

# Advisory Council on Heroin and Opioid Prevention and Education:

## 2022 Year-End Report of State and Local Responses to the Opioid Crisis: Interagency Coordination Plan

*Act 88 of the 2017 Legislative Session*

*State of Louisiana*

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## ACRONYMS – HOPE End of Year Report

ACLA: AmeriHealth Caritas Louisiana

ADHD: Attention Deficit Hyperactivity Disorder

ASAM: American Society of Addiction Medicine

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

BOR: Board of Regents

CADCA: Community Anti-Drug Coalitions of America

CCYS: Caring Communities Youth Survey

CDC: Centers for Disease Control and Prevention

DCFS: Department of Children and Family Services

DOC: Department of Corrections

ED: Emergency department

ER: Emergency room

ECHO: (Project) Extension for Community Healthcare Outcomes

FFY: Federal Fiscal Year

FQHC: Federally Qualified Health Center

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

HCV: Hepatitis C Virus

HEDIS: Healthcare Effectiveness Data Information Set

HIV: Human Immunodeficiency Virus

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

ICSED: Improving Care for the Substance-Exposed Dyad

IOP: Intensive outpatient program

IPRO: Island Peer Review Organization

LaPQC : Louisiana Perinatal Quality Collaborative

LaSOR: Louisiana State Opioid Response grant

LCSW: Licensed Clinical Social Worker

LDH: Louisiana Department of Health

LGE: Local Governing Entity

LODSS: Louisiana Opioid Data & Surveillance System

LOSI: Louisiana Opioid Surveillance Initiative

LSP: Louisiana State Police

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

## 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 and adopted as La. Revised Statute (R.S.) 49:219.5 later that year, has completed its fifth full year of operation. The following is the Council's fourth year-end Interagency Coordination Plan. All HOPE Year End reports are posted at [www.ldh.la.gov/hope](http://www.ldh.la.gov/hope).

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

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

As stated in prior reports, the Louisiana Opioid Surveillance Initiative (LOSI) developed the Louisiana Opioid Data & Surveillance System (LODSS) ([www.lodss.ldh.la.gov](http://www.lodss.ldh.la.gov)) for the collection of information, including health data, from the Louisiana Department of Health (LDH) and external organizations related to opioid use disorder. LODSS analyzes the collected information and disseminates results through fact sheets, publications, training and educational materials, and the online data and surveillance system.

As has been the case for the previous decade, the Louisiana Opioid and Data Surveillance System (LODSS) shows Louisiana opioid-related deaths continue to rise year on year and have nearly doubled since the onset of the COVID-19 pandemic in early 2020. The trend of deaths by fentanyl and synthetic opioids has also continued to climb and has overtaken prescription opioids and heroin.

This report has nine recommendations to address these problem areas for 2023, chief among them a renewed focus to fold hospital emergency departments (EDs) into the state's opioid strategy. It is critical that Louisiana hospitals provide evidence-based supports and services to those individuals presenting with opioid use disorders. Further, the State should pursue enhancing the MAT provider network in Louisiana. Expanding wraparound services such as housing assistance and care navigation are identified as areas in which Louisiana can address this problem.

### DESCRIPTION OF THE PROBLEM

#### National Data

According to the Center for Disease Control's (CDC) National Vital Statistic System Provisional Drug Overdose Death Counts Update from February 9, 2022, national (all) drug overdose deaths in 2021 continued to rise, reaching 102,842 deaths for the prior 12-month reporting period ending in June 2022. This represents a 2.3% increase of deaths nationally. Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

#### State Data

Louisiana's (all) drug overdose deaths in 2021 also continued to rise, reaching 2,539 deaths for the prior 12-month reporting period ending in June 2022. This is an 11% increase in Louisiana deaths during this time. Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

In Louisiana, deaths by any/all opioids increased from 2018 to 2021. While there were more deaths in all opioid types, the largest jump was in synthetic opioids, which includes more potent fentanyl formulations.

As a category, deaths by synthetic opioids rose to 1,183 in 2021, a 71% increase from the prior year's report. The number of deaths involving fentanyl rose to 969, an increase of 46% during that same period.

Jefferson, St. Tammany, and Lafayette parishes led in opioid death in terms of both parish of residence and occurrence during 2021. In fact, the top five parishes (including Livingston and Orleans) accounted for 50% of such deaths by parish of residence in 2021.

### **Louisiana Opioid Prescriptions**

For 2021, there was an average of 72 opioid prescriptions per 100 individuals in Louisiana, down 2.7% from 74 prescriptions per 100 Louisianans in 2020. The top five parishes for opioid prescriptions included Rapides, Caddo, Lafayette, East Baton Rouge, and Evangeline.

### **IMPACT ON LOUISIANA**

As noted above, while both nationally and in Louisiana, the number and percent change of drug overdose deaths increased, when compared to the previous year, in terms of opioid prescriptions issued in Louisiana, this number declined slightly from an average of 74 prescriptions per 100 residents to an average of 72 per 100 Louisiana residents. (Note: The national average was approximately 43.3 prescriptions per 100 people.) Source: <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>) During this same period, the number of MAT-related prescriptions (i.e., buprenorphine, Suboxone, Bunavail, Zubsolv, Probuphine, Naltrexone and Vivitrol) increased compared to 2021.

Emergency Room (ER) utilization and inpatient hospital admissions for opioid-related issues declined during state fiscal year (SFY) 22. While residential American Society of Addiction Medicine (ASAM) opioid use disorder treatment declined very slightly, Louisiana Medicaid Outpatient ASAM treatment increased slightly during the same period.

A new metric is now being tracked in the HOPE Impact metrics: Telehealth Utilization Trends for All Medicaid Outpatient ASAM Levels of Care. The percentage of recipients who were seen via telemedicine technologies peaked in 2021 at 45%, then declined to 38% in SFY 22 with 3,002 recipients receiving telehealth encounters for outpatient opioid use disorder (OUD) treatment.

### **Naloxone Distribution:**

Through the Louisiana State Opioid Response (LaSOR) grant, 28,401 Naloxone kits were distributed last year and 16,765 individuals received Naloxone education.

### **Department of Children and Family Services**

As of December 1, 2022, there were 2,221 children with either a valid drug- or alcohol-affected newborn allegation for federal fiscal year (FFY) 21 in a closed case. (This represents an increase of 255 cases from the 2021 report.)

### **Louisiana State Police Opioid Statistics**

The Louisiana State Police (LSP) Drug Takeback initiative in Louisiana yielded 10.3 kg of medications deposited, which was a drop from the prior year's 81.4 kg. LSP's Criminal patrol seizures increased to 28.7 kg from last year's report of 4 kg.

### **Opioid Convictions**

The number of unduplicated opioid convictions for possession or distribution reported in Louisiana increased from 972 in 2020 to 3,571 in 2021.

## **Justice System**

As of November 2022, in addition to providing statewide trainings, the Office of the Attorney General had provided vouchers for close to 35,000 doses of naloxone to law enforcement personnel, an increase from 25,000 in the prior year. The Office of the Attorney General also received a donation of 65,000 medication disposable pouches that were distributed to various organizations. Importantly, Attorney General Jeff Landry announced an historic \$26 billion agreement with the nation's three major pharmaceutical distributors and another company, which requires significant industry changes and reforms. Louisiana is anticipated to receive more than \$325 million.

## **Louisiana Supreme Court Update**

According to 2022 report data, there are 32 Adult Drug Courts and 9 Sobriety/DWI Courts in Louisiana. Louisiana Supreme Courts have conducted many trainings, including a Louisiana Association of Drug and Specialty Court Statewide Conference training held in October 2022.

## **INTERAGENCY HEROIN AND OPIOID COORDINATION PLAN**

As in prior years, numerous state and local entities have reported activities related to addressing the ongoing opioid crisis in Louisiana. Highlights of such activities as received from those agencies, providers, and organizations are included in this year's report.

This year's updates are organized into one of the following state and local response categories for the purposes of this report:

- Louisiana Opioid Response Plan;
- Federal Opioid Grant Funded Programs;
- State and Local Surveillance Data;
- Education and Prevention;
- Treatment and Recovery;
- Resource and Capacity Development;
- Changes in Legislation, and
- Medicaid Managed Care Organization Opioid-Related Activities.

## **Louisiana Opioid Response Plan**

The LDH released Louisiana's Opioid Response Plan in September 2019, aiming to reduce the negative impact of Louisiana's opioid epidemic by implementing strategies to address the under-reporting of opioid deaths, enhance monitoring of opioid prescriptions, and increase access to treatment services. Since its original drafting, ongoing progress and improvements can be seen in areas such as data analytics and surveillance, education and awareness, prevention activities, intervention and rescue activities, accessibility of naloxone, and access to quality treatment and recovery support services. Specific examples of such activities in 2022 are included below.

## **Federal Grant Funded Programs**

Through the LaSOR, the LDH Office of Behavioral Health (OBH) implemented treatment, prevention, and recovery support services statewide for individuals with or at risk for OUD or stimulant use/misuse (SUM). The LaSOR 2.0 program aimed to address the opioid crisis by increasing access to Medication for Opioid Use Disorder (MOUD) using the three FDA-approved medications: methadone, buprenorphine products, and injectable extended-release naltrexone. LaSOR funds assisted with expanding treatment for OUD and reduced unmet treatment needs and opioid overdose-related deaths through prevention, treatment, and recovery activities for OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

Through LaSOR funds, 1,655 individuals received OUD treatment services. Of those, 1,141 elected to receive MOUD. The provision of LaSOR funds contributed to a significant increase in the distribution of naloxone kits, as reported by clients and/or providers. The 28,401 kits dispersed during the reporting period contributed toward 3,285 overdose reversals. LASOR Grant funds were also utilized to onboard new Office Based Treatment providers, assist methadone clinics, and fund new Spoke care teams (SCTs) throughout the state.

LDH-OBH collaborated with the Office of Public Health's (OPH) Louisiana Perinatal Quality Collaborative (LaPQC) on the implementation of the Improving Care for the Substance-Exposed Dyad (ICSED) and recruited 13 hospitals to participate in the initiative, exceeding its original target.

LDH-OBH partnered with the Tulane University School of Medicine, Department of Psychiatry and Behavioral Sciences to provide Project ECHO (Extension for Community Healthcare Outcomes) sessions to office-based opioid treatment providers (OBOTs). Tulane used an evidence-based model designed by Alosa Health to provide 450 academic details.

Five outreach mobile teams were established through a partnership with Local Governing Entities (LGEs) throughout the state. These teams provided outreach and mobile peer recovery services, including recovery coaching, within their regions, during the reporting period.

LASOR funding was used to provide educational webinars, evidence-based treatment trainings, and development of an OBH Faith Recovery Outreach Toolkit. Grant dollars were also utilized to support syringe service programs (SSPs).

### **Surveillance and Data**

LOSI developed LODSS for the collection of information from LDH and external organizations related to OUD. LODSS analyzes the collected information and disseminates results through fact sheets, publications, training and educational materials, and the online data and surveillance system, and is a major source for data in this year's HOPE Report. The website for LODSS is [www.lodss.ldh.la.gov](http://www.lodss.ldh.la.gov).

### **Human Immunodeficiency Virus (HIV and Viral Hepatitis Prevention and Harm Reduction Efforts**

Since the Syringe Access Authorization Legislation in 2017, Louisiana has seven legally authorized SSPs in four cities: New Orleans, Baton Rouge, Alexandria, and Shreveport. In June 2022, LDH-OPH expanded its harm reduction efforts and created a harm reduction team to oversee the SSPs, the launch of a statewide Harm Reduction Supply Distribution Hub, which will provide partners with free naloxone and fentanyl test strips, and other harm reduction projects in the state.

Regarding Hepatitis C harm reduction activities, LDH-OPH continued efforts to reduce the risks associated with untreated hepatitis C statewide in 2021. This includes initiation of monthly Project ECHO-Hepatitis, Addiction, and stigma Reduction in Medicine (HARM) meetings, seminar sponsorship requirements for all of its community-based organization partners on destigmatizing drug use, and training over 500 prescribers statewide on the fundamentals of hepatitis C virus (HCV) testing and treatment.

### **Treatment and Recovery**

Some of the most significant progress related to opioid treatment initiated during 2022 include the Bridge Start Program initiatives in New Orleans and Lake Charles, which aim to provide universal, 24/7 access to addiction treatment in hospitals' EDs. The program has proven extremely successful in states that have implemented it. University Medical Center in New Orleans and Lake Charles Memorial in Region 5 received technical assistance from the California Bridge program to help implement buprenorphine induction,

naloxone dispensing, care navigators, and warm community provider handoffs for those who present with opioid-related issues to the ED. More detail is provided in the body of this report.

### **Louisiana's Methadone Clinics/Opioid Treatment Programs (OTP)**

With an overall census of approximately 5,000 patients being treated in OTPs statewide, the programs continue to see a steady increase of approximately 100 patients per month.

Through data review and study, LDH-OBH determined a need to expand OTPs in LDH Administrative Region 3, prioritizing the Terrebonne and Lafourche Parish areas, and in Region 9, prioritizing Washington Parish. Efforts to expand access in these areas continued in 2022. A site chosen in Bogalusa is currently under consideration by local government officials. Construction of the LDH Region 3 in Houma site is moving forward, with plans to open in early 2023.

### **Additional Treatment and Recovery Activities**

Both Louisiana State University Health Sciences Center/University Medical Center (LSU/UMC) and Tulane School of Medicine provided access to substance use treatment programs and services during 2022. LSU Universal Medical Center continued to provide inpatient psychiatric care in its 15-bed Addiction Psychiatry Behavioral Health Unit, provide consultation and liaison services, and initiate MAT throughout its inpatient units. Tulane's Department of Psychiatry provided physician services at Odyssey House and trainees at the Veterans Administration Southeast Louisiana Healthcare System, in addition to supporting several other facilities. Details of these offerings are provided in the body of this report.

### **Resource and Capacity**

LDH-OBH continued working with Island Peer Review Organization (IPRO), LDH's external quality review organization, and the five Medicaid Managed Care Organizations (MCOs) on a performance improvement project (PIP) in 2022. One focus of the 2022 PIP is behavioral health transitions in care from EDs and psychiatric hospitals. The substance use disorder SUD-specific Healthcare Effectiveness Data Information Set (HEDIS) measure in the 2022 PIP is follow-up care following an ED visit for a substance use reason.

### **Changes in Legislation for 2022**

Four opioid-related bills were passed during the most recent Louisiana Legislative session:

1. HB 378/Act 46 added certain substances to the Schedules within the Louisiana Uniform Controlled Dangerous Substances Law, including a number of powerful opiates identified as derivatives of fentanyl.
2. HB 601/Act 225 amended provisions of Louisiana's Good Samaritan Law by expanding the conditions of immunity from arrest, charges, prosecution, or penalization for use of a controlled dangerous substance or for possession of drug paraphernalia.
3. SB 268/Act 309 requires SUD facilities that treat pregnant women to provide onsite access to at least one form of FDA-approved opioid agonist treatment as part of its array of SUD treatment services.
4. SB 315/Act 671 adds the distribution of fentanyl or carfentanil to the offenses included as a crime of violence, allowing enhanced penalties if an individual knowingly misrepresented or knowingly marketed a mixture or substance containing fentanyl, a fentanyl analogue, carfentanil, or a carfentanil analogue as another substance. Further, this act provides that drug paraphernalia does not include rapid fentanyl test strips or any testing equipment that tests for fentanyl or its analogue.

**Medicaid Managed Care Organization Opioid Activities**

During 2022, MCOs continued to manage ASAM substance use disorder services for those within Medicaid who have opioid use and other substance use disorders. In general, MCO activities targeted opioid prescription monitoring, SUD provider and peer support recruitment and network development, engagement, education and training, screenings, case management, and alternative evidence-based pain management strategies. MCOs developed new quality metrics and clinical guideline recommendations, and innovative strategies to help members navigate service access, and make and keep aftercare appointments. Please see Appendix J for details by the MCOs.

**RECOMMENDATIONS**

As the number of deaths due to synthetic opioids increase year over year nationally and in Louisiana, with fentanyl the leading contributor, this year's HOPE Advisory Council recommendations focus on those with OUDs who present in crisis to EDs across the state. Successful strategies to address the ongoing opioid crisis in Louisiana must include assurances that those who present to EDs with opioid-related concerns and in crisis have 24/7 access to the evidence-based supports and services known to be most effective in that setting, assuring that quality follow-up care is made available and quickly accessible. The nationally known and recognized Bridge Program has been extremely successful in other states, and the HOPE Advisory Council is recommending that it be adapted to meet Louisiana's unique healthcare system, and then incrementally implemented statewide.

The Council also recommends that Louisiana increase funds and efforts to expand treatment navigators, MAT provider network, harm reduction, fentanyl testing strips education and access, and focused and general education on risk including adolescents, users, and others seeking a street or lookalike stimulant for attention deficit hyperactivity disorder (ADHD), recreational cocaine, or sedatives).

