

The Louisiana Comprehensive Opioid Abuse Program Action Plan

A Coordinated Plan to Address Opioid Abuse in Justice Involved Individuals in Louisiana

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Contents

Introduction	2
Scope of the Problem.....	3
Prescribing Rates.....	3
Drug Overdose Deaths	3
Opioid Overdose Deaths	3
Treatment	3
Medicaid Data	4
Hospital Stays.....	4
Inmate Population	4
Cross Agency Needs Assessment and Planning	5
Sub-grantee Selection	5
Targeted Plan	6
East Baton Rouge Parish	6
Orleans Parish	6
Orleans and Jefferson Parish	6
St. Tammany Parish.....	7
LaCOAP Contact Information	8
Bibliography	9

Introduction

The Louisiana Department of Health (LDH), Office of Behavioral Health (OBH) began the Louisiana Comprehensive Opioid Abuse Program (LaCOAP) in 2017, after being awarded the Comprehensive Opioid Abuse Site Based Program (COAP) Grant (Category 4: Statewide Planning, Coordination, and Implementation Projects) by the U.S. Department of Justice, Office of Justice Programs. Category 4 of the COAP grant has two subcategories: Subcategory 4a for developing a strategic plan and Subcategory 4b for implementation of the plan in targeted localities. OBH was awarded Subcategory 4a to develop a strategic plan that identifies policies and practices to assist the state and localities in engaging and retaining justice involved individuals with opioid use disorder (OUD) in treatment and recovery services and increasing the use of diversion/or alternatives to incarceration.

The parishes of St. Tammany, Orleans, Jefferson, and East Baton Rouge were selected as targeted parishes due to their consistency in reporting the highest rates of opioid-related overdose deaths, treatment, and hospitalizations. A multi-agency, cross-sector planning team was formed to develop the strategies of the plan. *The Louisiana Comprehensive Opioid Abuse Program Action Plan* was developed with the goal of reducing the number of opioid related overdoses and overdose deaths for justice-involved individuals in the targeted parishes. The plan outlines strategies that support access to and engagement in treatment and recovery support services for justice-involved individuals with OUD in Orleans and East Baton Rouge Parishes, as well as increased use of diversion in Orleans, Jefferson, and St. Tammany Parishes. Providing these services will increase the recovery rates of these offenders who are often “high frequency” users of multiple systems, including health care, child welfare and criminal justice, ultimately resulting in fewer overdoses and overdose deaths.

In 2018, OBH was awarded Category 4b of the COAP grant to financially support the identified localities in implementing the strategies of this plan.

Scope of the Problem

Prescribing Rates

High rates of pain medication prescribing behavior result in concomitant misuse, abuse, and overdose deaths. According to the Centers for Disease Control and Prevention (CDC), while the opioid prescribing rate for Louisiana has steadily decreased since 2012, Louisiana's ranking when compared to other states has increased. During the years of 2012-2015, Louisiana has ranked either 7th or 8th. In 2016, Louisiana had the 5th highest rate in the nation at 98.1 prescriptions per 100 persons, which is 47.5% higher than the national rate (66.5); however, the rate decreased in 2017 to 89.5 per 100 persons. (Centers for Disease Control and Prevention, 2018)

Drug Overdose Deaths

Overall drug overdose death rates provide an indication of the opioid problem without relying heavily on interpretive opinions of coroners or toxicology results. Also, opioids have been projected to be responsible for 60% of all overdose deaths in the U.S. (Center for Disease Control and Prevention, 2017) Age-adjusted death rates from drug overdoses in Louisiana have steadily increased since 1999 and have consistently been higher than national averages in all recent years except 2012. In 2016, Louisiana's age-adjusted drug overdose death rate was 21.8, which is 10.1% higher than the national average of 19.8. (Centers for Disease Control and Prevention, National Center for Health Statistics, 2017) Louisiana's rate increased by 15% from 2015 to 2016 and was one of 26 states with a statistically significant increase. (Centers for Disease Control and Prevention, 2017)

Opioid Overdose Deaths

Opioid-related overdose deaths in Louisiana more than doubled between 2012 and 2016. (Centers for Disease Control and Prevention, National Center for Health Statistics, 2017) Between 2012 and 2016, the bulk of all recorded opioid overdose deaths occurred in the parishes of Southeast Louisiana. Specifically, St. Tammany Parish experienced an average of over 47 opioid overdoses a year at an age-adjusted rate more than three times that of the state during the same time period (19.2 and 5.8 per 100,000 population, respectively). Similarly, Jefferson Parish averaged over 71 opioid overdoses a year at an age-adjusted rate close to three times higher than the state (16.7 and 5.8 per 100,000, respectively). Current data obtained from the Jefferson Parish Coroner's Office reports 157 opiate related deaths in 2016 and 171 in 2017, an increase of 8.9%. While their age-adjusted rates are not as high as St. Tammany and Jefferson Parishes, Orleans and East Baton Rouge Parish experienced high average numbers of deaths from opioid overdoses during the same time period (30.2 and 21.8, respectively) with age adjusted rates near or above the state rate (7.6, 5.1, and 5.8 per 100,000, respectively). (Centers for Disease Control and Prevention, National Center for Health Statistics, 2017) Additionally, Louisiana's most populous cities, New Orleans and Baton Rouge, are located in Orleans and East Baton Rouge Parishes.

