

Advisory Council on Heroin and Opioid Prevention and Education: 2019 Year-End Report of State and Local Responses to the Opioid Crisis: Interagency Coordination Plan

ACT 88 of the 2017 Regular Legislative Session

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State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

Act No. 88

MEMORANDUM: Advisory Council on Heroin and Opioid Prevention and Education: 2019 Year-End Status Report
December 30, 2019

Governor John Bel Edwards
Office of the Governor
PO Box 94004
Baton Rouge, LA 70804

Dr. Chaunda Mitchell
Drug Policy Board, Office of the Governor
PO Box 94004
Baton Rouge, LA 70804

The Honorable Patrick Page Cortez, President
Louisiana State Senate
P. O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Clay Schexnayder, Speaker
Louisiana State House of Representatives
P. O. Box 94062, Capitol Station
Baton Rouge, LA 70804-9062

The Honorable Chief Justice Bernette J. Johnson
Louisiana Supreme Court
400 Royal Street
New Orleans, LA 70130

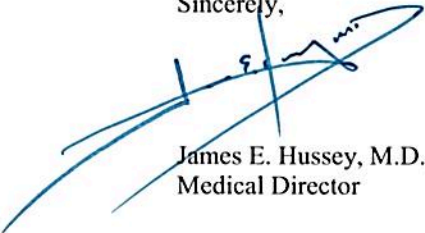
Dear Governor Edwards, President Cortez, Speaker Schexnayder, Chief Justice Johnson, and Dr. Mitchell:

In response to the interagency plan requirement set forth in Act 88, the Advisory Council on Heroin and Opioid Prevention and Education (HOPE) has attached a Year-end Status Report, also referred to as the Interagency Heroin and Opioid Coordination Plan. The Interagency Coordination Plan addresses all items specified in Act 88, which includes: (1) Parish-level data on opioid overdoses and the dispensing of overdose-reversal medication, (2) progress of current initiatives in the state relating to the heroin and opioid epidemic, and (3) lists of specific impacts to agencies in addressing education, treatment including the use of medication-assisted treatment, prevention, overdose, and recovery modalities.

Furthermore, the Council was charged with coordinating a central online location to disseminate information and resources relative to the opioid epidemic, including the Interagency Heroin and Opioid Coordination Plan. You may view the HOPE webpage at the following link: www.ldh.la.gov/hope.

I hope you have found this information useful. Should you have any further questions or require additional clarification regarding the Advisory Council on Heroin and Opioid Prevention and Education, please do not hesitate to contact HOPE support staff at Catherine.Peay@la.gov.

Sincerely,



James E. Hussey, M.D., Chair
Medical Director

Advisory Council on Heroin and Opioid
Prevention and Education:

2019 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 November 12,
2019, pending minor edits and formatting
adjustments.

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EXECUTIVE SUMMARY

The Louisiana Advisory Council on Heroin and Opioid Prevention and Education (HOPE Council), created by Act 88 of the 2017 Regular Legislative Session, has completed its second full year of operation. Following is the Council's third year-end Interagency Coordination Plan. Year End 2017 and 2018 reports are posted at <http://ldh.la.gov/index.cfm/page/2970>.

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 Plan, 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 facts sheets, publications, training and educational materials, and the online data and surveillance system. The website for LODSS is www.lodss.ldh.la.gov.

The current data available to the HOPE Council does not suggest an end or near end to the opioid epidemic in Louisiana or elsewhere. The available data is, however, more comprehensive and more precise than earlier data and indicates responsiveness to state, local and national efforts to address the opioid epidemic.

Since the last HOPE Advisory Council report in 2018, Louisiana has seen 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 outpatient and inpatient residential substance use services.

However, that responsiveness has not curbed opioid overdose deaths in Louisiana. While the number of opioid prescriptions has decreased in Louisiana, the number of opioid related overdose deaths has continued to increase, fueled by the influx of illegal opioid analogs like fentanyl into the United States, including Louisiana.

According to the Centers for Disease Control and Prevention (CDC), fentanyl is a synthetic opioid that is 50 times more potent than heroin and 100 times stronger than morphine.¹ According to LODSS, in Louisiana, deaths related to fentanyl use increased by 42.6% from 2017 to 2018, outpacing deaths resulting from any other opioid type. Louisiana ranks eighteen for the most deaths from fentanyl in the entire country.

Based on available data, impact metrics, and on preliminary feedback from Community of Caring Impact Workgroups included in this report, additional areas of focus by the HOPE Council member agencies and stakeholders that fall outside the Act's stated mission seem warranted. Recommendations included herein address continued need for focused education, expansion of access to opioid alternatives for pain management, incentives for practitioners to provide Medication Assisted Treatment, enhanced harm reduction strategies, increased availability and use of opioid overdose-reversing medications, and continued collaboration among members of Health/Healthcare, Public Safety and Community Impact Workgroups during 2020.

¹ CDC Health Advisory: Increases in fentanyl drug confiscations and fentanyl-related overdose fatalities. Atlanta, GA: US Department of Health and Human Services, CDC; 2015. <http://emergency.cdc.gov/han/han00384.asp>

The work of the HOPE Council is, therefore, as critical and relevant today as it was two years ago when the first official meeting of the HOPE Council was held on December 7, 2017.

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. The nineteen interested parties and stakeholders enumerated in Act 88 are included herein at Appendix A.

Since the first official meeting on December 7, 2017, the HOPE Council has met eight times. Dr. James Hussey assumed the role of Chairman of the Council in February 2018, replacing Deputy Secretary Michelle Alletto, who served as Chairman of the HOPE Council from November 2017-February 2018.

Since its inception in 2017, interest in the work of the HOPE Council continues to increase 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://www.cfprd.doa.louisiana.gov/boardsandcommissions/home.cfm>

DESCRIPTION OF THE PROBLEM

National Data

Since the 2018 HOPE Council report, the United States has seen a continued increase in drug overdose deaths. In 2017, 70,237 drug overdose deaths occurred in the United States. Of those drug overdose deaths, 67.8% - or 47,600 resulted from opioids. The age-adjusted rate of overdose deaths increased significantly by 9.6% from 2016 (19.8 per 100,000) to 2017 (21.7 per 100,000). Opioids—mainly synthetic opioids (other than methadone)—are currently the main driver of drug overdose deaths.²

State Data

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

² www.cdc.gov/drugoverdose/data/statedeaths.html

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.

From 2017 to 2018, drug overdoses continued to rise, but at a slower rate than from 2016 to 2017. For 2018, opioids accounted for 34 percent of the total drug overdose deaths, which is 2 percent greater than the prior year. When considering the opioid type, synthetic opioids were present for approximately 47percent of all opioid deaths in 2018. This is up from approximately 38 percent in the prior year. This increase highlights a shift from semi-synthetic opioids to more potent, often illicit, formulations.

Table 1. Number of Deaths by Specific Opioid Drugs Used, Louisiana 2014-2018					
Drug Involved	2014	2015	2016	2017	2018
All Drugs	897	981	1137	1251	1334
All Opioids	217	260	320	401	455***
Synthetic Opioids	29	38	82	154	215
Fentanyl	22	25	72	136	194
Heroin	108	127	150	169	178
Other Opioids/"Prescription" Opioids	103	116	131	171	162
Methadone	19	17	18	10	20
Natural & Semi-Synthetic Opioids	90	103	110	165	151
***Ages 25-44 years accounted for ~57% of deaths in 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 455 opioid-related deaths occurred in Louisiana during 2018. 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 2018 are listed in Table 2.

