↑ from 46 in 2018.) Participants Found Employment: 645 or obtained GED-HiSET (↑ from 545 in 2018.) Participants Acquired Secure Housing: 654 (↑ from 448 in 2018.) Participants Performing Community Service Hours: 24,448 (↓ from 25,717 in 2018.) <p><i>Data Source= 2019 SCDSO Report</i></p>
K-12 Education	

Measure	Impact Data
# Students affected, related costs (Note: Carry over 2019 data from the 2019 Youth Risk Behavior Survey)	<p><i>Secondary Schools</i></p> <p>21.7% of high school students, who participated in the 2019 Louisiana Youth Risk Behavior Survey (YRBS) admitted taking prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet,) one or more times during their life. This is 2.4% higher than the 2017 survey report.</p> <p>6.0% of high school students, who participated in the 2019 Louisiana Youth Risk Behavior Survey (YRBS) used heroin (also called "smack," "junk," or "China White,") one or more times during their life. This is 3.6% lower than the 2017 survey report.</p> <p>Data on related costs is not available</p> <p><i>Note: The YRBS is only conducted every other year. Above data is from 2019. Next update not available until 2021.</i></p> <p><i>Data source = 2019 Louisiana Youth Risk Behavior Survey (YRBS)</i></p>
Higher Education Institutions	
# Students affected, related costs	<p>The most recent opioid use data from Louisiana's college students (n = 7,386) is down 0.1% from 2017 and regional data is as follows: New Orleans at 0.5% (-0.4 from 2017), Baton Rouge at 1.0% (+0.4 from 2017), Lafayette at 0.6% (-0.0 from 2017), Shreveport at 0.5% (-0.0 from 2017), Monroe at 0.6% (-0.0 from 2017), and Hammond at 0.6% (not available in 2017).</p> <p>The next Core Alcohol and Drug Survey will start to be administered on January 27, 2021.</p> <p><i>Data Source: 2019 Core Alcohol and Drug Survey</i></p>

INTERAGENCY HEROIN AND OPIOID COORDINATION PLAN

Addressing the Problem

Pursuant to the Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq., Louisiana has been under an official statewide public health emergency declaration since March 11, 2020 (see Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq.), due to the threat posed to the state by COVID-19. This and subsequent public health declarations, including stay at home orders and multiple flood or hurricane-related Emergency and Major Disaster Emergency Declarations, resulted in significant statewide educational, healthcare public safety, and community disruptions. For these reasons, many local and statewide, public and private opioid response efforts were disrupted, and all reported responses presented in this report must be viewed in the context of extremely challenging circumstances that often adversely affected individuals, families, businesses, schools, state and local

public and private systems, as well as adversely affecting opioid impact data and planned responses to the opioid epidemic in Louisiana.

Nonetheless, several state and local responses to the opioid crisis were reported to the HOPE Council during calendar year 2020. Generally, these submissions fell into one of the following categories for the purposes of this report:

- Louisiana Opioid Response Plan Updates;
- Active Federal Opioid Grants;
- State and Local Surveillance Data;
- Education and Prevention;
- Treatment and Recovery;
- Resource and Capacity Development;
- Legislation, and
- Medicaid Managed Care Organization Opioid-related activities.

LOUISIANA OPIOID RESPONSE PLAN

The Louisiana Department of Health released Louisiana's Opioid Response Plan, the first of its kind for the state in September 2019. The plan aims to successfully reduce Louisiana'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 identifies five pillars upon which to build the state's response to the opioid epidemic. In order to achieve the most immediate impact on addiction and overdose the state committed to:

- Improve data analytics and surveillance;
- Widespread education and awareness through prevention activities;
- Enhance intervention and rescue activities, including increased accessibility of naloxone;
- Increase quality of and access to treatment; and,
- Effective recovery support services.

The full 2019 Louisiana Opioid Response Plan can be viewed here:

www.ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf.

2020 Opioid Response Plan Update:

The Louisiana Department of Health released the original Louisiana Opioid Response Plan, September 2019 to start the dialogue and identify what the state is doing to address the opioid epidemic across the state. The Opioid Response Plan Update for 2020 focused on a panel discussion hosted at the 2020 Virtual Behavioral Health Summit, held September 1-3, 2020. The theme was "Changing the Conversations in 2020 Recovering, Rebuilding, and Rejoicing." Karen Stubbs Office of Behavioral Health (OBH) Assistant Secretary, facilitated a panel discussion focused on the progress to date on September 1, 2020, with Nell Wilson from the Office of Public Health (OPH), District Attorney (DA) Hillar Moore, and Steve Danielson from the East Baton Rouge Parish District Attorney's office and Dr. Rochelle Dunham, Metropolitan Human Services District, Executive Director and Addictionologist. Other breakout sessions focused on the opioid epidemic were also presented as breakouts during the Summit. The Office of Behavioral Health was pleased to help co-sponsor the Behavioral Health Summit to bring awareness to the conditions that our citizens face on a daily basis, and the evidence based strategies being implemented to address those conditions.

Within the plan, five pillars were targeted to help drive the data, identify prevention, intervention and treatment services, and help those in recovery. Specific examples of progress within the five pillars are:

DATA DRIVEN

- OBH along with OPH have received support from SAMHSA and CDC to help address the opioid problem in our state. Since March, however, and the impact of COVID19 we have seen an uptick in the number of Louisiana residents who have experienced overdose attempts and deaths due to limited access to treatment facilities, and the loneliness and isolation experienced during the epidemic.
- OPH has developed a platform for citizens to go to for data on specific parishes accessed through the LODSS system on the LDH website.

PREVENTION

- Widespread education and awareness activities have continued to ensure that our citizens have the accurate information and using resources to help them gain more knowledge.
- The Louisiana Center for Prevention Resources (LCPR) was established as a hub to provide information on substance use/misuse in our communities, reaching out to train professionals and provide information to the public.
- Focus for education sessions has also included non-opioid pain management techniques.

INTERVENTION

- Enhanced our capability to provide intervention and rescue activities including increased accessibility of naloxone in local communities through the Local Governing Entities.
- The Louisiana Board of Regents unanimously passed a policy allowing Institutions of Higher Education to have naloxone available on college campuses.
- The Office of Public Health Overdose Data to Action Grant works to expand the capacity of public health workers to coordinate with Behavioral health workers for outreach and coordination of information to the public. As well, it provides a department- based opioid overdose prevention coordination system at the state and regional levels.

TREATMENT

- The grants that have been received have been utilized as an opportunity to continue to provide services for those in need, especially access to medication assisted treatment and a comprehensive approach to address the opioid epidemic. In January, Louisiana was pleased to announce that Medicaid is allowing reimbursement for methadone to treat substance use disorders under the behavioral health service array. In addition, one of our longstanding OTPs has extended its hours to a 24/7 schedule to allow more access to MAT.
- OBH continues to work with its partners to identify Office Based Opioid Treatment (OBOTs) settings to also be available to provide medication where needed in addition to comprehensive counseling services.

RECOVERY

- Peer Support Specialists have been trained to reach out to those in recovery to lend an ear and a helping hand.

- Recovery support specialists are being assigned to Oxford Homes to help with transitions.
- An increase in Oxford Homes across the state have provided opportunities for sober housing.

The panel focused on Louisiana's Response to the opioid epidemic, giving very useful data around this plan. Nell Wilson gave an update on, Louisiana and where we are with new data from 2019. EBR District Attorney Hillar Moore and Steve Danielson, gave an update on East Baton Rouge Parish Opioid Epidemic, and Dr. Rochelle Dunham gave an overview on how to manage the opioid epidemic during COVID-19. A report on the opioid epidemic in East Baton Rouge is available at the following link: https://digitalcommons.lsu.edu/cgi/viewcontent.cgi?article=1005&context=srec_reports.

Mark Thomas, Deputy Secretary of Louisiana Department of Health gave closing remark. The public was encouraged to send any comments or recommendations to the Louisiana Department of Health's website at www.ldh.la.gov.

LDH and its partners are working together to release the update on the Opioid Response Plan 2020 and is continuing to solicit comments from the public to help shape strategies and recommendations. We are collecting best practices during COVID-19 and will continue to provide training and technical assistance to professionals to outreach to Louisiana communities.

For a more complete summary of Opioid Response Plan 2020 progress and highlights, visit: <https://ldh.la.gov/index.cfm/subhome/54>.

2020 ACTIVE FEDERAL OPIOID GRANTS

The Louisiana Department of Health alone again secured over \$30 million in federal funds to address the opioid epidemic at least through 2020. Included are SAMHSA grants like the MAT-PDOA, STR, SOR, and SPF-Rx grants, as well as Bureau of Justice COAP grants, and several CDC opioid-related grants. For specifics on all active 2020 federal grants held by any state agency or community-based organization, please see Appendix F.

STATE AND LOCAL RESPONSES: SURVEILLANCE AND DATA

- The **Louisiana Opioid Surveillance Initiative** (LOSI) through its signature component, the Louisiana Opioid Data & Surveillance System (LODSS) collects information from LDH and external organizations to analyze health data related to opioid use disorder. LODSS disseminates results through facts sheets, publications, training and educational materials, and the online data and surveillance system. www.lodss.ldh.la.gov
- **Shatterproof**
Louisiana is one of six pilot states that continued collaboration with Shatterproof, a national non-profit organization, in 2020 to develop ATLAS, a free, online substance use disorder treatment locator. ATLAS launched in July 2020. The ATLAS website is searchable by topics such as location, insurance accepted, and services offered. Patient/family experience information is also available. ATLAS also offers a drug and alcohol Addiction Treatment Needs Assessment – a brief lay-friendly resource based on the ASAM 6 Dimensions to support identifying a likely type/level of care for those seeking treatment. The assessment is available free and anonymously to all across the country. ATLAS can be accessed here: www.treatmentatlas.org.

STATE AND LOCAL RESPONSES: EDUCATION AND PREVENTION

- **Louisiana Board of Regents**

The Louisiana Board of Regents (BORs) passed its *Opioid Education, Training and Reporting Policy* at their June 17, 2020 meeting. The policy, which goes into effect fall 2020, will require (1) Educational awareness of substance misuse and abuse for the entire campus community, (2) Annual training for certain campus personnel and students who live on campus, and (3) Naloxone administration reporting requirements to the Board of Regents. The Louisiana Department of Health-Office of Behavioral Health (LDH-OBH) partnered with the BORs and has allocated funds to purchase Naloxone for institutions of higher education with funding from the Louisiana State Opioid Response (LaSOR) grant. Naloxone will be distributed to campuses through the LDH-OBH Local Governing Entities. Campuses will host virtual trainings in an effort to fully implement the policy in the fall of 2020. A video detailing this policy can be found online at <https://lacasu.regents.la.gov/opioid-education-training/> . The policy itself may be found at <https://lacasu.regents.la.gov/wp-content/uploads/2020/10/BOR-Opioid-Education-Training-and-Reporting-Final-Policy-003.pdf> .

The Board of Regents, with input from the four public higher education systems and Louisiana Association of Independent Colleges and Universities, has developed a comprehensive campus opioid prevention education and training response policy in an effort to address the nation's rising opioid epidemic.

Louisiana's postsecondary institutions will provide substance misuse and abuse prevention education, awareness and response training to the campus community to ensure they can identify common symptoms of an opioid overdose, administer naloxone, and provide supportive care. Through an ongoing partnership with the Louisiana Department of Health – Office of Behavioral Health, the campuses will be provided with naloxone with funding from the Louisiana State Opioid Response grant. Naloxone will be distributed to campuses through the LDH-OBH Local Governing Entities.

- **Syringe Service Programs (SSP)**

Since the Syringe Access Authorization Legislation in 2017 there has been steady growth in the number of Syringe Access Programs (SSP) in LA. While the process of local authorization has proved difficult in some of the parishes and regions that have demonstrated a need for these services, there has been successes in Regions 6 and 7 this year.

The Philadelphia Center in Shreveport (Region 7) began operations in January of 2020 and Central Louisiana AIDS Services in Alexandria (Region 6) has had their official start delayed by COVID-19. In New Orleans Odyssey House of Louisiana has joined the three existing programs operating, bringing the total to four programs each providing a unique service model in Orleans Parish.

In 2020 these programs have served over 6,000 unique clients, provided over 10,000 doses of naloxone, integrated COVID-19 testing into drop in services, collaborated with the temporary COVID-19 shelters in the hotels, provided more than 1,000,000 syringes to those in need, and have linked their participants to HIV and HCV treatment, Medication Assisted Treatment, Housing and more.

Beginning in September 30, 2020, as a part of LaSOR 2.0, OBH and OPH will be collaborating to fund Health Coordinators within syringe service programs to expand harm reduction strategies and linkages to hepatitis C and HIV testing and treatment.

Table 4. SSPs in Louisiana			
Region/Parish	Municipality	SSP Agency	Year Syringe Access Began
1/Orleans	City of New Orleans	Trystereo	2011
		NOSAP (CrescentCare)	2006
		Women with a Vision	~2013
		Odyssey House	2020
2/EBR	East Baton Rouge Parish	Capital Area Re-entry Program (CARP)	2006
6/Rapides	City of Alexandria	CLASS	2020
7/Caddo & Bossier	City of Shreveport	Philadelphia Center	2019

- Louisiana Department of Health's Hepatitis C Elimination Plan: 2019-2024**

There have been major strides in the first year (07/15/2019-7/14/2020) of the Louisiana Hepatitis C Elimination Plan, including saving over 4,000 lives through curative treatment, 330 providers writing prescriptions for the first time, and blending opioid/hepatitis C prevention and education programmatic funding between the Office of Public Health and Office of Behavioral Health. Despite progress, barriers still remain for people who inject drugs (PWID) to equitably access prevention, treatment, and care, as this cohort's cascade of care lags behind other populations.

Moving forward, advancement of a multi-sectoral public health approach in year 2 is focused on several key initiatives that are essential for eliminating HCV among PWID by 2024. First, primary prevention needs to be strengthened by expanding harm-reduction approaches, since "treating your way out of" a HCV epidemic isn't feasible. HCV rates in the PWID population are highest in Louisiana parishes where there is low-harm reduction coverage. Second, HCV (and HIV) screening and treatment services and drug-dependency services should be integrated, as recommended by the NASEM. Cross-discipline education and training is currently underway and will continue to enhance integration. Finally, key to improving HCV prevention and treatment among PWID is alleviating the burden of stigma and discrimination - undoubtedly a factor influencing advocacy and the state's overall response. The STD/HIV/Hepatitis Program is working towards removing the "underserving" of HCV treatment label applied to PWID by involving community members, community organizations, and health care professionals to change the narrative.

2019 Hepatitis C Virus counts for Persons under 40 are presented by Parish in Table 5 below.

Table 5. Hepatitis C Virus Count and Rate for Persons Under 40 by Parish, Louisiana, 2019				
Parish	Under 40 Count	Under 40 Rate	Count Rank	Rate Rank
TOTAL	3205	129.2	-	-
GRANT CO.	75	626.1	14	1
IBERVILLE CO.	71	431.3	16	2

LA SALLE CO.	23	295.9	26	3
LIVINGSTON CO.	211	271.6	4	4
ST. BERNARD CO.	73	268.8	15	5
TENSAS CO.	5	267.7	51	6
WASHINGTON CO.	61	262.9	17	7
AVOYELLES CO.	46	220.8	19	8
ORLEANS CO.	351	168.5	2	9
RAPIDES CO.	114	167.0	7	10
WINN CO.	11	163.5	37	11
TERREBONNE CO.	97	162.8	10	12
EAST FELICIANA CO.	14	160.5	33	13
EAST BATON ROUGE CO.	392	155.1	1	14
JEFFERSON CO.	334	153.1	3	15

- The Attorney General's Office and the Louisiana Ambulance Alliance provide public education through a website called **End the Epidemic LA**. The address is www.endthepidemicla.org.

- **Workers Compensation Chronic Pain Guidelines:**

A Legislative Auditors' Report of October, 2019, reflects that during calendar years 2016 through 2018: (1) 24.6% of state workers' compensation claimants with opioids had an average daily morphine equivalent dose (MED) that exceeded CDC recommendations; (2) 29.9% of state workers' compensation claimants with opioids had opioids for 90 or more consecutive days during calendar years 2016 through 2018; and (3) during calendar years 2016 through 2018, 16.4% of state workers' compensation claimants with opioids were concurrently prescribed benzodiazepines.

