Act 88 – Advisory Council on Heroin and Opioid Prevention and Education

August 10, 2018

HOPE Council Members

- **Chair Dr. Hussey**: Department of Health
- **Vice Chair Matt Adams**: Board of Regents
- Mona Michelli: Department of Children and Family Services
- Michael Comeaux: Department of Education
- Dr. John Morrison: Department of Corrections and Public Safety
- Major Bob Brown: State Police
- Linda Theriot: Veterans Affairs
- Sheral Kellar: Workforce Commission
- Senator Regina Barrow: Senate
- Troy Prevot: House of Representatives
- Keetsie Gunnels: Department of Justice
- Thomas Travis: Department of Insurance
- Judge Jules D. Edwards, III: 15th Judicial Court
  - Dr. Chaunda Mitchell: Governor’s Office, Drug Policy
Agenda

- Call to Order
- Roll Call
- Approval of Agenda
- Approval of Minutes from the February and May Meetings
- Pew Charitable Trust
- Mid-Year Report / Workgroup Updates
  - Interagency Coordination Plan Workgroup - Report
  - Data Surveillance Workgroup - Website
- Grants Update
- Public Comment and General Discussion
- Review of HOPE Advisory Council and Workgroup Next Steps
- Date, Time, Place of Future HOPE Meetings
- Adjournment

Pew Charitable Trusts

- Presenters: Andrew Whitacre and Alaina McBournie
  - Introduction to Pew’s technical assistance
  - Overview of work in other states
  - Medication Assisted Treatment (MAT)
  - Treatment, core areas within treatment
  - Evidence based treatment for opioid use disorder
  - Effective care models
  - Contribution to the HOPE Council
Expanding Access to Treatment
August HOPE Council Meeting

Today’s Topics

- Scope of the Opioid Crisis in Louisiana
- Evidence-Based Treatment for Opioid Use Disorder
- Pew’s Technical Assistance
- Previous State Partnerships
- Effective State-Based Models of Care
Scope of the Opioid Crisis in Louisiana

Rising Opioid Overdose Deaths

3 Waves of the Rise in Opioid Overdose Deaths

Source: National Vital Statistics System Mortality File
Louisiana is in the Top Tier in Drug Overdose Deaths

Source: Centers for Disease Control and Prevention (CDC)

Louisiana Opioid-Related Deaths Nearly Tripled

**Evidence-Based Treatment for Opioid Use Disorder**

**MAT Is Standard of Care for Opioid Use Disorder**

**FDA-approved drugs + Behavioral therapy**

Medication-assisted treatment (MAT) increases adherence and reduces:

- Illicit opioid use
- Overdose risk and fatalities
- Health care utilization
- Criminal activity

Medications for Opioid Use Disorder Work Differently


Three Medications Are Available To Treat OUD

<table>
<thead>
<tr>
<th>Medication</th>
<th>Common Brand Names</th>
<th>Available Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td></td>
<td>Opioid treatment programs</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Zubsolv, Suboxone, Bunavail, Probuphine</td>
<td>Any prescriber with an appropriate waiver</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Vivitrol</td>
<td>Any health care provider with prescribing authority</td>
</tr>
</tbody>
</table>

American Society of Addiction Medicine Criteria Guide Patient Care

- **.5** Early Intervention
- **1** Outpatient Treatment
- **2** Intensive Outpatient and Partial Hospitalization
- **3** Residential/Inpatient Treatment
- **4** Medically-Managed Intensive Inpatient Treatment


SUD Providers are Scarce Nationwide

SUD Providers Offering MAT Are More Scarce


Louisiana Lacks MAT Providers

According to federal data:

- **106** total treatment facilities
- **30** offer at least one form of MAT

Source: Pew analysis of National Survey of Substance Abuse Treatment Services (NSSATS) data from the Substance Abuse and Mental Health Services Administration (SAMHSA).
Pew’s Technical Assistance

The Pew Charitable Trusts

Pew is an independent nonprofit, nonpartisan research and policy organization.