Treatment

According to the Treatment Episode Data Set (TEDS), state and federally funded substance use treatment facilities in Louisiana treated 1,129 persons for heroin and 743 persons for all other opiates in 2017. Combined, heroin and other opiates amounted to 13.5% of all facility admissions. (Center for Behavioral Health Statistics and Quality, 2018) According to the Local Governing Entities (LGE) that provide state and federally funded substance use treatment services, the total number of unduplicated

persons served for OUD in Louisiana was 2,013 in 2016, with the top four parishes being Orleans, Jefferson, St. Tammany, and East Baton Rouge. The number of admissions was 2,469 during 2016. Orleans, Jefferson, St. Tammany, and East Baton Rouge were among the top five parishes.

Medicaid Data

According to Medicaid data, 12,633 unduplicated recipients had a primary diagnosis of OUD in 2017. Forty percent (40%) or 5,047 recipients received treatment, including outpatient, residential, and pharmaceutical (i.e., Buprenorphine, Naloxone, and Vivitrol). Orleans, Jefferson, St. Tammany, and East Baton Rouge were among the top five parishes with the highest number of unduplicated recipients with OUD and the top four parishes with recipients with OUD receiving treatment.

Hospital Stays

The Louisiana Hospital Inpatient Discharge Database (LAHIDD) contains information regarding inpatient hospital stays in the state and includes approximately 57% of the State's licensed hospitals, representing approximately 77.5% of hospital beds. During the years 2012-2016, these hospitals reported 4,827 inpatient hospital stays related to opioid overdose, averaging 965 stays per year. Each year during this time period, St. Tammany, Jefferson, East Baton Rouge, and Orleans parishes were among the top six parishes. (Louisiana Department of Health, 2018)

Inmate Population

As a result of their addiction, many individuals with OUD end up crossing paths with law enforcement. In 2016, Louisiana's imprisonment rate was the highest in the nation at 760 per 100,000 people, which is 69% higher than the US rate of 450. (Carson, 2018) The Louisiana Department of Public Safety and Corrections (DPS&C) reported that approximately 80% of inmates who enter correctional facilities have substance use issues that contribute to their criminality. (Louisiana Department of Public Safety and Corrections, 2018)

Cross Agency Needs Assessment and Planning

While commissions and councils have been created to address opioid use and criminal justice as separate issues, very little had previously been done to address opioid use in this population. In 2017, OBH was awarded Category 4a COAP funding to develop a strategic plan. Cross-sector planning teams involving multiple agencies were created to conduct a needs assessment that identified existing resources and treatment gaps for this population in the targeted parishes. Gaps were examined between the amount of services needed in each parish and what currently exists, including current grant funding on the state and local level. Gaps currently exist in the East Baton Rouge and Orleans parish jails, which are either minimally funded to address substance use disorders or whose funding ended in 2018. Elements of these programs need to be enhanced or sustained to service offenders with opioid use disorder. In addition, the Day Reporting Center serving both Orleans and Jefferson parishes needs specific treatment programs for offenders with opioid use disorder, which would greatly enhance their chances for recovery specific to their needs. St. Tammany Parish has a need for a Licensed Mental Health Professional to provide assessments in their local jail to identify those with opioid use disorder who can be referred to a jail diversion program. There also exists a need for peers in the local jail to serve the inmates that would be screened for diversion court, as well as work with the specialty courts to find treatment and recovery support services in the community.

Sub-grantee Selection

As previously discussed, St. Tammany, Orleans, Jefferson, and East Baton Rouge were selected as targeted parishes due to their high rates of opioid-related overdose deaths, treatment, and hospitalizations. Agencies that provide services for justice-involved individuals in the targeted parishes were selected as sub-grantees as they are in the best position to implement the strategic plan's strategies. Parish representatives participating on the planning team assisted in identifying the most appropriate agencies to receive financial support for strategy implementation. The sub-grantees include: Capital Area Human Services District (CAHSD) in East Baton Rouge Parish; Metropolitan Human Services District (MHSD) in Orleans Parish; New Orleans Parish Sheriff's Office, which oversees the Day Reporting Center (DRC) that serves Jefferson and Orleans Parish offenders; and Florida Parishes Human Services Authority (FPHSA), which serves St. Tammany Parish.