However, the latest WCRI report, July 2020, reflects that while the per-claim payments for opioids decreased by 58% in the typical state, the rate of reduction in Louisiana is at 33%. While opioid dispensing continues to decrease nationwide, there is still a large variation in payments per claims for opioids across states. For example, in Louisiana the per-claim payment for opioid prescription is \$84 for the first quarter of 2019, down 19% from the same quarter in 2018. In the first quarter of 2019, 16% of all prescription payments were for opioids, the same percentage as in the first quarter of 2018, but down one percent (1%) from the 4th quarter in 2018.

Since the Legislative Auditor's Report publication, the Louisiana Workforce Commission promulgated updated Chronic Pain Guidelines. These Chronic Pain Guidelines specifically address workers' compensation opioid controls. For example, the Guidelines address the following issues: (1) opioid prescribing and a mechanism to determine when a patient is opioid naïve so that additional opioids may be considered; (2) the appropriate MED that should be prescribed to an injured worker; (3) urine screening, improvements in pain and function, plans for treatment and tapering and patient-provider agreements and periodic review of the PMP (physician monitoring program) to ensure that no doctor-

shopping is occurring; and, (4) a specific prohibition against the prescribing of opioids and benzodiazepines concurrently.

The Chronic Pain Guidelines provide that all prescribing will be done in accordance with the laws of the state of Louisiana as they pertain respectively to each individual licensee, including, but not limited to Louisiana State Board of Medical Examiners' regulations governing medications used in the treatment of non-cancer-related chronic or intractable pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for pain management clinics; other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana. Additionally, the Chronic Pain Guidelines reference and include the full CDC Guidelines regarding the use of opioids.

The 2020 WCRI is more accurate snapshot of the opioid recovery process in Louisiana and reflects that the state is on the right trajectory to tackling its opioid issue.

To reference the Chronic Pain Guidelines, follow this link:

http://www.laworks.net/Downloads/OWC/Bibliography_Chronic_Pain.pdf

- **National Prescription Drug Take Back Days**

- The DEA's 18th National Prescription Drug Take Back Day (October 26, 2019) resulted in 882,919 pounds (441.5 tons) of unused medication collected nationally.
- The DEA's 18th National Prescription Takeback Day on October 26, 2019 resulted in 4,341 pounds of unused prescription medications being collected in Louisiana. (Source: <https://takebackday.dea.gov/sites/default/files/NTBI%2018%20Totals.pdf>)

Note: Results from the DEA's 19th National Prescription Takeback Day, which was held on October 24, 2020 were not available at the time of the HOPE Council's 2020 report publication.

- **National Judicial Opioid Task Force Trainings and Resources**

According to information from the State Supreme Court, multiple trainings and resources for judges have been offered in Louisiana since last report. Topics include, but are not limited to "A Medication Assisted Treatment and Addictions Primer for Justice Professionals," online Medication-Assisted Treatment courses, "Tips for Supporting the Local Behavioral Health Service Continuum for Judges," "Handling of Suspected Drugs, Drugs of Abuse –A DEA Resource Guide," Fentanyl and Carfentanyl trainings, Naloxone trainings, Adult Drug Court Best Practice Standards, "Creating a Local or Regional Judicial Opioid Task Force," "Evidence-Based Strategies for Preventing Opioid Overdose" "Recovery-Oriented Compliance Strategy," and "Taking Action to Address Opioid Misuse."

In addition, The Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) established the National Judicial Opioid Task Force (NJOTF) to examine current efforts and find solutions to address the opioid epidemic. The NJOTF plans to make recommendations to courts at every level, to support the Judiciary and help individuals find a successful recovery. Additional tools and resources for courts have also been provided by the National Judicial Opioid Task Force.

- **2020 Education Events**

Numerous Opioid-related educational trainings were documented by OBH during calendar year 2020. These trainings were typically funded through use of State Opioid Response Grant, Mental

Health Block Grant, Substance Abuse, Prevention and Treatment Block Grant, State Targeted Response grant, or COAP Grant dollars. Presenters included Tulane University through Project Echo, Families Helping Families, the Louisiana Board of Regents, private providers and subject matter experts, and reached thousands of participants. Topics included, but were not limited to, Brain Chemistry and Anatomy in Opioid Use Disorder, Infectious Diseases and Opioid Use Disorders, Understanding Drugs in your Community, Sensible Tapering (of opioids) In-Office Induction, Overview of Medications for Opioid Use Disorder, Higher Education Coalition Regional Trainings, Prescribing Buprenorphine, Guidelines for Chronic Pain, SAMHSA Opioid Overdose Toolkit, and Breastfeeding Considerations with Substance Use Disorders and Mental Health Medications. For a more complete listing, including dates and presenters, please see Appendix G.

STATE AND LOCAL RESPONSES: TREATMENT AND RECOVERY

- **Louisiana Department of Health 2020 Evidence Based/Informed Prevention Programs**

The Office of Behavioral Health provides support for implementation of the following programs:

- *Generation Rx* is an opioid specific program, which includes 7 modules designed to educate and promote medication safety and prescription drug misuse, with people of all ages across the lifespan. The 7 modules include focus on elementary, teen, college, adult, patients, seniors, and workplace populations. The modules have been and will continue to be used to educate people about the potential dangers of misusing prescription medications, which will enhance medication safety among college students, other adults in our communities, and older adults. Generation Rx can be facilitated at the school and community domains (i.e., Service Members, Veterans and Families, Rural Health Clinics). The Office of Behavioral Health (OBH) is hosting a training of trainers with the developers of Generation Rx for staff at the Local Governing Entities as well as staff at 2-year and 4-year institutions of higher education. Then OBH will work with them to implement Generation Rx modules in the appropriate community domains.
- *The new 8th Module of Life Skills Training Prescription Drug Abuse Prevention (LST Rx)* gives adolescents the skills and knowledge necessary to help them avoid the misuse/abuse of opioids and prescription drugs. This module is ideal for school districts, community-based organizations, and agencies serving students in grades 6 – 9, as it can be implemented as a standalone component specifically as a prevention initiative addressing the middle school population. The LST Rx 8th Module presents the opportunity to partner with The Louisiana Board of Elementary and Secondary Education, as they have been mandated to integrate an opioid specific Evidence Based Program (EBP) into their comprehensive school health program. Currently, the Office of Behavioral Health (OBH) is partnering with some Local Governing Entities to implement Life Skills Rx.
- *Project ALERT Rx Module* was developed and empirically tested by researchers at RAND back in the early 1980s. Project ALERT is a drug prevention program delivered by teachers in 7th and 8th grade classrooms. Two randomized field trials in the Western and Midwestern United States established Project ALERT as an effective drug prevention program for youth. Currently, the Office of Behavioral Health (OBH) is partnering with some Local Governing Entities to implement Project Alert Rx.

- **Methadone Funding 2020 Update**
 - During the 2019 Legislative Session, the Louisiana Department of Health requested, and the Legislature appropriated, funding for Medicaid coverage of methadone treatment for opioid use disorder. This coverage began in January 2020.
 - There are currently 10 opioid treatment programs in Louisiana that provide this specialty treatment to over 4,000 individuals at any point in time.
 - During September 2020, the OTP/Methadone Clinic census reached 4,888, and Louisiana's State Opioid Treatment Authority estimated that approximately 100 new Medicaid patients were added each month, since Medicaid Coverage began in January 2020, increasing access and reducing barriers to recovery for those with opioid use disorders.

- **Tulane Department of Psychiatry's Expansion of Opioid and SUD Programs and Services**

Since the publishing of the 2019 HOPE Interagency Coordination Plan, Tulane's Department of Psychiatry initiated, continued or enhanced several opioid and substance use-related services and programs:

1. **Substance use treatment, the Creed Group of Louisiana/Tulane partnership.** The Creed Group of Louisiana is a mental health center, substance abuse treatment facility, and detox rehab in New Orleans that focuses on assisting marginalized population. In partnership with the Creed Group, Tulane department of psychiatry will be delivering patient care services at their facility.
2. **Addiction Medicine Consult Service:** Tulane addiction specialist offer consultation to their peers at Tulane outpatient clinics.
3. **Special populations, Addiction Medicine Consult service at the VA:** Tulane's Department of Psychiatry works with the VA identifying ways to expand and improve opportunities to engage and retain veterans in substance use and co-occurring disorders treatment.
4. **Closing gaps in care, outreach to rural areas:** Tulane's designated Nurse Practitioner reaches out to providers in rural areas to identify and help resolve the barriers that are preventing them for initiating MAT (Medication-Assisted Treatment). Prescribers are also invited to join ECHO.
5. **Workforce development in Addiction Medicine:**
 - **ECHO Conferences:** Project ECHO is an innovative tele-mentoring practice model. ECHO uses a hub-and-spoke knowledge-sharing approach, where expert teams lead virtual clinics, amplifying the capacity of local providers to deliver best practices when caring for patients. ECHO reduces health disparities in under-served and remote areas of the state. Tulane University's Department of Psychiatry Through offers a substance-use disorders-focused ECHO every Thursday from 12-1 where community members (MD's, NP's, PA's, social workers, office staff, anyone involved in care of addicted patients) are invited to join for short lecture followed by discussion and opportunity for community partners to present de-identified patient cases. This project is founded by the LASOR II grant.
 - **Tulane Addiction Medicine Fellowship** trains medical doctors seeking to specialize in addiction medicine. The fellowship graduated 2 physicians and is currently training three physician-trainees augmenting the cadre of addiction specialist in our state.
 - **Longbranch Recovery Center/Tulane Partnership.** Longbranch Recovery Center offers among other, quality residential services for individuals suffering from addictions and co-occurring disorders. Under the guidance of Tulane's Director of the Addiction Medicine fellowship and Longbranch's Medical Director (a Tulane fellowship graduate), the facility is a training site for future addiction specialist.

- **LSU Department of Psychiatry- New Orleans and Louisiana Children's Medical Center Health at University Medical Center-New Orleans (LCMC-UMC N.O.) Expansion of Opioid and SUD Programs and Services**

1. **Workforce development:** In collaboration with the LSU Department of Psychiatry, LCMC-University Medical Center maintains an Addiction Psychiatry fellowship. The fellowship subspecializes 1-2 psychiatrist per year in addiction psychiatry per year. The fellowship It's been operational for 3 years.
2. **Specialized Clinical Care:**
 - LSU Department of Psychiatry Addiction Psychiatry service continues to offer quality care for individuals suffering from a substance use, medical and/or mental health condition at LCMC-UMC New Orleans.
 - The LSU Department of Psychiatry Addiction Psychiatry service opened the first outpatient Substance use disorders clinic at LCMC-UMC N.O.
 - The LCMC-UMC Consultation-Liaison Psychiatry services initiates Medication Assisted Treatment for opioid use disorder for patients, while they are hospitalized for general medical and surgical conditions. These patients continue therapy at the outpatient addiction psychiatry clinic at UMC. MAT initiation, while inpatient, has been shown to reduce relapses and accidental drug overdose post discharge.
 - Special Populations, expecting Mothers with Opioid Use Disorders: The UMC perinatal psychiatry outpatient clinic at Touro Infirmary now initiates Medication Assisted Treatment for expecting mothers suffering from a substance use/opioid use disorder. These patients are followed through delivery by a specialized Maternal-Infant Support team (MIST). The MIST team providers medical, psychological support and addressed social determinants of health for patients and their families. These services are jointly offered by LSU Department of Psychiatry faculty and Toro Infirmary OBGYN Department.
 - LCMC-UMC New Orleans plans to open their first Substance Use Disorders-Intensive Outpatient Program (SUD-IOP) the first half of 2021. The program is an alternative for inpatient services, and/or offers greater outpatient supports for selected patients.

- **Department of Corrections (DOC) Opioid/MAT Substance Abuse Program**

As reported in the 2019 HOPE Interagency Coordination Plan, DOC's Opioid/MAT Substance Abuse Program is aimed at improving outcomes for inmates with opioid use disorders (OUD) that are to be released within a projected time frame. The program focuses on releasing inmates with a diagnosis of OUD that are selected 9 months to 1 year prior to their earliest release date. Treatment is individualized and includes Medication Assisted Therapy (MAT), if indicated by the offender's treatment plan. MAT consists of oral naltrexone and the extended release injectable Naltrexone. In addition to MAT, evidence-based practices are used during their pre-release phase, which includes intensive substance abuse programming of Cognitive-Behavioral Therapies. Once approaching their release dates, these participants are enrolled in available entitlement programs (i.e., Medicaid, etc.) as well as provided an intensive and structured discharge plan that is to ensure their aftercare services. **2020 DOC Update:** With additional grant funds, DOC is working on a partnership with the

Lafourche Parish Detention Center to soon begin MAT services with DOC inmates. Because of the dangers posed by the COVID-19 pandemic, the Department of Corrections enacted measures to prevent the spread of the virus. Restrictions were placed on visitors, transfers, contractor providers, and even movement between locations within institutions to try and limit the spread of the virus should it enter an institution. Quarantine space and the need for social distancing in therapeutic programming also created space issues which reduced the institutions capacity to carry out programming. In an effort to continue programming, DOC adopted correspondence work with curriculums that were appropriate and began using telepsych to help programs continue and avoid the spread of COVID-19. Another technological implementation being piloted with a grant is the phone application Sober Grid which is the largest mobile sober community. Sober Grid allows recently released inmates to share their progress with other and give as well as receive support.

Louisiana Comprehensive Opioid Abuse Program (LaCOAP) DOC and the Orleans Parish Sheriff's office work together to provide treatment and recovery support services to offenders with OUD on probation or parole in Orleans and Jefferson parishes at the Day Reporting Center. The Center provides peer recovery support services, case management and OUD treatment groups for those individuals referred by Probation and Parole as a diversionary program. During COVID-19, many of the services are being delivered remotely through telehealth. For additional information see Appendix H.

STATE AND LOCAL RESPONSES: RESOURCE AND CAPACITY DEVELOPMENT

- **Louisiana Department of Health/Office of Behavioral Health Performance Improvement Projects**

LDH-OBH continued working with IPRO, as its external quality review organization, and the five Medicaid MCOs in 2020 on a performance improvement project (PIP) to improve member initiation and engagement of alcohol and other drug abuse or dependence treatment (IET).

LDH-OBH expanded the PIP in 2020 by adding another HEDIS measure to increase follow-up care following an emergency department visit for a substance use reason (FUA).

The IET measure has two sub-measures:

- a. Initiation - 1 treatment visit within 14 days of diagnosis.
- b. Engagement - 2 or more treatment visits within 34 days of diagnosis.

In addition, the IET rates are stratified by age and diagnosis related cohorts (adolescent/adult; alcohol abuse/dependence, opioid abuse/dependence, and other drug abuse/dependence).

The FUA measure tracks two sub-measures by the percentages of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow up visit for AOD within:

- a. 7 days of the ED visit.
- b. 30 days of the ED visit.

As part of this project, the MCOs identified a number of barriers and corresponding interventions.

In general, barriers identified included member engagement, lack of providers treating SUD population, and lack of knowledge about treatment options or recognizing physical dependence and addiction.

In general, interventions centered on enhanced care management approaches, member outreach, partnerships with hospitals to improve timely initiation/engagement, provider education/training, and expansion of workforce.

COVID-19 affected implementation of interventions in Q1 and Q2 of 2020. Overall, rates increased slightly across all measures from 2019 to 2020.

- **Louisiana State-Recognized Native American Tribal Needs Assessment**

The LSU Social Research and Evaluation Center (SREC) with support from the Governor's Office of Indian Affairs engaged the **United Houma Nation (UHN)** and **Isle de Jean Charles Biloxi Chitimacha Choctaw** tribal groups during Year 1 of the OBH LaSOR work to identify and address needs surrounding Louisiana's opioid crisis. SREC investigated opiate prevention, treatment, and recovery awareness and needs among the tribes. For Tribal Needs Assessment details, see Appendix I.

- **Expanding addiction professionals' workforce capacity**

- LSU Department of Psychiatry Addiction Psychiatry Fellowship started July 2016. The fellowship is for graduate psychiatrists pursuing a subspecialty in addiction psychiatry. The program is a 1-year long program and accepts 1 fellow per year, but increased its capacity to 2 fellows per year July 2020. As of the end of 2019, the fellowship graduated 3 addiction psychiatrist specialists, all of whom are working in LA.
- Tulane's Department of Psychiatry houses the Tulane Addiction Medicine Fellowship Program. This program is open to any Medical Doctor who has completed a Primary board certification that is ACGME certified (such as Family Practice, Internal Medicine, Emergency Medicine, etc.) to complete an additional year of specialty training in Addiction and then be eligible for board certification in Addiction Medicine. This program has graduated two Fellows, both of whom are practicing Addiction Medicine in Louisiana. Tulane has three Fellows currently scheduled to complete in June and July 2021, and will matriculate two new fellows in July 2021. Tulane is awaiting permission from appropriate authorities to permanently increase our capacity to 4 fellows.