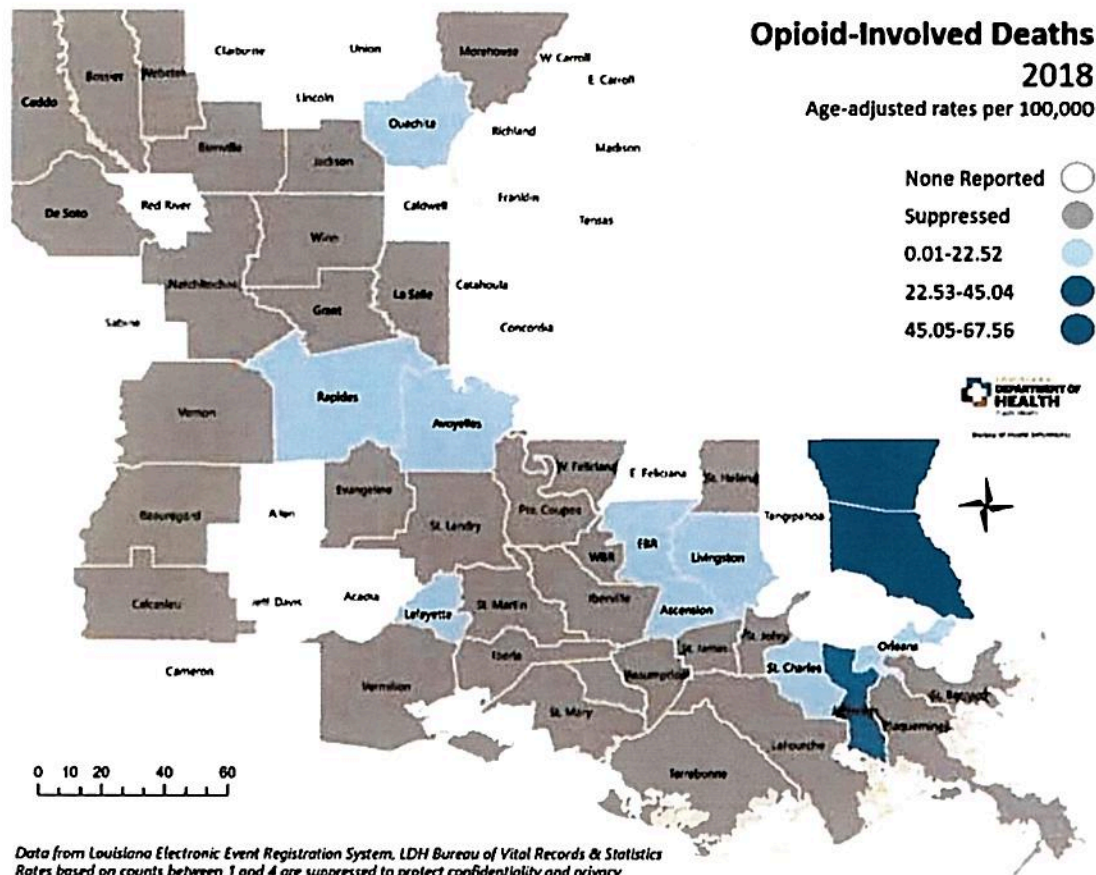
Table 2: Opioid Overdose Deaths by Parish of Occurrence and by Parish of Residence, 2018

Parish of Residence	Parish of Occurrence
1. Jefferson – 122	1. Jefferson - 137
2. St. Tammany – 74	2. St. Tammany – 76
3. East Baton Rouge - 30	3. Orleans – 39
4. Orleans - 29	4. East Baton Rouge - 34
5. Washington – 27	5. Washington - 26

Deaths listed for the five parishes represent 66% (282 of 427) of deaths by parish of residence and 69% (312 of 455) of all deaths by occurrence. A table containing number of opioid deaths by parish of

residence and occurrence for all 64 parishes for 2018 is included in *Appendix C*. Figure 1 below provides a visual depiction of the Opioid-Involved Deaths rates for each parish.

Figure 1 Louisiana Opioid Involved Deaths, 2018 Rates per 100,000



Opioid Prescriptions Issued

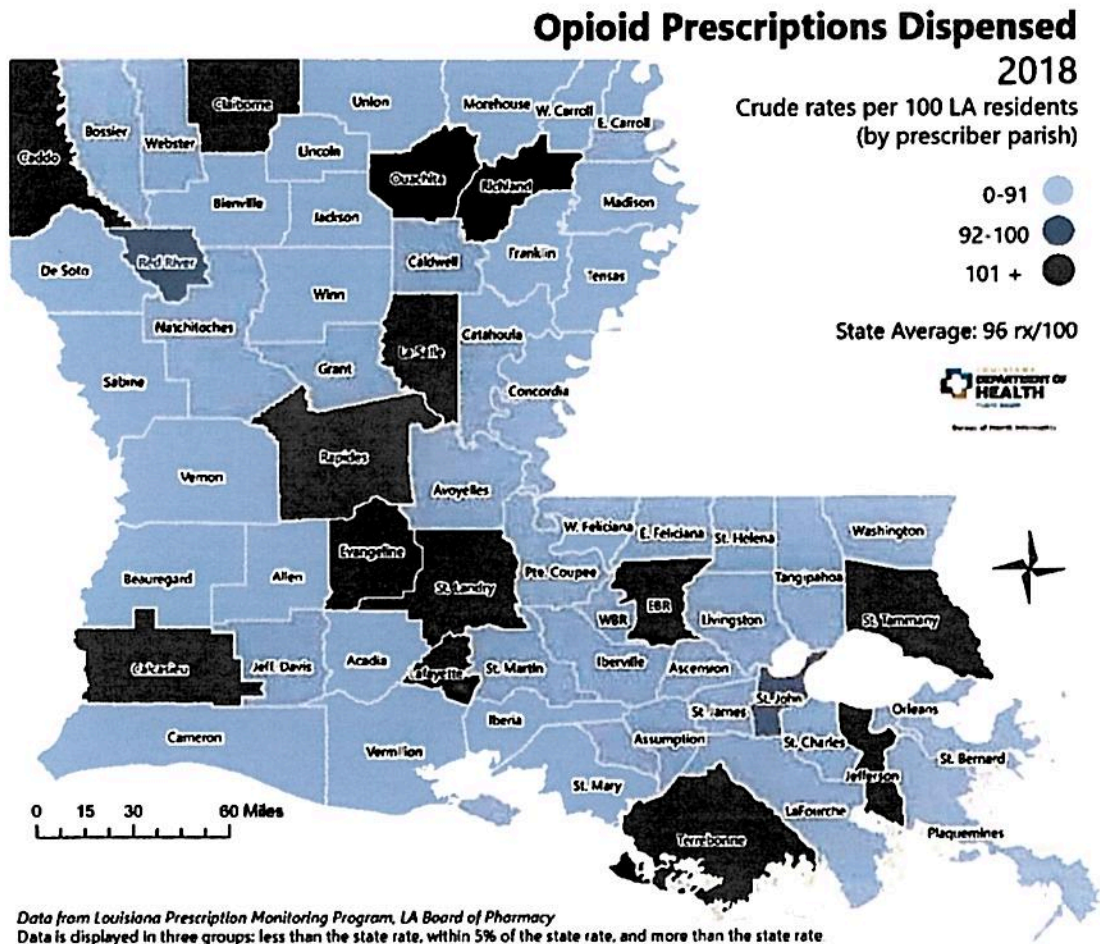
Using data from LODSS, LDH has identified the number of opioid prescriptions issued to residents by parish for 2014-2018. For 2018, there was an average of 96 opioid prescriptions per 100 individuals in Louisiana. Opioid prescriptions were then examined at the Parish-level for 2018. The number of opioid prescriptions issued were found to be highest in the parishes listed below.

For 2018, each of these parishes had more prescriptions issued than people residing in the parish.

1. Rapides (191 prescriptions issued per 100 residents)
2. Caddo (160 prescriptions issued per 100 residents)
3. Evangeline (141 prescriptions issued per 100 residents)
4. Lafayette (139 prescriptions issued per 100 residents)
5. East Baton Rouge (139 prescriptions issued per 100 residents)

Figure 2 highlights the opioids prescriptions for 2018 by parish. A table containing the number of prescriptions issued to residents per 100 individuals for all 64 parishes for 2018 is included in *Appendix D*.

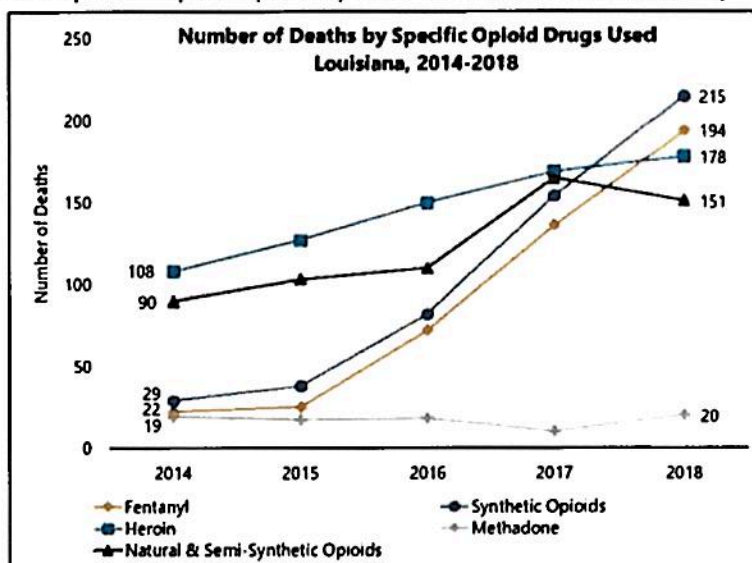
Figure 2 Louisiana Opioid Prescriptions, 2018 Rates per 100



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 2014-2018 for deaths by specific opioids, a decline was clearly seen for natural and semi-synthetic opioids, which represents prescription opioids. While this decline is clearly evident, the trend of deaths by fentanyl and synthetic opioids continue to climb. This may signify some success with legislation aimed at reducing prescription drug availability in the community. Based on additional analysis based on drug seizure testing information from the National Forensic Laboratory Information System (NFLIS), the positive testing for more potent opioids, such as fentanyl and other analogues have increased considerably. This change in available drugs will require a shift in strategies.