An additional recommendation related to FDA-approved Prescription Digital Therapeutics is also included as a potential area of further study and consideration by Medicaid and other private medical insurance carriers, as a means to reinforce abstinence from drug use, when used in combination with buprenorphine for OUD.

## About the HOPE Council

The HOPE Council is an advisory board established within the Governor’s Drug Policy Board charged with: (1) Coordination of parish-level data on opioid overdoses and usage of overdose-reversal medication; and (2) Coordination of a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan. The Plan is submitted annually to the Governor, the Governor’s Drug Policy Board, President of the Senate, Speaker of the House, and Chief Justice of the Louisiana Supreme Court.

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

Information about the HOPE Council is available at: <http://ldh.la.gov/index.cfm/page/2970>; <https://wwwcfprd.doa.louisiana.gov/boardsandcommissions/home.cfm>

## Description of the Problem

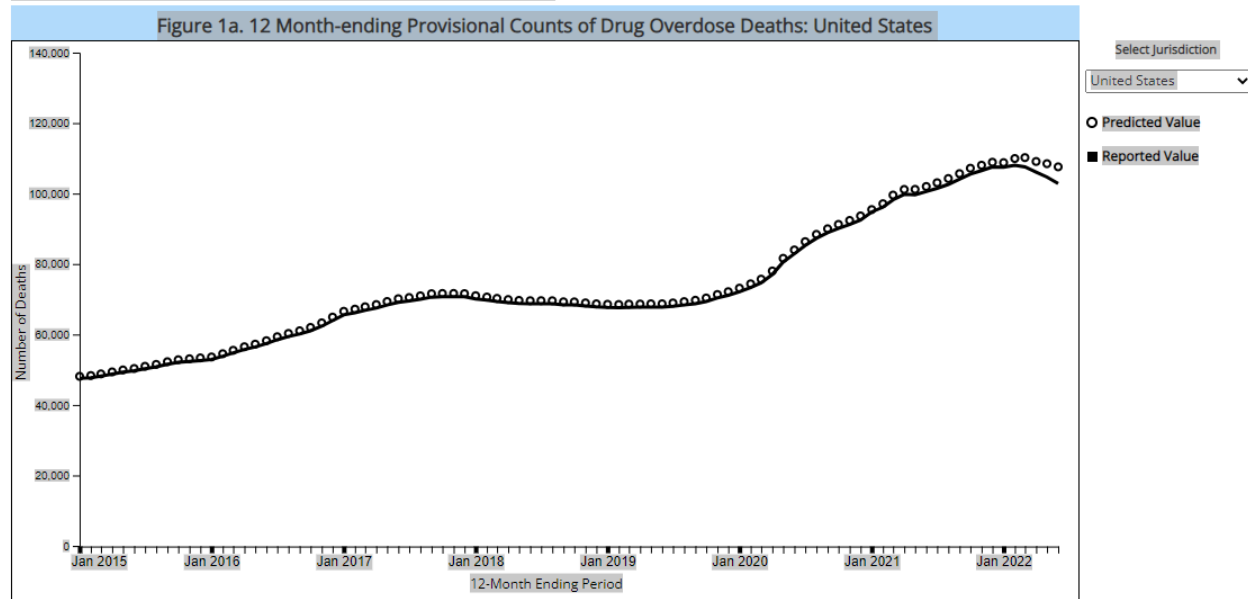
### National Data

According to the CDC's National Vital Statistic System Provisional Drug Overdose Death Counts Update from February 9, 2022, drug overdose deaths in 2021 continued to rise nationally, with 102,842 deaths for the 12-month reporting period ending in June 2022. This represents an increase from 100,570 deaths reported for the same period in 2020, an increase of 2,272 deaths, or a 2.3% increase of deaths nationally during this time.

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

### 12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: November 06, 2022



### State Data

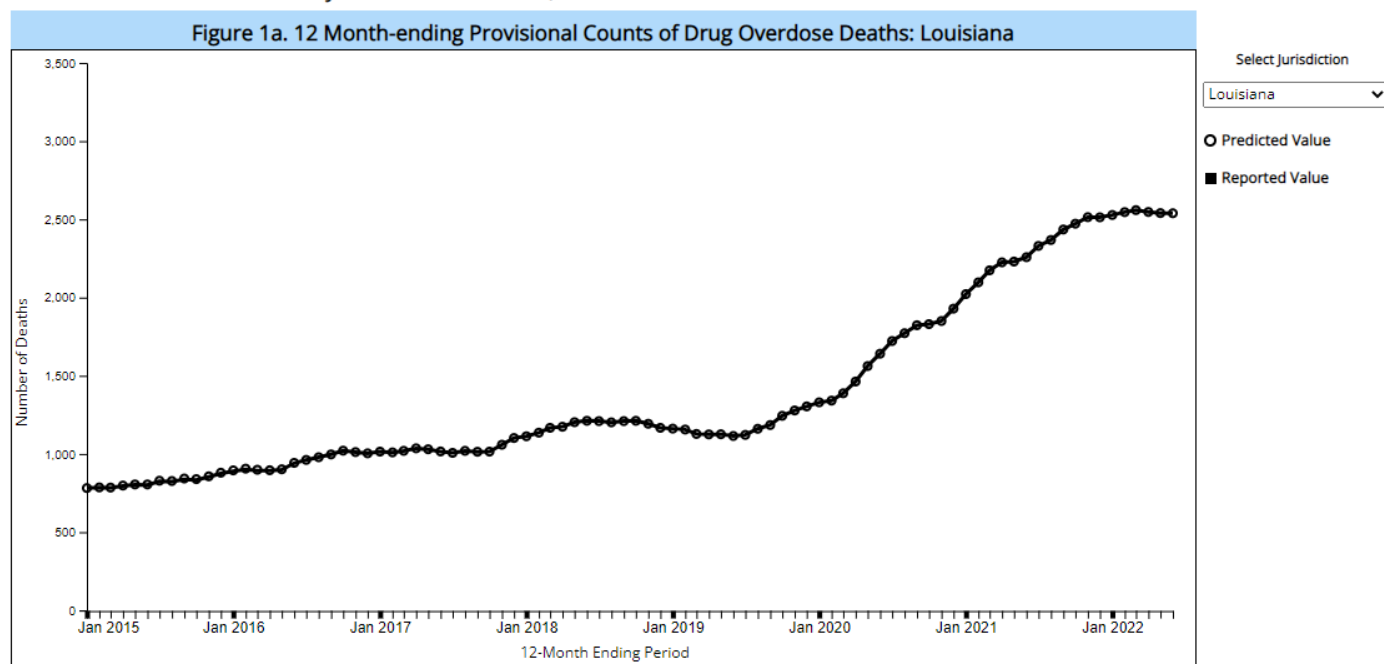
#### Louisiana Statewide Overdose Death Trends

As seen in the CDC visualization below, Louisiana's provisional number of overdose deaths followed a pattern similar to the broader national drug overdose trend. Louisiana drug overdose deaths in 2021 also continued to rise, reaching 2,539 deaths for the 12-month reporting period ending in June 2022, an increase from 2,258 deaths for the same period in 2020. This represents an increase of 281 deaths, or 11% increase, in Louisiana during this time.

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

## 12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: November 06, 2022



As in prior years, the HOPE Council collaborated with the LOSI in LDH-OPH. LOSI has received federal grants to collect, analyze, and disseminate opioid-related data and administer 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. Data reveals a clear increase from 2018 to 2021 in Louisiana deaths by any/all opioids. While there were more deaths in all opioid types, the largest increase was in synthetic opioids, which includes more potent fentanyl formulations, as highlighted below. The number of deaths by specific opioid are listed below in Table 1.

<b>Table 1. Number of Deaths by Specific Opioid Drugs Used, Louisiana 2015-2021</b>							
<b>Drug Involved/Year</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Synthetic Opioids	38	82	154	215	331	692	1183 (↑ 71% from 2020)
Fentanyl	25	72	136	194	321	664	969 (↑ 46% from 2020)
Heroin	127	150	169	178	218	258	157 (↓ 39% from 2020)
Methadone	17	18	10	20	21	28	37 (↑ 32% from 2020)
Natural & Semi-Synthetic Opioids	103	110	165	151	197	278	327 (↑ 18% from 2020)
<b>Data provided from the Louisiana Opioid Data and Surveillance System (LODSS)</b>							
<b>NB: categories do not sum, as several drugs could have been detected in one death</b>							

## Parish Data

### Data Opioid Deaths by Parish of Occurrence and by Parish of Residence

A total of 1,378 opioid-related deaths occurred in Louisiana during 2021, an increase from 982 in 2020. 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 opioid drug poisoning deaths that occurred in 2021 are listed in Table 2.

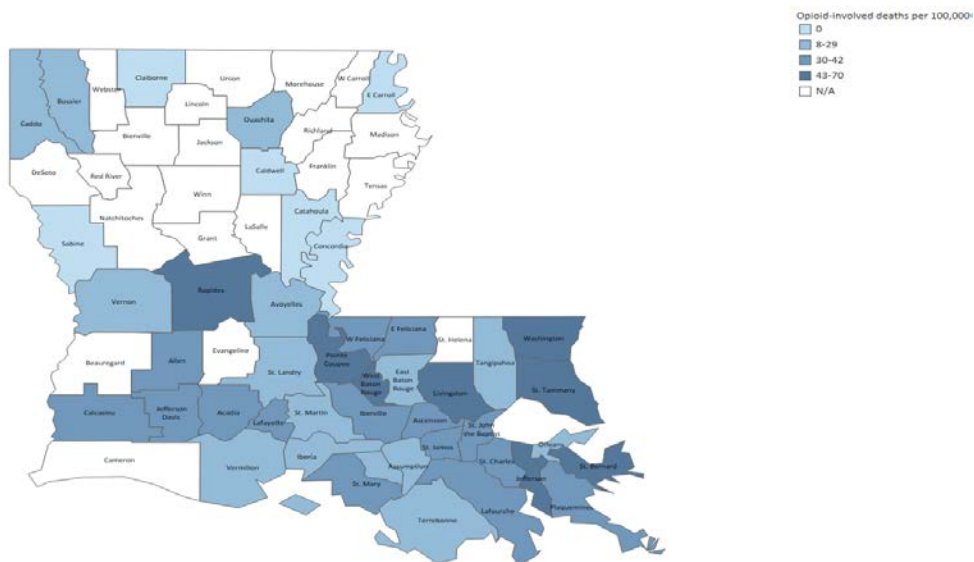
**Table 2: Opioid Overdose Deaths by Parish of Occurrence and Parish of Residence, 2021**

Parish of Residence	Parish of Occurrence
1. Jefferson- 261	1. Jefferson- 292
2. St. Tammany- 122	2. St. Tammany- 131
3. Lafayette-96	3. Lafayette- 114
4. Livingston- 86	4. Orleans- 83
5. Orleans- 80	5. Livingston- 76

Deaths listed for the five parishes above represent 50% of deaths by parish of residence and 50.5% of all deaths by occurrence. A table containing the number of opioid deaths by parish of residence and occurrence for all 64 parishes for 2021 is included in Appendix B. Figure 1 below provides a visual depiction of the opioid-involved deaths rates for each parish.

**Figure 1. Louisiana Opioid-Involved Deaths, 2021 Rates per 100,000 Opioid Prescriptions Issued**

Opioid-involved deaths per 100,000 residents  
Louisiana, 2021



Source: Louisiana Electronic Event Registration System, extracted and visualized by the Louisiana Opioid Surveillance Initiative  
\*Rates derived from counts less than 20 are considered unreliable and are marked as N/A.

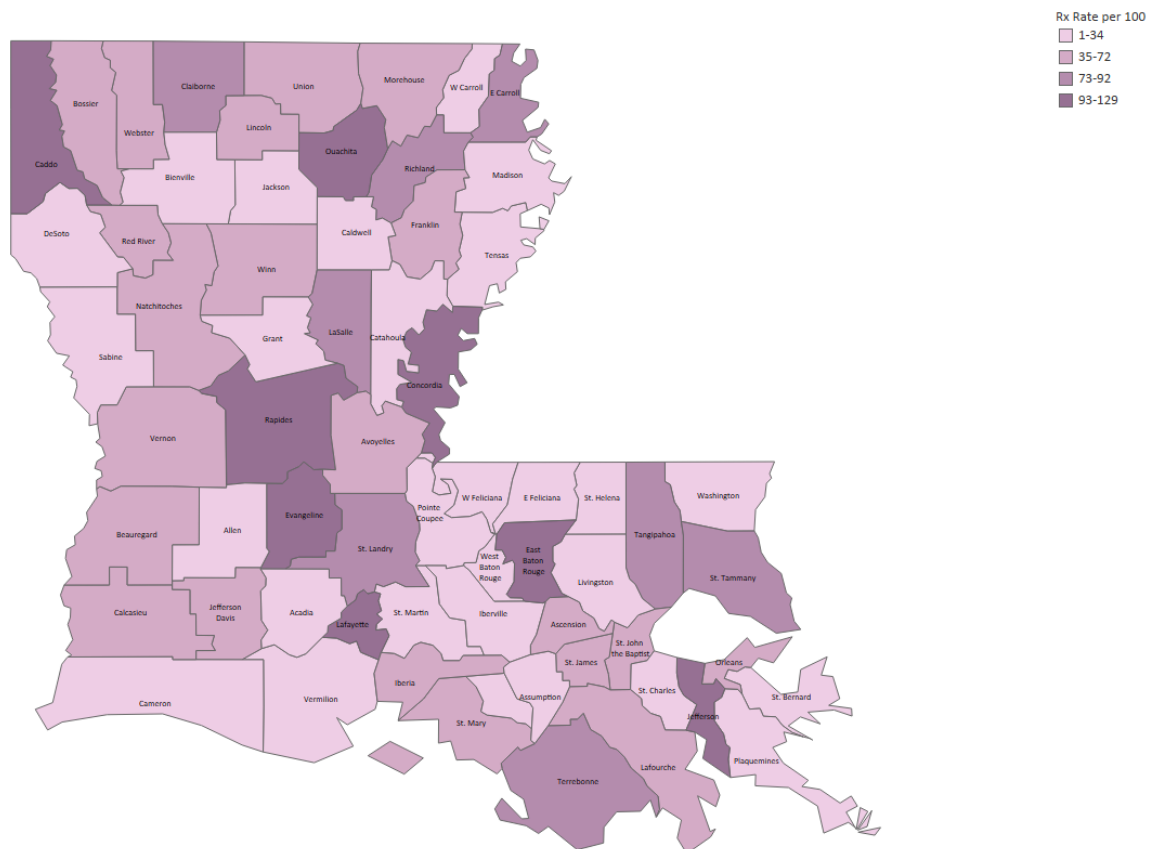
Using data from LODSS, LDH has identified the number of opioid prescriptions issued to residents by parish for 2017-2021. For 2021, there was an average of 72 opioid prescriptions per 100 individuals in Louisiana, down 2.7% from 74 prescriptions per 100 in 2020. Opioid prescriptions were then examined at the parish-level for 2021. The number of opioid prescriptions issued were highest in the parishes listed below. For 2021, most of these parishes had more prescriptions issued than there are people residing in the parish.

1. Rapides: 127 prescriptions issued per 100 residents, down from 143 prescriptions in 2020
2. Caddo: 129 prescriptions issued per 100 residents, down from 138 prescriptions in 2020
3. Lafayette: 112 prescriptions issued per 100 residents, down from 114 prescriptions in 2020
4. East Baton Rouge: 110 prescriptions issued per 100 residents, down from 109 in 2020
5. Evangeline: 99 prescriptions issued per 100 residents, down from 106 prescriptions in 2020

A comparison of rates from 2020 highlights a clear shift in the Rapides Parish prescription rate with a reduction of 16 prescriptions issued per 100 residents.

**Figure 2** highlights 2021 opioid prescriptions by parish. A table containing the number of prescriptions issued to residents per 100 individuals for all 64 parishes for 2021 is included in Appendix C.