For more information on this program, please contact Dr. Singletary:

George Singletary MD, MPH
Assistant Professor Addiction Medicine
Tulane Dept. Psychiatry and Behavioral Health
Email: gsinglet@tulane.edu
Phone: 504.444.7514

STATE AND LOCAL RESPONSES: CHANGES IN LEGISLATION FOR 2020

Below is a list of those drug policy-related bills that were passed during the 2020 Regular and 2020 First Special Session. During the 2020 Second Special Session, no bills or resolutions were passed.

<http://www.legis.la.gov/legis/Home.aspx>

2020 Regular Session

HR 37 by Joseph Stagni (Adopted by a majority of the House of Representatives): Urges the Conservative Care Program as a pilot program among healthcare providers and health insurers to address opioid misuse.

2020 First Special Session

SCR 12 by Rick Ward (Adopted by a majority of the House of Representatives and the Senate): Creates the Drug and Specialty Courts Commission to study and evaluate the utilization of opioid settlement funds for the expansion and optimization of drug and specialty courts in Louisiana.

2020 Second Special Session

No opioid-related bills or resolutions passed.

STATE AND LOCAL RESPONSES: MEDICAID MANAGED CARE ORGANIZATION OPIOID-RELATED ACTIVITIES

During this past year, Louisiana Managed Care Organizations continued to respond to the state's opioid challenges by employing case management services for members presenting to emergency departments with opioid overdoses, conducting opioid rounds for new admissions, focusing more on integrated behavioral health and physical health care coordination, using screenings, assessments, and predictive reporting technologies to identify members who may be at risk for opioid dependency or abuse, including special population members like expectant mothers, adolescents, those reentering their communities from incarceration, so as to offer specialized treatment services. MCO's also brought on additional trained addictions staff, monitored and addressed outlier opioid prescribers, instituted prescriber dashboards, employed member lock-in programs, offered opioid education, subsidized buprenorphine waiver and MAT training for interested providers, developed and distributed provider opioid toolkits, and provided opioid-related education to their members. In addition to utilizing the Addiction Treatment Locator, Assessment and Standard (ATLAS) program to assist members, various member incentives were offered to support alternative pain management interventions, and MCO's partnered with OBH and Medicaid to facilitate and support use of audio-visual communication technologies for opioid education, training and clinical services.

For details of specific opioid-related offerings submitted to the HOPE Advisory Council by each MCO for inclusion in this report, please see Appendix J.

2020 UPDATE TO COMMUNITY OF CARING APPROACH

In 2019, the HOPE Council sought to engage stakeholders and interested parties to examine the broader impacts of the opioid epidemic in Louisiana, acknowledging that an examination of the entire continuum of opioid use and abuse revealed large sectors of the state that were impacted by the epidemic beyond adverse health consequences.

In 2019 the Council formed three working groups to identify additional areas of action that can lead to collaboration. Based on the composition of the HOPE Council, its designated stakeholders and interested parties, the three work groups or subcommittees are, as follows:

- (1) *Health/Healthcare Domain* consisting of treatment and recovery providers, emergency responders, health care providers, behavioral health providers, pharmacists, insurers, public health professionals, health policy makers and coroners;
- (2) *Public Safety Domain* consisting of law enforcement, EMS and firefighters, corrections personnel, court officials, and other government officials;
- (3) *Community Domain* consisting of educators, educational institutions, employers, religious groups and clergy, persons with Substance Use Disorder, family members, and community organizations dedicated to quality of life issues for all persons.

Because Louisiana has been under an official statewide public health emergency declaration since March 11, 2020, due to the threat posed to the state by COVID-19, which included a stay at home order, and endured multiple flood or hurricane-related Emergency and Major Disaster Emergency Declarations, resulted in significant statewide educational, healthcare public safety, and community disruptions the Health/Healthcare, Public Safety and Community Domain Impact Groups did not meet during 2020. These meetings may resume in 2021 using telecommunication technologies, as available to participants.

RECOMMENDATIONS

Despite challenges associated with the COVID-19 pandemic and numerous hurricane and storm-related emergency declarations, since the last HOPE Advisory Council report in 2019, Louisiana has continued to see a *decrease* in the number of *opioid* prescriptions written, an *increase* in the numbers of *Naloxone prescriptions filled*, *increases* in the numbers of *people receiving Medication Assisted Treatment*, as well as *increases* in those accessing both outpatient and inpatient residential substance use services.

However, even with increased use of these services, Louisiana Medicaid claims data shows that both opioid-related emergency department visits and inpatient hospital admissions continued to rise in Louisiana. Most concerning among these trends, opioid poisonings, synthetic opioid poisonings, and all drug deaths continued to increase since the last report, with notable spikes coincident with the COVID-19 outbreak beginning in March 2020. According to data provided through the Louisiana Electronic Registration System, these opioid and drug-related deaths peaked in May 2020, and represent a significant increase over May 2019 deaths. As in prior years, synthetic opioids and fentanyl continued to contribute to these deaths in Louisiana.

Official state and national data on the behavioral health effects (including substance use) that the COVID-19 pandemic has had on the population is still being processed. However, there is anecdotal evidence that overdose rates, relapses, breaks in continuity of care, at risk substance use, rates of depression, stress, anxiety, grief, trauma and isolation are on the rise. The current COVID-19 pandemic and the 2020 hurricane season both highlight the need and opportunity to create resilient systems of care that can offer continuity of care during crises and respond accordingly to new demands.

The HOPE Advisory Council therefore recommends for provider groups, patient support groups and MCO's, to incorporate and update crisis preparedness and response as part of their operations, and to support modalities that ensure continuity of care, such as telehealth and tele-MAT. In addition, the HOPE Advisory Council will seek to assure continuity of HOPE Advisory Council operations via telecommunication strategies during 2021 and beyond. Details for each recommendation are listed below:

1. **Person-centered recommendations:**

Because many mental health, substance use and physical health conditions are known to increase during and after such disasters as pandemics, and because unrecognized and untreated

mental and physical health conditions place those with pre-existing substance use disorders at higher risk for drug overdose deaths and at higher risk for severe illness related to Covid-19, it is critical to identify and address individual vulnerabilities to depression, anxiety, trauma, medical conditions, stress, treatment non-adherence, and risky substance behaviors. For these reasons, the HOPE Council makes the following *person-centered* recommendations that aim to help address potential benefits of increased screening, brief intervention and referral to treatment (SBIRT), so as to capture those most vulnerable as soon as possible and refer for intervention/treatment].

- a. Incentivize and adopt universal screenings for substance use disorders (including opioid use disorders), medical and behavioral conditions in primary care settings, emergency rooms, schools, jails and correctional facilities, and behavioral health settings.
- b. Facilitate both training [in-person and virtual] and shifts in practice to increase screening, brief interventions, and referrals to treatment in K-12 schools across all instruction formats, in colleges and universities across all instruction formats, in primary and behavioral healthcare provider settings, emergency rooms, as well as in all jails and correctional settings.

2. **System-centered recommendations:**

Because well-meaning and necessary restrictions were enacted to limit potential community spread of Covid-19, access to needed medical, mental health, and behavioral health services was also restricted to all segments of the general public, particularly during the initial weeks and months of the pandemic. Such restrictions likely contributed to declines in new referrals for treatment, service delays, decreased access for those already in treatment, and may have contributed to increases in opioid misuse, overdoses and deaths. For these reasons, the HOPE Advisory Council recommends development of protocols for shifting to safe and physically-distanced medical, non-medical care, and acute care responses to behavioral health issues. Detailed recommendations are below:

- a. Assure access to all ASAM levels of care, treatment and services related to OUD and SUD during COVID-19 or similar pandemics, by increasing both residential and community-based capacity to serve new Covid-19 positive patients in isolation and by optimizing use of telecommunications, take-home dosing for methadone, and other physical, environmental and infection control measures to safely service those who need substance use services.
- b. Increase access to Medication Assisted Treatment (MAT) by expansion of SUD (BH) integration into primary care; incentivizing SUD education, and facilitate provider access to peer-to-peer consultation and peer education through strategies like expansion of Project ECHO.
- c. Continued/increased usage of telecommunications strategies for delivery of OUD/SUD treatment services, especially in underserved and remote areas: As services and provider businesses were disrupted by COVID-19, some providers closed or had reduced staff or capacity to provide services to those in remote areas. Strategies like telemedicine may access for individuals, who otherwise may not have access to services.
- d. Require augmented/updated infection control and all hazards disaster plans for OUD/SUD and OTP providers. SUD and especially Opioid Treatment Providers (OTP's) Methadone clinics must anticipate ongoing and new challenges, as well as disruptions posed by pandemics. Each should develop plans to assure adequate PPE, testing, and

other related supplies, as well as identify strategies to maintain patient access and flow in accord with CMS, CDC guidelines.

- e. Consideration for the development and distribution of a flyer providing education about the limitation of Louisiana Child Protective Services in families' lives, when a child is affected by a mother's use of legally prescribed, lawfully used medically assisted treatment, so that treatment might be sought without fear being reported. Distribution includes, but is not limited to OBGYN's and OTP providers.
3. **Special population-centered recommendation:** Similar to Recommendation #2, well-meaning and necessary restrictions implemented during the early stages of the Covid-19 response put many vulnerable populations who were enrolled in SUD care programs in precarious positions that limited their access to treatment. Recommendations for historically vulnerable and underserved populations include the development of protocols to continue SUD care programs in the face of widespread public health emergencies.
 - a. Protocols and policies should be considered to support, expand, incentivize programs to continue serving Drug and Specialty Court participants and incarcerated persons who are discharged during a public health emergency who must participate in SUD/OD treatment as a condition of bond or probation.
 - b. Protocols and policies should be considered to ensure continued service and prioritization of patient with comorbid SUD's, serious mental illness, and/or intellectual disabilities.
 - c. Protocols and policies should be considered to ensure continued service to adolescents and perinatal SUD care.
 - d. Protocols and policies should be considered to ensure education, prevention, screening and referrals to treatment are focused on racial and ethnic groups proven to have higher levels of SUD access changes such as Native Americans, African Americans, Hispanic Americans, and other minority groups, as well as for people who are incarcerated and formerly incarcerated, those who also have intellectual disabilities, adolescents and females who also require perinatal care.
 - e. Protocols and policies should be considered to address implicit bias in SUD care and access.
 4. **Investigate executive/administrative/legal ways to remove barriers to SUD and OUD service access through regulatory flexibility.** Workgroups or other interest groups might be established or consulted to identify opportunities to remove barriers to care during crisis through regulatory flexibility. For example, review of requirements for in-person visits related to MAT prescribing might be studied and reconsidered to assure those who need MAT have access to it during pandemic situations.
 5. **Data collection and data analysis recommendations**
 - a. Consider stratifying OUD use and treatment data by new versus established Medicaid status. At the time of this report, it is unclear whether increased numbers of individuals seeking OUD treatment, going to ED, hospitalization etc. during the pandemic represent members who have long had Medicaid eligibility, or if these increases might represent NEW Medicaid enrollees, who lost their jobs and health insurance during and as a result

of the pandemic or storms, and were therefore seeking treatment through Medicaid because of loss of private insurance.

- b. **Enhanced Data Collection and data elements:** A representative from the Crime Lab indicated that the Crime Lab was seeing more drugs seized as evidence in recent months, *since in pandemic*. Increase seizure of fake Xanax, synthetics, fentanyl, etc. as well as increased seizure of pre-loaded/ready-to-inject syringes was noted. It is unclear whether or not this is Covid-19 pandemic-related or due to other causes. The HOPE Advisory Council therefore recommends that additional data be collected or analyzed to help investigate this observation.
 - c. **ODMAP:** The Overdose Detection Mapping Application Program (ODMAP) might provide more real time data, yet seems to be in relative limited use in Louisiana, as compared to other states. The HOPE Advisory Council recommends that the Louisiana Department of Health look into this to see if or how it might be able to increase utilization of this system to provide more real time data, so as to potentially address any logistical, technical, proprietary barriers should and explore why only a few participating entities are listed for Louisiana.
6. **Treatment Retention Strategy recommendations:** There is a significant but unidentified number of patients who overdose, because they are in and out of treatment, not because they don't have access to treatment*. Recent and future restrictions related to COVID-19 seem to compromise continuity of care for those who may be most in need of service continuity. Thus, in addition to increasing treatment access, the HOPE Advisory Council recommends that, MAT providers, OTP/methadone providers and MCO's should focus on treatment retention strategies and identification of which patients are most likely to leave treatment prematurely or who may experience pandemic or disaster-related care disruptions. ⁵
7. **HOPE Council General and Impact Workgroup Meeting recommendations: Allow/facilitate virtual meetings for future HOPE AC and Impact Workgroup meeting during pandemic.** While some HOPE Advisory Council members and participants expressed interest in more face-to-face meetings, as CDC and state distancing guidelines tolerate, there was good acceptance to the idea of encouraging this, while also providing video/audio option for those in high risk groups, etc. The HOPE Advisory Council recommends resuming Health/Healthcare, Public Safety and Community Impact Workgroups in 2021, utilizing telecommunication technologies, whenever face-to-face meetings are considered unsafe.

⁵ Reference: <https://www.bmj.com/content/357/bmj.j1550>

RESOURCES

1. Louisiana Department of Health Opioids webpage www.ldh.la.gov/opioids
2. Louisiana Opioid Data & Surveillance System (LODSS) www.lodss.ldh.la.gov
3. Louisiana Board of Pharmacy www.pharmacy.la.gov
4. Louisiana State Board of Medical Examiners www.lsbme.org
5. Louisiana-Mississippi Hospice and Palliative Care Organization www.lmhpc.org
6. American Academy of Hospice and Palliative Medicine. www.aahpm.org
7. NOVA (9/25/18) Addiction. Season 45(12) 53m27s. [Video] Available at <https://video.lpb.org/video/addiction-afsxne/>
8. Centers for Disease Control and Prevention (2016): CDC Guidelines for Prescribing Opioids for Chronic Pain –United States 2016. www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm
9. Substance Abuse and Mental Health Administration (SAMHSA) www.samhsa.gov
10. National Institute on Drug Abuse www.drugabuse.gov
11. American Society of Addiction Medicine www.asam.org
12. US Drug Enforcement Administration www.dea.gov
13. Faces and Voices of Recovery www.facesandvoicesofrecovery.org
14. Louisiana Department of Health HOPE Council webpage www.ldh.la.gov/hope
15. Opioid Crisis in East Baton Rouge Parish-August 2020 https://digitalcommons.lsu.edu/cgi/viewcontent.cgi?article=1005&context=srec_reports

APPENDICES

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

The Advisory Council on Heroin and Opioid Prevention and Education members for 2020 are:

- Chair: Secretary of Louisiana Dept. of Health designee: Dr. James Hussey, Medical Director, Office of Behavioral Health
- Co-Chair: Secretary of Dept. of Children and Family Services designee: Ms. Mona Michelli, Child Welfare Manager, In-Home Services
- Commissioner of Higher Education designee: Dr. Allison Smith, Program Administrator, Board of Regents
- Superintendent of Education designee: Mr. Michael Comeaux, Healthy Communities Section Leader
- Secretary of Dept. of Public Safety and Corrections designee Blake LeBlanc, SUD Coordinator, Dept. of Corrections
- Superintendent of State Police designee: Major Robert "Bob" Brown, Criminal Investigations
- Secretary of Veterans Affairs designee: Ms. Linda Theriot, RN and Senior Nurse Supervisor; Compliance Officer, LA Veteran Homes
- Secretary of LA Workforce Commission designee: Ms. Sheral Kellar, Assistant Secretary, Office of Workers' Compensation, Louisiana Workforce Commission
- President of Senate designee: Senator Regina Barrow, District 15
- Speaker of the House designee: Elsie Joan Brown
- Attorney General designee: Ms. Monica Taylor, Special Projects Representative, Louisiana Attorney General's Office
- Commissioner of Insurance designee: Mr. Thomas D. Travis, Director of the Louisiana Property and Casualty Insurance Commission
- A Judge from the drug division of a district court appointed by Chief Justice of LA Supreme Court: Judge Jules D. Edwards, III, Judge, 15th Judicial Court, Division B

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 the effort are Lisa Longfellow and Catherine Peay from the Office of Behavioral Health; Kristy Miller from the Governor’s Office of Drug Policy.