IMPACT ON LOUISIANA

While the supply of prescription opioids in the community has been reduced and deaths related to natural and semi-synthetic opioids have dropped, opioids still impact the Louisiana population, and the evidence suggests that more potent opioids, such as fentanyl, have emerged as causative agents for many deaths in 2018. While the health domain has done much to reduce access, we must evolve our efforts to increase the scope of education and prevention to include public safety and our overall communities. These strategies are highlighted later in the section about the Community of Caring model.

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 2018 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:

Table 3. Measurable Impacts of the Opioid Epidemic

Measure	Impact Data
Louisiana Department of Health (LDH)	
Opioid-related deaths in Louisiana	<p>455 opioid involved deaths, including 405 opioid poisoning deaths (state totals, 2018)</p> <p><i>Data source = Louisiana Opioid Data and Surveillance System (LODSS)</i></p>
LA Medicaid Opioid Prescriptions filled in SFY 2019	<p>Total Prescriptions Filled: 637,537 (Decreased by 90,880 compared with 2018.)</p> <p>Unduplicated Recipients: 243,095 (Decreased by 20,262 compared with 2018.)</p> <p>Medicaid Payments: \$9,286,703.70 (Increase by \$59,847.51 over 2018.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
<p>LA Medicaid MAT Prescriptions in SFY 2019</p> <p>Note: MAT = Buprenorphine, Suboxone, Bunavail, Zubsolv, Probuphine, Naltrexone, Vivitrol. 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: 97,672 (Increased by 17,754 compared with 2018.)</p> <p>Unduplicated Recipients: 14,297 (Increase by 2,458 compared with 2018.)</p> <p>Medicaid Payments: \$31,863,431.88 (Increased \$6,176,751.69 compared with 2018.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
LA Medicaid Naloxone prescriptions filled in SFY 2019	<p>Standing Order 1,259 Non-standing order 1,988 Total Prescriptions Filled: 3,247 (Increased by 2,001 compared with 2018.)</p>

Measure	Impact Data
*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>Unduplicated Recipients:</p> <p>2,996</p> <p>(Increased by 1,676 compared with 2018.)</p> <p>Medicaid Payments:</p> <p>\$401,913.34</p> <p>(Increased by \$172,386.20 compared with 2018.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
LA Medicaid Number of Emergency Department days for OUD in SFY 2019	<p>Emergency Department Days:</p> <p>7,904</p> <p>(Increased by 18 days compared with 2018.)</p> <p>Unduplicated Recipients:</p> <p>5,978</p> <p>(Decreased by 26 recipients compared with 2018.)</p> <p>Medicaid Payments:</p> <p>\$1,950,009.72</p> <p>(Increased by \$91,212.37 compared with 2018.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
LA Medicaid Hospital Admits in for OUD in SFY 2019	<p>Inpatient Admissions:</p> <p>11,038</p> <p>(Increased by 1,204 compared with 2018.)</p> <p>Unduplicated Recipients:</p> <p>7,893</p> <p>(Increased by 745 compared with 2018.)</p> <p>Medicaid Payments:</p> <p>\$48,697,292.14</p> <p>(Increased by \$8,941,458.65 compared with 2018.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
LA Medicaid Inpatient/Residential ASAM OUD in SFY 2019.	<p>Unduplicated Recipients:</p> <p>7,138</p> <p>(Increased by 852 compared with 2018.)</p> <p>Medicaid Payments:</p> <p>\$41,116,847.84</p> <p>(Increased by \$6,981,409.06 compared with 2018.)</p>
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.	

Measure	Impact Data
	<i>Data source = Medicaid data warehouse</i>
<p>LA Medicaid Outpatient ASAM OUD in SFY 2019</p> <p>Services related to opioids for Outpatient ASAM levels 2.1, 2-WM, and 1.0.</p>	<p>Unduplicated Recipients: 5,492 (Increased by 870 compared with 2018.)</p> <p>Medicaid Payments: \$7,017,181.41 (Increased by \$804,961.70 compared with 2018.)</p> <p><i>Data source = Medicaid data warehouse.</i></p>
# Prevention/education activities, funding/costs	<p>Overdose ED/naloxone distribution: 1,168 people served; Other opioid education activities served 32,739 people. Cost of activities: \$1,291,041</p> <p><i>Data Source = STR Grant annual report</i></p> <p>Overdose ED/naloxone distribution: 2,168 people served; Other opioid education activities served 19,852 people. Cost of activities: Updated data not available at time of publishing</p> <p><i>Data Source = LSU/SREC annual report</i></p>
# and type of recovery services provided, related costs	<p>\$794,864 STR public grant funds spent on recovery services 2,079 people served through the 10 OTPs and 9 LGEs</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 2018, there were 1,836 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 121 compared with 2017 data).</p> <p>There were 344 hospital discharges in 2018 (not births) with Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS), representing 16 (4.4%) fewer than 2017.</p> <p><i>Data source = Louisiana Opioid Data and Surveillance System (LODSS)</i></p>
Workers' Compensation	
	<ul style="list-style-type: none"> During calendar years 2016 – 2018, 24.6% of state workers' compensation claimants with opioids had an average MED that exceeded the CDC recommendation. Twenty-nine (29%) percent of state workers' compensation claimant with opioids had opioids for 90 or more consecutive days during calendar years 2016 – 2018. According to the CDC,

Measure	Impact Data
	<p>receiving opioids for more than 90 days substantially increases the risk of addiction.</p> <ul style="list-style-type: none"> • A study by WCRI, the Workers' Compensation Research Institute, shows that among 27 study states, Louisiana has the highest number of claims receiving opioids and the average amount of opioids dispensed per claim is higher than the other 27 study states. • WCRI also reported that Louisiana had the second-highest percent of opioid claims with greater than 50 daily MED for at least 60 days, when compared to the media state of 1.6% in a 27 state study. • During calendar years 2016 through 2018, 16.4% of state workers' compensation claimants with opioids were concurrently prescribed benzodiazepines. <p><i>Data Source = LWC</i></p> <ul style="list-style-type: none"> • The NCCI (National Council on Compensation Insurance) found that 60% of Louisiana's workers' compensation claims with prescriptions had opioids in 2017 compared to 39% nationwide, and 52% among a 28-state study. • NCCI also reports that in 2017, 6% of Louisiana claims with prescriptions had both opioids and benzodiazepines, compared to just 3% nationwide. • NCCI also found that Louisiana's average yearly MED per opioid claim was 22.5% higher than the national average in 2017. <p><i>Data source= These NCCI figures were reported at a Workers' Compensation Advisory Council meeting in August 2019</i></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 Opioids, other scheduled narcotics, and legend drugs).</p>	<p>LSP 138.91 Kilograms</p> <p>DEA 5152.35 Kilograms</p> <p><i>Data source = LSP and DEA records</i></p>
Enforcement/Public Safety/Corrections	
LSP Criminal Patrols Seizures and arrests (2019)	<p>Heroin 7.9 Kilograms</p> <p>Hydrocodone 6373 dosage units</p> <p>Oxycodone 8319 dosage units</p> <p>Physical arrests 22</p> <p><i>Data source = LSP Bureau of Investigations</i></p>

Measure	Impact Data
LSP Undercover operations (2019)	<p>Opioid related cases opened 53</p> <p>Number of arrests 96</p> <p><i>Data source = LSP Bureau of Investigations</i></p>
LSP Seized contraband (2019)	<p>Heroin 7.7 Kilograms</p> <p>Fentanyl 49 grams</p> <p>Hydrocodone 3518 dosage units</p> <p>Oxycodone 684 dosage units</p> <p><i>Data source = LSP Bureau of Investigations</i></p>
# Incarcerated with active opioid offenses	<p>Of the approximately 31,756 offenders in Department of Corrections' custody currently, 2,122 of them have an active offense that is known to be with an opioid.</p> <p><i>Data source = Department of Corrections</i></p>
# Opioid Convictions by year	<p>2016- 1,636</p> <p>2017- 1,695</p> <p>2018- 1,687</p> <p><i>Data source = Department of Corrections</i></p>
# Opiate Convicted inmates released last year	<p>2016- 1,280</p> <p>2017- 1,506</p> <p>2018- 1,492</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 October 2019, the Attorney General's office has provided vouchers for close to 15,000 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 over 70 permanent drug take back boxes to sheriff's offices and police departments across the State.
Louisiana Supreme Court, Drug and Specialty Court 2018 Report data	<ul style="list-style-type: none"> In 2018, within 32 Adult and 11 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: 2,645 Participants Admitted 1,747 Participants Served: 4,552 Treatment Hours Provided: 257,987 Multi-Panel Drug Tests Performed: 145,661 Participants Graduated: 829