**Figure 2. Louisiana Opioid Prescriptions, 2021 Rates per 100**

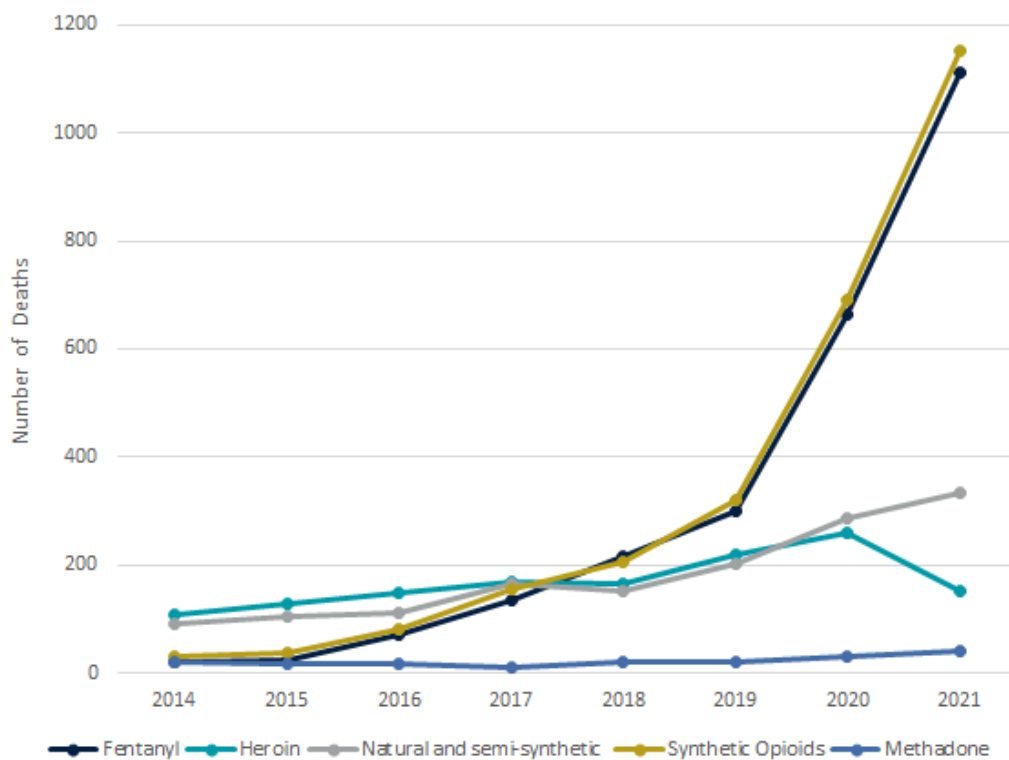


Source: Louisiana Electronic Event Registration System, extracted and visualized by the Louisiana Opioid Surveillance Initiative.

As noted in previous reports, the prescription rates 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, such as Rapides Parish (Alexandria), Caddo Parish (Shreveport), and East Baton Rouge Parish (Baton Rouge). 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 mostly evenly dispersed across all parishes. Providers tend to concentrate in urban areas with a high population density, but the population served are distributed more evenly across the area.

Changes in deaths by specific opioids when examining the trends from 2020 to 2021 for deaths by specific opioids, increases were seen in all categories, except for methadone and heroin. Below, natural and semi-synthetic opioids represent prescription opioids. The trend of deaths by fentanyl and synthetic opioids has continued to climb and has overtaken prescription opioids and heroin. These troubling increases continue to warrant a shift in strategies as efforts to reduce prescription drug availability in the community has led to a shift in substance availability to more potent formulations.

### Change in Deaths by Specific Opioids (2014-2021)

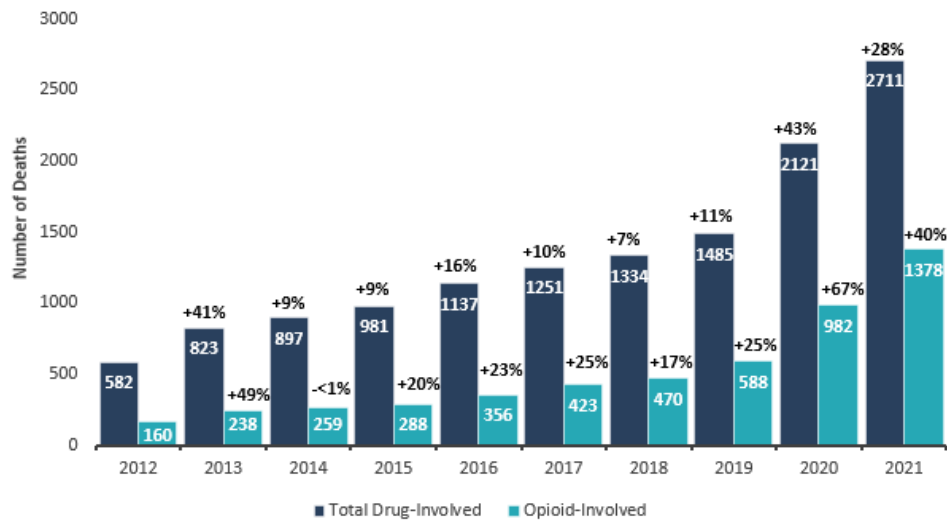


**Source:** Louisiana Electronic Event Registration System, from the LODSS.

**Note:** Typically, when reviewing the toxicology for a methadone overdose, methadone often appears mixed with other opioids, not that a lethal amount of methadone was ingested. Also, note the dramatic increase in fentanyl deaths over the last five years. Deaths involving fentanyl – usually a fentanyl-laced drug – have increased by 1400% since 2014. Fentanyl in Louisiana causes more deaths than heroin and more deaths than prescription opioids.

### Drug-Involved and Opioid-Involved Deaths in Louisiana, 2012-2021

The figure below highlights the clear increase in drug-involved deaths in the Louisiana population. One obvious note is the increasing percentage of drug-involved deaths with any opioid involved. For 2021, the percentage increase in opioid-involved deaths was approximately 40% (1,378).



**Source:** Louisiana Electronic Event Registration System, from LODSS.

**Note:** Both drug overdose and opioid overdose deaths have increased year over year for the last decade. It is important to note that opioid-involved deaths are increasing at a higher rate than all drug-involved deaths.

## Impact on Louisiana

Both nationally and in Louisiana, the number and percent change of drug overdose deaths increased when compared to the previous year. Synthetic opioids, particularly fentanyl, continue to lead in terms of the number of deaths by specific opioid used in 2021, the last year complete data was available. In terms of opioid prescriptions issued in Louisiana, this number declined slightly from an average of 74 prescriptions per 100 residents to an average of 72 per 100 residents. (Note: The national average was approximately 43.3 prescriptions per 100 people. Source: <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>). Synthetic opioids, including fentanyl, are the most significant contributors to opioid-related deaths in Louisiana during the SFY 22 reporting period.

As illustrated in data represented below in Table 3, the actual number of opioid prescriptions and unduplicated recipients decreased from last year's reporting. The number of MAT prescriptions (i.e., buprenorphine, Suboxone, Bunavail, Zubsolv, Probuphine, Naltrexone and Vivitrol) increased compared to 2021.

Louisiana naloxone prescriptions slightly decreased when compared to the prior year. Contributing factors may be related to the COVID-19 pandemic, increased availability of free naloxone kits distributed through grant dollars, and a decline in consumer demand. 28,401 kits were distributed through the LaSOR 2.0 grant during this time, representing an increase compared with the prior year.

During SFY 22, ER visits and those presenting to emergency rooms declined, as did inpatient hospital admissions for opioid-related issues. While residential ASAM opioid use disorder treatment declined very slightly, Louisiana Medicaid outpatient ASAM treatment increased slightly during the same period.

Grant-related prevention and education activities continued during SFY 22, resulting in increases in the numbers and types of recovery services provided.

Data regarding utilization trends of telehealth for outpatient OUD treatment are included for the first time this year. Please see Table 3 below under LDH subsection.

## Impact Metrics

**Table 3. Measurable Impacts of the Opioid Epidemic**

Measure	Impact Data
<b>Louisiana Department of Health (LDH)</b>	
LA Medicaid opioid prescriptions filled in SFY 22	<b>Total Prescriptions Filled:</b> 513,452 (Decreased by 39,127 compared with 2021)
	<b>Unduplicated Recipients:</b> 221,541 (Decreased by 5,271 compared with 2021)
	<b>Medicaid Payments:</b>

Measure	Impact Data
	<p>\$16,621,232</p> <p>(Increase by \$3,594,342 over 2021)</p> <p><i>Data source = Medicaid data warehouse</i></p>
<p>LA Medicaid MAT prescriptions in SFY 22</p> <p>Note:</p> <p>MAT = buprenorphine, Suboxone, Bunavail, Zubsolv, Probuphine, Naltrexone, Vivitrol.</p> <p><i>Medicaid claims date of service between July 1, 2021 and June 30, 2022 using 3-month claim lag for the following:</i></p> <p><i>MAT (buprenorphine, naltrexone, etc. – excluding methadone) Prescriptions</i></p> <p>Does not include methadone utilization or costs.</p>	<p><b>Total Prescriptions Filled:</b></p> <p>158,663</p> <p>(Increased by 8,661 compared with 2021, a 5.8% increase)</p> <p><b>Unduplicated Recipients:</b></p> <p>20,283</p> <p>(Decreased by 84 compared with 2021)</p> <p><b>Medicaid Payments:</b></p> <p>\$ 69,410,751</p> <p>(Increased \$5,812,668 compared with 2021, a 9.1% increase)</p> <p><i>Data source = Medicaid data warehouse</i></p>
<p>LA Medicaid naloxone prescriptions filled in SFY 22</p> <p>Medicaid claims date of service between July 1, 2021 and June 30, 2022 using 3-month claim lag for the following: naloxone HICL seq no. 001874</p>	<p><b>Standing Order: 85 (Decreased by 512 compared with 2021)</b></p> <p><b>Non-standing order: 5,984 (Decreased by 114 compared with 2021)</b></p> <p><b>Total Prescriptions Filled: 6,033</b></p> <p>(Decreased by 398 compared with 2021.)</p> <p><b>Unduplicated Recipients:</b></p> <p>5,418</p> <p>(Decreased by 352 compared with 2021.)</p> <p><b>Medicaid Payments:</b></p> <p>\$733,555</p> <p>(Decreased by \$72,830 compared with 2021.)</p>

Measure	Impact Data
	<i>Data source = Medicaid data warehouse.</i>
LA Medicaid number of emergency department days for OUD in SFY 22	<p><b>Emergency Department Days:</b> 10,209 (Decreased by 221 days compared with 2021)</p> <p><b>Unduplicated Recipients:</b> 7,674 (Decreased by 12 recipients compared with 2021)</p> <p><b>Medicaid Payments:</b> \$2,851,301 (Increased by \$98,347 compared with 2021)</p> <p><i>Data source = Medicaid data warehouse</i></p>
LA Medicaid hospital admits in for OUD in SFY 22	<p><b>Inpatient Admissions:</b> 11,935 (Decreased by 1,753 compared with 2021)</p> <p><b>Unduplicated Recipients:</b> 8,417 (Decreased by 875 compared with 2021)</p> <p><b>Medicaid Payments:</b> \$63,092,100 (Decreased by \$6,039,141 compared with 2021)</p> <p><i>Data source = Medicaid data warehouse</i></p>
<p>LA Medicaid inpatient/residential ASAM OUD in SFY 22</p> <p>Medicaid claims date of service between July 1, 2021 and June 30, 2022 using 3-month claim lag for the following:</p> <p>Inpatient/residential ASAM levels 4-WM, 3.7-WM, 3.7, 3.5, 3.3, 3.2-WM, and 3.1</p>	<p><b>Unduplicated Recipients:</b> 8,673 (Decreased by 86 compared with 2021)</p> <p><b>Medicaid Payments:</b> \$61,657,644 (Decreased by \$436,254 compared with 2021)</p> <p><i>Data source = Medicaid data warehouse</i></p>

Measure	Impact Data																														
LA Medicaid Outpatient ASAM OUD in SFY 22  Services related to opioids for Outpatient ASAM levels 2.1, 2-WM, and 1.0	<b>Unduplicated Recipients:</b> 7,984 (Increased by 612 compared with 2021) <b>Medicaid Payments:</b> \$8,228,646 (Decreased by \$238,351 compared with 2021) <i>Data source = Medicaid data warehouse</i>																														
Telehealth utilization trends for all Medicaid outpatient ASAM levels of care for OUD – SFY 18-22  <i>(New metric for 2022)</i>	<table><tr><th>SFY</th><th>All Recipients</th><th>Telehealth Recipients</th><th>Percent Recipients seen via Telemedicine</th><th>Medicaid Payments</th></tr><tr><td>2022</td><td>7,984</td><td>3,002</td><td>38%</td><td>\$8,228,646.34</td></tr><tr><td>2021</td><td>7,372</td><td>3,347</td><td>45%</td><td>\$8,466,997.17</td></tr><tr><td>2020</td><td>6,408</td><td>1,943</td><td>30%</td><td>\$7,868,993.79</td></tr><tr><td>2019</td><td>5,492</td><td>1</td><td>0%</td><td>\$7,017,241.81</td></tr><tr><td>2018</td><td>4,622</td><td>0</td><td>0%</td><td>\$6,212,061.64</td></tr></table> <i>Data source = Medicaid data warehouse</i>	SFY	All Recipients	Telehealth Recipients	Percent Recipients seen via Telemedicine	Medicaid Payments	2022	7,984	3,002	38%	\$8,228,646.34	2021	7,372	3,347	45%	\$8,466,997.17	2020	6,408	1,943	30%	\$7,868,993.79	2019	5,492	1	0%	\$7,017,241.81	2018	4,622	0	0%	\$6,212,061.64
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2019	5,492	1	0%	\$7,017,241.81																											
2018	4,622	0	0%	\$6,212,061.64																											
Number of prevention/ education activities (LaSOR 2.0 Grant funded)	<b>Overdose ED/naloxone distribution:</b> 28,401 kits distributed through LaSOR 2.0 grant (increased by 18,318)  16,765 individuals educated on use of naloxone through the LaSOR 2.0 grant (decrease of 1,273)  <i>Evidence-based Prevention Practices:</i>  <i>6,901 individuals participated in evidence-based prevention programs through the LaSOR 2.0 grant (increase of 4,366)</i>  <i>Data Source = LaSOR 2.0 Grant annual report</i>  The LaSOR 2.0 data range is from September 30, 2021 – September 29, 2022.																														
Number and type of recovery services provided through LaSOR 2.0	1,655 people served through OTPs, LGEs, Department of Corrections (DOC), and OBOTs (increase of 1,266 from 389 people served in the prior year)  <i>Data source = LaSOR 2.0 Grant annual report</i>  The LaSOR 2.0 data range is from September 30, 2021 – September 29, 2022.																														

Department of Children and Family Services (DCFS)	
DCFS investigations reports of prenatal neglect, inclusive of opioids used in an unlawful manner	<p>As of December 1, 2022, there are 2,221 children with either a valid drug-or alcohol-affected newborn allegation for FFY 21 in a closed case, an increase of 255 from the 2021 report. Eight children with either a drug- or alcohol-affected newborn allegation for FFY 21 currently have an open investigation, a decrease of 3 from the prior year's report.</p> <p>Note: Now that the last 11 cases from October 2021 are closed, the final count of children with either a valid drug- or alcohol-affected newborn allegation for FFY 20 in a closed case is 1,975.</p> <p><i>Data source = DCFS ACESS system</i></p>
Workforce Commission	
	No new information for this report period
Louisiana State Police (LSP) Opioid Statistics (2020)	
<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 of drugs. This total number includes opioids, other scheduled narcotics, and legend drugs.</p>	<p><b>LSP:</b> 22 pounds (10.3 kg) of medication deposited (decrease of 71 kg from the prior year's 81.4 kilograms)</p> <p><b>DEA:</b> 4,002 lbs collected in October 2022 4,152 lbs collected in April 2022</p> <p>Total October &amp; April 2022 collection = 8,154 lbs (3,698 kg) (increase from the prior year's 1,951.8 kg)</p> <p><i>Data sources = LSP and DEA records (<a href="https://www.dea.gov/takebackday#results">https://www.dea.gov/takebackday#results</a>)</i></p>
Enforcement/Public Safety/Corrections	
LSP criminal patrols seizures and arrests of heroin/opioids (November 1, 2021 through January 31, 2022)	<p><b>Heroin:</b> 28,670.51 grams (increased from last year's report of 4 kg)</p> <p><b>Hydrocodone:</b> 907 du (none reported for 2021)</p> <p><b>Oxycodone:</b> 1,533 du (increase from 1,047 du reported the prior year)</p> <p><b>Fentanyl:</b> 10,583.95 grams (increase from 3 kg in the prior year)</p> <p><b>Drug Take Back Bin:</b> 22 pounds (10.3 kg) of medication deposited</p> <p>Note: du = dosage units</p> <p><i>Data source = LSP Bureau of Investigations</i></p>
Number of individuals	DOC has been working for years to reduce incarceration numbers in Louisiana. There have been several projects and items of legislation to that

incarcerated with active opioid offenses	<p>end. Even before the pandemic, DOC's efforts have been paying off. At its height, DOC incarcerated over 40,000 individuals, and now sits around 27,074 as of June 2022.</p> <p><i>Data source = Department of Corrections</i></p>
<p>Number of opioid convictions by year</p> <p><b>Note:</b> Not all of those convicted are incarcerated.</p>	<p><b>2018:</b> 1,687</p> <p><b>2019:</b> 1,474</p> <p><b>2020:</b> 972</p> <p><b>2021:</b> 3,571</p> <p><i>Data source = Department of Corrections</i></p> <p><b>Note:</b> The numbers reported above for years 2018-2021 were updated by DOC from last year's report. According to DOC, arrests, revocations, and court proceedings were often suspended beginning in 2019 through mid-2021, in part, due to the COVID-19 pandemic. These decreases may account for the drop in convictions and may have resulted in fewer offenders entering the system, which might account for fewer releases.</p>
Number of opiate-convicted inmates released last year	<p><b>2018:</b> 1,981</p> <p><b>2019:</b> 2,013</p> <p><b>2020:</b> 1,685</p> <p><b>2021:</b> 3,701</p> <p><i>Data source = Department of Corrections</i></p> <p><b>Note:</b> The numbers reported above for years 2018-2021 have been updated by DOC from last year's report.</p>
<b>Justice System</b>	
Louisiana Attorney General's Office	<p>As of November 2022, the Attorney General's office provided vouchers for close to 35,000 doses of naloxone to law enforcement personnel, is providing training statewide, and received a donation of 65,000 medication disposable pouches, which were distributed to hospice organizations, Meals On Wheels, and seniors' events throughout the state. In addition, Attorney General Jeff Landry announced an historic \$26 billion agreement with the nation's three major pharmaceutical distributors and another company, which requires significant industry changes and reforms. Louisiana is anticipated to receive more than \$325 million.</p>
Louisiana Supreme Court, Drug and Specialty Court	<p><b>Adult Drug Courts:</b> 32</p> <p><b>Juvenile Drug Courts:</b> 9</p>