APPENDIX B – Opioid Death Data

<i>Opioid-Involved Deaths by Parish of Occurrence and by Parish Residence—Louisiana, 2019 (counts and age-adjusted rate for residence)</i>			
Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rates (Residence)
Acadia	*	*	*
Allen	0	0	0
Ascension	16	16	12.3
Assumption	*	*	*
Avoyelles	8	7	16.18
Beauregard	*	*	*
Bienville	0	0	0
Bossier	*	*	*
Caddo	8	9	3.74
Calcasieu	6	6	3.21
Caldwell	*	*	*
Cameron	0	0	0
Catahoula	0	0	0
Claiborne	*	*	*
Concordia	0	0	0
DeSoto	*	0	0
East Baton Rouge	45	38	9.59
East Carroll	0	0	0
East Feliciana	*	*	*
Evangeline	0	0	0
Franklin	*	*	*
Grant	0	0	0
Iberia	*	5	7.41
Iberville	*	*	*
Jackson	*	0	0
Jefferson	129	124	28.71
Jefferson Davis	0	0	0
Lafayette	33	30	12.83
Lafourche	12	12	14.13
LaSalle	*	*	*
Lincoln	*	*	*
Livingston	39	37	27.83
Madison	0	0	0
Morehouse	0	*	*
Natchitoches	5	5	17.46
Orleans	41	31	7.88

Ouachita	9	7	5.11
Plaquemines	*	5	23.55
Pointe Coupee	*	*	*
Rapides	21	17	14.89
Red River	0	0	0
Richland	*	*	*
Sabine	0	*	*
St. Bernard	8	11	23.01
St. Charles	6	7	11.31
St. Helena	0	*	*
St. James	0	0	0
St. John the Baptist	*	5	12.48
St. Landry	*	*	*
St. Martin	6	8	15.89
St. Mary	6	5	12.01
St. Tammany	86	76	30.76
Tangipahoa	5	6	3.65
Tensas	0	0	0
Terrebonne	5	5	5.04
Union	0	0	0
Vermilion	*	*	*
Vernon	*	6	13.2
Washington	45	45	107.43
Webster	*	0	0
West Baton Rouge	*	*	*
West Carroll	0	0	0
West Feliciana	*	*	*
Winn	*	*	*

APPENDIX C – Opioid Prescription Data

Opioid Prescriptions Dispensed by Parish--Louisiana 2019 (counts and crude rates)			
Area	Count	Percent change from 2014	Rate per 100
Acadia	24450	-29.5348%	39
Allen	8833	-29.4939%	34
Ascension	55681	-20.1798%	43
Assumption	2064	-43.8673%	9
Avoyelles	19798	-41.8527%	49
Beauregard	15998	-5.01692%	42
Bienville	2097	67.35834%	15
Bossier	89289	-0.20899%	70
Caddo	330737	-25.9327%	137
Calcasieu	165249	-31.0109%	81
Caldwell	4768	-52.4674%	48
Cameron	569	-68.7019%	8
Catahoula	1428	-60.5525%	15
Claiborne	16013	-15.396%	102
Concordia	17043	21.05263%	88
DeSoto	5878	-43.7673%	21
East Baton Rouge	525349	-24.8821%	119
East Carroll	5240	-24.5609%	76
East Feliciana	5659	-43.5849%	29
Evangeline	39200	-31.3653%	117
Franklin	14855	-24.7696%	74
Grant	1162	-47.1097%	5
Iberia	49755	-34.102%	71
Iberville	5690	-53.9346%	17
Jackson	6167	-51.4906%	39
Jefferson	446323	-24.0905%	103
Jefferson Davis	19417	-25.1436%	61
Lafayette	301538	-25.627%	123
Lafourche	65292	-26.4083%	66
LaSalle	14384	-39.087%	96
Lincoln	31058	-19.5389%	66
Livingston	18572	-44.5645%	13
Madison	3479	-18.0061%	31
Morehouse	13793	-45.7908%	55
Natchitoches	22553	-35.406%	59
Orleans	237098	-38.1074%	60

Ouachita	173100	-20.4167%	112
Plaquemines	5032	16.77883%	21
Pointe Coupee	5548	-54.6436%	25
Rapides	206508	-25.5059%	159
Red River	5659	-59.2497%	67
Richland	18757	-23.5781%	93
Sabine	8563	-4.099%	35
St. Bernard	12440	-56.6732%	26
St. Charles	6130	-55.6985%	11
St. Helena	3601	-7.57187%	35
St. James	12760	-34.1317%	60
St. John the Baptist	34640	14.22918%	80
St. Landry	83318	-22.2214%	101
St. Martin	10965	-46.6838%	20
St. Mary	23261	-39.4891%	47
St. Tammany	285452	-16.4639%	109
Tangipahoa	85012	-9.96113%	63
Tensas	1153	71.83308%	26
Terrebonne	103165	-28.937%	93
Union	9697	-9.17861%	43
Vermilion	20136	-23.2944%	33
Vernon	20368	-22.1258%	42
Washington	16753	-17.3059%	36
Webster	19208	-53.931%	50
West Baton Rouge	5258	-34.7238%	19
West Carroll	4484	40.82915%	41
West Feliciana	5220	-16.8657%	33
Winn	6081	-43.0351%	43
Louisiana	3778748	35.25%	81

APPENDIX D – PMP Data

PMP Raw Data					
Month	Patients	Prescriptions	Days Supply	Quantity	Total MME
Jan-19	290,311	368K	5,947K	23,675K	223,829K
Feb-19	270,608	332K	5,392K	21,419K	202,280K
Mar-19	277,855	346K	5,628K	21,982K	245,121K
Apr-19	273,353	342K	5,605K	21,025K	214,320K
May-19	269,579	343K	5,713K	20,592K	219,127K
Jun-19	252,257	311K	5,167K	18,244K	197,174K
Jul-19	261,853	333K	5,591K	19,511K	216,345K
Aug-19	259,933	330K	5,408K	18,904K	208,525K
Sep-19	250,362	310K	5,051K	18,047K	190,592K
Oct-19	263,304	335K	5,471K	19,663K	207,460K
Nov-19	250,419	309K	5,019K	19,071K	189,631K
Dec-19	262,470	330K	5,334K	20,703K	199,657K
Jan-20	264,810	333K	5,314K	20,567K	197,722K
Feb-20	243,027	296K	4,752K	18,420K	177,592K
Mar-20	245,605	309K	5,210K	19,509K	192,391K
Apr-20	205,533	257K	4,828K	16,191K	181,950K
May-20	226,219	281K	4,845K	16,164K	182,788K
Jun-20	243,217	306K	5,036K	16,996K	188,690K
Jul-20	247,088	314K	5,183K	17,775K	206,122K
Aug-20	232,911	289K	4,795K	16,218K	185,061K
Sep-20	237,697	297K	4,943K	16,584K	183,352K
Oct-20	240,697	303K	4,985K	16,975K	185,195K
Nov-20	234,173	289K	4,725K	16,469K	175,513K

The above numbers represent opioid prescriptions (AHFS Classifications: antitussives and opiate agonist, does not include opiate partial agonist) dispensed to Louisiana Residents only, does not include non-residents.

CY2019 – January through November ONLY - Opiate Partial Agonist – Schedule 3 – Louisiana Residents



Dispensations - Drugs

Metrics related to dispensations based on drugs and drug class.
Use the drop downs to customize the report to your needs.



APPRISS[®]
HEALTH



Prescriptions:
259,469

Opioid
100.0%



Quick Filters:

Year: 2019

Month: (Multiple values)



Drug: Schedule: Schedule 3
Drug: AHFS Class: OPIATE PARTIAL AG...
Drug: Opioid?: (All)

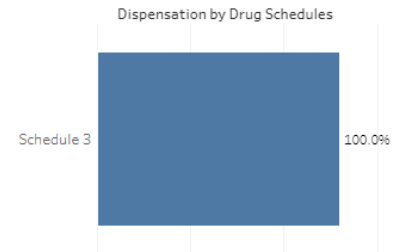
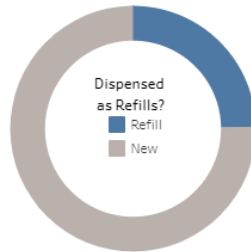
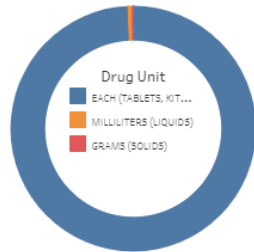
Patient: State: Louisiana
Patient: County: (All)

Prescriber: Speciality Lvl 2: (All)
Prescriber: Out of State?: (All)

Drug: Act. Ingr.: (All)
Drug: Unit: (All)
Drug: Dosage Type: (All)

Patient: Age Band: (All)

Prescriber: PDMP Role: (All)



Select Category:
Drug Class
Select Drug Name:
Brand Name

You can modify the table to the right by changing the parameters above.

Drug Name	Patients	Prescriptions	Quantity	Days Supply	Total MME
SUBOXONE	14,782	95,796	4,029,364	1,985,972	0
BUPRENORPHINE-NALOXONE	12,580	78,975	3,283,543	1,590,993	0
BUPRENORPHINE HCL	5,914	58,994	2,526,262	1,140,473	0
ZUBSOLV	1,403	9,933	433,584	212,159	0
BELBUCA	2,137	7,947	457,913	230,613	0
BUPRENORPHINE	1,091	4,456	18,242	127,033	0
BUTRANS	428	1,734	7,144	49,986	0
SUBLOCADE	430	1,350	1,418	38,792	0
BUNAVAIL	24	275	7,506	4,279	0
BUPRENEX	4	9	45	231	0

CY2020 – January through November ONLY - Opiate Partial Agonist – Schedule 3 – Louisiana Residents



Dispensations - Drugs

Metrics related to dispensations based on drugs and drug class.
Use the drop downs to customize the report to your needs.



APPRISS[®]
HEALTH



Prescriptions:
265,199

Opioid
100.0%



Quick Filters:

Year: 2020

Month: (Multiple values)



Drug: Schedule: Schedule 3
Drug: AHFS Class: OPIATE PARTIAL AG...
Drug: Opioid?: (All)

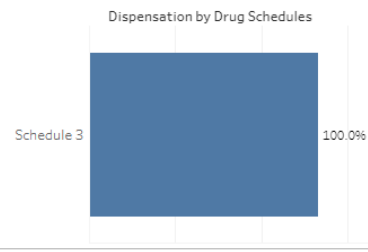
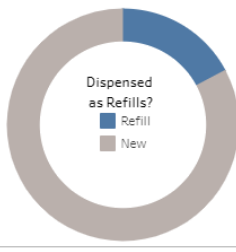
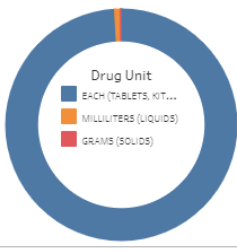
Patient: State: Louisiana
Patient: County: (All)

Prescriber: Speciality Lvl 2: (All)
Prescriber: Out of State?: (All)

Drug: Act. Ingr.: (All)
Drug: Unit: (All)
Drug: Dosage Type: (All)

Patient: Age Band: (All)

Prescriber: PDMP Role: (All)



Select Category:
Drug Class
Select Drug Name:
Brand Name

You can modify the table to the right by changing the parameters above.

Drug Name	Patients	Prescriptions	Quantity	Days Supply	Total MME
SUBOXONE	14,223	100,138	4,699,423	2,231,384	0
BUPRENORPHINE-NALOXONE	11,206	81,743	3,762,064	1,817,977	0
BUPRENORPHINE HCL	6,384	58,382	2,970,947	1,288,234	0
BELBUCA	2,233	10,014	584,358	293,888	0
ZUBSOLV	816	6,840	317,581	156,520	0
BUPRENORPHINE	1,007	4,891	19,788	137,703	0
SUBLOCADE	643	2,067	2,135	59,323	0
BUTRANS	217	1,024	4,275	29,923	0
BUNAVAIL	14	89	3,249	1,944	0
BUPRENEX	3	9	45	205	0
PROBUPHINE	2	2	8	120	0

CY2019 – January through November ONLY - Opiate Antagonist – Louisiana Residents



Dispensations - Drugs

Metrics related to dispensations based on drugs and drug class.
Use the drop downs to customize the report to your needs.



APPRISS[®]
HEALTH



Prescriptions:
8,470

Non-Opioid
100.0%



Quick Filters:

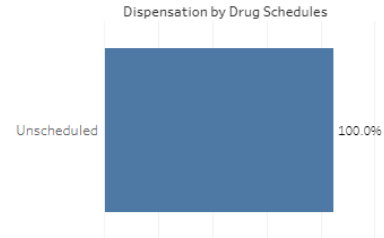
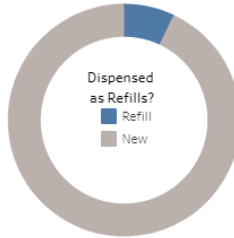
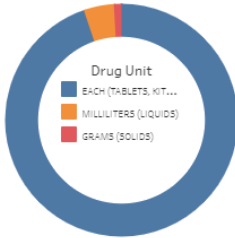
Year: **2019**
Month: **(Multiple values)**



Drug: Schedule: **(All)**
Drug: AHFS Class: **OPIATE ANTAGONIS...**
Drug: Opioid?: **(All)**
Drug: Act. Ingr.: **(All)**
Drug: Unit: **(All)**
Drug: Dosage Type: **(All)**

Patient: State: **Louisiana**
Patient: County: **(All)**
Patient: Age Band: **(All)**

Prescriber: Speciality Lvl 2: **(All)**
Prescriber: Out of State?: **(All)**
Prescriber: PDMP Role: **(All)**



Select Category:
Drug Class
Select Drug Name:
Brand Name

Drug Name	Patients	Prescriptions	Quantity	Days Supply	Total MME
NARCAN	6,691	7,069	14,839	39,383	0
NALTREXONE HCL	374	678	18,207	20,949	0
VIVITROL	162	365	365	10,235	0
NALOXONE HCL	222	346	741	1,340	0
EVZIO	11	11	8	129	0
NALTREXONE HCL DIHYDRATE	1	1	0	30	0

CY2020 – January through November ONLY - Opiate Antagonist – Louisiana Residents



Dispensations - Drugs

Metrics related to dispensations based on drugs and drug class.
Use the drop downs to customize the report to your needs.



APPRISS[®]
HEALTH



Prescriptions:
8,899

Non-Opioid
100.0%



Quick Filters:

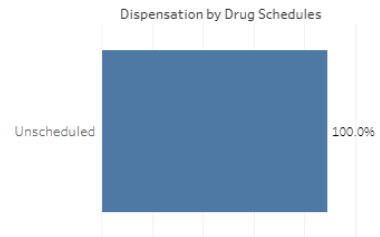
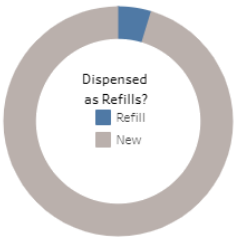
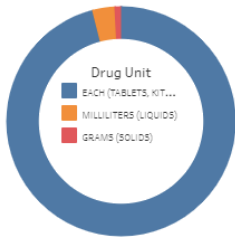
Year: **2020**
Month: **(Multiple values)**



Drug: Schedule: **(All)**
Drug: AHFS Class: **OPIATE ANTAGONIS...**
Drug: Opioid?: **(All)**
Drug: Act. Ingr.: **(All)**
Drug: Unit: **(All)**
Drug: Dosage Type: **(All)**

Patient: State: **Louisiana**
Patient: County: **(All)**
Patient: Age Band: **(All)**

Prescriber: Speciality Lvl 2: **(All)**
Prescriber: Out of State?: **(All)**
Prescriber: PDMP Role: **(All)**



Select Category:
Drug Class
Select Drug Name:
Brand Name

Drug Name	Patients	Prescriptions	Quantity	Days Supply	Total MME
NARCAN	7,632	8,157	17,161	46,848	0
NALTREXONE HCL	168	433	10,627	13,567	0
NALOXONE HCL	141	278	654	904	0
VIVITROL	11	28	28	786	0
EVZIO	3	3	5	5	0

APPENDIX E – Louisiana Specialty Courts Pandemic Lessons Learned & Improvements Needed

Governor's Heroin & Opioid Prevention & Education Council (HOPE) Louisiana Specialty Courts Pandemic Lessons Learned & Improvements Needed

Preface

This report responds to the following two questions.

- 1) Please List the challenges your Specialty Court experienced during the pandemic
- 2) Please specify any challenges that were unique to the participants who have an opioid use disorder.