Measure	Impact Data
	<ul style="list-style-type: none"> ○ Recidivism Rate: 9.9% ○ Drug Free Births: 46 (\$11,500,000 estimated savings) ○ Participants Found Employment: 545 ○ Participants Acquired Secure Housing: 448 ○ Participants Performing Community Service Hours: 25,717 ○ Participants Earning HlSet (GED): 82 <p><i>Data Source= 2018 SCDSCO Report</i></p>
K-12 Education	
# Students affected, related costs	<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>Data source = 2019 Louisiana Youth Risk Behavior Survey (YRBS)</i></p>
Higher Education Institutions	
# Students affected, related costs	<p>According to a sample of 7,386 Louisiana college students who completed the 2019 Core Alcohol and Drug Survey, 0.6% of students admitted using opiates in the past 30 days (-0.1 from 2017). Regionally, the rates for past 30-day opiate use are 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>As incidence numbers of opioid use tend to be lower in collegiate populations, work continues with campus partners to make sure there is not an uptick. At the 2018 annual summit, there were speakers from the Louisiana Office of the Attorney General to conduct a presentation on opioid misuse. This presentation provided a chance to connect staff from the AG's office and the campuses, which resulted in the presentation being conducted on individual campuses and along with showings of the FBI & DEA-produced documentary "Chasing the Dragon." Additionally, at the 2019 annual summit, collegiate staff were provided with a live demonstration of ScreenU (through the Higher</p>

Measure	Impact Data
	Education Center for Alcohol and Drug Misuse Prevention and Recovery/ HECAOD at The Ohio State University) which included an online screening tool for prescription drug misuse as a possible resource for on-campus use. <i>Data Source:= 2019 Core Alcohol and Drug Survey</i>

INTERAGENCY HEROIN AND OPIOID COORDINATION PLAN

Addressing the Problem

Numerous state and local responses to the opioid crisis have been reported to the HOPE Council. Generally, these submissions fell into one of the following categories for the purposes of this report: Louisiana Opioid Response Plan 2019, Active Federal Grants, Surveillance and Data, Education and Prevention, Treatment and Recovery, Resource and Capacity Development, 2019 Legislative Changes, or Medicaid Managed Care Organization Opioid-related Activities.

LOUISIANA OPIOID RESPONSE PLAN 2019

On September 24, 2019, the Louisiana Department of Health released Louisiana's Opioid Response Plan, the first statewide plan. The plan aims to identify strategies to reduce Louisiana's opioid epidemic such as address the under-reporting of opioid deaths, enhance monitoring of opioid prescriptions, and increase access to treatment services. The plan's response is built upon five pillars — surveillance, prevention, intervention, treatment and recovery — allowing the Department to address not only health, but also the social and economic consequences associated with opioid misuse and addiction, and may be found at <http://ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf>

2019 ACTIVE FEDERAL OPIOID GRANTS

The Louisiana Department of Health alone has secured over \$30 million in federal funds to address the opioid epidemic at least through 2019. For specifics on all active 2019 federal grants held by any state agency or community-based organization, please see Appendix E.

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**
Shatterproof is a national nonprofit organization dedicated to reducing the devastation the disease of addiction causes families. Shatterproof works to end the stigma and foster a community of support, providing evidence-based resources to support prevention, treatment and recovery. Shatterproof advocates for changes in policy at the federal and state level and supports the development and implementation of evidence-based solutions for substance use disorders. LDH and Shatterproof are participating in a six-state pilot, and are collaborating with stakeholders to develop a public-facing online information and reporting system of SUD treatment providers. A primary goal

is to provide accurate data in context so consumers may make more informed decisions in choosing care. The online data system is scheduled to go live in 2020.

STATE AND LOCAL RESPONSES: EDUCATION AND PREVENTION

- **Syringe Service Programs (SSP)**

The CDC estimates that 75% of new Hepatitis C infections are from sharing injection drug use equipment. HB 661, which provides for the establishment of Louisiana needle exchange programs, was passed by the Louisiana Legislature in 2018 allowing intravenous drug users to exchange used/contaminated needles for clean/sterile ones, thereby decreasing the likelihood of spreading Hepatitis C, HIV, and other infectious diseases. Because SSP tend to offer quality education and intervention services such as referrals to medication-assisted treatment, new Syringe Service Program users are five times more likely to enter into drug treatment and about three times more likely to stop using drugs than those who don't. Current locations within Louisiana at time of this report's publication include New Orleans, Baton Rouge, and Shreveport. For more information, go to <https://crescentcarehealth.org/crescentcare/services/prevention-services/>.

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

Hepatitis C is a deadly virus transmitted through blood, causing severe inflammation and scarring in the liver, often resulting in chronic liver disease, cirrhosis, liver cancer, and death. Tens of thousands of people in Louisiana's Medicaid program and Correctional facilities are known to be chronically infected with hepatitis C, a disproportionate number of whom are low-income and/or incarcerated. Moreover, the rate of new infections continues to grow dramatically as a result of injection drug use associated with the opioid epidemic. Hep C Free LA is an innovative 5-year plan that represents a first-in-the-nation direct-acting antiviral (DAA) purchasing arrangement, called a Modified Subscription Model, which effectively caps the State's spending on hepatitis C DAAs and generates an incentive to treat as many infected people as possible, regardless of disease severity. This model will allow the State to transform the delivery system and achieve our interim goal of providing curative treatment to 10,000 Medicaid-enrolled and incarcerated individuals by 2020, as well as the ultimate goal of HCV elimination in Louisiana by 2024.

- 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.endtheepidemicla.org.
- **Workers Compensation Chronic Pain Guidelines:** Chronic Pain Guidelines have been developed by the Louisiana Workforce Commission that include a specific section on opioids. These guidelines include useful information for Workers' Compensation prescribers, including adherence to the Louisiana State Board of Medical Examiners regulations and CDC guidelines governing medications used in the treatment of non-cancer-related chronic or intractable pain. Also included, is information about the Louisiana Board of Pharmacy Prescription Monitoring Program (PMP), the Louisiana Department of Health licensing and certification standards for pain management, and references to other laws and regulations affecting the prescribing and dispensing of medications in the state of Louisiana. Furthermore, the guidelines contain useful information on the need for use of a risk assessment tool and screener, opioid trials before chronic opioids are prescribed, as well as requirements for functional histories, psychological evaluations, urine drug testing, ongoing monitoring by the prescriber, random drug testing and PMP checks. For further details on current Pain Medical Treatment Guidelines, please see http://www.laworks.net/Downloads/OWC/Bibliography_Chronic_Pain.pdf

To reference the Workforce Commission, Office of Workers' Compensation Notice of Intent to amend Pain Medical Treatment Guidelines (LAC 40:I.Chapter 21), please see the Louisiana Register, September 2019 issue at <https://www.doa.la.gov/Pages/osr/reg/regs2019.aspx>.

- **National Prescription Drug Take Back Days**

- The 15th National Prescription Drug Take Back Day (April 28, 2018) in LA collected 4800 pounds of unused medications.
- The 16th National Prescription Drug Take Back day (October 27, 2018) in LA collected 3615 pounds of unused medications.

- **Louisiana Department of Health 2019 Opioid Action Summit and Town Hall Discussion**

Supported by Gov. John Bel Edwards' Call to Action Proclamation, the summit, included 15 exhibits, 15 plenary speakers, and 18 breakout sessions addressing addiction and recovery, all focused on responding to the opioid crisis that is costing the state hundreds of lives and millions of dollars each year. The summit, which was held in Slidell, Louisiana September 4-6, 2019 had 350 attendees provided 7 hours of meeting credits for social workers, counselors, and physicians. The summit also included a harm reduction town hall open to the public that helped the Department of Health gather input on how to improve treatment and better connect health and recovery leaders in ending the crisis.

- **Louisiana Department of Health 2019 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.

- **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.

- **Additional 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

STATE AND LOCAL RESPONSES: TREATMENT AND RECOVERY

- **Methadone Funding**
 - 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 will begin in January 2020.
 - There are currently 10 opioid treatment programs in Louisiana that provide this specialty treatment to over 4,000 individuals.
 - Providing Medicaid coverage of methadone treatment will increase access and reduce barriers to recovery for people with opioid use disorder.
- **Expansion of SUD's services**
 - Louisiana Children's Medical Center (University Medical Center-New Orleans, Touro, Children's West Jeff, New Orleans East Hospital, Urgent Care Centers) opened an integrated primary care-MAT clinic at their University Medical Center (UMC) site in New Orleans, Wednesday 8:30am-5:00PM, and Thursday 8:30-12:30 PM
 - Louisiana Children's Medical Center and LSU Department of Psychiatry opened their first Outpatient Addiction Psychiatry Clinic, at their University Medical Center (UMC) site in New Orleans servicing Monday, Wednesday, Friday from 1-5 PM.
 - Louisiana Children's Medical Center -LSU opened their first Intensive Outpatient Program (IOP) for Substance Use Disorders, at their University Medical Center (UMC) site in New Orleans Monday-Thursday from 9-12 am.
- **Department of Public Safety and Corrections (DOC) Substance Use Treatment Director**

DOC has hired a Substance Use Treatment Director to expand programming and coordinate efforts between the prisons, probation and parole, community partners, and the 10 re-entry centers in local jails.
- **DOC Intensive Incarceration Program**

The Intensive Incarceration Program allows for courts to sentence inmates to programming providing for intense, individualized treatment in a correctional setting. For eligible inmates, 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 inmates 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. For more details, please see Appendix F.

- **DOC Opioid/MAT Substance Abuse Program**

The 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.