<p>Calendar Year 2022 report data</p>	<p><b>Family Preservation Courts:</b> 8</p> <p><b>Reentry Courts:</b> 7</p> <p><b>Sobriety/DWI Courts:</b> 9</p> <p><b>Veterans Treatment Courts:</b> 3</p> <p><b>Individuals screened:</b> 2,775 (2,950 prior year)</p> <p><b>Participants admitted:</b> 1,850 (1,974 prior year)</p> <p><b>Participants served:</b> 4,384 (4,705 prior year)</p> <p><b>Treatment hours provided:</b> 226,391 (443,447 prior year)</p> <p><b>Multi-panel drug tests:</b> 120,442 (144,344 prior year)</p> <p><b>Participants graduated:</b> 832 (870 prior year)</p> <p><b>Recidivism rate:</b> 7.2% (6.7% prior year)</p> <p><b>Drug-free births:</b> 58 (47 prior year)</p> <p><b>Participants found employment or HiSet:</b> 931 (645 prior year)</p> <p><b>Participants acquired secure housing:</b> 427 (654 prior year)</p> <p><b>Community service hours:</b> 28,762 (24,448 prior year)</p> <p>Highlights of Louisiana Supreme Courts trainings:</p> <ul style="list-style-type: none"> <li>• Specialty Court informational session at Louisiana Judges' Fall Conference held October 3, 2022</li> <li>• Louisiana Association of Drug and Specialty Courts Statewide Conference held October 5-7, 2022</li> <li>• Family Preservation Court training held January 12-13, 2023</li> <li>• DWI Court Foundational Training scheduled for March 21-23, 2022</li> </ul> <p><i>Data Source = 2022 SCDSO Report</i></p>
<p><b>K-12 Education</b></p>	
<p>2020 Louisiana Caring Communities Youth Survey (CCYS)</p> <p>Number of students affected</p>	<p>The Louisiana CCYS is a voluntary survey designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. These risk and protective factors have been shown to predict the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth. The 2020 Louisiana CCYS, a survey of 6th, 8th, 10th, and 12th grade students was conducted in the fall of 2020 and completed in May 2021. A total of 378 schools across Louisiana participated in the survey, with 51,731 students completing the survey.</p> <p>This report has not been updated since the previous report. Read the most recent full report at <a href="https://picardcenter.louisiana.edu/research-areas/quality-life/caring-communities-youth-survey-ccys">https://picardcenter.louisiana.edu/research-areas/quality-life/caring-communities-youth-survey-ccys</a></p>

<p>Number of students affected, related costs</p> <p>Note: This is carry-over data from the 2021 Youth Risk Behavior Survey (YRBS).</p>	<p>Note: The 2021 Youth Risk Behavior Survey was delayed due to COVID-19-related issues. The most current, updated information is presented below.</p> <p>17.1% of high school students who participated in the 2021 Louisiana 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 <b>4.6% lower</b> than the 2019 survey report.</p> <p>3.6% of high school students who participated in the 2021 YRBS used heroin (also called "smack," "junk," or "China White") one or more times during their life. This is <b>2.4% lower</b> than the 2019 survey report.</p> <p>Data on related costs is not available.</p> <p><i>Data source = 2021 Louisiana YRBS</i></p>
<p><b>Higher Education Institutions</b></p>	
<p>Number of students affected, related costs</p>	<p>This information is carried over from last year's report, as the survey is not due for administration until Spring 2023. The most recent opioid use data from Louisiana's college students (<b>n = 3,945</b>) is 0.7%, up 0.1% from 2019. Regional data is as follows: New Orleans at 0.8% (<b>+0.3</b> from 2019), Baton Rouge at 1.0% (no change from 2019), Houma/Thibodaux at 0.0% (not available in 2019), Lafayette at 0.5% (-0.1 from 2019), Shreveport at 0.5% (no change from 2019), Monroe at 1.1% (<b>+0.5</b> from 2019), and Hammond at 0.5% (-0.1 from 2019).</p> <p>The next Core Alcohol and Drug Survey will be administered early in Spring 2023.</p> <p><i>Data source = 2021 Core Alcohol and Drug Survey</i></p>

## Interagency Heroin and Opioid Coordination Plan

As in prior years, numerous state and local entities have reported activities related to addressing the ongoing opioid crisis in Louisiana. Below are some highlights of such activities as received from those agencies, providers, and organizations.

This year's updates are organized into one of the following state and local response categories for the purposes of this report:

- Louisiana Opioid Response Plan;
- Federal Opioid Grant Funded Programs;
- State and Local Surveillance Data;
- Education and Prevention;
- Treatment and Recovery;
- Resource and Capacity Development;
- Changes Legislation, and
- Medicaid Managed Care Organization Opioid-Related activities.

### Louisiana Opioid Response Plan

LDH released Louisiana's Opioid Response Plan in September 2019, aiming to reduce the negative impact of Louisiana's opioid epidemic by implementing strategies to address the under-reporting of opioid deaths, enhance monitoring of opioid prescriptions and increase access to treatment services. The plan identified five pillars upon which to build the state's response to the opioid epidemic. While there is clearly much more work to be done, as is demonstrated below, LDH's and the State's opioid response shows much progress since 2019. Since its original drafting, ongoing progress and improvements can be seen in areas such as data analytics and surveillance, education and awareness, prevention activities, intervention and rescue activities, accessibility of naloxone, and access to quality treatment and recovery support services. Specific examples of such activities in 2022 are included below.

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

[www.ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf](http://www.ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf)

### Federal Grant Funded Programs

Through LaSOR 2.0 grant program (#H70T10083324), LDH-OBH implemented treatment, prevention, and recovery support services statewide for individuals with or at risk for OUD or stimulant use/misuse (SUM). Using federal grant dollars, the LaSOR 2.0 program aimed to address the opioid crisis by increasing access to MOUD using the three FDA-approved medications, which are methadone, buprenorphine products, and injectable extended-release naltrexone. LaSOR funds assisted with expanding treatment for OUD and reduced unmet treatment needs and opioid overdose-related deaths through prevention, treatment, and recovery activities for OUD, including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs.

Populations of focus for the LaSOR 2.0 grant during FFY 22 included under- and uninsured, the criminal justice population, tribes, pregnant women or women with infants experiencing neonatal withdrawal symptoms, people who inject drugs, colleges and universities, and prevention for school-aged children.

Through the LaSOR program, a total of 1,655 individuals received treatment services for OUD. Of those, 1,141 elected to receive MOUD.

Through the LaSOR program, a total of 625 individuals received recovery support services which included recovery housing, recovery coaching or peer coaching, and employment support. Additionally, LDH-OBH contracted with Oxford House, Inc. to increase access to recovery support services for patients on MOUD and individuals diagnosed with OUD or SUM reentering communities from criminal justice settings. During the reporting period, Oxford House, Inc. expanded the number of Oxford Homes statewide by 27 and served a total of 122 individuals, exceeding the goal of 80 individuals served and exceeding the goal of 20 new homes.

LaSOR funds covered a significant increase in the distribution of naloxone kits, with a total of 28,401 dispersed during the reporting period, contributing to 3,285 overdose reversals as reported by clients and/or providers. Kit distribution was broadened throughout 2021 to include individuals in recovery, family members of persons in recovery, persons actively using, first responders, jails, federally qualified health centers (FQHCs), and EDs. In addition to the 28,401 kits distributed, 16,765 individuals were educated on the use of naloxone. Some of the highlights of the naloxone education and distribution include:

- Development of a naloxone education push card to raise awareness about the benefits of naloxone and where to access kits, along with information on local opioid resources across the State of Louisiana;
- Northeast Delta Human Services Authority partnered with Alliant Quality on a presentation and video titled “Opioid Overdose Prevention and Narcan Rescue”; and
- Former LDH-OBH Deputy Assistant Secretary Dr. Janice Williams, and Dr. Allison Smith, Louisiana Board of Regents (BOR), Assistant Commissioner for Student Health and Wellness presented the campus outreach model virtually at the Community Anti-Drug Coalitions of America (CADCA) National Forum on January 30, 2022.

Twenty-seven OBOT facilities throughout the state, which included FQHCs, rural health clinics, urgent care clinics, hospitals, and primary care practices, were onboarded to provide MOUD treatment services, resulting in 461 individuals served during the reporting period.

Under the LaSOR program, 10 OTPs throughout the state provide services, including recovery support services through peer support specialists, resource coordinators, and MOUD. During the reporting period, OTPs provided treatment services to a total of 543 individuals.

Eight SPOKE care teams (SCTs) were formed across the state in partnership with Louisiana State University Health Sciences Center (LSUHSC) to support and serve as liaisons to the HUB and SPOKE providers. SCTs provide assistance, including screening, brief intervention, and referral to treatment (SBIRT), assessments, care coordination, recovery support services, and data collection. During the reporting period, a total of 471 SBIRTs were conducted by the SCTs.

In collaboration with the LDH-OPH Louisiana Perinatal Quality Collaborative (LaPQC), the ICSED initiative was implemented. This is a limited statewide project focused on improving care for birthing persons, parenting persons, and newborns affected by substance use to improve infant health outcomes. During the reporting period, LaPQC recruited 13 hospitals to participate in the initiative, exceeding the goal of five.

Through a partnership with the Tulane University School of Medicine, Department of Psychiatry and Behavioral Sciences, Project ECHO (Extension for Community Healthcare Outcomes) sessions were provided to OBOTs. These sessions, utilizing video-conferencing technology, established a virtual “knowledge network” between an interdisciplinary team of specialists and community provider stakeholders. During the reporting period, a total of 99 sessions were conducted, exceeding the goal of 91 sessions. These sessions provided shared case-based learning, mentorship, and direct support from Tulane specialists.

In addition to the Project ECHO sessions, Tulane University utilized an evidence-based model designed by Alosa Health to provide academic detailing. This model uses specially trained clinical educators who meet one-on-one with physicians, nurse practitioners, and physician assistants at their practice locations to discuss best practices and to stay up-to-date on the latest research findings. The goal of these sessions was to improve prescribing decisions and patient care. During the reporting period, Tulane University conducted a total of 450 detailing sessions during the reporting period.

Five outreach mobile teams were established through a partnership with LGEs throughout the state. These teams provided outreach and mobile peer recovery services, including recovery coaching, within their regions. During the reporting period, a total of 37,819 individuals were educated on OUD through outreach initiatives.

LDH, in partnership with five LGEs, launched Regional Recovery Hubs as a part of an overall initiative to develop a statewide network of peer recovery support services, recovery coaches, public education, prevention efforts, and advocacy. Locations for the recovery hubs are New Orleans, Baton Rouge, Shreveport, Morgan City, and Covington. These recovery hubs are a means to connect Louisianans with mental health and SUD to treatment and recovery supports. Individuals may receive services regardless of where they are in their recovery journey. No affiliation with any treatment facility or healthcare provider is required for access, allowing the broadest range of individuals to gain entry.

Through the work of the LGEs, evidence-based prevention practices implemented throughout the state include the Life Skills Prescription Drug Abuse Prevention (LST Rx) module and Generation Rx. During the reporting period, a total of 6,901 individuals participated in these evidence-based prevention programs.

In addition, LGEs distributed and placed prescription drop boxes, safe storage, and disposal products strategically throughout the state. Products include, but are not limited to, medication disposal bags/buckets and medication lock boxes and bags.

Through an agreement with Acadiana Area Human Services District (AAHSD), the Woman's Foundation hosted webinars and provided resources for healthcare professionals and the general public on opioid use, MOUD, stigma, stimulant use, and non-drug alternatives to pain management. Through these sessions, a total of 618 persons received education and resources during the reporting period.

To address SUM, OBH collaborated with LGEs to provide training on the Matrix Model, an evidence-based, effective approach for treating people with SUM. Through this initiative, a total of 33 clinicians were trained during the reporting period. Trainings are offered to ensure a competent workforce in an effort to address the quality of care for persons with SUM.

In collaboration with OBH, a contractor created the OBH Faith Recovery Outreach Toolkit. This toolkit is a collection of adaptable resources for the faith-based community that enables access to tools used to address and spread awareness about OUD.

Through LaSOR 2.0 funds, DOC provided OUD treatment services, including MOUD, to individuals within correctional facilities. In addition to MOUD, evidence-based practices were used during the pre-release phase, including intensive cognitive-behavioral therapies. DOC provided treatment services to 509 individuals during the reporting period.

The OPH STD/HIV/Hepatitis Program (SHHP) partnered with the LaSOR project to hire five health coordinators within their syringe service programs (SSPs) to act as referral points to the LaSOR HUB and SPOKE model, implement SBIRT, conduct HIV/HCV testing, and expand SSPs' operating hours. During the reporting period, SHHP distributed 5,241 naloxone kits and educated 4,524 individuals on naloxone.

Annual details of LaSOR programmatic progress may be found in the LaSOR Programmatic Progress Report for the period of September 30, 2021 to September 29, 2022 in Appendix D.

## Surveillance and Data

**Louisiana Department of Health – Office of Public Health Opioid Data and Surveillance System (LODSS):** LOSI developed LODSS for the collection of information from LDH and external organizations related to OUD. LODSS analyzes the collected information and disseminates results through fact sheets, publications, training and educational materials, and the online data and surveillance system, and is a major source for data in this year's HOPE Report. The website for LODSS is [www.lodss.ldh.la.gov](http://www.lodss.ldh.la.gov).

## Education and Prevention

- **OBH and OPH Prevention Initiative**

Prevention, education, and Intervention services associated with and funded by the LaSOR program are detailed in appendix E. Accomplishments include 6,901 individuals participating in Generation Rx evidence-based prevention programs for elementary, teen, college, and older adult individuals. In addition, LGEs distributed and placed prescription drop boxes, safe storage, and disposal products strategically throughout the state. LGEs, DOC, OTPs/methadone clinics, office-based providers, and other partners participated in naloxone distribution to family members of persons in recovery, those actively using opioids, first responders, jails, FQHCs, EDs, and other entities. During this latest reporting period, 28,401 naloxone kits were distributed, and 16,765 individuals were educated on the use of naloxone. (Details on the implementation plan are in Appendix F.)

- **OBH Faith-Based Initiative**

In collaboration with OBH, a contractor created the OBH Faith Recovery Outreach Toolkit, which can be found at [https://ldh.la.gov/assets/docs/BehavioralHealth/Faith\\_Recovery\\_Outreach\\_ToolKit.pdf](https://ldh.la.gov/assets/docs/BehavioralHealth/Faith_Recovery_Outreach_ToolKit.pdf). The toolkit is a collection of adaptable resources for the faith-based community that enables access to tools used to address and spread awareness about OUD. Through this partnership, the following occurred during the reporting period:

- Creation of a strategic plan and drafting of a booklet for the Community Recovery Coalition;
- Creation of a Faith & Recovery Outreach Hotspot Map;
- Presenting at a Baton Rouge Police Department press conference;
- Distributing naloxone at TRUCE, a violence reduction and youth empowerment organization, and BRAVE (Baton Rouge Violence Elimination) program events; and
- Hosting a Sober Saturday event with a recovery community-led coalition.

- **HIV and Viral Hepatitis Prevention and Harm Reduction Efforts**

Since the Syringe Access Authorization Legislation in 2017 the number of legally authorized SSPs in LA has expanded to seven SSPs in four cities: New Orleans, Baton Rouge, Alexandria, and Shreveport. While there have been successes, including the expansion of advocacy efforts across the state, it should be

acknowledged that the process of local authorization has proved difficult, particularly in the parishes and regions that have demonstrated a need for these services.