The Louisiana Supreme Court has created a 19-member Council of Specialty Court Judges who preside over drug treatment, mental health, driving while impaired, and family preservation court dockets. This council is under the leadership of Chair Judge Raymond S. Childress, (22nd JDC), and Co-Chair Judge Donald R. Johnson, (19th JDC), and is supported by Kerry K. Lentini Director, Supreme Court Drug and Specialty Court Office, and her staff. The initial observations listed below were assembled after consultation with these officials. We also solicited responses from all specialty judges in the state, and their responses are listed below.

Jules D. Edwards III
Judge, 15th Judicial District Court

Report of Responses

- Lack of Equipment
 - Many Specialty Court Program Participants lack smartphones or tablets to participate in Videoconferences
 - This problem is being addressed, but new participants still present this problem
 - Many Specialty Court Program Participants lack access to highspeed internet
 - At the onset of the pandemic, some courts, attorneys, treatment providers, and probation officers did not have subscriptions to videoconferencing services, and most treatment providers were not licensed to provide telemedicine
 - These problems have been primarily resolved
 - Videoconferencing and telemedicine are likely here to stay
- Lack of Technical Knowledge
 - At the onset of the pandemic, some courts, attorneys, treatment providers, and probation officers did not know how to use videoconferencing services, and most treatment providers had little experience providing telemedicine
 - These problems have been primarily resolved
 - Videoconferencing and telemedicine are likely here to stay
- Drug Testing
 - Most Specialty Court Program contract with external agencies to administer drug testing to program participants
 - Many of these external agencies stopped operations during the pandemic because of the social distancing requirements
 - Some of these external agencies were able to continue to provide testing in accordance with their contractual obligations

**Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed**

- Custodial Sanctions Limited
 - Many Sheriffs limited access to their jails by only accepting individuals arrested for violent offenses
 - Judges responded by
 - Rewarding honesty
 - Increasing the use of Therapeutic Adjustments
 - Increasing the use of Community Service Work
 - Increasing the use of non-carceral negative sanctions
 - Imposing and suspending punishment conditioned on improved performance by a date certain
 - Daily Activity Logs
 - Letters of Apology
 - Essay Assignments
 - Journaling
 - Life Skills Assignments
- Judge Schlegel of the 24th JDC has been instrumental in developing technical tools and providing instructions to his fellow judges on the use of existing technical tools to meet these challenges
 - He created a ChatBot to increase the capacity to communicate with participants to determine which participants were experiencing crises or isolation
- The National Association of Drug Court Professionals and its sister agencies (NDCI, NCDC, & Justice for Vets) produced and distributed to Specialty Court Judges White Papers and webinars to educate judges on the Best Practices to responding to the pandemic
- The National Center for State Courts (NCSC) also produced and distributed to Specialty Court Judges White Papers and webinars to educate judges on the Best Practices for responding to the pandemic
- The pandemic was very triggering for individuals diagnosed with mental health and substance use disorders
 - This condition continues in jurisdictions that still have significant public health restrictions
 - This condition abates in jurisdictions with minimal public health restrictions

5th Judicial District Court:

Challenges of the Specialty Court:

No in person court hearings switched to Zoom.

No group meetings switched to Zoom.

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

No in person drug screens for 3 months.

No in-patient treatment for 3 months.

Clients had problems attending Zoom group meetings & court hearings.

These affected all clients as well as opioid abuse disorder clients.

10th Judicial District Court:

Challenges of the Specialty Court:

Lack of Probation supervision.

Difficulty holding the attention of participants via Zoom treatment sessions.

Technology resources for some participants were limited.

For participants experiencing relapse, it is much more difficult to get them into inpatient treatment

Challenges Unique to Specialty Court Participants with Opioid Disorder:

Opiate Specific: As a result of COVID-19 restrictions, lack of accessibility to needed levels of care.

14th Judicial District Court:

Challenges of the Specialty Court:

Social distancing and mask mandates made it difficult for our treatment providers to provide the required Face to Face contact with clients and spend quality time with them.

Court date cancellations impacted the accountability factor, making it more difficult to impose sanctions, incentives, and graduation rates.

Some Clients and Agencies had limited access to technology that was required for video conferencing.

**Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed**

Unforeseen budgeting and contracts for drug screens of clients by an outside source. Had to find resources in the community that came with an increased cost of our normal contracted amount with Redwood Toxicology. These precautions were taken due to not having to expose the probation officer while conducting drug screens.

Changing protocols for face to face services such as drug screening, transportation, and accountability measures from probation.

The challenges of COVID were increased by the two recent hurricanes in our area. In addition to an already difficult year and challenging conditions we faced with COVID, the hurricanes impacted families having to evacuate the local area and even the state. Many of these families have continued to be displaced from their homes and have nothing to come back to. This in return makes treatment and sessions from the counselors more difficult. The accountability measures by the Probation Officer and Court have been difficult to impose. We have not been able to conduct consistent drug screens or face-to-face contact with clients.

Challenges Unique to Specialty Court Participants with Opioid Disorder:

We currently have no issues with opioid usage with our population thus far.

15th Judicial District Court:

Challenges of the Specialty Court:

In March 2020 when the 15th JDC was ordered to reduce or eliminate in-person contact it drastically reduced the number of referrals our court received, due to the number of the DCFS reports being made. Our case manager continued to screen and send referrals to our treatment provider throughout quarantine to make sure that each parent was receiving the best possible care during this time. Our office closed operations to parents who needed face-to-face contact with our case manager and recovery coach. LFPC made modification for each parent in the program, allowing the parents to zoom and facetime the coordinator, case manager and recovery coach when they needed. We as a court understand that the parents we work with are a vulnerable population, therefore we allowed them to have open communication with us knowing that some of them were in crisis.

The Department of Children and Family Services worked remotely from their homes, doing their home visits with parents over Zoom and Facetime. DCFS modified their visiting procedures; parents would visit with their child over Zoom or Facetime. Once COVID restrictions began to lift parents began visiting at parks, eventually moving to office visits.

Our team has been meeting via Zoom to do our weekly staffing since March 2020. Over the past months we have modified our staffing form to best fit our court's needs.

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

Our program was no longer able to have in-person court to comply with health and safety orders. With the help of Judge Duplantier we revised our court schedule to shorten our dockets, allowing our clients more time to speak with the Judge on a personal level about their struggles during COVID. With the help of the entire LFPC team we continued to graduate parents, holding graduations at our community garden.

Our treatment staff worked diligently to customize their treatment schedule for the parents. Treatment was held over Zoom until October 5, 2020. LFPC provided cell phones and phone cards with minutes and data that allowed the parents to participate during their scheduled treatment times. Parents remained compliant with their support group meeting and sponsor meetings much the same way they did with treatment, via Zoom.

Drug screening remained the same during COVID, our lab did not close its doors to our parents. Our lab understands the importance of drug screening to our program; as a result, they made every effort to remain open to the court.

COVID has become a unique learning opportunity for our program, as a team we learned how to adjust to the unknown and proved that at the end of the day we work best when we work together.

Lessons Learned:

- Self-care, this became evident to all of the team throughout the time when we were in quarantine.
- Taking for granted the ability to have face-to-face contact with parents.

Struggles:

- Resources became limited; employment, food, housing, internet/data and transportation.
- More information was required for parents to receive in patients' beds.
- Building rapport with new parents, engaging protentional parents over telecommunications.
- Tracking participants became increasingly difficult as all review hearings were continuously re-set until the Court reopened.
- Several participants used the pandemic as an excuse for their non-compliance.
- Managing the participant's anxiety levels was challenging as they rose due to fear, uncertainty, costs associated with the program, and life in general.
- Ensuring the program continued to run smoothly was a challenge as we determined our next course of action, how the participants would be assessed, how we would keep people in the program, and so forth.
- It was challenging not being able to meet with the participant face-to-face for the initial assessment because I pride myself on building a rapport with the participants from the

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

first time I meet them. I noticed a drop in the compliance rate when I began conducting the initial assessment by telephone. My assumption is that more participants were non-compliant because that rapport from the in-person interaction, among other things, was lacking.

Therapeutic challenges during the COVID pandemic:

- Initially the distraction from both ends of the therapeutic relationship, client and therapist. The realities of in-person contact, and how to promote mitigation strategies to keep everyone safe. That applied to within treatment offices and coaching participants regarding their personal "at home" relationships.
- Having to create smaller group size to stay safe, as well as not overtax the attention challenges of telemedicine groups. Especially when the reality of constant signal failures and other technical problems were ever present.
- Using telemedicine prohibited ability to use normal social cues (body language) in therapeutic groups, therefore weakening the trust bond between client and therapist.
- Many clients operating in fear of job loss and financial issues while required program expectations were still being enforced. Some cases where work was attained through old "using" connections and at least one opioid positive attributed to such interactions.
- There was a lack of positive personal interaction previously attained through in-person groups and court, while on breaks, before, during, and after. Sobriety court garden project went a long way in allowing a forum for those positive social exchanges. Vegetables were also welcomed by some of the participants who were struggling financially.
- In general, it has been challenging to nurture trusting relationships while distanced by video interaction. Also, in person, while masked, it is hard to communicate a smile of playful confrontation and have it recognized as a supportive challenge. Lots of little subtle gestures, that often really make a difference, were gone.

Challenges Unique to Specialty Court Participants with Opioid Disorder:

LFPC lost a graduate in December 2019 to a heroin overdose, she went through the program without any sanctions and did everything requested of her. This was our first experience with loss from opiates. Since that time Lafayette Parish has seen a rise in valid cases due to opiate abuse. Currently LFPC is treating ten parents who are battling an addiction to opiates. The most recent challenge we have had with at least two of the parents we are serving is multiple overdoses; one parent having overdosed twice in one week. When referring parents back to inpatient after overdosing, insurance is either hesitate to put them back into the same facility or there is a delay in accepting them into the facility due to COVID testing being required. In the past year our program has seen a rise in doctors prescribing parents opiates who are actively participating in the program, who admit to having an opiate addiction. In two cases where this has happened, both clients have relapsed and ended up back in inpatient.

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

- Only on a couple of occasions, the excuse that opiates “give me energy and need that to keep working” connected to job of manual labor and one woman who was doing house-keeping.

18th Judicial District Court:

Challenges of the Specialty Court:

Inability to test regularly due to Courthouse/Office closure by the Parish.

Irregular in-person contact with participants prevented us from readily observing problems that could have been masked through telephone calls.

It was very difficult to hold the participants accountable until we were able to start drug testing and in-person groups. State probation still will not go in the field to look for/pick up non-compliant participants. We had 3 go AWOL at the very beginning of the stay-at-home order.

- We are dealing with one participant that continues to use COVID as an excuse to be out. He claims to have been exposed, so naturally he must be tested and quarantined until the results are in.
- Only one of our opioid dependent participants had major issues at initial stay-at-home, he sought MAT for his cravings; he is on disability, relied on the groups and support group meetings as his total support. He needs a routine outside of his home.
- Virtual status hearings and group sessions proved difficult, it was hard to get participants engaged, they seemed easily distracted. Those participants truly engaged reported the need to be in-person for any service and court.

Challenges Unique to Specialty Court Participants with Opioid Disorder:

Challenges arising from the pandemic seem to be across the board, and not specific to a particular addiction.

19th Judicial District Court:

Challenges of the Specialty Court:

Unable to provide face to face sessions during phase 1 of the pandemic.

Temporarily suspended Drug Testing during phase 1.

Locating a lab that was willing to conduct urine drug screens.

**Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed**

Participants running out of data, before end of month, due to the zoom sessions.

In person recovery support meetings suspended.

Participants absconding from the program.

Challenges Unique to Specialty Court Participants with Opioid Disorder:

Unable to provide IOP services.

Appropriate Inpatient referrals not made due to COVID.

Referrals for MAT delayed.

Follow-up appointments for MAT delayed.

21st Judicial District Court:

Challenges of the Specialty Court:

I feel like we struggled during the heightened time of the pandemic, with our clients knowing there was not much we could do to them if they were using. Jail sanctions were not an option for a while, and community service was limited to the places we knew were open and accepting clients. We also were not having in-person group or court at that time (it was done by ZOOM), so it was extremely difficult to work with clients when we were not making face-to-face contact. Thankfully, we were able to send numerous clients to treatment, which helped tremendously. I think we also struggled with clients using COVID-19 as an "excuse" to get out of drug testing, group, court, etc. They would go for COVID testing, but we had no way of knowing if they truly had symptoms or if they were just looking for a reason to not be "active" in the program for a while.

Challenges Unique to Specialty Court Participants with Opioid Disorder:

I really do not feel that our opiate users had any struggles that every other user did not have. I would say that before the rapid COVID tests, it was difficult to get our clients into detox or inpatient treatment in a timely manner. The facilities wanted a negative COVID test result before we sent someone to them, which at the time, was taking several days, up to a week to get results.

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

22nd Judicial District Court:

We have a Family Preservation Court in two parishes, one which has some strengths in the population, and one which is more impoverished, and has less accessibility. Our population is all high risk, and either opioid or opioid and methamphetamine impacted. The majority are mothers, some dads, and whose children are in State's care, either in foster care or placed with the mom or dad under the supervision of DCFS.

Challenges of the Specialty Court:

Sanctions: community service has been only recently made available again, and we have not used jail as a sanction as a rule in our FPC. It has left us with few options besides giving clients therapeutic assignments such as creating flow charts, budgets, essays, research assignments, and extra meetings. The upside is that we have been more creative with sanctions and focused more on positive feedback and incentive.

Transportation to screen and to treatment has been a challenge for our clients all the time, but particularly for those who lost their jobs. Two, three or four occupants in one car puts these clients at further risk for infection. Screening, paying for screening, and having to wait for quarantine to end to resume screening gives the clients opportunities to use undetected.

Clients have had challenges making real connections and locating suitable sponsors in online meetings. Verifying meeting attendance via online has been weaker than expected.

In person visits between children and their parents have been interrupted, cancelled, and relegated to virtual for weeks and sometimes months. It is critical to reunite families within one year, and many "late starters" have been further handicapped by lack of visitation either because they were sick, or the child's caretaker family was itself at high risk for Covid-19.

Finally, anecdotally, mental health has just started to fully fray from the months of our clients' isolation and anxiety. Most of our clients are mixed diagnosis, and stabilizing them through telehealth, when they have major mental health issues presents a different challenge than in-person treatment.

Meetings: Participants not being able to attend meetings regularly in person or being able to continue to connect with their support community is difficult for many of them. The ability to meet people in the recovery community, as well as be able to identify someone as a sponsor has been difficult for many.

Isolation: the inability for participants to leave their homes and go into the community was difficult for many of the participants who struggle with anxiety and depression. Many participants felt loneliness or sadness due to not being able to attend treatment in-person. Being out of routine or not being able to spend the necessary time at a "safe place" was hard for

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

many. The excitement is obvious for most of the participants with the news of in person treatment starting. Being stuck at home with unsupportive spouses or children who have also been isolated is difficult. Many participants rely on schools/daycares to help them with their children (working during the day, assisting with hot meals, etc.) and the school closures cause more burden for the parents.

Financial stress: Many participants lost their jobs or hours were cut due to business closures. The ability for many to find employment has also been difficult. With the unemployment benefits changed many were not prepared for the drastic cut in Government assistance. The ability to continue to afford drug screening was difficult for some. Screening assistance was needed by many to help them afford their drug screening cost.

In person contact with Case Management, Judge, Treatment Counselor: Not being able to be in the presence of an authoritative figure or even being able to see a compassionate person on a regular basis was a struggle. Many of the participants strive and succeed on structure and daily routine. Mental health appointments being available far and few between has also been a hurdle in dealing with mental health issues.

Participants that have cognitive deficits/ Feelings of Isolation/Lack of engagement
Explaining stay-at-home orders to participants with disabilities, particularly those with intellectual disabilities or developmental delays, or with brain disorders such as traumatic brain injury (TBI), can be challenging.

We use the support of networks that are available, such as mentors and sponsors. Telephone recovery support is a common practice in support services and translates well in times where safety is the priority. When talking to participants with cognitive difficulties, it is crucial to provide them the information they need without talking down to them or sensationalizing the situation.

Telehealth can offer improved accessibility and efficiency of service, resulting in improved outcomes. The disadvantages include equipment and technology needs. In addition, therapists can lose some vital aspects of treatment by reduced ability to see and hear all the verbal and non-verbal communication of the client.

We are having issues with individuals in our jails that are screened and require inpatient-level treatment not being released to their treatment centers and the jails wanting to release into the community because they are typically "nonviolent offenders."