Implementation Years 9/1/17 – 10/31/19				
	2017	2018	2019	Grand Total
# of inmates identified & screened for enrollment	121	590	502	1213
# of inmates enrolled from screening	121	526	489	1136
# of inmates released from program	49	220	424	693
# of inmates with successful completion of the program	49	217	413	679
# of inmates that received MAT/vivitrol injection prior to release	0	73	78	151

STATE AND LOCAL RESPONSES: RESOURCE AND CAPACITY DEVELOPMENT

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

LDH-OBH is working with IPRO, our external quality review organization, and the 5 Medicaid MCOs on a performance improvement project (PIP) to improve member initiation and engagement of alcohol and other drug abuse or dependence treatment.

This PIP is based on a HEDIS measure and there are 2 rates reported:

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

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

This performance improvement project began in late fall 2018, with most interventions not occurring until early 2019.

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

- c. In general, barriers identified included member engagement; lack of providers treating SUD population; lack of knowledge about treatment options or recognizing physical dependence and addiction.
- d. In general, interventions centered around enhanced care management approaches, member outreach, partnerships with hospitals to improve timely initiation/engagement, provider education/training, and expansion of workforce.

As of June 2019, there is approximately a 3% improvement in the Initiation rate and a slight improvement in the Engagement rate compared to the 2018 baseline rate.

Louisiana's statewide rate is at the national 50th percentile.

- **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 G.

- **Expanding addiction professionals' workforce capacity**

- LSU Department of Psychiatry Addiction Psychiatry Fellowship. Started July 2016. The fellowship is for graduated psychiatrist pursuing a subspecialty in addiction psychiatry. The program is a 1-year long program and accepts 1 fellow per year but is increasing capacity to 2 fellows per year July 2020. As of the end of 2019, the fellowship will graduate 3 addiction psychiatrist specialists, all of whom are working in LA.
- Tulane Department of Psychiatry Addiction Medicine Fellowship. Started July 2018. The fellowship is for any physician from any specialty. The program is a 1-year long program and accepts 2 fellows per year. The program graduated 1 addiction medicine specialist, who is still working in Louisiana, and is currently interviewing for 2 fellow positions for 2020-2021.

STATE AND LOCAL RESPONSES: CHANGES IN LEGISLATION FOR 2019

In the 2019 Regular Session of the Legislature, several opioid-related bills and resolutions were passed. For detail, please visit: <http://www.legis.la.gov/legis/Home.aspx>

- **HB 250** Requires residential treatment facilities to provide access to medication-assisted treatment for patients with opioid use disorder
- **SB53** Authorizes the Pharmacy Board to provide PMP information to electronic health information systems and pharmacy information systems located in other states, territories, federal districts, and federal jurisdictions
- **SCR 31** Designates LDH as lead authority over the HOPE Advisory Council
- **HCR 71** Requests the Louisiana Department of Health to issue regulations to allow the establishment of new opioid treatment programs and methadone dosing sites
- **HB243** Provides requirement that each coroner report drug overdose deaths where the decedent's toxicology results indicate that an opioid was present at time of death
- **SB240** Provides relative to the provision of medication-assisted treatment (MAT). (provides authority for advanced practice registered nurses and physician assistants to provide MAT)

- **HB 284** Provides relative to prescribing and dispensing of opioid drugs (If, in the professional medical judgment of a medical practitioner, more than a seven-day supply of an opioid is required to treat the adult or minor patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis, or for palliative care, the practitioner may issue a prescription for the quantity needed to treat the patient's acute medical condition or pain.)
- **HB452** Provides relative to the Uniform Controlled Dangerous Substances Law (adds certain substances to the Uniform Controlled Dangerous Substances Law e.g., fentanyl and other opiate-related substances).

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

Louisiana Medicaid-contracted managed care organizations have responded to the opioid crisis through improving utilization of data to manage members and contracted providers, as well as providing member and provider opioid-related education, education on stigma, Medication Assisted Treatment trainings, as well as expanding services that might provide alternatives to opioids for pain management.

Opioid data dashboards, outlier prescriber reports, pharmacy and member monitoring and lock-in programs have been initiated by some managed care organizations, and ASAM criteria are being utilized to determine treatment levels of care by all Medicaid managed care companies. Some are incentivizing MAT adherence and aftercare through value-based contracts with provider groups.

In addition, managed care organizations are offering SBIRT trainings, and some are offering value-added benefits, such as alternatives to opioid pain management, care management services for those with opioid use disorders, physical therapy and chiropractic services, peer support services, and expanded urine drug screens and testing.

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

SHIFTING TO A COMMUNITY OF CARING APPROACH

LODSS currently includes parish level data through calendar year 2018. With the collection and dissemination of opioid related data underway through LODSS, the HOPE Council now seeks to engage stakeholders and interested parties in the next level of examination of the broader impacts of the opioid epidemic in Louisiana. The Council acknowledges that an examination of the entire continuum of opioid use and abuse reveals large sectors of the state who have been impacted by the epidemic beyond adverse health consequences.

In an effort to identify those impacts, as well as health consequences, and to connect services, programs and systems already in existence, the Council has 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.

The HOPE Council has developed a one-page survey for each domain and is seeking voluntary participation from persons exposed to, involved with or affected by the opioid epidemic in Louisiana. (The three surveys are attached as Appendices I-K) The survey results are expected to identify areas for collaboration, areas of need, gaps in data and resources, barriers and opportunities, and to promote a valuable exchange of information within and across the Health/Healthcare, Public Safety and Community domains.

Impact Domain 1: Health/Healthcare

The preliminary survey responses from the Health/Healthcare Impact Workgroup indicate that there are still important challenges that have clinical impact. Below are some stated issues:

- Those with chronic and severe pain are having increasing difficulty accessing previously prescribed opioid pain medications and do not have access to effective alternatives to opioids for pain management. This was reported in both Veterans and the general population in Louisiana, and in some cases, making it more difficult to access proper care, and indicating that it is often "...easier to get heroin on the streets."
- Lack of awareness of available resources and treatment options outside of psychiatry to send patients for chronic pain treatment –especially in underserved population areas of the state.
- Challenges related to care coordination services, coordinating care among treatment providers and lack of sufficient case management services, especially between and among various levels of care (e.g., between ED and outpatient, between residential and IOP, etc.)
- Lack of services to treat specialized populations, like pregnant women with substance use issues, adolescents, elderly, veterans, those with serious mental illness and/or intellectual disabilities.
- Insufficient incentives, reimbursement and resources for providers to care for those with opioid use disorders.
- Need to activate integration, coordination and consultation codes in Medicaid.

In addition, those surveyed indicated administrative challenges like insufficient reimbursement of care coordination services, peer support services, lack of integration, coordination and consultation codes in Medicaid. Some respondents felt that too much regulation and requirements are placed on buprenorphine providers. Stigma was also noted as a problem, resulting in some providers not wishing to see "that kind of patient."

More patient and provider education and training needs were also reported. Suggestions for training and education focused on stigma, alternatives to opioids for pain management, education about availability of services and how to access them.

Impact Domain 2: Public Safety

Initial feedback from the Public Safety Impact Workgroup informs HOPE Council's awareness of the following needs:

- **Education for Law Enforcement regarding field testing and associated hazards of substance handling**
Currently, State Police has educational programming that trains field officers on the importance of correct testing methods to reduce potential drug exposure. This includes the recommendations for correct protective devices and equipment. The goal is to educate individuals and prevent potentially fatal exposure.

There is the potential to expand the reach of this education to all law enforcement agencies in some form or a standard model. Additionally, this training can be geared toward community worker and other professions at high-risk for accidental handling and exposure.

- **Developing an understanding of Naloxone administration and potential barriers for responders**

This topic centers around potential deficiencies related to a responder's ability to administer naloxone at the time of an event. One consideration was the formulation of the drug. Naloxone as a nasal formulation may present few barriers versus a vial-based format. Such a barrier may have the potential to slow a response or inhibit it altogether.

Further exploration on this topic is required and initial investigation may be performed among law enforcement personnel. This could uncover training opportunities or recommendations that could increase the adoption and use of naloxone not only in law enforcement, but the community.

- **Impact of Deceptive Drugs**

This topic will require further discussion and representation from judicial partners, law enforcement, legislators, and perhaps others within the public safety domain, and is focused on counterfeit drugs and the potential harm that accompany these drugs. Since more drugs are combinations of more potent agents, the fear is that deaths will continue to climb without legal recourse. In summary, the group recognized the need to engage additional participation from the State Supreme Court appointee, the State Coroner's Association, and other law enforcement representatives, such as the DEA, and work to incorporate these members and continue to explore the topics included.