From the end of 2021 through February 2022, there was an ongoing shortage of affordable naloxone in the U.S. In a statement released by the National Alliance of State & Territorial AIDS Directors (NASTAD), “Naloxone access advocates, estimating that the shortage would ultimately result in 11,000-18,000 additional deaths from opioid overdose, launched herculean on-the-ground efforts to support communities and programs and mitigate the impacts of the shortage.” In the 2021-2022 fiscal year, the SSPs funded by SHHP distributed over 10,000 naloxone doses, resulting in over 2,000 reported overdose reversals. To date, four SSP SHHP funded locations serve 7,135 unique clients across the state. It should be noted that this number does not represent everyone in the state who would benefit from access to SSPs and other harm reduction programs; as the need for these services grows; more efforts are needed to expand authorizations and funding opportunities.

Between 2019 and 2020, drug deaths and synthetic opioid poisoning in Louisiana increased significantly. Additionally, in 2019 people who inject drugs (age 39 years and under) accounted for 36% of hepatitis C diagnoses in Louisiana as well as 10% of new HIV diagnoses. SHHP currently funds four SSPs. Due to current funding restrictions, these contracts do not support the purchase of syringes, cookers, vaccination services, or expanded drug-checking equipment, though fentanyl test strips are now authorized as of August 1, 2022. Each program has reported need for these unrestricted funds as well as the capacity to implement funds effectively.

In June 2022, SHHP expanded its harm reduction efforts and created a harm reduction team to oversee the SSPs, the launch of a statewide Harm Reduction Supply Distribution Hub, which will provide partners with free naloxone and fentanyl test strips, and other harm reduction projects in the state. Over the past 6 months, SHHP has brought on a harm reduction supervisor, statewide SSP monitor, and a Harm Reduction Supply Distribution Hub monitor. The number of SHHPs funded within the jurisdiction, location of services, and the number of clients served from January 2021 through June 2021 are listed in the table below.

# of SSPs Funded in LA	Location of Services	Number of Clients Served
1	Baton Rouge	1,356
1*	New Orleans	5,016
1	Shreveport	373
1	Alexandria	390

**\*Note:** There are three additional SSPs in New Orleans, but only one (Crescent Care/New Orleans Syringe Access Program (NOSAP)) receives SHHP funding. No data is available on the other three sites.

- **Hepatitis C Harm Reduction Efforts**

LDH-OPH continued efforts to reduce the risks associated with untreated hepatitis C statewide in 2021. Since the last update, LDH-OPH has done the following:

- Initiated monthly Project ECHO meetings hosted by Frederick McCall in LDH-OPH on the third Wednesday of the month. These meetings feature guest lectures and experts from addiction medicine, SSPs, toxicology, and more. Each event averages around 40 clinicians from around the state, and country, presenting evidence-based CME education on hepatitis C (HCV), harm reduction, treatment for people who use drugs, etc.

LDH-OPH also sponsors a seminar required for all of its community-based organization partners on destigmatizing drug use. This course provides a workshop to better understand and provide care for people who use drugs.

- To date, LDH-OPH helped train over 500 prescribers statewide on the fundamentals of HCV testing and treatment. Each of these detailed encounters involves a lengthy discussion on harm reduction and the role stigma plays in the HCV/overdose syndemic (i.e., the combined challenges/interactions of the concurrent epidemics of HCV and the opioids).

## Treatment and Recovery

- **Bridge Start Program Initiatives in Lake Charles and New Orleans**

- **Lake Charles Memorial Bridge Program:**

Imperial Calcasieu Human Service Authority, in partnership with Southwest Louisiana Area Health Education Center and Region V Office of Public Health, has assisted three local hospitals in Region 5 — Lake Charles Memorial Hospital, West Calcasieu Cameron Hospital, and Ochsner American Legion Hospital — in the creation of an Emergency Room Overdose Program (LA Bridge, <https://imcalhsa.org/louisiana-bridge-program>). LA Bridge, modeled after the California Bridge Program, directly connects all overdose cases in the ED at these facilities with a substance use navigator (SUN). The SUN provides ongoing linkages to treatment, harm reduction services, and overdose education. All patients leave the hospital with Narcan. The hospitals have identified clinical champions, who have led the charge of ensuring evidence-based treatment for overdose is available at the ED, including buprenorphine. The LA Bridge program at Lake Charles Memorial Hospital was recently selected to participate in a CA Bridge Pilot program, which provided one-on-one technical assistance and training to prepare for implementation.

The Bridge Program collaborates with SWLA Do No Harm, housed at Southwest Louisiana Area Health Education Center (SWLAHEC) and funded through Imperial Calcasieu Human Services Authority. This harm reduction team provides targeted widespread Narcan distribution, especially to the community of people who use drugs. The Bridge Program also promotes safe use and distribute safe supplies and link participants to a variety of public health and behavioral health services in the region, including MAT. The organization works closely with the LA Bridge Navigator team to provide a social safety net to participants. In 2022, SWLA Do No Harm reported:

- Making 958 new contacts;
- Distributing 4424 doses of Narcan;
- Distributing 7091 fentanyl test strips;
- Distributing 7712 sterile injection kits; and
- Reporting 156 lives saved with naloxone (and these are only the ones reported)

The LA Bridge team consists of one SUN coordinator and four additional substance use navigators. Linking patients to the appropriate level of care, SUNs can provide individuals

with choices and support as they work toward their own recovery goals. Louisiana Bridge prides itself on supporting hospital staff, patients, and families with choices and compassion for those with SUD. By reducing stigma in the ED and in our community, those in need are more comfortable reaching out for help. Since its inception in September 2021, the SUNs have helped support close to 200 patients. Ninety-eight percent of these participants left the hospital with Narcan and harm reduction resources. The majority of participants were linked to some level of care, including MAT, intensive outpatient, outpatient, and/or inpatient residential services, and all are followed up with upon discharge by the SUN team and offered continued support.

The LA Bridge program has been well received at the current hospitals and additional hospitals want to initiate their own ED programs. Also, the currently enrolled hospitals would like to expand their SUN staffing and operating hours. In particular, one hospital is requesting navigator services for a particularly vulnerable group: pregnant women with SUD. In addition, requests are often received from hospital systems and state-level partners out of the region for technical assistance in implementing the LA Bridge program. The LA Bridge team is hoping to expand the organizational structure and capacity within the region to meet this need if additional funding allows.

- **University Medical Center/New Orleans (UMCNO) Bridge Program** UMCNO implemented buprenorphine induction in the ED at the beginning of December 2022. All UMCNO physicians have received training in administering/prescribing buprenorphine, and UMCNO is working toward getting everyone Drug Addiction Treatment Act (DATA 2000) waived. Buprenorphine is being offered to anyone after an unintentional overdose, as it treats the withdrawal symptoms after receiving naloxone, as well as to anyone in active withdrawal from opioids. Once patients leave the ED, they are provided with a buprenorphine prescription and an appointment with UMCNO's on-site addiction medicine/primary care clinic, where they can receive ongoing care. UMCNO partners at the Metropolitan Human Services District are actively working on a plan to provide expedited appointments for UMCNO ED-start patients in their clinics, as well.

Next steps for UMCNO include connecting clinics to the ED. UMCNO's policy in the ED stresses the importance of providing patients with a concrete follow-up appointment before they leave the ED, so no one gets lost to follow-up and goes into remission. While at this time, UMCNO is able to get appointments at their on-site MOUD clinic, the goal is to get patients appointments with clinics that are convenient for them. UMCNO clinical leadership is working on creating a network between those providers/scheduling teams and the ED, which have not historically interacted with each other.

UMCNO's clinical leadership has learned that implementation of these types of ED protocols require someone from within each hospital to champion the roll-out of education, encouraging x-waiver completion, and navigating clinic follow-up. Every ED is different, with their own priorities and challenges. The UMCNO clinical leadership recommends that a LA Bridge team that understands the complicated Louisiana healthcare/MOUD landscape will be necessary to scaling a project like this. Having such a LA Bridge team would lower those barriers.

UMCNO has also learned that care navigators are critical to this process, especially a peer navigator. While UMCNO physicians are motivated to make appointments for patients, it can be

challenging both after hours, overnight, during holidays, etc. Having a knowledgeable person available not only to help establish follow-up appointments but can also provide counseling and advocacy after an overdose or during buprenorphine induction is such a valuable position.

Finally, take-home naloxone is made available at UMCNO ED, and it is a critical component and offering for EDs treating those presenting with opioid-related emergencies (e.g., post-overdose patients and those at high risk for overdose, history of endocarditis, using via subcutaneous injection, previous deep tissue abscess, high volume use, etc.).

- **Louisiana's Methadone Clinics/Opioid Treatment Programs (OTP)**

Based on data collected through LODSS in 2021, an initiative was developed to study, map and monitor Louisiana's opioid problem. As a result, LDH-OBH determined a need to expand OTPs in LDH Administrative Region 3, with Terrebonne and Lafourche parishes a priority area, and in Region 9, with Washington Parish as priority area. Efforts to expand access in these areas continued in 2022, with plans to open two new OTPs in Louisiana by May 2022. However, construction and local community setbacks resulted in delayed openings in both chosen locations. The site chosen in Bogalusa is currently under consideration by local government officials. Construction of the LDH Region 3 site is moving forward, with current plans to open in Houma in early 2023. With an overall census of 5,000 patients being treated in OTPs statewide, the programs continue to see a steady increase of approximately 100 patients/month.

- **Addiction Treatment Locator, Assessment, and Standards (ATLAS) Platform Initiative**

LDH continued its collaboration in 2022 with the national nonprofit organization Shatterproof and 10 other states to refine and promote ATLAS, a free online substance use disorder treatment locator. ATLAS is searchable by topics such as location, insurance accepted, and services offered. Patient and family experience information are also available. ATLAS also offers a drug and alcohol addiction treatment needs assessment – a brief, lay-friendly resource based on the ASAM 6 Dimensions to support identifying a likely type/level of care for those seeking treatment. The assessment is available free and anonymously to everyone across the country. The participation of treatment facilities as ATLAS providers increased to 55% of all treatment facilities in 2022. ATLAS can be accessed here: [www.treatmentATLAS.org](http://www.treatmentATLAS.org). For more information about Shatterproof, visit [www.Shatterproof.org](http://www.Shatterproof.org).

- **Louisiana State University Health Sciences Center/University Medical Center (UMC)**

UMC continues to provide inpatient psychiatric care in its 15-bed Addiction Psychiatry Behavioral Health Unit, which also treats those with opioid use disorders. The Consultation-Liaison Psychiatry teams initiate MAT throughout the hospital for those admitted with complications from opioid use. In addition, LSUHSC Addiction Psychiatry provides outpatient care for adolescents and adults and provides group therapy in its Intensive Outpatient Program (IOP). The Integrated Care Clinic allows outpatient primary care practitioners to provide MAT. Furthermore, the Perinatal Psychiatric Clinic provides high-risk obstetrical patients with MAT throughout pregnancy. These services are provided across UMC, Touro, and Children's Hospitals. UMC Behavioral Health also collaborated with Maternal Fetal Medicine to provide education for a variety of other providers (pediatrics, OB/GYN, licensed clinical social workers (LCSWs), and psychiatrists) on up-to-date treatment of pregnant patients with OUD. Additionally, this collaborative group brought together a panel of community partners to help educate local providers on what resources are available in the community for mothers with OUD in the perinatal period.

- **Tulane School of Medicine**

The Tulane Department of Psychiatry, Division of Addiction Medicine is providing physician services for withdrawal management programming at Odyssey House of Louisiana and addiction consultation services at Tulane Medical Center. Tulane provides faculty and trainees to the Veterans Administration Southeast Louisiana Healthcare System (SLVHCS), where inpatient consultation services, IOP and continuing care services are delivered. Tulane provides physician services at Addiction Counseling and Education Resources (ACER) IOP, at Absolute Care, an ambulatory service for high healthcare resource utilizers, and at Behavioral Health Group (BHG), a methadone maintenance program. Tulane provides medical director and physician services to Longbranch Healthcare, a residential program in Abita Springs and an IOP in both Covington and Metairie. Although not in Louisiana, Tulane provides addiction medicine expertise to the Hancock County Family Treatment Court in Mississippi. Tulane has an addiction medicine ambulatory clinic in the Central City area of New Orleans that is tasked to see patients indefinitely for ongoing addiction care. In each of these locations, and as part of the services delivered, OUD is assessed and MOUD is provided as individually relevant, and patients are engaged at the individualized appropriate place in the spectrum of addiction care. The Tulane Addiction Medicine training program puts four Addiction Medicine fellowship-trained, addiction board-eligible physicians into the community annually.

- **Odyssey House Louisiana Inc. (OHL)**

In the past year, LDH-OBH continued to collaborate with Odyssey House Louisiana Inc. (OHL), a non-profit behavioral health care provider with an emphasis on addiction treatment in the New Orleans area. OHL's system of care and services includes detox, behavioral and medical healthcare treatment, life skills, vocational training, individual and group counseling, parenting classes and childcare, case management, and housing placement.

OHL opened a 30-bed, Clinically Managed High Intensity Residential Treatment Program meeting the American Society of Addiction Medicine's (ASAM) 3.5 level of care. The isolation/quarantine unit provides substance use services, shelter, and medical care to individuals who have tested positive for the COVID-19 virus. This isolation/quarantine unit is intended for individuals who have tested positive and are asymptomatic or who present low-level symptoms. Individuals with more serious complications of the virus are referred to the hospital. This is the only COVID-19 positive residential facility in the state. OHL serves persons from across the state of Louisiana. This program ensures clinical, medical, and care coordination including wrap-around and referral services for continuity of care. Additionally, this program offers supports to ensure that proper safety precautions and equipment are in place for a healthier environment.

During the last reporting period, OHL offered COVID testing to 1,737 individuals who presented for treatment from October 1, 2021 through May 31, 2022. Of the 1,737 individuals tested at screening, 183 of those clients were admitted into the COVID Isolation Unit. Of those 183 admissions, 183 of those clients tested positive for COVID. A flyer for Odyssey House of Louisiana, Inc. is included in Appendix G.

## Resource and Capacity

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

LDH-OBH continued working with IPRO, LDH's external quality review organization, and the five Medicaid MCOs on a performance improvement project (PIP) in 2022. The focus of the 2022 PIP changed to

behavioral health transitions in care from EDs and psychiatric hospitals. The SUD-specific HEDIS measure in the 2022 PIP is follow-up care following an ED visit for a substance use reason (FUA).

The FUA measure has two sub-measures:

- a. The percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD within 7 days of the ED visit.
- b. The percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD within 30 days of the ED visit.

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

In general, barriers identified included member motivation for follow-up care, lack of EDs participating in health information exchanges, lack of care coordination between EDs and follow-up providers, and lack of follow-up provider knowledge about treatment options.

In general, interventions centered on enhanced care management approaches, improving member outreach, partnerships with hospitals to improve timely initiation/engagement, follow-up provider education/training, and encouraging follow-up provider use of secure MCO provider information portals.

Validated 2022 HEDIS rates for these measures will be available in late summer 2023.

## Changes in Legislation for 2022

The 2022 Regular Legislative session passed four substance use-related bills.

- HB 378 by Representative Joe Marino was signed into law as Act 46. This act added certain substances to the Schedules within the Louisiana Uniform Controlled Dangerous Substances Law, including a number of powerful opiates identified as derivatives of fentanyl.
- HB 601 by Representative Jason Hughes was signed into law as ACT 225. This act amended provisions of Louisiana's Good Samaritan Law by expanding the conditions of immunity from arrest, charges, prosecution, or penalization for use of a controlled dangerous substance or for possession of drug paraphernalia, if evidence for the offense was obtained as a result of the overdose and the need for medical assistance.
- SB 268 by Senator Beth Mizell was signed into law as Act 309. This act requires substance use disorder facilities that treat pregnant women to provide onsite access to at least one form of FDA-approved opioid agonist treatment as part of its array of SUD treatment services.
- SB 315 by Senator Glen Womack was signed into law as Act 671. This act adds the distribution of fentanyl or carfentanil to the offenses included as a crime of violence which allows for enhanced penalties if an individual knowingly misrepresented or knowingly marketed a mixture or substance containing fentanyl, a fentanyl analogue, carfentanil, or a carfentanil analogue as another substance. Further, this act provides that drug paraphernalia does not include rapid fentanyl test strips or any testing equipment that tests for fentanyl or its analogue, thus allowing for state and local government and non-governmental agencies to legally sell or otherwise distribute fentanyl test strips to the public. Act 671 was named Millie's Law in honor of 28-year-old Louisiana resident Millie Harvey who died in February 2017 from an overdose of heroin laced with fentanyl.

### Medicaid Managed Care Organization (MCO) Opioid Activities

During 2022, Louisiana MCOs continued to manage ASAM substance use disorder services for those within Medicaid who have opioid use and other substance use disorders. In general, MCO activities targeted opioid prescription monitoring, SUD provider and peer support recruitment and network development, engagement, education and training, screenings, case management, and alternative evidence-based pain management strategies. In some cases, new quality metrics and clinical guideline recommendations were developed and promoted, and innovative strategies to help members navigate service access, make, and keep aftercare appointments were also employed. Please see Appendix H for detailed offerings submitted by each MCO for 2022.