Since each level of need differs and is unique from individual to individual, a suggested approach when expressing concern for a participant's release and discharge plan is to convey the concern to the appropriate party. We want to ensure that this person understands the concern and request that a case management plan be developed that addresses both treatment and monitoring upon release.

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

We have also had the issue where a client tested negative for COVID in the jail but then when released to inpatient facility was either exposed or tested positive, therefore we have implemented the following policy:

If client tests positive after admission to an inpatient treatment facility, we are requesting the following BEFORE the client is discharged:

Facility is to contact Project Director immediately to discuss the situation.

Send Project Director a discharge summary outlining the facility's plan for continued care for the client. This must include any information regarding client referral to lower level of care (if appropriate) and referral to medical services (if needed).

Case managers to follow up with client.

Challenges Unique to Specialty Court Participants with Opioid Disorder:

Opioid Addiction: Many of these things mentioned above had an impact on those struggling with Opioid addiction. The issues of isolation or being stuck at home with family members or loved ones that were using is very tempting for many. Not leaving your home for weeks/months and living in a community that is infested with active addicts makes it difficult to resist the temptation to use. The use of opioids, or any drug, is used by many to escape the feelings of sadness, hopelessness, stress, etc. so if using drugs was an escape from the "feelings" in the past, some resorted back to using to escape those feelings.

As far as those suffering from an Opioid Use Disorder, I would only add that this has only exacerbated the hindrance in access to care regarding the receipt of Medically Assisted Treatment and receiving their monthly injections.

29th Judicial District Court:

Challenges of the Specialty Court:

Internet/Zoom access for participants

Community service/volunteer service locations

Participant's loss of employment

In-person drug testing

Peer support group access

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

Community supervision limitations

Access to vocational training

Access to high school equivalency education/testing

Challenges Unique to Specialty Court Participants with Opioid Disorder:

Access to IM administered opioid antagonist/agonist pharmaceuticals.

30th Judicial District Court:

Challenges of the Specialty Court:

During the pandemic, the 30th Judicial District Court was closed to the public from the week of March 20th until the week of May 25th. During that time, we maintained contact with our drug court participants via telephone. During the time we were closed, we found that a couple of participants lost their jobs due to the pandemic, fell behind on their bills, etc. and they resorted to using. However, our biggest issue caused by the pandemic occurred after the court reopened. Several participants used the excuse that they had been exposed and were waiting on test results to avoid drug testing and court appearances. After requesting verification of them being tested, some have admitted to lying about being exposed to avoid drug testing and court appearances.

Challenges Unique to Specialty Court Participants with Opioid Disorder:

Fortunately, we do not have a large opioid problem in our area. We primarily see methamphetamine and marijuana usage in our area and among our drug court participants.

34th Judicial District Court:

Challenges of the Specialty Court:

For social distancing purposes, we are still limiting the number of participants who appear in court at the same time. I saw our participants on a more regular basis prior to the pandemic. Otherwise, treatment has made their own adjustments.

Governor's Heroin & Opioid Prevention & Education Council (HOPE)
Louisiana Specialty Courts
Pandemic Lessons Learned & Improvements Needed

38th Judicial District Court:

Challenges of the Specialty Court:

During the pandemic, we were able to hold drug court via zoom, and when the Governor moved to Phase II, we did hold drug court in person. Drug testing continued but with COVID 19 safety precautions and screening. However, as you are aware, we are a very small drug court and could accommodate all the participants. The participants received their treatment via telemedicine, which allowed for individual treatment. The treatment provider reported some connection problems initially, but that was addressed early.

Due to Hurricanes Laura and Delta, Cameron Parish received significant damages and the participants and staff are all displaced. Lower Cameron Parish – the communities of Cameron, Creole, and Grand Chenier - remain under a mandatory evacuation. We do not have electricity and most of the staff and participants lost their homes. This has caused more challenges than the pandemic. The drug court coordinator and case manager are having consistent telephone contact with the participants and treatment is still being coordinated through telemedicine. Fortunately, the participants seem to be doing well. We are unable to provide drug screens for participants because of everyone being displaced. The security personnel at the Courthouse were administering the drug screens prior to the hurricanes. After the hurricanes, the security personnel were assigned other duties since the courthouse was closed. Our participants are aware that we will require a hair follicle/cuticle test at some point. We are having staffing tomorrow via Zoom and a decision will be made on the drug testing date and facility.

Although the pandemic presented its own challenges, Hurricanes Laura and Delta really have caused more problems than the pandemic. However, the drug court team members are determined to help the participants as much as we are able even though we are unable to comply with best practices at this time. We have not been able to hold any type of court since prior to Hurricane Laura. We were planning on holding court last week, but Hurricane Delta caused more havoc and all governmental buildings are currently being assessed for damages and mitigation cleanup is being scheduled/conducted. Lower Cameron Parish is still without electricity and the governmental buildings are being powered by generators on a limited basis.

Challenges Unique to Specialty Court Participants with Opioid Disorder:

We did not have any specific problems with participants with opioid use disorder.

APPENDIX F – Federal Funding

Table: Active Federal Opioid Grants

Grant Name	Status	Funding Award Total
SAMHSA: MAT-PDOA	In no cost extension period; Ends October, 2019	2016-2019: \$1,000,000 per year 2018-2019 (supplemental award): \$25,000 Total Award: \$3,025,000
SAMHSA: STR	In no cost extension year; Ends April, 2020	2017-2018: \$8,167,971 2018-2020: \$8,167,971 <i>total</i> (incl. no cost extension) Total Award: \$16,335,942
SAMHSA: SOR	In year 2 of 2-year grant; Ends September, 2020	2018-2020: \$11,739,904 per year 2018-2020 (supplemental award): \$6,128,230 <i>total</i> Total Award: \$29,603,038
SAMHSA: SPF-Rx	In year 4 of 5-year grant; Ends August, 2021	2016-2021: \$371,616 per year Total Award: \$1,858,080
BJA: COAP I (Category 4a)	In no cost extension period; Ends December, 2019	2017-2019: \$100,000 total
BJA: COAP II (Category 4b)	In year 2 of 3-year grant; Ends September, 2021	2018-2021: \$1,200,000 total
BJA: COAP (Category 6)	In year 2 of 3-year grant; Ends September, 2020	2017-2020: \$542,160 total
CDC: Prescription Drug Overdose: DDPI	Ended August, 2019	2016-2019: \$300,000 per year 2017-2019 (Supplemental Award): \$240,000 per year Total Award: \$1,380,000
CDC: Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality	Ended August, 2019	2017-2019: \$326,930 per year 2017-2019 (Supplemental Award): \$130,772 per year Total Award: \$915,404
CDC: 2018 Opioid Overdose Crisis Cooperative Agreement	Ended August, 2019	2018-2019: \$3,141,300 for 1 year
CDC: Overdose Data to Action Grant	In year 2 of 3-year award; Ends August 2021	2019-2021: \$4,900,000 per year Total Award: \$14,700,000
SAMHSA: Tribal Opioid Response Grants <i>Awarded to Tunica-Biloxi Indians of Louisiana</i>	In year 2 of 2-year grant; Ends September, 2020	2018-2020: \$112,934 per year Total Award: \$225,868
SAMHSA: Tribal Opioid Response Grants <i>Awarded to Jena Band of Choctaw Indians</i>	In year 2 of 2-year grant; Ends September, 2020	2018-2020: \$55,063 per year Total Award: \$110,126
SAMHSA: Improving Access to Overdose Treatment <i>Awarded to Odyssey House</i>	In year 3 of 5-year grant; Ends September 2022	2017-2022: \$1,000,000 per year Total Award: \$5,000,000

APPENDIX G – Education and Training July 2019 – June 2020

Education Events

- The Alcohol and Drug Abuse Center of Excellence (ADACE), an interdisciplinary research center of LSU Health, and the Schools of Medicine and Public Health hosted a one-day public forum on the crisis and strategies for reducing urban opioid overdoses and deaths. Regional urban leaders in city government, law enforcement, business, healthcare, mental health, and emergency medical services and other interested parties attended.
- Northeast Delta Human Services Authority hosted a listening session for the citizens of Ruston and Lincoln Parish, on October 29. Citizens engaged Dr. Monteic A. Sizer, Executive Director of Northeast Delta HSA and staff, to discuss issues of mental health, addiction, prevention and developmental disabilities. Actionable steps to address problems, while providing information concerning assistance to those who need it, was presented.
- Northeast Delta Opioid Summit, September 24, 2019, Monroe, La
- Opioid Education Sessions held in Baton Rouge on April 24th 2019 at the Hampton Inn and at the ACME Oyster House, including overview of national opioid epidemic and alternatives to pain medication. These sessions were provided by Woman's Hospital Foundation targeting physicians, nurses, nurse, practitioners, mental health and behavioral health professionals, and other clinician and medical professionals.
- National Governor's Association MAT and Corrections Workshop, Southeast Regional Workshop on Expanding Access to MAT for Justice Involved Individuals, June 12th -14th, New Orleans, La
- RX Opioid Treatment training sponsored by MAT-PDOA was held on August 26th in New Orleans, La. and August 28th in Baton Rouge, La. This panel of "Physician Ambassadors" and national subject matter experts presented strategies to assist providers with transitioning from Abstinence Based Models to Harm Reduction or Medication Assisted Treatment of medically necessary services that target persons with opioid use disorder (OUD).
- Metropolitan Human Services District, Recovery Oriented System of Care Symposium, September 11th New Orleans, La
- CAHSD, Alternatives to Opioid Pain Management workshop, Sunday, September 22nd, Baton Rouge, La
- LSU School of Medicine, Alcohol and Drug Abuse Center of Excellence Symposium; A City in Crisis: The opioid Epidemic in New Orleans, October 31, 2019
- SAMHSA Opioid Response Network, NE Delta Human Services District, LDH/OBH: Focus on Community Response to Opioid Crisis, Monroe, La, December 11th and 12th
- Louisiana Women's Foundation Symposia in collaboration with Acadiana Human Services District
 - November 8, 2019 in Lafayette at the Acadiana Area Human Services District
 - November 15, 2019 in Lake Charles at the Isle of Capri
 - December 7, 2019 in Shreveport at the Shreveport Convention Center

July 1, 2019 – June 30, 2020 - EDUCATION TRAININGS						
Generation Rx Older Adult Module	7/23/19	64	SOR Grant	Safe Medicine Practices	Andrew Ameen	Shreveport NLHSD
LaSACT Conference	7/28/19	600	Gambling	Evidence Based Prevention and TX of OUD		Baton Rouge
Generation Rx Older Adult Module	7/29/19	25	SOR Grant	Safe Medicine Practices for Older Adults	Leilani Brunet Jennifer Tregre	Houma SCLHSA
Generation Rx Older Adult Module	8/2/19	55	SOR Grant	Safe Medicine Practices for Older Adults	Vivian Gettys Dawn Collins	Baton Rouge CAHSD
Generation Rx Older Adult Module	8/13/19	69	SOR Grant	Safe Medicine Practices for Older Adults	DeeDee Toney Andrew Koetsier	Monroe NEHSD
Generation Rx Older Adult Module	8/20/19	16	SOR Grant	Safe Medicine Practices for Older Adults	Laurie Hebert	Lake Charles ImCal
Opioid Summit	9/4-6/19	350	LDH	Prevention and TX of OUD		Slidell
Generation Rx Older Adult Module	9/6/19	43	SOR Grant	Safe Medicine Practices for Older Adults	Heather Gernold	Hammond FJHSA
Generation Rx Older Adult Module	9/12/19	84	SOR Grant	Safe Medicine Practices for Older Adults	Tynese Breaux	Lafayette AAHSD
Generation Rx Older Adult Module	9/13/19	30	SOR Grant	Safe Medicine Practices for Older Adults	Edward Puyau Sedera Montgomery	New Orleans MHSD/JPHSA
Generation Rx Older Adult Module	9/19/19	39	SOR Grant	Safe Medicine Practices for Older Adults	Clair Heatherwick	Alexandria CLHSD
MAT Clinical Process and Workflow	9/26/19	20	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Stigma and Opioid Use Disorder	10/10/19	38	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
OUD in Pregnant Women	11/7/19	20	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Community Opioid Symposium	11/8/19	69	SOR Grant	Healthcare Professional Education	Dr. Joy P. Alonzo Dr. Declan T. Barry Dr. Petros Levounis Winford Amos Scott D. Arseneaux	Lafayette
Building Health Equity and Addressing Health Disparities	11/12/19	20	SOR Grant	Prevention Professionals Education	Tracy Johnson	Baton Rouge

July 1, 2019 – June 30, 2020 - EDUCATION TRAININGS						
OUN in Teenagers	11/14/19	29	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Integrating Primary and Behavioral Healthcare Conference	11/13-15/19	150	SOR Grant	Health Disparities	Tracy Johnson	New Orleans
Generation Rx	11/21/19	75	SOR Grant	Understanding the Generation Rx toolkit, engagement and implementation	Ohio state University College of Pharmacy	Baton Rouge
Medication Treatment of OUD	11/21/19	20	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Community Opioid Symposium	11/23/19	41	SOR Grant	Healthcare Professional Education	Winford Amos Scott Arseneaux Brandi Brinkerhoff Charles King Edward A. Jouney,	Westlake, Lake Charles
Management of Opioid Withdrawal and Overdose	11/28/19	NA	SOR Grant	Provider Education	Tulane University Project Echo	No Webinar due to Holiday
Risk Reduction and Safe Use of Opioids	12/5/19	8	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Community Opioid Symposium	12/7/19	127	SOR Grant	Healthcare Professional Education	Winford Amos William F. Dokockett II, Edward A. Jouney Andrew Kolodny,	Shreveport
Co-occurring Mental health Disorder in patients who have OUD	12/12/19	8	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Ethical and Legal Issues in Substance Abuse Treatment	12/19/19	8	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Legal Issues Related to OUD	12/26/19	8	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Brain Chemistry and Anatomy in OUD Need	1/8-9/20	41	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Infectious Disease & OUD	1/15-16/20	31	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
7 th Annual I Care Prevention Summit	1/16/20	250		Understanding Drugs in Your Community: High in Plain Sight	J. Chad Galloway	Baton Rouge

July 1, 2019 – June 30, 2020 - EDUCATION TRAININGS						
Understanding the Opioid Epidemic: A Families Helping Families Forum	1/21/20	43	Mental Health Block Grant	Parent testimonials of their children's struggles with opioid addiction, resources related to substance abuse	Families Helping Families/OBH	Baton Rouge
Sensible Tapering	1/22-23/20	27	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
In Office Induction	1/29-30/20	42	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Overview of the Medications for OUD	2/5-6/20	31	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Louisiana Higher Education Coalition Regional Training	2/11/20	25	SAPT Block Grant	Select 2019 Core Alcohol and Drug Survey Overview – Regional & Statewide Substance Use Trends, Generation Rx: University and Adult Modules, Naloxone Administration Training	Dr. Allison Smith	Baton Rouge
Review of the Evidence Supporting Medication Use in OUD	2/12-13/20	27	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Louisiana Higher Education Coalition Regional Training	2/18/20	15	SAPT Block Grant	Select 2019 Core Alcohol and Drug Survey Overview – Regional & Statewide Substance Use Trends, Generation Rx: University and Adult Modules, Naloxone Administration Training	Dr. Allison Smith	Lake Charles
Understanding the Opioid Epidemic: A Families Helping Families Forum	2/18/20	41	STR	Parent testimonials of their children's struggles with opioid addiction, resources related to substance abuse	Families Helping Families/OBH	Monroe
OUD Medication Selection, Induction, and Maintenance Dosing	2/19-20/20	29	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Overview of Role of Naloxone	2/26-27/20	9	SOR Grant	Provider Education	Tulane University Project Echo	Webinar

July 1, 2019 – June 30, 2020 - EDUCATION TRAININGS						
2020 Health Summit	3/3/20	N/A				Baton Rouge
Louisiana Higher Education Coalition Regional Training	3/3/20	32	SAPT Block Grant	Select 2019 Core Alcohol and Drug Survey Overview – Regional & Statewide Substance Use Trends, Generation Rx: University and Adult Modules, Naloxone Administration Training	Dr. Allison Smith	Shreveport
Louisiana Higher Education Coalition Regional Training	3/4/20	35	SAPT Block Grant	Select 2019 Core Alcohol and Drug Survey Overview – Regional & Statewide Substance Use Trends, Generation Rx: University and Adult Modules, Naloxone Administration Training	Dr. Allison Smith	Monroe
Prescribing Buprenorphine	3/4-5/20	39	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Louisiana Higher Education Coalition Regional Training	3/11/20	60	SAPT Block Grant	Select 2019 Core Alcohol and Drug Survey Overview – Regional & Statewide Substance Use Trends, Generation Rx: University and Adult Modules, Naloxone Administration Training	Dr. Allison Smith	Lafayette
Managing the Legal Risks of Prescribing Controlled Medications	3/11-12/20	21	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Prescribing Buprenorphine via Telemedicine during a P. Health Emergency	3/18-19/20	29	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Understanding the Opioid Epidemic: A Families Helping Families Forum	4/7/20	Distribution lists/Social Media audience	STR	Parent testimonials of their children's struggles with opioid addiction, resources related to substance abuse	Families Helping Families/OBH	Due to COVID-19, Webinar Changed to informational video