Impact Domain 3: Community

Community Impact Workgroup

Initial feedback from the Community Impact Workgroup requests HOPE Council consideration of the following for further investigation:

- Children living with individuals suffering from an Opioid addiction are impacted in a multitude of ways, including socially, emotionally and academically. It was reported that there is a need for additional trauma support within the educational settings to assist the children and families impacted by the epidemic. Training and resources for educational providers is needed to provide support. It is felt that there is not enough affordable mental health care available to assist children and families recover from the effects of the addiction.
- The impact on newborns diagnosed with Neonatal Opioid Withdrawal Syndrome or other conditions related to Opioid exposure in-utero can be lifelong. It was reported that training and support is needed in identifying children in educational settings who are impacted and provide additional support to increase positive outcomes. A need for education on/information on services available for parents to help their children that avoids stigma placed on the parents related to the addiction was also identified.
- There is a requirement for schools to provide heroin and opioid prevention instruction to students. However, there are no systems in place to ensure compliance with this policy or to monitor the effectiveness of the instruction, or the quality of the information provided.

Additional responses and discussions will enable the Council to identify and connect resources, identify and suggest needed data, and report all findings and recommendations in its annual report at the end of 2020.

RECOMMENDATIONS

Since the 2018 HOPE Advisory Council report, Louisiana has seen 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 outpatient and inpatient residential substance use services.

However, from the 2017 to 2018, drug overdoses continued to rise, albeit at a slower rate than from 2016 to 2017. While the number of opioid prescriptions has decreased in Louisiana, the number of opioid related overdose deaths has continued to increase, fueled by the influx of illegal opioid analogs like fentanyl into the United States, including Louisiana.

Based on available data, impact metrics, and on preliminary feedback from Community of Caring Impact Workgroups, additional areas of focus for the state and communities are identified. The following recommendations address continued need for focused education, assuring access to opioid alternatives for pain management, as well as the need to incentivize practitioners to provide Medication Assisted Treatment, enhance harm reduction strategies, increase availability and use of opioid overdose-reversing medications, and continued focus by all systems on special populations is also warranted. In addition, continued dialogue among members of Health/Healthcare, Public Safety and Community Impact Workgroups during 2020 is recommended.

1. **Continue Community of Caring Workgroup dialogue:** Given the relatively recent acceptance and approval of the Community of Caring model in June 2019, with work groups only first meeting in July, the HOPE Advisory Council should continue to explore clinical and administrative challenges, identify areas for collaboration, areas of need, gaps in data and resources, barriers and opportunities, and promote exchange of information within and across the Health/Healthcare, Public Safety and Community domains. In this way an active dialogue with those most impacted by the opioid crisis in Louisiana can inform future recommendations made by the HOPE Advisory Council.
2. **Improve access to alternatives to opioids for management of chronic and severe pain.**
As the number of opioid prescriptions decreases in Louisiana, those who continue to suffer from chronic and severe pain may benefit from increased access to alternative/non-opioid pain therapies, in particular evidence-based treatments when available to manage their symptoms. While there are many non-opioid treatments available for pain, both prescription and non-prescription, additional non-pharmaceutical remedies, like massage therapy, acupuncture, physical therapy, injections or nerve blocks, chiropractic treatments, neuromodulation therapies and electroanalgesia should be considered and possibly included as benefits provided by Louisiana insurance companies and managed care organizations. More guidance, training, and education is also recommended for prescribers who are working with patients who may need longer term treatment with or tapering of prescription opiates.
3. **Educate public and providers relative to dangers of synthetic opioids, opioid misuse, stigma, alternatives to opioid pain management, opioid addiction-related trauma, early recognition of symptoms, as well as education on availability of services.**

The understanding of opioid use disorder as a medical illness is still overshadowed by its misconception as a moral weakness or willful choice. (From: *"Confronting the Stigma of Opioid Use Disorder –and Its Treatment, Yngvild Olsen, MD and Joshua Sharfstein, MD)* Many view those with addiction as having character flaws or as having moral failings. This stigmatization negatively affects those with substance use disorders (especially for mothers/parents of children who suffered Neonatal Abstinence Syndrome), results in provider unwillingness to treat those with addictions,

and results in decreased access as well as poor outcomes, including suicide and overdose. Policy-makers/funders, the general public, parents, students, child care centers, and providers need more education that such addictions are brain disorders that result in a chronic medical illness, similar to other chronic illness, such as high blood pressure and diabetes. Better understood in the context of a chronic disease model, additional services for those with addiction might be funded, additional providers may be recruited to provide services, and more people with addictions may seek treatment.

As the evidence suggests that more potent opioids, such as fentanyl, have emerged as causative agents for many deaths in 2018, Louisiana must evolve and increase its efforts on education and prevention about the dangers of these potent synthetic opioids, increasing the focus on public safety and our community members.

4. Incentivize providers to care for those with opioid use disorders, especially those in specialized populations.

While there have been measurable increases in those accessing MAT, inpatient, residential, and outpatient services for OUD since the last HOPE Council report in 2018, Louisiana still ranks low nationally in terms of access to services such as those provided in Outpatient Treatment Programs/Methadone clinics, as well as those clinics with DATA-Certified practitioners who prescribe buprenorphine products. Access to services for adolescents, veterans, elderly, pregnant women, those with comorbid intellectual disabilities, those with severe mental illness, those interacting with the Department of Corrections, and for those in Louisiana State-Recognized Native American tribes is especially challenging. In order to assure that there are a sufficient number of providers to make these services more accessible in all communities, Louisiana should work to incentivize providers by assuring sufficient and competitive reimbursement for MAT services. In addition, Louisiana must develop creative strategies to support providers through use of specialty provider education and trainings, peer-to-peer consultation, such as available through Project ECHO, and enhance care coordination and peer support services.

5. Work to expand access to Medication-Assisted Treatment in emergency departments, hospitals and substance use residential facilities:

While access to MAT is growing in Louisiana, there is still underutilization of MAT for opioid use disorders. The number of hospitalized recipients, those receiving inpatient or residential care, and those in outpatient care is greater than the number of MAT recipients. The emergency departments, hospitals and residential facilities continue to be a good opportunity for MAT expansion. Further, MAT continues to offer the best outcomes, when compared with inpatient and residential treatment. With this in mind, greater emphasis on initiating MAT at the ED, inpatient and residential facilities can be done through education, incentives, outreach and oversight with an emphasis on those areas with the highest overdoses.

6. Enhance harm reduction strategies: The growing penetration of fentanyl and like-molecules in the state may call to expand and strengthen focus on harm reduction: Naloxone distribution, opioid and Naloxone education for all stakeholders, syringe service programs, as well as other activities focused on reducing morbidity and mortality, like reducing HIV, hepatitis C, criminal activity, and incarceration.

7. Increase access to, affordability of and utilization of Naloxone: In 2018, Louisiana had at least 23,668 recipient-encounters with the system of care at any level of care. While some of these may be duplicated, they far outnumber the total number of Naloxone prescriptions filled (3,247). Meaning that Louisiana missed more than 20,000 opportunities to promote harm reduction and reduce the possibility of an accidental death though using Naloxone. These analysis calls for strengthening our efforts around harm reduction and Naloxone prescriptions.

8. **Care Coordination, Peer Support Services, and Peer-to-Peer Consultation:** The HOPE Advisory Council recommends continued development of care coordination, peer support services, and peer-to-peer consultation, so as to optimize support of those with substance use disorders seeking care, and to enhance coordination among providers working within differing levels of care.

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

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 2019 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: Mr. Troy Prevot, Director of Compliance and Quality Control, Stone Trust Insurance
- 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

APPENDIX B – HOPE Council Stakeholders per Act 88 of 2017, Leadership and Staff

Formed on June 20, 2019, the following individuals contributed to the Community of Caring workgroups:

Community Workgroup:	Health/Healthcare Workgroup	Public Safety Workgroup
<ul style="list-style-type: none">• Mona Michelli• Allison M. Smith• Sheral Kellar• Rosanna Dichiro• Sen. Barrow• Micheal C. Comeaux• Linda Theriot• Jay Besse• James Hussey• Toni Bonvillian• Jose Calderone• Karl Lirette• Ann Wilder• Julie Morial• Janice Petersen• Ivory Wilson• Valerie Black (LDOE),• Lauren Nix,• Tara Zapp.• Felice Hill,• Troy Prevost	<ul style="list-style-type: none">• Jose Calderon-Abbo• Morris Hawkins• Elizabeth Harper• Janzlean Laughinghouse• DeAnna Kamphuis• Tom Travis• Linda Theriot• Keetsie Gunnels• Jay Besse• Mona Michelli• Thomas Maestri• John Antonucci• Stephen Phillippi	<ul style="list-style-type: none">• Meghan Hedges (Ambulance Alliance)• Paige Hargrove (Louisiana Emergency Response Network (LERN))• Rebecca Nugent (Louisiana State Police Crime Lab)• Monica Taylor (Louisiana Department of Justice)• Theresa Pham (LA Department of Health – Office of Public Health)• Mona Michelli (LA Department of Children and Family Services)• Jay Besse (LA Department of Health – Office of Public Health)

Staff supporting the effort are Lisa Longfellow and Catherine Peay from the Office of Behavioral Health; Julie Freeman from the Louisiana Department of Insurance and Kristy Miller from the Governor's Office of Drug Policy.