Tools:
- Research
- Partnerships
- Technical assistance
- Expand access to effective treatment for substance use disorders, including medication-assisted treatment.
Pew’s Approach to Policy Recommendations

- Understand Louisiana’s System
- Engage Stakeholders Statewide
- Build on Evidence-Based and Emerging Practices
Stages of Technical Assistance

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Policy Options</td>
<td>Policy Change</td>
</tr>
<tr>
<td>Identify gaps in a state’s treatment system, through:</td>
<td>Develop a consensus package of state-specific, evidence-based policy solutions</td>
<td>Enact policy changes, through:</td>
</tr>
<tr>
<td>• Data Analysis</td>
<td>• Regulation</td>
<td>• Administrative Action</td>
</tr>
<tr>
<td>• System Assessment</td>
<td>• Legislation</td>
<td>• State Budget Process</td>
</tr>
</tbody>
</table>

Previous State Partnerships
Executive and legislative action to:

- Implement statewide model of care
- Increase access to MAT for pregnant women
- Integrate MAT into Federally Qualified Health Centers

Pew Recommendations in Wisconsin
Pew Recommendations in Indiana

- Executive and legislative action to:
  - Mandate prescriber use of the state prescription drug monitoring program
  - Increase the number of methadone providers
  - Expand MAT availability and quality in office-based settings
Effective State-Based Models of Care

Substance use disorder workforce: A robust pipeline of clinical and nonclinical providers who deliver prevention, treatment, and recovery services to people with SUD.

Treatment system transformation: Models and approaches that affect the delivery of care in states.

Underserved populations: People and communities requiring specialized care or services that have access to treatment.

Coverage and reimbursement: Insurance policies, payments, and benefits provided by payers that ensure access to care.
Office-Based Opioid Treatment (OBOT)

- Physicians, nurse practitioners, and physician assistants need a federal waiver to prescribe buprenorphine.
- Allows buprenorphine prescribing within regular medical practice for community-based providers.
- Engages primary care physicians and other community-based providers in treating opioid use disorder as a chronic disease.
- Expands access for those with opioid use disorder to primary care, and disease management for other chronic illnesses.

Nationwide There is an Inadequate Number of Buprenorphine Prescribers

Lack of Behavioral Supports Are a Top Barrier to Buprenorphine Prescribing


State Example: Virginia Medicaid Increases Access Services

Source: Virginia Medicaid Presentation, May 2017
Virginia’s Growth in Office-Based Treatment

[Graph showing growth in OBOTs by month, 2017]

Source: Virginia Addiction and Recovery Treatment Services, December 2017 VCU Evaluation

Opioid Treatment Programs (OTPs)

- Methadone, one of three FDA-approved medications to treat opioid use disorder, is only available at licensed OTPs
- These facilities are regulated by both the federal and state governments
- The only facilities in the nation that offer all three medications are OTPs
- Access to OTPs can be burdensome and care is often siloed
Improving Care Coordination

Four Key Components of MAT Models in Primary Care:

- Pharmacotherapy with buprenorphine or naltrexone
- Provider and community educational interventions
- Coordination and integration of OUD treatment with other medical and psychological needs
- Psychosocial services (such as counseling on-site or by referral)

Source: Korthuis et al., "Primary Care-Based Models for the Treatment of Opioid Use Disorder: A Scoping Review", Annals of Internal Medicine 2017
State Example: Vermont Hub and Spoke Increases Provider Capacity

Since implementation in 2012, Vermont has seen significant treatment capacity improvements:

• Reduced the state’s treatment gap to the smallest in the nation
• Increased the number of physicians with a DEA-waiver to prescribe buprenorphine by 64 percent
• Increased the number of patients seen per waivered physician by 50 percent

John Brooklyn, Center for Care Innovation Webinar (June 30, 2017)
Source: Vermont Department of Health
Pregnant Women: Experts Recommend MAT

- Early universal screening (SBIRT)
- Medication-assisted treatment (MAT) during pregnancy
- Comprehensive coordinated care
- Access to adequate postpartum psychosocial support services


Criminal Justice: Rhode Island Provides MAT in Corrections

The program has treated 1,300 individuals affected by opioid addiction. The regimen includes medication, group therapy and an individualized post-discharge plan.