July 1, 2019 – June 30, 2020 - EDUCATION TRAININGS						
		Newslette r: 7,379 Facebook: 3,118 Twitter: 622				
Understanding the Opioid Epidemic: A Families Helping Families Forum	4/14/20	Distributi on lists/Socia l Media audience Newslette r: 7,379 Facebook: 3,118 Twitter: 622	STR	Parent testimonials of their children's struggles with opioid addiction, resources related to substance abuse	Families Helping Families/OBH	Due to COVID-19, Webinar Changed to informational video
Guidelines on Prescribing Opioids for Chronic Pain	4/15/20	35	SOR Grant	Identify the CDC guidelines for Opioid Prescribing for chronic pain, strategies to prevent opioid overdose deaths, misapplications of opioid prescribing for chronic pain, apply CDC guidelines for prescribing for chronic pain	Dr. Cataldie	Webinar
SAMHSA Opioid Overdose Prevention Toolkit	4/21/20	31	SOR Grant	Dos and Don'ts of when responding to overdose, strategies to prevent opioid overdose deaths, signs of opioid overdose, administering Naloxone, process of supporting breathing and response to Naloxone	Julie Stevens	Webinar
Managing Pain in Patient with OUD (Part 1) Non-Pharm Options	5/6/20	15	SOR Grant	Provider Education	Tulane University Project Echo	Webinar

July 1, 2019 – June 30, 2020 - EDUCATION TRAININGS						
Managing Pain in Patient with OUD (Part 1) Non-Pharm Options	5/7/20	15	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
SAMHSA Opioid Overdose Prevention Toolkit	5/11/20	41	SOR Grant	Dos and Don'ts of when responding to overdose, strategies to prevent opioid overdose deaths, signs of opioid overdose, administering Naloxone, process of supporting breathing and response to Naloxone	Julie Stevens	Webinar
Managing Pain in Patient with OUD (Part 2) Non-Opioid Pharm Options	5/13/20	15	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Managing Pain in Patient with OUD (Part 2) Non-Opioid Pharm Options	5/14/20	13	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Guidelines on Prescribing Opioids for Chronic Pain	5/20/20	27	SOR Grant	Identify the CDC guidelines for Opioid Prescribing for chronic pain, strategies to prevent opioid overdose deaths, misapplications of opioid prescribing for chronic pain, apply CDC guidelines for prescribing for chronic pain	Dr. Cataldie	Webinar
Managing Pain in Patient with OUD (Part 3) Other Pharm Options	5/20/20	18	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Managing Pain in Patient with OUD (Part 3) Other Pharm Options	5/20/20	17	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Managing Pain in Patient with OUD (Part 4) Opioid Pharm Options	5/27/20	13	SOR Grant	Provider Education	Tulane University Project Echo	Webinar

July 1, 2019 – June 30, 2020 - EDUCATION TRAININGS						
Managing Pain in Patient with OUD (Part 4) Opioid Pharm Options	5/28/20	16	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
2020 LaHEC Conference	6/1-22/20	189	SAPT Block Grant	Annual Professional Development	Peter Rives Reonda Washington Dr. Christine M. Lee Viveca Johnson Dr. Katrina Trivers Dr. Allison M. Smith	Webinar
Guidelines on Prescribing Opioids for Chronic Pain	6/3/20	25	SOR Grant	Opioid prescribing for chronic pain, opioid overdose strategies	Louis Cataldie, MD, ABAM, MRO	Webinar
2020 NASW LA State Conference	6/3-5/20	31	Mental Health Block Grant	Education, networking and celebration of social workers	Kathryn Conley Wehrmann, President of NASW Abbi Rieser	Webinar
Substance Use Disorders in Pregnancy	6/3/20	19	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Substance Use Disorders in Pregnancy	6/4/20	22	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Screening Depression and Anxiety During Pregnancy	6/10/20	15	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Screening Depression and Anxiety During Pregnancy	6/11/20	17	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
SAMHSA Opioid Overdose Prevention Tool Kit	6/11/20	22	SOR Grant	Opioid overdose prevention and strategies, Naloxone education	Julie Stevens	Webinar
Treatment Depression and anxiety During Pregnancy	6/17/20	21	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Treatment Depression and Anxiety During Pregnancy	6/18/20	16	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Breastfeeding Considerations with Substance Use Disorders and Mental Health Medications	6/24/20	13	SOR Grant	Provider Education	Tulane University Project Echo	Webinar
Breastfeeding Considerations with Substance Use Disorders and Mental Health Medications	6/25/20	17	SOR Grant	Provider Education	Tulane University Project Echo	Webinar

July 1, 2019 – June 30, 2020 - EDUCATION TRAININGS						
Impact of Social-Emotional Learning in the Home	6/25/20	26	Block Grant	Educate on the many ways parents/guardians can help their child to strengthen their resiliency skills, socially and emotionally.	Tammy Washington	Webinar
SAMHSA Opioid Overdose Prevention Tool Kit	6/26/20	20	SOR Grant	Opioid overdose prevention and strategies, Naloxone education	Julie Stevens	Webinar
First Episode Psychosis providers at CAHSD, MHSD, JPHSA, FPHSA and SCLHSA	6/29/20	30	COAP Grant	Presentation on Social Cognition and Interaction Training	Dr. David Roberts	Webinar
Trauma: Reframing and Reclaiming Our Lives	6/29/20	14	Block Grant	Differences in the effects of our experiences and how to improve your quality of life.	Dr. Jeremy L. Blunt	Webinar

APPENDIX H – DOC Intensive Incarceration Program

This report is updated annually and is subject to change to reflect current program status and availability. Please check the DOC website at <http://www.doc.la.gov> for the most current version. Dated 3/15/2018.

Offender Intensive Incarceration Program Referral

The Department of Public Safety and Corrections' Intensive Incarceration Program allows for courts to sentence offenders to programming providing for intense, individualized treatment in a correctional setting. For eligible offenders, the court may as a condition of probation or in lieu of revocation recommend the offender for intensive incarceration programming at the time of sentencing in accordance with La. C.Cr.P. art. 895(B). Additionally, the court may recommend participation for those offenders in a drug division probation program who have had their probation revoked in accordance with La. C.Cr.P. art. 900(A)(6). All recommendations are subject to approval by the Secretary of Corrections.

Offender Eligibility Criteria

- Must be a willing participant in the program.
- Must be no more than a second felony offender.
- The instant offense is a non-violent felony.
- No convictions for a sex offense as defined in LSA-R.S. 15:541.
- Must be committed to DOC custody for up to 12 months with no diminution of sentence.

DOC Discretionary Suitability Criteria

- Pending felony charges or excessive misdemeanor charges.
- Immigration detainer.
- Pending probation or parole revocation(s).
- Medical or mental health issues precluding safe program participation.
- History of felony battery, assault, aggressive sexual behavior, or aggravated escape.

Suggested Sentencing Language for the Uniform Commitment Order

After imposition of the sentence in accordance with the eligibility criteria above, "the Court hereby orders the defendant to be committed to the Department of Corrections to serve a sentence of not more than 12 months without diminution of sentence in the intensive incarceration program pursuant to LSA-R.S. 15:574.4.4."

Notification Requirements to DOC after Intensive Incarceration Referral

- DOC must be notified of the referral by email at: intensiveincarceration@doc.la.gov
- The notification must state the location to which the offender shall return after program completion.

This report is updated annually and is subject to change to reflect current program status and availability. Please check the DOC website at <http://www.doc.la.gov> for the most current version. Dated 3/15/2018.

Offender Reentry Court Program Referral

The Department of Public Safety and Corrections' Reentry Court Program allows for judicial referral of eligible offenders to various programs designed to provide offenders with job skills, training, and employment upon completion of the program. The court may recommend offender participation either at the time of sentencing or in lieu of a probation revocation. All recommendations are subject to approval by the Secretary of Corrections.

Offender Eligibility Criteria

- Must be a willing participant in the program.
- The instant offense is a non-violent felony.
- No convictions for a sex offense as defined in LSA-R.S. 15:541.
- Not sentenced as a habitual offender under LSA-R.S. 15:529.1.
- Sentenced to hard labor for at least 10 years with at least 2 years to be served in custody.
- Instant offense shall not be for a crime involving the death of a person.
- No pending felony charges.

DOC Discretionary Suitability Criteria

- Immigration detainer.
- Pending probation or parole revocation(s).
- Medical or mental health issues precluding safe program participation.
- History of felony battery, assault, aggressive sexual behavior, or aggravated escape.
- Conviction for an offense involving the use of a firearm or dangerous weapon.
- Sufficient mental aptitude to obtain a HiSET equivalency degree.
- Sufficient physical ability to fulfill the requirements of vocational training programs.

Suggested Sentencing Language for the Uniform Commitment Order

After imposition of sentence in accordance with the eligibility criteria above, "the Court hereby recommends the defendant for participation in the DOC Offender Rehabilitation and Workforce Development Program pursuant to LSA-R.S. 13:5401."

Notification Requirements to DOC after Reentry Court Program Referral

- DOC must be notified of the referral by email at: reentrycourt@doc.la.gov

This report is updated annually and is subject to change to reflect current program status and availability. Please check the DOC website at <http://www.doc.la.gov> for the most current version. Dated 3/15/2018.

Offender Transitional Work Program Referral

The Department of Public Safety and Corrections Transitional Work Program allows for eligible offenders to begin participation in the Transitional Work Program immediately upon sentencing. The court may

recommend offender participation either at the time of sentencing or in lieu of a probation revocation. Participation in the Transitional Work Program may be an excellent option for those offenders with existing employment. All recommendations are subject to approval by the Secretary of Corrections.

Offender Eligibility Criteria

- Must be a willing participant in the program.
- The instant offense is a non-violent felony.
- No convictions for a sex offense as defined in LSA-R.S. 15:541.
- Not sentenced as a habitual offender under LSA-R.S. 15:529.1.
- Sentenced to hard labor with at least 4 years to be served in custody.
- No pending felony charges or detainees.

DOC Discretionary Suitability Criteria

- Medical or mental health issues precluding safe program participation.
- Escape conviction—either criminally or institutionally—within the last 7 years.
- History of poor work habits, cooperation, or other undesirable occupational behavior.
- History of battery, assault, or aggressive sexual behavior.

Suggested Sentencing Language for the Uniform Commitment Order

After imposition of sentence in accordance with the eligibility criteria above, “the Court hereby recommends the defendant for participation in the DOC Transitional Work Program.”

Notification Requirements to DOC after Reentry Court Program Referral

DOC must be notified of the referral by email at: twprecommendations@doc.la.gov *This report is updated annually and is subject to change to reflect current program status and availability. Please check the DOC website at <http://www.doc.la.gov> for the most current version. Dated 3/15/2018.*

Offender Mental Health Evaluation Referral

Persons with serious mental illness cycle in and out of the criminal justice system at a rate that is three to four times greater than that of the general population. These persons require evaluation and individualized treatment plans upon entry into the criminal justice system. If an offender is suspected to have mental health concerns, courts are encouraged to specially recommend at sentencing that DOC conduct a mental health evaluation of the offender.

The recommendation by the court must be noted on the Uniform Commitment Order. This recommendation will ensure that offender receives a full mental evaluation and treatment, if necessary.

Suggested Sentencing Language for the Uniform Commitment Order

After imposition of sentence, “the Court hereby recommends that the defendant receive a mental health evaluation by DOC.”

Notification Requirements to DOC after Reentry Court Program Referral

DOC must be notified of the referral by email at: mentalhealth@doc.la.gov *This report is updated annually and is subject to change to reflect current program status and availability. Please check the DOC website at <http://www.doc.la.gov> for the most current version. Dated 3/15/2018.*

Act 389 Substance Abuse Probation Program Referral

The courts may refer eligible male and female offenders to the substance abuse probation program within the Department of Public Safety and Corrections whereby offenders with suspected substance abuse issues shall receive intense counseling and treatment regarding their substance abuse problem. For certain possession and possession with intent offenses involving controlled substances, the court may suspend a sentence and order a defendant placed on substance abuse probation with DOC.

Offender Eligibility Criteria

- Charged with felony possession of a controlled substance as defined in LSA-R.S. 40:966(C), 40:967(C), 40:968(C), or 40:969(C)
- Charged with possession with intent to distribute a controlled substance as defined in LSA-R.S. 40:967(A), 40:968(A), or 40:969(A)
- No convictions for a crime of violence as defined in LSA-R.S. 14:2(B).
- No convictions for a sex offense as defined in LSA-R.S. 15:541.
- No opposition by the district attorney.
- Has not previously participated or declined participation in a drug division probation program.

Affirmative Findings to be Made by the Court

- Defendant suffers from addiction to a controlled substance.
- Defendant is likely to respond to the substance abuse program.
- Available program resources are appropriate to meet the needs of defendant.
- Defendant does not pose a threat to community, and treatment is preferable to incarceration.

Suggested Sentencing Language for the Uniform Commitment Order

After making the affirmative findings required by La. C.Cr.P. art. 903.2, the court shall suspend execution of the sentence and place the defendant on supervised probation under the appropriate terms and conditions of the substance abuse probation program.

APPENDIX I – Louisiana State-Recognized Native American Tribal Needs Assessment Summary

Louisiana State-Recognized Native American Tribal Needs Assessment Summary

Louisiana State Opioid Response (LaSOR) Grant

The LSU Social Research and Evaluation Center (SREC) engaged the **United Houma Nation (UHN)** and **Isle de Jean Charles Biloxi Chitimacha Choctaw** tribal groups during Year 1 of the LaSOR grant to identify and address needs surrounding Louisiana's opioid crisis. SREC investigated opiate prevention, treatment, and recovery awareness and needs among the tribes.

Methodology

<i>Listening sessions.</i> SREC conducted four listening sessions with tribal citizens. Listening Session	Location	Participants
Children's Summer Program	Dulac, LA	12 high school & college-aged counselors
Dulac Community Center	Dulac, LA	8 adults—all but 1 were tribal citizens
Vocational Rehabilitation Office	Houma, LA	7 adults citizens (5 women and 2 men)
Grand Caillou Library	Dulac, LA	16 adults (5 women and 11 men)
Isle de Jean Charles Tribe	Montegut, LA	11 adults (3 women and 8 men)

Interviews. SREC conducted three interviews with stakeholders involved in academia, the tribal community, and state-level administration.

Tribal Council Meetings. SREC attended three tribal meetings to provide information about the opioid crisis, to update tribal citizens on listening session activities, and to provide a summary of information obtained.

Findings

Tribal citizens living with addiction included older adults, men & working-class individuals (who are injured from the oil field and fishing industries) as well as young adults who view addiction as a lifestyle. Factors contributing to addiction in tribal communities include:

- **Legal prescriptions.** Opioids are not understood as risky when obtained legally.
- **Injuries.** Worker's self-esteem diminishes after injury/disability, resulting in drug use.
- **Lack of healthcare.** Citizens do not have access to addiction treatment options.

- **Lack of education.** Literacy & educational disparities create barriers to access information regarding prevention and treatment.
- **Income source.** Some sell legally obtained drugs to support themselves & families.
- **Lack of knowledge.** There is limited awareness around risks associated with addiction.
- **Other hazards.** Increased stress levels lead to drug use and abuse (sources of stress: inter-generational drug use, environmental hazards [e.g., the 2010 BP oil spill and land loss], consumption of unhealthy foods, and abusive relationships).

Prevention

- Participants identified no opioid or other drug prevention efforts in the Houma or Terrebonne Parish areas. Drug abuse problems were not discussed at tribal meetings.