## Recommendations

As the number of deaths due to synthetic opioids continues to increase year over year nationally and in Louisiana, with fentanyl being the leading contributor, this year's HOPE Advisory Council recommendations focus on those with OUD who present in crisis to EDs across the state. Successful strategies to address the ongoing opioid crisis in Louisiana must include assurances that those who present to EDs with opioid-related concerns and in crisis have timely access to the evidence-based supports and services. It should also be assured that quality follow-up care is made available and is quickly accessible. The nationally known and recognized California Bridge Program has been extremely successful in other states, and the HOPE Advisory Council is recommending that it be adapted to meet Louisiana's unique healthcare system, and then incrementally implemented statewide. Two hospitals in Louisiana, one in Lake Charles and one in New Orleans, participated in a CA Bridge Pilot program, which provided one-on-one technical assistance and training by the CA Bridge founders, and are currently implementing the model.

More information about the California Bridge Program may be found at <https://cabridge.org>.

### Specific Recommendations for 2022:

1. **Include hospitals and EDs in the statewide opioid response strategy.** This is fundamental to filling the gap in access to opioid and SUD treatment.
  - LDH should work with the California Bridge program experts, hospitals, and local partners, who have already begun to implement Bridge services and supports, to develop a technical assistance, education, and implementation strategy to pilot one or more additional Bridge sites in Louisiana, utilizing LaSOR grant dollars and/or other funding sources. This team of consultants would ensure fidelity to the CA Bridge model and support implementation and expansion.
  - Identify a specified number of hospital champions (e.g., ER/ED clinicians) across the state who are willing to serve in this capacity and commit time. To accomplish this, an application process should be developed and a small stipend for their time might be made available. A variety of hospital partners is recommended: pharmacy, physicians, nurses, administrators, inpatient providers (both general medicine and psychiatry), and hospital-affiliated outpatient providers, including OBGYN and pediatric representation. Early adopters of the California Bridge program in Regions 1 and 5 (New Orleans and Lake Charles) might be considered as in-state resources to lead these strategic efforts.
2. **Provide start-up funding and technical assistance for EDs to develop a Louisiana Bridge Program.**
  - Provide funding and support for technical expertise team to provide support and training on implementing the Bridge model to hospitals across the state.
  - Technical Assistance team needs to be developed and defined. This will require, at minimum, a SUN, a clinician, and one additional expert (public health) who can visualize the whole model and manage the administrative tasks.

**Note:** In California, SOR funds fueled early success for the first 52 hospitals. \$100,000 for 12 months covered champions, navigators, extensive technical assistance support, and monthly trainings alongside specific ED deliverables.
3. **Enhance buprenorphine access.**
  - Pharmacists including outpatient and commercial pharmacies must be aware of the importance of buprenorphine and methadone.

- This may require both a gap assessment (i.e., who keeps buprenorphine in stock) in addition to a detailing program to educate and expand access where there are gaps. Louisiana needs a pharmacy champion at the state level.
- Buprenorphine must be on the formulary in every hospital.
- State limits on buprenorphine prescribing (including preauthorization, dosing, and counseling requirements) should be lifted.
- Managed Care and/or Medicaid champions should be identified.

**4. Support treatment navigation.**

- SUNs should be established in EDs throughout the state with the navigation program in Lake Charles as a potential model.

**5. Expand the MAT provider network.**

- Primary care training and expansion should be developed and initiated in order to expand those that accept and treat chronic/stable patients which, in turn, creates more specialty capacity for new or complicated patients.

**6. Expand recovery housing access** that includes acceptance of MAT as evidenced-based standard of care and is not limited to abstinence-based recovery.

**7. Solidify naloxone distribution in EDs.**

Frictionless naloxone access through the ED is critical. Louisiana might consider using California naloxone distribution as a model. A formal statement by the Board of Pharmacy that would absolve the hospitals from the usual policy and procedure regulating distribution might be useful in Louisiana, as it has been in other states. ER naloxone distribution might be viewed as community distribution that falls under the standing order exemption.

**8. Study Prescription Digital Therapeutics (PDTs).**

FDA-approved PDTs are recommended as a potential area of further study and consideration by Medicaid and other private medical insurance carriers as a means to reinforce abstinence from drug use when used in combination with buprenorphine for opioid use disorder. PDTs are FDA-approved computer-based therapeutics that have been developed to deliver behavioral therapy based on the Community Reinforcement Approach (CRA), an evidence-based behavioral therapy designed for patients with SUD. PDTs reinforce abstinence from drug use by encouraging behaviors that improve employment status, family and social relations, and increased recreational activities. Recent studies report the safety and efficacy of PDTs as adjuncts to buprenorphine for OUD treatment and indicate that of PDT use clinically improves outcomes, including abstinence compared to treatment as usual.<sup>1</sup> The HOPE Advisory Council recommends that PDTs for OUD treatment be studied for possible consideration as a future Medicaid-covered benefit or service.

**9. Expand harm reduction.** Increase funds and efforts to expand harm reduction, fentanyl testing strips education and access, including focused and general education on risk (including adolescents, users, and others seeking a street or lookalike stimulant for ADHD, recreational cocaine, or sedatives). There

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<sup>1</sup> Maricich YA, Bickel WK, Marsch LA, Gatchalian K, Botbyl J, Luderer HF. Safety and efficacy of a prescription digital therapeutic as an adjunct to buprenorphine for treatment of opioid use disorder. *Curr Med Res Opin.* 2021 Feb;37(2):167-173. doi: 10.1080/03007995.2020.1846022. Epub 2020 Dec 7. PMID: 33140994; PMCID: PMC8666102.

is evidence that greater awareness of risk of any street drug, may reduce new opioid users from venturing and may encourage existing users to change risky behaviors. Harm reduction as previously recommended by HOPE is aligned with effective efforts to reduce opioid overdoses.<sup>2 3 4</sup> The Region 5 Office of Public Health Harm Reduction Program has supported expansion of such harm reduction efforts in that region and might be referenced as a potential model elsewhere in Louisiana. Further expansion of statewide access to SSPs might be supported, if not studied, by the Louisiana Legislature.

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<sup>2</sup> Jacka, B. P. et al ., (2020). A randomized clinical trial of a theory-based fentanyl overdose education and fentanyl test strip distribution intervention to reduce rates of opioid overdose: study protocol for a randomized controlled trial. *Trials*, 21(1), 1-10.

<sup>3</sup> Allen, B. et al, (2020). Delivering opioid overdose prevention in bars and nightclubs: a public awareness pilot in New York City. *Journal of Public Health Management and Practice*, 26(3), 232-235. [Bars/nightclubs are points of use for adulterated cocaine]

<sup>4</sup> Stringfellow, E. J., Lim, T. Y., Humphreys, K., DiGennaro, C., Stafford, C., Beaulieu, E., ... & Jalali, M. S. (2022). Reducing opioid use disorder and overdose deaths in the United States: A dynamic modeling analysis. *Science advances*, 8(25), eabm8147.

## Resources

1. Louisiana Department of Health Opioids webpage [www.ldh.la.gov/opioids](http://www.ldh.la.gov/opioids)
2. Louisiana Department of Health HOPE Council webpage (includes previous reports): [www.ldh.la.gov/hope](http://www.ldh.la.gov/hope)
3. CDC National Vital Statistics System Provisional Drug overdose Death Counts Update: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
4. Louisiana Department of Health Opioid Response Plan: [www.ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf](http://www.ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf)
5. Louisiana Opioid Data & Surveillance System (LODSS) [www.lodss.ldh.la.gov](http://www.lodss.ldh.la.gov)
6. California Bridge Program: <https://cbridge.org>
7. Maricich YA, Bickel WK, Marsch LA, Gatchalian K, Botbyl J, Luderer HF. Safety and efficacy of a prescription digital therapeutic as an adjunct to buprenorphine for treatment of opioid use disorder. *Curr Med Res Opin.* 2021 Feb;37(2):167-173. doi: 10.1080/03007995.2020.1846022. Epub 2020 Dec 7. PMID: 33140994; PMCID: PMC8666102 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8666102>
8. Jacka, B. P. et al ., (2020). A randomized clinical trial of a theory-based fentanyl overdose education and fentanyl test strip distribution intervention to reduce rates of opioid overdose: study protocol for a randomized controlled trial. *Trials*, 21(1), 1-10.
9. Allen, B. et al, (2020). Delivering opioid overdose prevention in bars and nightclubs: a public awareness pilot in New York City. *Journal of Public Health Management and Practice*, 26(3), 232-235. [Bars/nightclubs are points of use for adulterated cocaine]
10. Stringfellow, E. J., Lim, T. Y., Humphreys, K., DiGennaro, C., Stafford, C., Beaulieu, E., ... & Jalali, M. S. (2022). Reducing opioid use disorder and overdose deaths in the United States: A dynamic modeling analysis. *Science advances*, 8(25), eabm8147.
11. Louisiana Board of Pharmacy [www.pharmacy.la.gov](http://www.pharmacy.la.gov)
12. Louisiana State Board of Medical Examiners [www.lsbme.org](http://www.lsbme.org)
13. Louisiana-Mississippi Hospice and Palliative Care Organization [www.lmhpc.org](http://www.lmhpc.org)
14. American Academy of Hospice and Palliative Medicine. [www.aahpm.org](http://www.aahpm.org)
15. Substance Abuse and Mental Health Administration (SAMHSA) [www.samhsa.gov](http://www.samhsa.gov)
16. National Institute on Drug Abuse [www.drugabuse.gov](http://www.drugabuse.gov)
17. American Society of Addiction Medicine [www.asam.org](http://www.asam.org)
18. US Drug Enforcement Administration [www.dea.gov](http://www.dea.gov)
19. Faces and Voices of Recovery [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)

## Appendices

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

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

- Chair: Secretary of LDH designee: Dr. James Hussey, Medical Director, Office of Behavioral Health
- Co-Chair: Secretary of Department of Children and Family Services designee: Lori Miller, CPS Program Manager
- 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 Department of Public Safety and Corrections designee: Shelley Edgerton, LPC, DPS&C Program Director for Opioid/MAT/Substance Treatment Programs
- Superintendent of State Police designee: Captain Health Guillotte
- Secretary of Veterans Affairs designee: Ms. Linda Theriot, RN and Senior Nurse Supervisor; Compliance Officer, LA Veteran Homes
- Secretary of LA Workforce Commission designee: Tavares A. Walker, Deputy Assistant Secretary 2, Office of Workers' Compensation
- President of Senate designee: Senator Regina Barrow, District 15
- Speaker of the House designee: Elsie Joanne Brown
- Attorney General designee: Ms. Monica Taylor, Special Projects Representative, Louisiana Attorney General's Office
- Commissioner of Insurance designee: John Ford, Executive Director of LATIFPA
- A Judge from the drug division of a district court appointed by Chief Justice of LA Supreme Court: Judge Timothy Marcel, Division "E" 29<sup>th</sup> Judicial District Court, St. Charles Parish

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

(1) The Louisiana Board of Pharmacy
(2) The Louisiana State Board of Medical Examiners
(3) The Louisiana Sheriffs' Association
(4) The Louisiana District Attorneys Association
(5) The Louisiana State Medical Society
(6) The Chiropractic Association of Louisiana
7) The Louisiana Physical Therapy Association
(8) The Louisiana Association of Chiefs of Police
(9) The Louisiana Independent Pharmacies Association
(10) The Louisiana State Nurses Association
(11) The Louisiana Association of Nurse Practitioners
(12) The Louisiana Ambulance Alliance

(13) The Louisiana State Board of Nursing
(14) The Louisiana Psychiatric Medical Association.
(15) The Louisiana Poison Control Center
(16) The Louisiana-Mississippi Hospice and Palliative Care Organization
(17) The Optometry Association of Louisiana
(18) The Louisiana Association of Health Plans
(19) The Louisiana State Coroners Association

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

## APPENDIX B – Opioid Death Data

### Opioid-Involved Deaths by Parish of Occurrence and by Parish Residence—Louisiana, 2021 (counts and age-adjusted rate for residence)

Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rates (Residence)
Acadia	8	8	14.57
Allen	*	*	*
Ascension	39	38	29.92
Assumption	*	5	28.39
Avoyelles	8	9	23.06
Beauregard	0	*	*
Bienville	0	0	0
Bossier	6	7	5.79
Caddo	10	7	3.45
Calcasieu	31	32	16.54
Caldwell	0	0	0
Cameron	0	0	0
Catahoula	*	*	*
Claiborne	0	0	0
Concordia	0	0	0
DeSoto	*	*	*
East Baton Rouge	45	36	8.57
East Carroll	0	0	0
East Feliciana	*	*	*
Evangeline	5	5	15.8
Franklin	*	*	*
Grant	*	*	*
Iberia	*	6	9.12
Iberville	6	7	21.91
Jackson	*	*	*
Jefferson	223	190	45.16
Jefferson Davis	7	6	22.99
Lafayette	73	67	28.87
Lafourche	21	24	24.41
LaSalle	0	*	*
Lincoln	*	*	*
Livingston	46	46	34.58
Madison	*	*	*
Morehouse	5	6	27

Natchitoches	*	*	*
Orleans	61	57	13.95
Ouachita	13	13	9.8
Plaquemines	13	15	69.52
Pointe Coupee	6	5	28.9
Rapides	42	40	36.88
Red River	0	*	*
Richland	5	*	*
Sabine	*	0	0
St. Bernard	31	31	66.43
St. Charles	12	17	36.06
St. Helena	*	*	*
St. James	*	*	*
St. John the Baptist	10	10	22.58
St. Landry	*	5	6.64
St. Martin	7	6	11.63
St. Mary	11	12	27.88
St. Tammany	114	110	46.01
Tangipahoa	5	11	8.68
Tensas	0	0	0
Terrebonne	6	7	5.91
Union	*	*	*
Vermilion	14	14	26.56
Vernon	*	*	*
Washington	34	33	80.39
Webster	*	*	*
West Baton Rouge	11	6	24.36
West Carroll	0	*	*
West Feliciana	6	6	34.64
Winn	*	*	*

Source: <https://lodss.ldh.la.gov/>

## APPENDIX C – Opioid Prescription Data

### Opioid Prescriptions Dispensed by Parish--Louisiana 2021 (counts and crude rates)

Area	Count	Percent change from 2017	Rate per 100
Acadia	21408	-39.83%	34
Allen	8669	-18.72%	33
Ascension	50879	-16.97%	40
Assumption	1688	-44.55%	7
Avoyelles	15462	-40.51%	38
Beauregard	14952	-17.54%	39
Bienville	1906	-20.05%	14
Bossier	84408	-15.06%	66
Caddo	311075	-23.46%	129
Calcasieu	139418	-27.88%	68
Caldwell	3330	-50.45%	33
Cameron	352	-65.22%	5
Catahoula	1870	-36.78%	19
Claiborne	12406	-33.73%	79
Concordia	18427	4.85%	95
DeSoto	5112	-44.37%	18
East Baton Rouge	486091	-22.26%	110
East Carroll	5047	-25.95%	73
East Feliciana	4136	-54.47%	21
Evangeline	33372	-31.54%	99
Franklin	13076	-24.42%	65
Grant	1778	-14.40%	7
Iberia	40477	-25.08%	57
Iberville	4241	-54.12%	13
Jackson	4972	-45.54%	31
Jefferson	407900	-26.00%	94
Jefferson Davis	16588	-31.59%	52
Lafayette	275174	-22.23%	112
Lafourche	55922	-21.16%	57
LaSalle	11751	-29.71%	78
Lincoln	26418	-15.84%	56
Livingston	14721	-53.26%	10
Madison	2631	-38.20%	24
Morehouse	10846	-37.99%	43

Natchitoches	18020	-35.09%	47
Orleans	221793	-26.25%	56
Ouachita	151636	-23.75%	98
Plaquemines	4959	-34.68%	21
Pointe Coupee	5421	-21.13%	24
Rapides	165351	-34.83%	127
Red River	4728	-22.39%	56
Richland	16830	-31.26%	83
Sabine	5241	-25.46%	21
St. Bernard	9657	-39.22%	20
St. Charles	3419	-59.36%	6
St. Helena	3168	-43.13%	31
St. James	11924	-37.55%	56
St. John the Baptist	28026	-33.21%	65
St. Landry	74905	-25.80%	91
St. Martin	10383	-35.67%	19
St. Mary	17756	-36.27%	35
St. Tammany	236010	-19.20%	90
Tangipahoa	109061	-9.96%	80
Tensas	1059	-12.33%	24
Terrebonne	81628	-37.34%	73
Union	9657	-23.34%	43
Vermilion	20504	-22.22%	34
Vernon	18704	-19.53%	39
Washington	15135	-20.29%	32
Webster	16536	-43.89%	43
West Baton Rouge	4374	-37.15%	16
West Carroll	3099	-37.95%	28
West Feliciana	4629	-28.69%	29
Winn	5116	-37.35%	36
<b>Louisiana</b>	<b>3385231</b>	<b>-25.55%</b>	<b>72</b>

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# LASOR 2.0 ANNUAL PROGRAMMATIC PROGRESS REPORT (PPR)

## Introduction

Through the Louisiana State Opioid Response (LaSOR 2.0) Program, the Louisiana Department of Health (LDH), Office of Behavioral Health (OBH) implemented treatment, prevention, and recovery support services statewide for individuals with or at risk for opioid use disorder (OUD) or stimulant use/misuse (SUM). The LaSOR 2.0 program aimed to address the opioid crisis by increasing access to Medication for Opioid Use Disorder (MOUD) using the three FDA-approved medications, which are methadone, buprenorphine products, and injectable extended-release naltrexone. LaSOR funds assisted with expanding treatment for OUD and reduced unmet treatment needs and opioid overdose-related deaths through prevention, treatment, and recovery activities for OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

### POPULATIONS OF FOCUS

- Under- and uninsured
- Criminal justice population
- Tribes
- Pregnant women or women with infants experiencing neonatal opioid withdrawal symptoms
- People who inject drugs
- Colleges and universities
- School-age children (for prevention)

### GOALS

- Identify and address the needs of state and federally recognized tribes
- Decrease opioid and stimulant overdose death rates by increasing access to treatment services for the under- and uninsured with an OUD or SUM diagnosis
- Increase access to community recovery support services for patients with OUD or SUM diagnosis
- Increase prevention, intervention, and education activities for opioid and stimulant use, misuse, and abuse
- Provide treatment transition and referral for patients reentering communities from criminal justice settings
- Increase access to harm reduction strategies and linkages to HIV and viral hepatitis testing for priority populations

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## Project Partners

LaSOR 2.0 program initiatives are implemented through partnerships with various agencies throughout the state.