Targeted Plan

East Baton Rouge Parish

Capital Area Human Services District (CAHSD) will hire two part-time Certified Peer Support Specialists (CPSS) and two part-time Behavioral Health Professionals (BHP) to provide services and have adequate coverage to ensure timely provision of services at the East Baton Rouge Parish Jail. The Certified Peer Support Specialists will assist the two BHPs with pre-release screening, engagement through Motivational Interviewing, and facilitation of peer-led Seeking Safety weekly groups. The at-risk individuals will be referred to the BHPs who will complete the modified Global Appraisal of Individual Needs (GAIN) tool with the participant. There are approximately 15-20 at-risk individuals who are referred to the BHPs on a daily basis. The GAIN drives the person-centered transition planning for post-release housing, employment, transportation, and healthcare, completed by the Certified Peer Support Specialists with the participant. Participants will be re-connected to their behavioral health care provider if needed, or if they do not have one, they will be connected to their choice of a CAHSD facility or other private provider. Since releases may occur with little to no advance notice, participants are immediately provided with information for CAHSD walk-in appointments and the CPSS' contact information for post-release follow-up, so that participants can be connected to outpatient behavioral health treatment if they so choose. Participants are provided an opportunity for weekly interaction at their discretion, either by request or in the Seeking Safety Group, throughout the grant period. Continual access to services and COAP treatment staff are necessary to ensure participant success. Pre-release tasks include assisting participants in accessing behavioral healthcare (including psychoeducation on opioid and other substance use disorders, signs and symptoms of overdose, overdose reversal/naloxone, and MAT) and psychiatric medications that need to be started, re-started, or continued before decompensation occurs which could result in disciplinary problems within the jail. Post-release tasks include peer support services to assist participants in identifying and accessing MAT services, accessing naloxone, enrolling in the Louisiana State Opioid Response (LaSOR) program upon release, obtaining a phone to receive appointment reminders and conduct personal business, a state-issued identification card or driver's license for admission to treatment programs or shelters, dependable transportation, affordable housing, employment or benefits income, and medical/pharmacy coverage (e.g., re-applying for SSI/Medicaid). Extant literature on specific aspects of recovery support services, such as peer support, demonstrate their effectiveness and how integral these services are to long-term recovery outcomes such as decreased substance use and reduced recidivism rates among ex-offenders living with OUD. (Kaplan, 2008) (Tracy, Burton, Nich, & Rounsaville, 2011) (Rowe, et al., 2007)

Orleans Parish

Metropolitan Human Services District (MHSD) will hire two Peer Support Specialists to work in the local parish jail, the Orleans Parish Justice Center (OJC), as an active member of the treatment team. During one-on-one and group sessions, the peers will support individuals in identifying and creating goals and developing recovery plans. The peers will attend discharge planning group meetings to introduce and explain services offered by MHSD or other providers of choice. Post release tasks include peer support services to assist in identifying and accessing naloxone and medication-assisted treatment (MAT) services; enrolling in the LaSOR Program; restoration of benefits and obtaining required identification for social service programs, that afford options related to transportation, employment and medical coverage (e.g., SSI/Medicaid).

Orleans and Jefferson Parishes

LaCOAP will support the New Orleans Day Reporting Center (DRC), which is administered collaboratively by the Orleans Parish Sheriff's Office and the Louisiana Department of Public Safety & Corrections (DPS&C), but serves both Orleans and Jefferson Parish offenders. The DRC receives referrals from Probation/Parole Officers and the courts to divert offenders to treatment and avoid incarceration. All individuals have a felony charge, have at least 6 months left on their supervision, and have no pending charges or sex offenses. The DRC currently offers substance use classes, individual sessions, intensive case management, court mandated anger management classes, employment readiness curriculum assistance with employment opportunities, free drug screens, and connection to community resources for mental health, physical health, housing, etc. Through LaCOAP, the DRC will provide more tailored services for individuals with OUD. Clinicians will be able to conduct separate, smaller groups only for individuals with OUD, provide regular weekly individual sessions, and a Peer Support Specialist to assist with support for those individuals in the center and also in the community. Groups will include psychoeducation on opioid and other substance use disorders, signs and symptoms of overdose, overdose reversal/naloxone, and MAT. Referrals to MAT will be made if needed.

St. Tammany Parish

For St. Tammany Parish, Florida Parishes Human Services Authority (FPHSA) will partner with the 22nd Judicial District Court of Louisiana to create a new screening/assessment process in the St. Tammany Parish jail to determine potential candidates with OUD to be referred to Adult Drug Court. In addition, they will create new peer support services in the jail for OUD clients. To provide these services, FPHSA will hire a Licensed Mental Health Professional (LMHP) and a Peer Support Specialist whose salaries will be partially funded through COAP funds. Assessments will determine if the individual qualifies to participate in the court's Diversion Drug Court. The LMHP will also participate in discussions with drug court staff regarding interventions and treatment options for these individuals. Once individuals are referred to drug court, they will be referred to a multitude of evidence based services upon release. Peer support staff will conduct individual and group peer support services specific to the needs of individuals with OUD, assist with screening and data collection, work with the LMHP and the diversion court staff to schedule appointments and connect them with resources such as housing, transportation and employment assistance as appropriate post release. FPHSA contends that this strategy may increase specialty court referrals by 50%, including offenders with OUD.

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