APPENDIX C – Opioid Death Data

Opioid Deaths by Parish of Occurrence and by Parish of Residence—Louisiana, 2018 (counts and age-adjusted rate for residence)			
Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rate (residence)
Acadia	0	0	0
Allen	0	0	0
Ascension	23	21	16.61
Assumption	*	*	*
Avoyelles	6	6	14.64
Beauregard	0	*	*
Bienville	*	*	*
Bossier	7	*	*
Caddo	*	*	*
Calcasieu	0	*	*
Caldwell	0	0	0
Cameron	0	0	0
Catahoula	0	0	0
Claiborne	0	0	0
Concordia	0	0	0
DeSoto	0	*	*
East Baton Rouge	34	30	7.5
East Carroll	0	0	0
East Feliciana	0	0	0
Evangeline	*	*	*
Franklin	0	0	0
Grant	*	*	*
Iberia	6	*	*
Iberville	0	*	*
Jackson	*	*	*
Jefferson	137	122	28.4
Jefferson Davis	0	0	0
Lafayette	14	8	3.64
Lafourche	*	*	*
LaSalle	*	*	*
Lincoln	0	0	0
Livingston	14	15	10.93
Madison	0	0	0
Morehouse	*	*	*
Natchitoches	*	*	*
Orleans	39	29	7.95
Ouachita	5	6	3.54

Plaquemines	*	*	*
Pointe Coupee	*	*	*
Rapides	21	18	15.29
Red River	0	0	0
Richland	0	0	0
Sabine	0	0	0
St. Bernard	*	*	*
St. Charles	5	6	13.95
St. Helena	*	*	*
St. James	*	*	*
St. John the Baptist	*	*	*
St. Landry	*	*	*
St. Martin	*	*	*
St. Mary	*	*	*
St. Tammany	76	74	29.19
Tangipahoa	0	0	0
Tensas	0	0	0
Terrebonne	0	*	*
Union	*	0	0
Vermillion	0	*	*
Vernon	*	*	*
Washington	26	27	67.56
Webster	0	*	*
West Baton Rouge	*	*	*
West Carroll	0	0	0
West Feliciana	*	*	*
Winn	0	*	*
Louisiana	455	427	9.57

APPENDIX D – Opioid Prescription Data

Opioid Prescriptions Dispensed by Parish—Louisiana 2018 (counts and crude rates)			
Area	Count	Percent change from 2014	Rate per 100
Acadia	27022	-22.36%	43
Allen	12451	-10.33%	48
Ascension	67769	-13.26%	54
Assumption	2999	-36.96%	13
Avoyelles	26288	-27.20%	64
Beauregard	18639	15.91%	50
Bienville	2427	115.16%	18
Bossier	101397	6.57%	79
Caddo	388986	-17.62%	160
Calcasieu	228219	-15.23%	112
Caldwell	6263	-23.10%	62
Cameron	1264	-33.99%	18
Catahoula	2357	-38.17%	24
Claiborne	17990	-10.20%	112
Concordia	17268	15.80%	88
DeSoto	7466	-36.17%	27
East Baton Rouge	616398	-14.80%	139
East Carroll	5493	-24.92%	78
East Feliciana	7804	-20.76%	40
Evangeline	47313	-22.14%	141
Franklin	16104	-23.24%	79
Grant	3005	16.56%	13
Iberia	64448	-20.50%	90
Iberville	8775	-36.66%	26
Jackson	9041	-31.11%	56
Jefferson	524680	-17.03%	120
Jefferson Davis	24995	-14.90%	79
Lafayette	338875	-19.98%	139
Lafourche	81675	-18.37%	83
LaSalle	15973	-34.17%	107
Lincoln	32558	-22.47%	68
Livingston	25245	-30.77%	18
Madison	4191	-7.38%	37
Morehouse	17389	-31.93%	68
Natchitoches	25522	-31.16%	66
Orleans	266459	-33.06%	68
Ouachita	197723	-12.24%	127
Plaquemines	6911	46.76%	29

Pointe Coupee	8101	-29.45%	36
Rapides	250310	-15.61%	191
Red River	7809	-52.80%	92
Richland	21677	-17.10%	107
Sabine	8254	-15.66%	34
St. Bernard	17266	-47.23%	36
St. Charles	6645	-54.82%	12
St. Helena	5269	17.09%	51
St. James	17480	-13.19%	83
St. John the Baptist	42082	19.09%	97
St. Landry	103956	-9.32%	125
St. Martin	13895	-37.31%	25
St. Mary	37362	-10.92%	75
St. Tammany	309512	-12.53%	119
Tangipahoa	100372	-2.68%	75
Tensas	1498	120.29%	33
Terrebonne	130978	-14.99%	117
Union	9047	-20.61%	40
Vermillion	24271	-19.09%	40
Vernon	24266	-18.13%	49
Washington	18608	-5.78%	39
Webster	26574	-41.28%	68
West Baton Rouge	6748	-22.11%	25
West Carroll	3792	17.62%	34
West Feliciana	6122	-6.61%	39
Winn	8001	-40.22%	56
Louisiana	4479277	-17.42%	96

APPENDIX E – 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 F – 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 detainers.

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 G – 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 H – MCO Opioid Effort Descriptions

Louisiana Healthcare Connections and United Healthcare submitted their Opioid Response Plans for inclusion. They are presented below:

1. Louisiana Healthcare Connections Response to Louisiana's Opioid Response Plan

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.

2. UNITED HEALTHCARE-LA ACTIVITIES FOR OUD'S (2018-2019)

SUMMARY

I. Prevention and Harm Reduction

UHC developed material for members on MAT and opioid literacy. Also offering physical therapy and chiropractic sessions as non-pharmacologic pain management of back pain. Members with high risk opioid behaviors are been enrolled in expanding pharmacy and prescriber locked-in programs.

UHC participated with the DEA on the 16th and 17th National Prescription Drug Take Back Days, collecting approximately 400 lbs. of unused medication in 6 sites (New Orleans, Baton Rouge, Lafayette, Alexandria, Shreveport and Monroe).

For providers, we are developing procedures to address outlier prescribers.

To reduce stigma and educate citizens and providers, UHC conducted the first Symposium on OUD's in and the Perinatal Continuum held in N.O. in 2018. A second symposium is tentatively scheduled for 1/2020 in Baton Rouge.

Through Opioid Analytics, UHC is reaching out to 2 ED's in NW region where high number of members with OUD and OD's are served, to educate on SBIRT, naltrexone and referrals to OUD treatment.

II. Quality Treatment

Supporting the provider community with educational opportunities on best practices, opioid prescription guidelines and offering a toolkit for pain management and opioids.

The assessment of MAT network capacity and geolocation is ongoing, including expansion of MAT and tele-MAT at all levels of care and supporting the incoming SUD's-IOP expansion at LCMC-UMC and Seaside.

In 2018, UHC helped with the development of a state wide policy for UDS testing.

Special populations: UHC is supporting prevention and treatment for expecting mothers and their children in partnership with Woman's Hospital GRACE Program to improve perinatal outcomes, NICU-NAS, and maintaining mother and child together. The program has a six-week postpartum engagement and addressed medical and social determinants of health.

III. Innovation

In 2019 UHC developed a MAT initiation and maintenance Value Based Program launched first in LA with Daughters of Charity Health System.

UHC is developing incentives for completion of follow up visits and medication adherence post inpatient discharge, including ASAM level 4.

Developing a MAT adherence and continuation program through Genoa Medication Management Solutions. The program provides pharmacy case management to members with a history of non-adherence with medications including MAT.

3. AmeriHealth Caritas Louisiana (ACLA) Opioid Response

- 1) AmeriHealth developed the template of an Opioid Toolkit 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.
- 2) Corporate AmeriHealth had a monthly Opioid Strategy Blueprint workgroup with representation from each line of business (LOB). A 24-month opioid trend report across all LOBs was reviewed each month. This report demonstrated a record high level of claims for MAT and a record low level of claims for opioid prescriptions.
- 3) Corporate AmeriHealth removed prior authorization criteria for all LOBs for naloxone prescriptions
- 4) ACLA implemented the Louisiana Medicaid restrictions on novel opioid and established opioid prescriptions.
- 5) ACLA actively employs the Provider Lock-In program and Prescription 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.
- 6) ACLA developed the Living Beyond Pain program for members with chronic back and neck pain to serve as an alternative treatment option for chronic pain that should reduce/eliminate the need for treatment with opioid medications.
- 7) ACLA offered 3 trainings in the Screening and Brief Intervention and Referral to Treatment (SBIRT) to all providers in our network. The trainings occurred on 8/13/19 in Shreveport, 8/14/19 in Baton Rouge, and 8/15/19 in New Orleans.
- 8) ACLA scheduled 2 ASAM trainings in Medication Assisted Treatment, one in New Orleans and 1 in Shreveport in October 2018. Despite vigorous advertising and notifications to the prescribers in our network for these no cost trainings, we experienced a very low response. Those trainings were cancelled and another ASAM training in MAT will be offered in New Orleans on 1/31/2020 for the prescribers in our network. This MAT training will be a blended training with 4 hours live (in person or via webinar) followed by 4 hours of on-line training for physicians and 16 hours of online training for nurse practitioners and physician assistants.
- 9) ACLA monitors monthly opioid claims information and refers our members with chronic and/or high utilization patterns to case management

4. Healthy Blue Opioid Strategy

Opioid Data Dashboard which 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

MAT Linkage Program

- Provide SBIRT Training to Providers
- Link Members to Healthy Blue Recovery Coaches
- Healthy Blue Recovery Coach Case Managers are licensed counselor/therapist (Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage & Family Therapist (LMFT), Registered Nurse (RN) and Licensed Addiction Counselor (LAC) with at least one year of substance use disorder experience.
- 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 Services

Pharmacy MAT Program

- Identification of members prescribed MAT and opioid prescriptions.
- Outreach component to provider to assist with education and encouragement of positive outcomes (discontinued opioid RX) for members.
- Member engagement in continued care.