### SUBCONTRACTOR INFORMATION

AGENCY NAME	SERVICE
Louisiana State University Social Research & Evaluation Center (LSUSREC)	Data Collection and Tribal Needs Assessment
Louisiana State University Health Science Center (LSUHSC)	OBOT/MOUD Services/SPOKE Care Teams
Tulane University Department of Psychiatry & Behavioral Health	Workforce Support, Education, & Training
Louisiana Department of Corrections (DOC)	Treatment Services, including MOUD
Metropolitan Human Services District (LGE)	Prevention, Crisis/Outreach Mobile Team, & Treatment
Capital Area Human Services District (LGE)	Prevention, Crisis/Outreach Mobile Team, MOUD, Crisis Mobile Team,
Central Louisiana Human Services District (LGE)	Prevention, Crisis/Outreach Mobile Team, Treatment
South Central Human Services Authority (LGE)	Prevention, Treatment, Crisis/Outreach Mobile Team
Northwest Louisiana Human Services District	Prevention, Outreach, Crisis Mobile Team
Imperial Calcasieu Human Services Authority (LGE)	Prevention, Crisis/Outreach Mobile Team, & Treatment
Northeast Delta Human Services Authority (LGE)	Treatment, Outreach, Crisis/Outreach Mobile Team, Faith-based initiatives
Florida Parishes Human Services Authority (LGE)	Prevention, Outreach, & Crisis/Outreach Mobile Team
Acadiana Area Human Services District (LGE)	Prevention, Outreach, Education/Training
Baton Rouge Treatment Center	Treatment Services, including MOUD, and Recovery Supports
Baymark Health Services of Louisiana	Treatment Services, including MOUD, and Recovery Supports
Behavioral Health Group	Treatment Services, including MOUD, and Recovery Supports
Oxford House, Inc.	Recovery Homes
Office of Public Health – Bureau of Family Health (OPH)	Improving Care for the Substance-Exposed Dyad (ICSED)
Office of Public Health – Bureau of Infectious Diseases (OPH)	Prevention/Outreach/SBIRT
Louisiana Board of Regents	Prevention/Outreach/SBIRT
Independent Contractor	Faith-based Initiative
Woman's Foundation, Inc. (collaboration with LGE)	Training and Education

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## Required Data Elements

### NUMBER OF UNDUPLICATED CLIENTS WHO RECEIVED TREATMENT SERVICES FOR OUD

Through LaSOR funds, a total of 1,655 individuals received treatment services for OUD. Of those that received treatment services, the following list displays the number served by FDA medication type:

PROVIDER TYPE	# SERVED	MEDICATION TYPE	# SERVED
Department of Corrections	509	Methadone	475
Local Governing Entities	135	Buprenorphine	639
Office Based Opioid Treatment	468	Injectable Naltrexone	27
Opioid Treatment Program	543		
Total	1,655	Total	1,141

Note: The number of unduplicated clients who received treatment services for OUD differs from those who received medications since some clients who received treatment services opted out of the medication method due to freedom of choice. Therefore, some clients received psychotherapy only.

### NUMBER OF UNDUPLICATED CLIENTS WHO RECEIVED TREATMENT SERVICES FOR SUM

Through LaSOR funds, a total of 64 individuals received treatment services for SUM.

Note: This project focuses on treating OUD and training providers to implement evidence-based practices for stimulant use, such as the Matrix Model.

### NUMBER OF UNDUPLICATED CLIENTS WHO RECEIVED RECOVERY SUPPORT SERVICES

Through LaSOR funds, a total of 625 individuals received recovery support services. Of those that received recovery support services, the following list displays services by recovery type:

- Recovery Housing – 154
- Recovery Coaching or Peer Coaching – 405
- Employment Support – 66

### NUMBER OF NALOXONE KITS DISTRIBUTED

A total of 28,401 kits were distributed during the reporting period. (See the Major Activities section for a breakdown of the distribution of naloxone.)

### NUMBER OF OVERDOSE REVERSALS

A total of 3,285 overdose reversals were reported during the reporting period. As a note, overdose reversals are reported by clients and providers based on self-reports. However, these data are tracked when reported.

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### ADMINISTRATIVE, DATA COLLECTION & REPORTING COSTS

#### **Administrative costs**

Totals: \$574,669, 3.33% of the total grant award. LDH attests that the 5% administrative cap was not exceeded.

#### **Data costs**

Totals: \$250,859, 1.45% of the total grant award. LDH attests that the 2% data cap was not exceeded.

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## Major Accomplishments

### TRIBAL NEEDS ASSESSMENT

Louisiana State University Social Research and Evaluation Center (LSUSREC) engaged three federally recognized tribes (Chitimacha Tribe of Louisiana, Tunica-Biloxi Tribe of Louisiana, and Coushatta Tribe of Louisiana) to assess and identify the needs surrounding Louisiana's opioid crisis during the first year of the grant (FFY 21). The LSUSREC assessment process investigated the need for opiate prevention, treatment, and recovery awareness among these tribes. The needs assessment consisted of reviewing existing administrative data, interviews with key stakeholders, and surveys of individuals with knowledge of and interest in opioid-related issues. During the first two-quarters of year two, (FFY 22) LSUSREC and the OBH LaSOR 2.0 team conducted a series of interagency meetings to discuss the report's findings and develop strategies that will be reviewed with tribe leadership for implementation. Preliminary analysis of the focus groups, recorded interview sessions and transcripts yielded six themes:

- Urgency and Severity of Need
- Knowledge of Substance Abuse Resources and Treatment
- Availability of Traditional or Culturally Appropriate Practices
- Community Connections
- Trust and Distrust
- Availability vs. Scarcity of Resources

Recommendations to address findings were discussed and addressed based on LaSOR 2.0 project focus, including prevention, intervention, treatment, and recovery. Some of the strategies discussed include:

- Connect tribes with Local Governing Agencies (LGEs), specifically the LGE Prevention Specialists, as a local resource for prevention services
- Conduct ethics and academic detailing (e.g., pain management, drug prescribing, medication for opioid use disorder) for healthcare providers
- Attend local tribal events (e.g. Indian sponsored religious events such as the Indian mass in Montegut, Pow-Wows, holiday events, and festivals) to build rapport, trust, and familiarity with tribal citizens to understand better and meet tribal needs
- Provide tribal groups with a list of area support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, Faith-based support groups, etc.)

### TREATMENT AND SERVICE DELIVERY MODELS

OBH continues to build on the existing HUB and SPOKE model to address OUD and provide evidence-based interventions recognized to treat substance use disorders. Opioid Treatment Programs (OTPs) serve as the HUBs, and Office-Based Treatment Providers (OBOTs) continue serving as SPOKES.

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There are 10 OTPs throughout the state that provide services using LaSOR 2.0 funds, including recovery support services through peer support specialists, resource coordinators, and MOUD. During the reporting period, OTPs provided treatment services to a total of 543 individuals.

During the reporting period, a total of 27 OBOTs across the state were on boarded to provide services utilizing LaSOR 2.0 funds to provide MOUD treatment services to the target population. This included federal quality health centers (FQHCs), rural health clinics, urgent care clinics, hospitals, and primary care practices. Through these OBOTs, a total of 461 individuals were served during the reporting period.

Eight (8) SPOKE care teams (SCTs) were formed across the state in partnership with Louisiana State University Health Sciences Center (LSUHSC) to support and serve as liaisons to the HUB and SPOKE providers. SCTs provide assistance, including screening, brief intervention, and referral to treatment (SBIRT), assessments, care coordination, recovery support services, and data collection. During the reporting period, a total of 471 SBIRTs were conducted by the SCTs.

In collaboration with the Office of Public Health (OPH) Louisiana Perinatal Quality Collaborative (LaPQC), the Improving Care for the Substance-Exposed Dyad (ICSED) initiative was implemented. This is a limited statewide project focused on improving care for birthing persons, parenting persons, and newborns affected by substance use to improve infant health outcomes. During the reporting period, LaPQC recruited 13 hospitals to participate in the initiative, exceeding the goal of five (5).

Through a partnership with the Tulane University School of Medicine, Department of Psychiatry and Behavioral Sciences, Project ECHO (Extension for Community Healthcare Outcomes) sessions were provided to OBOTs. These sessions, utilizing video-conferencing technology, establish a virtual "knowledge network" between an interdisciplinary team of specialists and community provider stakeholders. During the reporting period, a total of 99 sessions were conducted, exceeding the goal of 91 sessions. These sessions provided shared case-based learning, mentorship, and direct support from Tulane specialists.

In addition to the Project ECHO sessions, Tulane University utilized an evidence-based model designed by Alosa Health to provide academic detailing. This model uses specially trained clinical educators who meet one-on-one with physicians, nurse practitioners, and physician assistants at their practice locations to discuss best practices and to stay up-to-date on the latest research findings. The goal of these sessions is to improve prescribing decisions and patient care. During the reporting period, Tulane University conducted a total of 450 detailing sessions during the reporting period.

### COMMUNITY RECOVERY SUPPORT SERVICES

OBH contracted with Oxford House, Inc. to increase access to recovery support services for patients on MOUD and individuals diagnosed with OUD or SUM reentering communities from criminal justice settings. During the reporting period, Oxford House, Inc. expanded the number of Oxford Homes statewide by 27 recovery homes and served a total of 122 individuals exceeding the goal of 80 individuals served and 20 new homes.

Five (5) crisis/outreach mobile teams were established through a partnership with Local Governing Entities (LGEs) throughout the state. These teams provide outreach and mobile peer recovery services, including

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recovery coaching, within their regions. During the reporting period, a total of 37,819 individuals were educated on OUD through their outreach initiatives.

### OTHER EDUCATIONAL TRAINING (EXCLUDING NALOXONE)

Audience Targeted	Number Served
Addiction Counselors	159
Civic Groups	34
Emergency Medical Services	9
Faith-based Organizations	2,949
Firefighters	54
Governmental Agencies	103
Law Enforcement	108
Nurses	17
Prevention Staff	64
Persons in Recovery	804
Social Workers	68
University Staff (other than listed)	786
other audience	32,664
<b>Total</b>	<b>37,819</b>

The Louisiana Department of Health, in partnership with five LGEs, launched Regional Recovery Hubs as a part of an overall initiative to develop a statewide network of peer recovery support services, recovery coaches, public education, prevention efforts, and advocacy. Locations for the recovery hubs are New Orleans, Baton Rouge, Shreveport, Morgan City, and Covington.

These recovery hubs are a means to connect Louisianans with mental health and substance use disorders to treatment and recovery supports. Individuals may receive services regardless of where they are in their recovery journey. No affiliation with any treatment facility or healthcare provider is required for access, allowing the broadest range of individuals to gain entry. Services provided include:

- Connection to community resources
- Assistance with resume writing
- Access to computers and job training
- AA/NA meetings
- Recovery Coaching
- Advocacy
- Mental health resources
- Public Education
- Peer recovery support services

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### PREVENTION, EDUCATION, AND INTERVENTION SERVICES

Through the work of the LGEs, evidence-based prevention practices were implemented throughout the state, to include: Life Skills Prescription Drug Abuse Prevention (LST Rx) module and Generation Rx. During the reporting period, a total of 6,901 individuals participated in these evidence-based prevention programs as follows:

- Generation Rx (College) – 8
- Generation Rx (Elementary) – 605
- Generation Rx (Older Adult) – 150
- Generation Rx (Teen) – 1,613
- LST Rx – 4,525

In addition, LGEs distributed and placed prescription drop boxes, safe storage, and disposal products strategically throughout the state. Products include, but are not limited to, medication disposal bags/buckets and medication lock boxes and bags. Products distributed during the reporting period include:

- Safe Disposal Products – 12,842
- Safe Storage Products – 7,353
- Prescription Drop Boxes – 8

LGEs, DOC, OTPs, OBOTs, and other LaSOR partners were tasked with distributing naloxone throughout the state to combat overdose rates. Naloxone was distributed to various entities, including persons in recovery, family members of persons in recovery, persons actively using, first responders, jails, FQHCs, emergency departments, and other entities. During the reporting period, a total of 28,401 kits were distributed, and 16,765 individuals were educated on the use of naloxone. Some of the highlights of the naloxone education and distribution include:

- Development of a naloxone education push card to raise awareness about the benefits of naloxone and where to access kits, along with information on local opioid resources across the State of Louisiana
- An LGE, Northeast Delta Human Services Authority, partnered with Alliant Quality on a presentation and video titled “Opioid Overdose Prevention and Narcan Rescue.” ([click here for presentation slides](#))
- OBH Deputy Assistant Secretary Dr. Janice Williams, and Louisiana Board of Regents (BOR), Dr. Allison Smith, Assistant Commissioner for Student Health and Wellness presented the campus outreach model virtually at the Community Anti-Drug Coalitions of America (CADCA) National Forum on January 30, 2022

#### NALOXONE DISTRIBUTION

Audience Targeted	Number Distributed
Persons Who Use Drugs (PWUD)	8,710
SUD Treatment Counselors	376

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Civic Groups	228
Emergency Medical Services	281
Faith-based Organizations	273
Family/Friends of PWUD	300
Firefighters	1,265
Governmental Agencies	877
Law Enforcement	5,161
Nurses	1,038
Nurse Practitioners	34
Peer Supports	104
Physicians	12
Prevention Staff	814
Persons in Recovery	1,280
Social Workers	914
University Staff (other than listed)	399
Other	6,335
<b>Total</b>	<b>28,401</b>

Note: Due to SAMHSA's reporting timelines, information reported into SPARS reflects a "snapshot in time" of naloxone purchasing and distribution data reported to the Office of Behavioral Health. For example, data for a period of January-March are entered in April, and reflect data available in early-mid April. However, some SOR providers were delinquent in adding data to our data collection systems, submitting data after the quarterly SPARS reporting deadline had passed. As a result, to ensure accuracy, SPARS data may need to be updated following the receipt of more accurate counts received later in the grant period. By the end of the grant funding period, SPARS data will be updated to provide the most accurate available counts based on final close-out reports.

Through agreements with Acadiana Area Human Services District, the Woman's Foundation hosted webinars and provided resources for healthcare professionals and the general public on opioid use, MOUD, stigma, stimulant use, and non-drug alternatives to pain management. Through these sessions, a total of 618 persons received education and resources during the reporting period.

### COMMUNITY OPIOID SYMPOSIUM WEBINARS

Date	Hour(s)	Speaker(s)	Event Title
10/26/2021	1.0	Coty Hulgán, DMD, MPH	Opioid Minimization Strategies in a Dental Office

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11/4/2021	1.0	Don Teater, MD, MPH	Pain, Opioids, and Addiction: Understanding How They Are Related and How We Can Treat Pain Better
1/18/2022	1.5	Rochelle Head-Dunham, MD, DFAPA, FASAM	Telehealth Relating to Opioids: The Do's and Don'ts
1/20/2022	1.0	Kevin LaGrange, PD; Peter Prefot, CPA; Gregory Ward, MD	Medical Marijuana
3/8/2022	1.5	Bennet E. Davis, MD	The Pain of Trauma and How It Should Impact Our Approach to the Opioid Crisis

To address SUM, OBH collaborated with LGEs to provide training on the Matrix Model, an evidence-based, effective approach for treating people with SUM. Through this initiative, a total of 33 clinicians were trained during the reporting period. Trainings are offered to ensure a competent workforce in an effort to address quality of care for persons with SUM.