61 percent decrease in overdose deaths amongst recently incarcerated persons

12 percent decrease in overdose deaths statewide

Source: The Brown Daily Herald
Medicaid Coverage Does Not Always Facilitate Access to Care

- Medicaid accounts for 21 percent of spending on SUD treatment nationwide
- 62 percent of Louisiana SUD treatment facilities do not accept Medicaid
- Louisiana is among 13 states that do not cover methadone in Medicaid
Discussion

Policy Barriers

- What current policy barriers (statutes, regulations, administrative rules, funding etc.) exist in Louisiana that impede access to effective treatment for OUD?

- What policy changes could be made in Louisiana to incentivize providers to deliver OUD treatment, specifically MAT?
Policy Opportunities

- Are there current policy barriers that are ripe for change?
- Are there non-legislative changes that could be made to improve access?
- Are there budget neutral changes that could be made to improve access?

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Mid-year Report / Workgroup Update

**Presentation by**
- Chair Dr. James Hussey of OBH
- Jay Besse of OPH
- Judge Jules Edwards III of the 15th JDC

**Act 88 Deliverables:**
- Progress of current initiatives in the state relating to the heroin and opioid epidemic
- Specific impacts to agencies in addressing education, treatment including the use of medication-assisted treatment, prevention, overdose, and recovery
- Identify parish-level data on opioid overdoses and the dispensing of overdose-reversal medication
- Coordinate a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan
Interagency Coordination Plan Workgroup

**Membership**
- **Judge Jules Edwards** (Lead) - 15th Judicial District Court
- **Michael Comeaux** (Co-lead) - Department of Education
- **Mona Michelli** (Scribe) - Department of Children and Family Services
- Dr. James Hussey - Department of Health, Office of Behavioral Health
- Dr. Janice Petersen - Department of Health, Office of Behavioral Health
- Jamey Boudreaux - Louisiana/Mississippi Hospice and Palliative Care Organization
- Dr. Chaunda Mitchell - Governor’s Office, Drug Policy
- Keetsie Gunnels - Department of Justice
- George Lovecchio - Board of Drug Device and Distributors
- Jose Calderon - United Healthcare, Optum
- Dr. Susan Tucker - Department of Corrections and Public Safety

Data Surveillance Workgroup

**Membership**
- **Matt Adams** (Lead) - Board of Regents
- **Morris Hawkins** (Co-Lead) - ACER, LLC
- **Troy Prevot** (Co-Lead) - LCTA Workers’ Comp
- **Dr. Suzanne Tinsley** (Scribe) - Louisiana Physical Therapy Association/ LSU HSC-S
- Jay Besse - Bureau of Health Informatics – Office of Public Health
- Tom Travis - Department of Insurance
- Murelle Harrison - Southern A&M University
- Elizabeth Harper - Alliance for End of Life
- Sheral Keller - Workforce Commission
- Wendi Smith-Lloyd - ACER, LLC
- Belinda Morgan - Louisiana Association of Nurse Practitioners
- Rebecca Nugent - State Police Crime Lab
- Allison Smith - LSU A&M
- Linda Theriot - Department of Veterans Affairs
- Brad Wellons - Department of Health, Office of Behavioral Health
Mid-year Report / Workgroup Update

Objective and Scope
- **Interagency Coordination Plan Workgroup**
  - Catalogue current initiatives in the state relating to the heroin and opioid epidemic and the progress of these initiatives
  - Share specific impacts to agencies in addressing education, treatment, prevention, overdose, and recovery
  - Prepare report for submission annually on the established online location to drug policy board, Governor, President of the Senate, Speaker of the House, and Chief Justice of the Louisiana Supreme Court at the end of each calendar year
- **Data Surveillance Workgroup**
  - Advise the HOPE Council on inclusion of data on opioid overdoses and dispensing overdose-reversal medication for inclusion in the coordination plan
  - Determine which data is the most valid, appropriate, for inclusion on public-facing website and coordination plan
  - Inventory available data
  - Consider public-facing website design, development, and maintenance
  - Consider format for contribution to annual report