Treatment and Recovery

- Citizens largely do not trust healthcare systems
- Scarcity of treatment & recovery programs
- No knowledge of services provided by the Local Governing Entity (LGE), South Central Louisiana Human Services Authority (SCLHSA)
- Citizens depend on two local librarians for assistance in job searches, securing benefits, emergency housing, and other services
- Reported a need for an advocate to help citizens navigate healthcare systems

Strengths

- Better recovery outcomes among those with family members who have monetary resources and help navigate the treatment process
- Medical insurance through employment increases access to treatment programs
- Alcoholics Anonymous (AA) groups help to aid recovery
- Vocational Rehabilitation Center provides some programming to increase awareness

Indian-Centered Solutions & Insights

- Severe need for treatment to address the root problems of addiction, including environment, trauma, and a lack of finances, housing, and education
- Culturally-appropriate “Wellbriety” Movement and the White Bison Intervention

Gaps and Risks

- Misunderstandings about the nature, signs, symptoms, and neuro-pathology of addiction
- Inaccurate understanding of medically-assisted-treatment (MAT) and Narcan

- Lack of oversight for doctors who prescribe opiates and drug screen monitoring

Tribal Citizens' Suggestions

- Tribal training on opioids
- Outreach and prevention efforts
- Educational opportunities with the community's input
- Trust and respect need to be earned
- Mental health treatment
- Address stigma associated with drug abuse
- Mentoring, especially for male youth
- More programming for youth, including music and recreation

The Louisiana Department of Health, Office of Behavioral Health engaged Shirell Parfait- Dardar, Chairwoman, LA Native American Commission and updates Pat Arnould, Director, Governor's Office of Indian Affairs on engagement activities with tribal groups.

APPENDIX J – MCO Opioid Effort Descriptions

Opioid Response Plans are included below in the following order:

1. AETNA BETTER HEALTH OF LOUISIANA
2. AmeriHealth Caritas Louisiana (ACLA)
3. Healthy Blue Opioid Strategy (2020)
4. Louisiana Healthcare Connections
5. United Healthcare

1. AETNA BETTER HEALTH OF LOUISIANA OPIOID RESPONSE (2020)

INTERNAL:

We discuss members with substance use disorders and help develop appropriate discharge plans through:

- New Admission rounds daily.
- Integrated rounds twice a week that include the physical health and behavioral health medical directors.
- Multidisciplinary NICU rounds three times a week that includes a high-risk OB Care Manager.
- Residential rounds weekly where we discuss members in various residential levels of care.

All of our staff have been educated on:

- Screening, Brief Intervention and Referral to Treatment (SBIRT).
- American Society of Addiction Medicine (ASAM) criteria and levels of care, and our Utilization Management staff is tested on it annually.
- Shatterproof and their ATLAS search engine to locate substance abuse treatment throughout the state.
- Mental Health First Aid to reduce stigma around substance abuse.

Our Behavioral Health medical director is board-certified in both Psychiatry and Addiction Medicine.

We have a local Case Management (CM) Opioid Champion whose role is to support the goals and objectives of the Aetna Medicaid CM Opioid program.

We have been assisting with Aetna's enterprise-level Opioid Task Force to develop an Opioid dashboard reviewing measures such as: use of opioids with benzodiazepines, rates of medication-assisted treatment (MAT) in members who have a diagnosed Opioid Use Disorder, and prescriptions of opioids to members who have had an overdose.

We follow the state preferred drug list (PDL) around appropriate opioid prescribing guidelines.

PROVIDERS:

We subsidized buprenorphine waiver training through ASAM for providers who were interested. We also referred providers to another online training option through Providers Clinical Support System (PCSS).

We offered SBIRT training to all providers in our network.

All of our providers have received general information on:

- SBIRT
- Naloxone (Narcan) access
- Tribal educational resources
- Shatterproof/Atlas
- Opioid use and Pregnancy
- Center for Disease Control (CDC) guidelines around opioid prescribing.

We also created and distributed an educational toolkit on Opioid Use Disorder for our providers.

We are working with a large treatment provider to provide analysis, and subsequent interventions (relative to the incorporation of elements of trauma-informed care) that have proven helpful in reducing the rate of readmission within 30 days of program completion.

We have contracted with the National Council for Behavioral Health for a year-long series of monthly educational webinars on Trauma-Informed Recovery-Oriented Care (TIROC) open to all providers: Topics planned for inclusion (and applicable to substance use treatment) are:

- a. Introduction to trauma, resilience, and trauma-informed, resilience-oriented care
- b. Trauma-informed primary care
- c. Maternal health
- d. Trauma-informed care and health care integration
- e. Children's services
- f. Diversity, equity, and inclusion
- g. Other topics may be added as need is indicated.

MEMBERS:

We're educating our members on opioid use and the risks associated with it, both through all member communications and targeted communications to those we identify who are already receiving opioid prescriptions.

We have a designated CM team member who oversees the Opioid Use Disorder risk stratification report, which is used to outreach and support high risk members. This leads to individualized care planning and care coordination.

Our CM team receives a weekly list of members who are pregnant and have a diagnosis of Substance Use Disorder. Members are then enrolled in Care Management and followed as high risk pregnancies. CM team communicates with the members' provider and offers referrals and follow-ups.

We are also working with the Department of Corrections (DOC) in addressing Opioid Use Disorder of newly released prisoners through CM.

Our team holds biweekly Member Restriction rounds where we review members who are utilizing multiple pharmacies or prescribers for controlled substances. These members can be locked-in to one pharmacy and/or prescriber.

2. AmeriHealth Caritas Louisiana (ACLA) Opioid Response (2020)

1. Bright Start implemented the SAMHSA's 5P's (Parents, Peers, Partner, Past, Pregnancy) assessment which is designed for pregnant women to assess for substance use or high risk for developing a substance use disorder. The screening tool is completed on pregnant members who do not have a documented diagnosis of Substance Use Disorders. Referrals and resources are provided for any "yes" answers.
2. ACLA is in the process of enhancing the Living Beyond pain program adding additional medical diagnosis; adding gym membership, potentially offering Peer support specialist as a supportive option for members identified in the LBP program as needed.
3. Population Health team participated in a training addressing motivational interviewing skills, best practices in pain medication management and alternatives to opioid use – Training occurred June 2020.
4. Population Health automated the notifications for ER visits r/t to Alcohol and Drug usage improving timeliness. Initiated September 2020.
5. Population Health's Behavioral Health team implemented an intervention targeting members who have an ER visit related to Alcohol and Drugs usage – members are outreached and assisted with securing a post-ER appointment with their PCP or Specialist within 7 to 30 days - Initiated September 2020.
6. Population health developed a Substance Use Disorder Clinical Pathway targeting members who:
 - a. positive for substance and/or substance use screening instrument including the Alcohol Abuse in Adults (Adult-C) and the Drug Abuse Questionnaire –DAST 10.
 - b. referred by a provider or internal departments for substance use concerns.
 - c. in the Pharmacy Lock In Program if agreeable
 - Population health team will monitor established metrics and outcomes of SUD clinical pathway outreach.
7. ASAM Criteria trainings for providers: 5/13/20 and 8/4/20
8. Integrated Healthcare TeleECHO: Didactic on MAT 9/17/20
9. Extended the no cost ASAM coordinated MAT trainings for in-network ACLA providers through 2020 and 2021.
10. AmeriHealth developed an Opioid Toolkit in 2019 to educate front line associates on the causes of the opioid epidemic as well as the specific line of business response and resources to address reduction in opioid prescription use and opioid use disorder. ACLA has offered this toolkit as a resource for all ACLA associates.
11. Corporate AmeriHealth resumed its monthly Opioid Strategy Blueprint workgroup with representation from each line of business (LOB).
12. ACLA continues the Louisiana Medicaid restrictions on novel opioid and established opioid prescriptions.
13. ACLA continues to actively employ the Lock-In program to better manage members who attempt to obtain opioid medications prescription from multiple sources and attempt to fill opioid prescriptions at multiple pharmacies. We have recently incorporated prescriber lock-in to complement the existing pharmacy lock-in.

14. ACLA monitors monthly opioid claims information and refers our members with chronic and/or high utilization patterns to case management.

3. Healthy Blue Opioid Strategy (2020)

Opioid Data Dashboard with monitors

- The degree to which a member is keeping up with MAT plans with their doctor
- Outcomes of Members with Substance Abuse Diagnosis
- Critical events such as Overdose and Perinatal Substance Abuse
- Member Opioid Use Reporting
- Opioid Prescriber Dashboard
- Opioid Prescriber Profile Dashboard
- Pharmacy Opioid Reporting
- Prescriber Patterns
- Utilizing ELLI, a population health analytical tool, that projects high utilizers based on SUD and high-risk score related to opioid prescriptions.

MAT Linkage Program

- Provide SBIRT Training to Providers.
- Licensed behavioral health clinicians operate as Subject Matter Experts on Substance Use Disorders, Motivational Interviewing, and Person-centered Planning.
- Care Coordination for Members with high re-admission rates with SUD.
- Telemed provider who offers specialized telemedicine services to identified members.
- Develop comprehensive list of MAT prescribers based on member's parish and expand MAT prescriber network.
 - Member engagement in continued care.

Targeted Case Management/Coordination of Care

- Corporate Emerging Risk Care Coordination program (Using predictive modeling) - Opioid Use cohort.
- CM outreach to members who qualify for Post Discharge Management - Inpatient hospitalizations related to SUD.
- Targeted CM outreach for members receiving prescriptions from non-par providers who are high risk based on total MME, polypharmacy, and/or utilizing various prescribers.

Pharmacy

- Outreach component to providers to assist with education and resources on the risk of continued opioid usage and associated risks with morphine milligram equivalent.
- Non-par opioid initiative - Members receiving opioids from non-par providers are staffed during integrated weekly rounds. Team utilizes screening tool developed to assess risk and provide coordination of care and referrals to the appropriate level of care.
- Implement pharmacy and provider lock-in to manage members who attempt to fill opioid prescriptions at multiple pharmacies and/or by multiple par and non-par providers.
- Provider relations provides physicians, nurses, and pharmacies with education related to pharmacy/provider lock-in programs.
- Removed prior authorization criteria for all LOBs for naloxone prescription. Louisiana Naloxone standing order renewed for 2020.

Quality

- In-patient & outpatient LMHP providers of Substance Abuse Services.
- Assess appropriate use of ASAM levels according to the LDH BH Services Manual.
- Provide SBIRT Training to Providers.
- Assess appropriate use of opioid prescriptions based on chronic conditions.
- Work to bring in quality pain management physicians in-network.
- Monitoring member w/# of readmissions for opioid misuse who are not on MAT drugs.
- Facility patterns for patients discharged without appropriate d/c plan to include IOP or MAT.
- ASAM levels of care training to BH HB clinical team UM/CM.
- Educational Text Campaign for all members on risk associated with opioid use and abuse
- Utilize ATLAS (the Addiction Treatment Locator, Assessment and Standard) platform online platform launching with the assistance of the Louisiana Department of Health's Office of Behavioral Health.
- Implemented BH Initial Review Form for utilization management to ensure appropriate level of care for members with SUD diagnosis.

4. Louisiana Healthcare Connections Response to Louisiana's Opioid Response Plan (2020)

Pharmacy Lock in Program:

Pharmacy monitors members' prescription opioid fills. If more than one pharmacy is being used to fill opioid prescriptions, the fills will be restricted to one pharmacy.

For Providers:

LHCC has a blog where we communicate with our providers about OBH sponsored training for opioid treatment:

LHCC sponsors free online course for physicians to become buprenorphine wavered to treat opioid use disorders. The course is conducted by the American Society of Addiction Medicine (ASAM.) ASAM trainings are made available to providers, with weekly email reminders of dates. 3 trainings have been conducted this year, and 2 more trainings have been scheduled.

A link is provided to the OBH/Shatterproof Pilot for substance disorder treatment provider rating system, to launch in 2020.

For Members:

Case managers work within the community to lessen the stigma opioid, and other substance use disorders to lead more members to seek treatment.

Case management services are offered to members who presented to emergency departments with opioid overdose, and/or have received treatment services for opioid disorders.

Case managers provide physicians, nurses, and pharmacies with education regarding non-opioid strategies for pain management.

Our Provider Network conducts outreach education on Medication Assisted Treatment (MAT) strategies, as well as how physicians can receive the waiver needed to prescribe Suboxone.

Crisis management services are offered, should a member call us in crisis related to an opioid (as well as other substance use) disorder.

LHCC uses the third edition of the American Society of Addiction Medicine medical necessity criteria to determine treatment levels of care. Our UM or trade annually on ASAM treatment placement criteria to assure our members at the appropriate level of care for their opioid and/or other substance use disorders. UM has the opportunity to staff difficult cases.

We have peer support specialists as part of our recovery support services team.

We are in the process of adopting a Centene model of care called OpiEnd, which Builds on all the LHCC responses to the opioid epidemic pillars outlined in Louisiana’s Opioid Response Plan.

- LHCC utilizes predictive reporting technology to identify members that may be at risk of Opioid dependency or abuse for outreach to offer treatment resources.
 - this is trigger is in addition to the Lock in reports/ and ED / IP utilization reports and populates to our New case assignment tools
- LHCC has also developed and begun promoting an SBIRT training (to try to encourage PH MDs to screen actively and preventatively for possible Substance use disorders) – this intervention saw some delays due to COVID-19 but I think the webinar is up now
LHCC holds 2 sets of rounds each week to review CM and provider services offered to members with co-occurring SU and MH issues who are frequent visitors to EDs and are frequently admitted to IP LOC. Forty percent of this group of members have Opioid Use issues.

5. UNITED HEALTHCARE-LA ACTIVITIES FOR OUD’S (2020)

1. MAT Expansion and MAT quality of care:
 - a. UHC C&S financed an x-waiver training in 2019 in collaboration with the LA Rural Health Association for more than 20 providers from all over the state who wanted to pursue x-waiver certification to prescribe buprenorphine. We are in the process of securing another x-waiver training for Q4 2020 or Q1 2021. Similarly, not all Buprenorphine prescribers ensure that patients are engaged with all aspects of MAT, namely counseling and community support. We have been reaching out to large buprenorphine prescribers to understand their practices and solve barriers for full MAT patient engagement.
 - b. We have been closely working with large residential treatment facilities to expand the use of naltrexone and other MAT in the New Orleans and East Baton Rouge regions give the high prevalence of opioid related adverse effects.
 - c. Expansion of value based contracting (VBC) involving MAT initiation and maintenance. Currently UHC has a VBC incentive with one large provider in the New Orleans region. We are looking forward to expand this incentive to providers in regions hard hit by opioid related overdoses, ED and inpatient stays related to opioids.
2. Reducing outlier opioid prescribing: Through our “outlier prescriber” program, we outreach to providers who frequently exceed prescribing guidelines to help providers align their practices with state and national guidelines and best practices.
3. Opioid Use Disorder/Substance Use Disorder provider education: We developed a SUD Toolkit presentation that offers free CEU’s/CME’s to LA providers. The toolkit emphasizes screening, assessment of comorbid conditions, SBIRT, MAT, naloxone distribution, and resources among other topics. The toolkit was presented 4 times in 2020. We are exploring new opportunities for 2020-2021.
4. Patient education: SUD pocket guide. This is a handy pocket size education tool for patients suffering from SUD’s and mental health conditions and is been distributed to selected groups at risk: adolescents, expecting mothers, individuals in re-entry from incarceration and others in an effort to increase patient literacy around substance use and interactions with the healthcare system.

5. United Healthcare's staff education: ongoing efforts to continue to ensure that all staff that has patient and provider contacts is up to date on best practices to address opioid use disorders and related conditions like trauma informed care, adverse childhood events and other.
6. Reductions in overdose risk: UHC developed a program to promptly identify individuals on MAT who are 1 week late from re-filling their MAT medications thus putting themselves in potential high risk for relapse and overdose. The program helps patients refill their medications in a timely manner by removing barriers. Similarly, we have been advocating for the prescribing and informing patients and their families of naloxone kits through all of our case management and utilization management activities.
7. We are exploring ongoing support and development of teleMAT opportunities to ensure continuity of care during crises and to reach underserved areas, e.g., COVID-19, hurricanes etc.
8. UHC identified a new evidence-based assessment tool for SUD treatment recovery outcomes. The tool is currently under revision and will be presented to OBH Q1 of 2021.
9. Special populations: Continue support and collaboration with Woman's Hospital GRACE program servicing expecting and new mothers suffering from mental health and substance use disorders. Continue expansion of Substance Use Disorders Intensive Outpatient Programs for adolescents. Outreach and collaboration with agencies working on prison re-entry, drug courts, and supporting modalities that address the needs of the severe mentally ill suffering from substance use disorders. Finally, we are looking to expand our support for more selective non-opioid treatments for chronic pain.