Quality Provider monitoring/audit reviews

- in-patient & outpatient LMHP providers of Substance Abuse Services
- assess appropriate use of ASAM levels according to the LDH BH Services Manual

APPENDIX I – Health/Healthcare Impact Domain Survey

HEROIN & OPIOID PREVENTION AND EDUCATION (HOPE) COUNCIL SUBCOMMITTEE ON HEALTH/ HEALTHCARE 2019 SURVEY

Act 88 by the 2017 Louisiana Legislature established the Advisory Council on Heroin and Opioid Prevention and Education (HOPE). (<http://www.ldh.la.gov/index.cfm/page/2970>) The Council's purpose is to create an Interagency Heroin and Opioid Coordination Plan, coordinate parish-level data on opioid overdoses and usage of overdose-reversal medication, and coordinate a central online location to disseminate information and resources. (<https://lodss.ldh.la.gov/>) To address the opioid impact in Louisiana, the HOPE Council established three subcommittees: (1) Public Safety, (2) Health/Healthcare, and (3) Community Impact.

The Subcommittee on Health and Healthcare seeks input/feedback from healthcare providers, managed care organizations, and others representing public and private sector health/healthcare. This survey seeks to understand: a) how the opioid/substance use epidemic impacts your healthcare activities/recovery, and b) your needs, gaps, barriers, and ideas to better address this challenge.

The Louisiana Legislature through SCR 31 of 2019 urges your prompt and thoughtful response to this request by the HOPE Council.

Name, credentials and position: _____
Organization/Specialty: _____ Date: _____
Email: _____ Telephone: _____

Please take a moment to comment on how the epidemic is impacting you, your organization, your field or sector in the following areas, with a particular focus on gaps and opportunities. Check all that apply and add pages to elaborate any responses as needed:

1. Clinical impact & challenges: ☐ management; ☐ time; ☐ making referrals; ☐ getting consultation; ☐ coordinating care; ☐ case management; ☐ access to treatment facilities/services; ☐ access to available providers; ☐ services for specialized populations (e.g., adolescents); ☐ Other. Please explain:
2. Administrative impact & challenges: (i.e. time, cost) ☐ reimbursement to coordinate care; ☐ reimbursement to integrate care; ☐ specialized staff; ☐ managed care; ☐ Other. Please explain:
3. Preparedness/training: ☐ need education; ☐ need consultation; ☐ need peer support to manage complex cases ☐ Other. Please explain:
4. Top 3 difficulties/gaps in Heroin and Opioid Prevention & Education (Please explain as needed to be clear on the issues you perceive. E.g., data; policy; resources; staffing; funding; regulation; Other) Please rank and explain:
#1:
#2:
#3:
5. Solutions to gaps (with the greatest impact and feasibility)

→ **Below**, please share any data you may have to support your observations on gaps or concerns, and/or recommend any new or existing data that you feel might be helpful to measure impact in your area.

→ Please email this completed form back to Keele.Gunneba@LA.GOV by **Close of Business September 2, 2019**.

Thank you! -James E. Hussey, M.D. Chairman, HOPE Council

APPENDIX J – Public Safety Impact Domain Survey

HEROIN & OPIOID PREVENTION AND EDUCATION (HOPE) COUNCIL SUBCOMMITTEE ON PUBLIC SAFETY 2019 QUESTIONNAIRE

Act 88 by the 2017 Louisiana Legislature established the Advisory Council on Heroin and Opioid Prevention and Education (HOPE). (<http://www.ldh.la.gov/index.cfm/page/2970>) The Council's purpose is to create an Interagency Heroin and Opioid Coordination Plan, coordinate parish-level data on opioid overdoses and usage of overdose-reversal medication (Naloxone), and coordinate a central online location to disseminate information and resources. (<https://lodss.ldh.la.gov>) To accomplish these tasks, the HOPE Council has established three working subcommittees to address the impact of the opioid epidemic in Louisiana: (1) Public Safety (2) Health and Healthcare and (3) Community Impact.

The Subcommittee on Public Safety requests voluntary participation of public safety professionals, those groups supporting public safety functions, and justice oriented institutions representing both the public and private sector. This survey from the Subcommittee on Public Safety seeks to understand from all participants: a) how the opioid/substance use epidemic is impacting your activities/recovery; b) your needs, gaps, barriers, and opportunities to better address this challenge.

The Louisiana Legislature through SCR 31 of 2019 urges your prompt and thoughtful response to this request by the HOPE Council. Please respond by _____, 2019.

Name, credentials and position: _____

Organization: _____ Date _____

Email: _____ Telephone: _____

Please take a moment to reflect and comment on how the epidemic is impacting the following areas, with a particular focus on gaps and opportunities. Check all that apply and add pages as needed:

1. Public Safety Impact & challenges: ☐ management ☐ time ☐ getting consultation

☐ coordinating care with others ☐ access to treatment facilities ☐ access to available providers

☐ linking to services ☐ other: _____

2. Administrative impact & challenges: (i.e. time, cost) ☐ resources ☐ reimbursement for services ☐ specialized staff ☐ other: _____ Please explain: _____

3. Preparedness/training: ☐ need more education, consultation and/or peer support to manage complex cases ☐ Other Please explain: _____

4. Top 3 difficulties/gaps: ☐ data ☐ policy ☐ resources ☐ regulation ☐ Other Please explain: _____

5. Solutions to gaps with the greatest impact and feasibility _____

☒ Please share any data you may have that supports your observations on gaps, or concerns.

☒ Please share any data that you feel might be helpful in measuring impact in your area.

☒ Please recommend any new data that might be helpful to measure impact in your area.

Thank you. Jay Besse

HOPE Council Subcommittee on Public Safety

APPENDIX K – Community Impact Domain Survey

HEROIN & OPIOID PREVENTION AND EDUCATION (HOPE) COUNCIL COMMUNITY IMPACT SUBCOMMITTEE 2019 QUESTIONNAIRE

Act 88 by the 2017 Louisiana Legislature (<http://www.ldh.la.gov/index.cfm/page/2970>) requires the HOPE Advisory Council to create an Interagency Heroin and Opioid Coordination Plan, coordinate parish-level data on opioid overdoses and usage of overdose-reversal medication, and coordinate a central online location to disseminate information and resources. (<https://index.ldh.la.gov/>) To accomplish these, three subcommittees were created to address impact of the epidemic in Louisiana: (1) Public Safety (2) Health and Healthcare and (3) Community Impact.

The Community Impact Subcommittee requests participation of community agencies, organizations, and individuals invested in combatting the opioid epidemic to complete this survey and seeks to understand: a) how this epidemic is impacting your activities/recovery; your needs, gaps, barriers, and opportunities to better address this challenge.

The Louisiana Legislature through SCR 31 of 2019 urges your prompt and thoughtful response by Sept. 30, 2019.

Name, credentials and position: _____
Organization: _____ Date: _____
Email: _____ Telephone: _____

Please comment on how the epidemic is impacting you, your organization, your field or community as a whole in the following areas, with a particular focus on gaps and opportunities. Check all that apply elaborate any responses as needed:

1. Prevention efforts & challenges: ☐ availability; ☐ resources; ☐ effectiveness; ☐ duplication of efforts; ☐ Impact on Educational Institutions; ☐ other Please explain:
2. Employment: ☐ workforce; ☐ Workman's Compensation; ☐ Other Please explain:
3. Children and Families: ☐ newborns; ☐ school-aged children; ☐ services to assist families; ☐ Impact on Housing and Homelessness; ☐ other. Please explain:
4. Top 3 difficulties/gaps in Heroin and Opioid Prevention & Education (Please explain to be clear on the issues you perceive. E.g., data; policy; resources; staffing; funding; regulation; Other) Please rank & explain:
#1:
#2:
#3:
5. Solutions to gaps with the greatest impact and feasibility

 - Please share any data you may have that supports your observations on gaps, or concerns.
 - Please share any data that you feel might be helpful in measuring impact in your area.
 - Please recommend any new data that might be helpful to measure impact in your area.

Thank you. -Mona Mitchell, Co-Chairman, HOPE Council and HOPE Council Community Impact Subcommittee

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