Progress
- **Survey Development**
  - Members identified questions to include in the survey
  - Surveyed 19 stakeholder agencies included in the legislation and have expanded the list
  - We have received 84 survey responses
- **Website Development**
  - Compiled list of data sets and identified information necessary for LA public-facing website
  - Developed draft website map based on other states
  - OPH Bureau of Informatics is completing the LA Opioid Data & Surveillance Dashboard- currently testing and reviewing
  - Funding is available for HOPE Council webpage
  - Reviewing other state’s webpages for design/formatting concepts
Interagency Coordination Plan Workgroup


**Heroin & Opioid Crisis Interagency Survey**

**Heroin and Opioid Crisis Interagency Coordination Survey**

During the 2017 regular legislative session, Act 86 established the Advisory Council on Heroin and Opioid Prevention and Education (HCPE). The Council’s purpose is to create an Interagency Heroin and Opioid Coordination Plan. The objective of the Interagency Coordination Plan Workgroup is to coordinate and expedite existing initiatives and resources to assist in developing the statewide coordination plan. We are seeking your participation in this survey so we may gather information on heroin- and opioid-related initiatives taking place within your organization. This Act was effective on April 30, 2017. We request you complete this survey by May 25, 2018.

Please feel free to share this survey with other agencies, organizations, and departments, as well. Thank you for your time, and we look forward to your responses.

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**Data Categories – Workgroup & Survey Responses**

- **Workgroup identified 19 stakeholder agencies from whom they wanted to solicit responses** – These 19 fell into 10 different categories:
  - Judicial Partners, Governor’s Cabinet: State Departments and Organizations, Board of Pharmacy (PDMP), Local Behavioral Health & Rural SUD Agencies, University System, Hospital Partners, Law Enforcement & First Responders, Private Partnerships, Private Insurance & MCOs, and Coroner and Medical Associations and Organizations

- **Survey responses – We have received 84 completed surveys. The responses have been from other agencies not on the original list & Hope Council member suggestions in addition to the 19 solicited responses**
  - Survey Groups - Slightly different from the Workgroup agencies – Courts, Police, State Agencies, LGES & Other Local Government Organizations, Private Health Care Organizations: (Hospice, Hospitals, & Health Systems), Private Treatment Facilities, Private Health Insurance Companies & MCOs, Coroners & Medical Associations, LSU Health Sciences Centers & other State Universities, Other – Alphabetical
## Interagency Coordination Plan Workgroup

### Survey Responses: OBH Webpage

#### By Agency

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type of Initiatives</th>
<th>Prevention</th>
<th>Treatment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9th IDC</td>
<td></td>
<td></td>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td>12th IDC</td>
<td></td>
<td></td>
<td>Awareness</td>
<td></td>
</tr>
<tr>
<td>13th IDC</td>
<td>Education</td>
<td></td>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td>22nd IDC</td>
<td>Education</td>
<td></td>
<td>Treatment</td>
<td>Other</td>
</tr>
</tbody>
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### Interagency Coordination Plan Workgroup

### Survey Responses: OBH Webpage

#### By Initiative

<table>
<thead>
<tr>
<th>Type of Initiatives</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Only</td>
<td>EBR Police Dept, Thibodaux Police Dept, Dept of Education, Dept of Insurance, LA Board of Drug and Device Distributors, LA Property and Casualty Insurance Commission, LA State Medical Society, AAHOA (Initiative #2), Capital Area MSO (Initiative #1, Initiative #2), JHMIA (Initiative #1), Initiative #2), NE Delta MHOA (Initiative #1, Initiative #2, Initiative #3, Initiative #4), Clarity Hospital, Compassion Hospital, Hospital of Acadia, St. Catherine's Hospital, St. Margaret's Hospital, EBR Coronary's Office, LA Ambulance Alliance, LA Poison Control Center (Initiative #2), Jonathan Bowman M.D., Stateville Independent Living Council</td>
</tr>
<tr>
<td>Treatment Only</td>
<td>9th IDC, Gretna Police Dept, JHMIA (Initiative #3), SCLMHA (Initiative #2), Addiction Recovery Resources, AAHOA (Initiative #1), oilh HAT-PoggA Grant</td>
</tr>
<tr>
<td>Other Only</td>
<td>Servicewide Police Dept, Ounee City Police Dept, Springfield Police Dept, DCFS, Dept of Environment and Quality, LA Poison Control Center (Initiative #1)</td>
</tr>
<tr>
<td>Prevention and Treatment</td>
<td>9th IDC, New Iberia City Court, Central LA HSD, New Iberia City Court, Plaquemine Police Dept, OBH-CCMF Grant, LA Workforce Commission</td>
</tr>
<tr>
<td>Prevention and Other</td>
<td></td>
</tr>
<tr>
<td>Treatment and Other</td>
<td></td>
</tr>
</tbody>
</table>
Data Surveillance Workgroup

- HOPE Website
  - OPH has allocated $25,000 towards the development
  - Aimed at incorporation of health and law enforcement components
  - Opioid focused websites
    - Illinois: http://www.dph.illinois.gov/opioids
    - Wisconsin: https://www.dhs.wisconsin.gov/opioids/index.htm
    - http://ldh.la.gov/opioids
    - https://www.endtheepidemicla.org/

Data Surveillance Workgroup
Data Surveillance Workgroup

Louisiana Opioid Data and Surveillance System
- OPH contribution to HOPE data initiative
- Currently in review by LDH Opioid Steering Committee
- Data Summaries
  1) Mortality
  2) Inpatient Admission
  3) Emergency Department Utilization
  4) Prescription (PMP)
- Projected launch: August 2018

Opioid Grants Summary

- Presentation by
  - Dr. Janice Petersen of OBH
Opioid Grants Summary

- **State Targeted Response Grant (LA STR)**
  - SAMHSA Award: May 2017, $8 million dollars per year for 2 years
  - Targeting: Prevention, Intervention, Treatment and Recovery
  - Capacity Building for Opioid Treatment Programs and LGEs
  - 1st Year Process Outcomes

- **Louisiana State Targeted Response (STR)**
  - **Prevention Services**
    - Education on preventing opioid overdoses
    - Outreach and education to targeted groups
    - Encourage prescribers to check prescriptions using the state Prescription Monitoring Program
  - **Intervention/Rescue Services**:
    - Access to overdose reversal drugs (naloxone)
    - 3,161 of 4,000 Narcan nasal kits distributed to LGE's based on needs assessment
  - **Treatment Services**
    - Methadone treatment to uninsured and underinsured
    - Expand counseling and treatment services at the local level
    - Promote psychosocial counseling, behavioral therapy and MAT
  - **Recovery Services**
    - Provide assistance to opioid use disorder (OUD) patients with housing, benefits, vocational and educational opportunities
    - Assist clients moving successfully through the stages of treatment and recovery with their individual needs
    - Ensure each client is connected to all available services
  - **Department of Corrections Partnership**
    - Make medication available prior to release
    - Offer monthly medication and aftercare services to ensure continuity of care
    - Care Coordination with Local Governing entities
Opioid Grants Summary

- State Opioid Response Grant (La SOR)
  - SAMHSA Award: September, 2018: $11 million dollars per year for 2 years
  - Targeting: Prevention, Intervention, Treatment and Recovery
  - 1st Year Process Outcomes

  - Education & Outreach
    - Decrease overall opioid related deaths. Work with providers to provide narcan, MAT, and coordinated community services.
  - Opioid Use
  - Expand Access to Care
    - Increase the number of admissions for under/uninsured. Increase capacity for OBOTs. Hub and Spoke model
  - Recovery Oriented Sys. of Care
    - Increase recovery support services for OUD clients.

State Opioid Response Grant $11 million/yr for 2 yrs
La SOR Project Goals
Discussion

- Public Comment and General Discussion

Next Steps

- Review of HOPE Advisory Council and Workgroup Next Steps
  - Draft written report and website by November 1, 2018?
  - Minutes will be sent for review prior to the next meeting and approval during the next meeting
- Future meeting dates
  - Thursday, November 8, 10:00am – 12:00pm
- Adjournment