In collaboration with OBH, a contractor created the OBH Faith Recovery Outreach Toolkit. This toolkit is a collection of adaptable resources for the faith-based community that enables access to tools used to address and spread awareness about OUD ([click here](#) to access the toolkit). Through this partnership, the following occurred during the reporting period:

- Created a strategic plan and drafted a booklet for the Community Recovery Coalition
- Created a Faith & Recovery Outreach Hotspot Map
- Presentation at a Baton Rouge Police Department press conference
- Distributed naloxone at TRUCE, a violence reduction and youth empowerment organization, and BRAVE (Baton Rouge Violence Elimination) program events
- Held a Sober Saturday event with a recovery community-led coalition

### TREATMENT TRANSITION AND REFERRAL IN CRIMINAL JUSTICE SETTINGS

The Department of Corrections (DOC), through LaSOR 2.0 funds, provided OUD treatment services, including MOUD, to individuals within correctional facilities. In addition to MOUD, evidence-based practices were used during the pre-release phase, including intensive cognitive-behavioral therapies. DOC provided treatment services to 509 individuals during the reporting period.

### HIV AND VIRAL HEPATITIS

The OPH STD/HIV/Hepatitis Program (SHHP) partnered with the LaSOR project to hire five (5) health coordinators within their Syringe Service Programs (SSPs) to act as referral points to the LaSOR HUB and SPOKE model, implement SBIRT, conduct HIV/HCV testing, and expand SSPs operating hours. During the reporting period, the OPH SHHP distributed 5,241 naloxone kits, and educated 4,524 individuals on naloxone.

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## Barriers

1. Overall, service providers continued to experience significant barriers in hiring and retaining staff. This was primarily an issue in the more rural areas of the state. While employment barriers have been an issue in the state and nationwide, these issues were exacerbated by the devastation caused by natural disasters and other weather-related conditions, which were compounded by the COVID 19 pandemic. OBH continues to work with providers to address employment issues through various strategies. Some strategies include, but were not limited to:
  - Utilizing telehealth services so that providers can employ staff from outside of devastated areas
  - Incorporating staff incentives per terms outlined by SAMHSA.
  - Utilizing staff agencies for recruiting
  - Partnering with Tulane University to develop a statewide SUD Workforce Assessment to assess the supply and demand of SUD providers.
2. Contracting delays were barriers at the beginning of the grant period. Due to LDH's multifaceted contracting process, contract approval is often times a rigorous process with numerous algorithms for approvals, which on average can take four to six months. Contracts and agreements cannot be submitted or approved until after receipt of the Notice of Award. Therefore, achieving identified goals and objectives as outlined in the project narrative has been difficult. OBH has worked with contractors to identify strategies for services and deliverables to be met in the most efficient and effective ways possible.
3. Service providers located in rural areas of the state, and some urban areas of the state experience traveling hardships for individuals served. In many cases, clinic hours conflict with transportation and work schedules. Additionally, rural areas have limited or no transportation resources for individuals to access treatment services. Therefore, OBH requested transportation funds and other service provisions to address this barrier. This includes continued support of 24/7 service at the OTP and expanding 24/7 services to other areas. The state issued an RFA to seek out two additional OTP facilities to increase access to care in the most impacted areas of the state. Furthermore, telehealth services were offered at many OBOTs, addressing this barrier in some rural areas of the state.
4. Natural disasters were a significant barrier to services provided during the grant period. Hurricane season 2021 was yet another destructive year. Hurricane Ida rushed onto the shores of Louisiana with storm surge flooding of up to 10 feet in some areas. Storm winds downed power lines in many areas topping 1 million outages, and hundreds of thousands were without running water. According to the Centers for Disease Control and Prevention, 32 were killed from Ida near the Gulf Coast, 28 of those were in Louisiana. These natural disasters destroyed treatment facilities and caused the displacement of individuals served, along with staff. Facilities that were operational near the more devastated areas were inundated with individuals seeking services (guest dosing). A destroyed OTP (located in LaPlace) was

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replaced temporarily with a mobile clinic from out of state. This mobile unit and another OTP clinic continued to provide services through the current reporting period, well after the hurricane, while the clinic was in repair. This OTP clinic has now become operational and is providing vital services. In addition, OBH worked with LSUHSC to sustain operational OBOTs to ensure there were sufficient services in those areas most affected in the state.

5. Due to the COVID 19 pandemic, some providers elected to halt or reduce services/participation in LaSOR 2.0 to focus their resources on the pandemic and COVID 19 patients. Additionally, the pandemic impacted naloxone distribution efforts, client engagement, follow-up, and the ability to recruit potential MOUD providers. Although some restrictions were lifted during the reporting period, this continued to be a barrier. To address the obstacles posed to OBOTs maintaining operations, LSUHSC increased recruiting efforts through increased outreach initiatives, which have been beneficial to recruiting OBOTs thus far.
6. Communities at the local and national level are facing increased rates of fentanyl and a steady increase in overdoses of fentanyl. Providers are launching an education campaign to alert the public about the damaging effects of fentanyl. Fentanyl test strips remained illegal to obtain and use during the first half of this reporting period. However, House Bill 212 (HB 212) was approved by the House Committee with NO objections, and it was passed into law in June 2022. HB 212 allows rapid fentanyl test strips (FTS) or any test equipment or devices solely used or intended for the user to determine whether a substance contains fentanyl, which is no longer labeled/classified as drug paraphernalia. This was a monumental effort to help save lives from Fentanyl overdoses.
7. During the 2022 Regular Legislative Session, House Bill 334 was submitted to allow exceptions for limited criminal offenses for peer support specialists employed in behavioral health settings. This legislation was passed by the Louisiana Legislature with full support from the House, Senate and Governor's Office to become Act 151. Governor John Bel Edwards signed Act 151, which became effective on August 1, 2022. Act 151 amends R.S. 40:1203.3 to allow some exceptions for peer support specialists working in a behavioral health setting who would otherwise be prohibited from employment because of a prior conviction of certain crimes. This legislation assists with alleviating some of the barriers to employment for peer support specialists in Louisiana.

## LASOR 2.0 ANNUAL PROGRAMMATIC PROGRESS REPORT (PPR)

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## APPENDIX E – Education and Training July 2020 – June 2021

Title of Training	Date	Number of attendees	Grant funding	Objectives	Presenter (s)	Location
Project ECHO	7/1/2021	18	LaSOR Grant	Provider education		Virtual
Project ECHO	7/8/2021	15	LaSOR Grant	Provider education		Virtual
Project ECHO	7/15/2021	21	LaSOR Grant	Provider education		Virtual
Duty to Care versus Dignity of Risk, in the Context of Shared Decision Making	7/21/2021	21	CMHS Set Aside ESMI/FEP		Rufina JiYeong Lee, PhD Gary Scannevin	Virtual
First-episode Psychosis and Family Work	7/21/2021	20	CMHS Set Aside ESMI/FEP		Thomas Jewell, PhD Stephen M Smith, PhD	Virtual
High in Plain Sight; Alcohol & Drugs in Rural Communities Substance Abuse Prevention Training	7/23/2021		SAPT Block Grant; TA Fund	Alcohol and drug clothing, alcoholic energy drinks, alcopops, alcohol and drug concealment methods and containers, drug paraphernalia, drug related music and groups, logos, stickers, new technology, youth party tendencies, party games, non-traditional alcoholic beverages, social networking sites, synthetic drugs, OTC drugs, inhalants, concentrates, E-	Germaine Galloway	Rapides Parish Sheriff's Department "Warehouse" 455 John Allison Drive, Alexandria, La

				cigarettes, and popular party drugs		
LASACT 2021 Virtual Conference	7/25-28/2021	337	Compulsive and Problem Gaming Fund, LaSOR Grant fund and SAPT funding	Covering areas such as human trafficking all the way to analyzing current drug trends	Multiple Speakers	Virtual
Community Opioid Symposium (Woman's Foundation) SAMHSA Data Waivered Guidelines/ DEA Guidelines	7/28/2021	48	LaSOR 2.0 Grant	Review the basics of treating opioid use disorder, describe the laws and regulations surrounding obtaining credentialing to prescribe buprenorphine products for those patients, and give real- world examples of implementation in the form of clinical vignettes	Sarah Carroll Hamauei, MD	Virtual
Community Opioid Symposium (Woman's Foundation) Non-Opioid Drug Treatments for Adult Outpatient Pain Management	8/3/2021	84	LaSOR 2.0 Grant	Identify non-opioid drug treatment classes, dosing, side effects, contraindications, drug interactions, and indications for use, formulate and apply treatment	Breannie A. Charles PharmD	Virtual
Project ECHO: Kratom News	8/5/2021	22	LaSOR 2.0 Grant	Provider education	George Singletary, MD MPH	Virtual

Project Echo: COVID-19 Substance Use	8/12/2021	33	LaSOR 2.0 Grant	Provider education	George Singletary, MD MPH	Virtual
Community Opioid Symposium (Woman's Foundation) Introduction to MAT and Important of Harm Reduction	8/12/2021	86	LaSOR 2.0 Grant		Howard Osofsky, MD Lee Michals, MD	Virtual
LaSOR 2.0 GPRA Learning Community Series: LaSOR 1.0 Close Out	8/17/2021	39	LaSOR 2.0 Grant	Compliance guidance and interactive discussion of how to successfully close out LaSOR 1.0	Melinda Robinson	Virtual
Community Opioid Symposium (Woman's Foundation) In Depth Review of ASAM Levels of Care	8/18/2021	78	LaSOR 2.0 Grant		Maeghan Davis MD	Virtual
Faces & Voices of Recovery: Recovery Messaging	8/18-19/2021	44	CMHS Admin OBH Central Office	Learn to use person-first, solution-focused language to promote groundbreaking messaging to advance the recovery agenda		Virtual
Project ECHO: Syringe Services Programs	8/19/2021	34	LaSOR 2.0 Grant	Provider education	George Singletary, MD MPH	Virtual
Evaluation and Enrollment	8/24/2021	12	CMHS Set Aside ESMI/FEP		Elaina Montague, PhD Thomas Jewell, PhD	Virtual

Fidelity to the CSC Model	8/24/2021	17	CMHS Set Aside ESMI/FEP		Sarah Piscitelli, M.A. Igor Malinovsky, PsyD	Virtual
Project ECHO: Local Advocacy Millie Mattered!	8/26/2021	27	LaSOR 2.0 Grant	Provider education		Virtual
Behavioral Health Symposium: The Ripple Effect: Learning to be Fluid in Charge	8/31/2021	39	Mental Health Grant	<ul style="list-style-type: none"> <li>• Identity - what is normal and is change really necessary?</li> <li>• Recognize - where are you now in the process?</li> <li>• Respond - what now?</li> <li>• Sustain - 10 tips on how to be fluid in change</li> </ul>	Dr. Jeremy Blunt	Virtual
Faces & Voices of Recovery: Organizational Wellness	9/15-16/2021	37	CMHS Admin OBH Central Office	Promote healthy cultures, reduce workplace conflict, turnover, and burnout		Virtual
Project ECHO: Treating Pain in Patients with Opioid Use Disorder	9/16/2021	30	LaSOR 2.0 Grant	Provider education	Dominick P. Trombetta, Pharm D	Virtual
LaSOR 2.0 GPRA Learning Community Series: LaSOR Tools For Success Part 2	9/21/2021	32	LaSOR 2.0 Grant	Box.com and Qualtrics to continue data reporting discussions	LSU SREC OBH Staff	Virtual
Community Opioid Symposium (Woman's Foundation) Induction and Tapering of Buprenorphine	9/22/2021	51	LaSOR 2.0 Grant	Home inductions, information about tapering outcomes, and connections between tapering and psychiatric outcomes	Maeghan Davis MD	Virtual

Project ECHO: AMA Issue Brief	9/23/2021	29	LaSOR 2.0 Grant	Provider education	George Singletary, MD MPH	Virtual
Behavioral Health Symposium (Woman's Foundation) Suicide Prevention and Awareness through Self Care in a Pre, Post, and Reentering Covid Environment	9/28/2021	102	Mental Health Grant	Compromised coping, self-care inventory, connection between compromised coping and how it can impact self-care, current self-care behaviors	Dr. Frank Campbell	Virtual
Project ECHO: Tulane Addiction Fellowship Program discussion	9/30/2021	28	LaSOR 2.0 Grant	Provider education		Virtual
Behavioral Health Symposium (Woman's Foundation) Wellness in the 8 Dimensions: Framework for Our Lives, Work and Communities.	9/30/2021	74	Mental Health Grant	Define wellness in the eight dimensions; define how wellness can be a framework for professionals, people served, and communities; list how the ABCs of wellness can guide engagement; demonstrate how to access and use accessible wellness tools for practice	Peggy Swarbrick, PhD, FAOTA	Virtual
BH 911: Mental Health and Spirituality	10/7/2021	N/A	MHAGBR	Explore the role a spiritual community plays in community behavioral health	Dr. Robin Hogue Alesia G. Davis, PsyD Deacon Laverne Williams - Director, PEWS Program	Virtual

Project ECHO: COVID and Substance Use Disorders	10/7/2021	26	LaSOR 2.0 Grant	Provider education	George Singletary, MD MPH	Virtual
Project ECHO: Tulane Addiction Fellowship Program discussion	10/14/2021	35	LaSOR 2.0 Grant	Provider education		Virtual
LaSOR 2.0 GPRA Learning Community Series: Lessons Learned	10/19/2021	47	LaSOR 2.0 Grant	Moving forward with LaSOR 2.0; review of GPRA submissions; review of Data Hub; questions and answers/ open discussion	Melinda Robinson Quinetta Womack	Virtual
Faces & Voices of Recovery: Compassion Fatigue	10/20-21/2021	37	CMHS Admin OBH Central Office	This training is essential for anyone working with vulnerable populations. Many people who have chosen to work in this field have experiential expertise in trauma. This elevates the chance of developing compassion fatigue.		Virtual
Transition and Continuity of Care	10/20/2021	17	CMHS Admin OBH Central Office			Virtual
Project ECHO: Tulane Addiction Fellowship Program discussion	10/21/2021	32	LaSOR 2.0 Grant	Provider education		Virtual
Community Opioid Symposium (Woman's Foundation) Opioid	10/26/2021	57	LaSOR 2.0 Grant	Discuss opioid minimization strategies in dental offices	Coty Hulkan, DMD, MPH	Virtual

Minimization Strategies in a Dental Office						
Behavioral Health Symposium (Woman's Foundation) Resources & Engagement Strategies for Individuals Experiencing Homelessness and Housing Insecurity	10/27/2021	154	Mental Health Grant	<p>1. Address myths and biases regarding individuals experiencing homelessness and housing insecurity.</p> <p>2. Assertively engage individuals experiencing homelessness and housing insecurity with a compassionate approach.</p> <p>3. Link positive healthcare outcomes to stable housing.</p> <p>4. Locate housing resources for individuals experiencing homelessness and housing insecurity with a compassionate approach.</p>	Addie C. Duval, LCSE-BACS	Virtual
Faces & Voices of Recovery: Motivational Interviewing	10/27-28/2021	54	CMHS Admin OBH Central Office	Gain a better understanding of the effectiveness of this tool to assist people with moving through change		Virtual
Project ECHO: Tulane Addiction Fellowship Program discussion	10/28/2021	30	LaSOR 2.0 Grant	Provider education		Virtual

Self-care for FEP staff/team	11/1/2021	12	CMHS Admin OBH Central Office			Virtual
Project ECHO: Tulane Addiction Fellowship Program discussion	11/4/2021	18	LaSOR 2.0 Grant	Provider education	George Singletary, MD MPH	Virtual
Community Opioid Symposium (Woman's Foundation) Pain, Opioids, and Addiction. Understanding How They are Related and How We Can Treat Pain Better to Improve Outcomes	11/4/2021	137	LaSOR 2.0 Grant	Identify the 4 main mechanisms of pain and their impact on acute and chronic pain, identify how our thoughts and emotions affect our pain experience, understand how the use of opioids for acute and chronic pain commonly result in worse outcomes, and identify the optimal treatment options for both acute and chronic pain	Donald R. Teater, MD, MPH	Virtual
Project ECHO: Kloxxado and Low Barrier - Treatment Outcomes Among Black Adults Receiving Medications for Opioids Use Disorder	11/11/2021	23	LaSOR 2.0 Grant	Provider education	George Singletary, MD MPH	Virtual
Behavioral Health Symposium (Woman's Foundation) Grief Concepts	11/16/2021	151	Mental Health Grant	<ul style="list-style-type: none"> <li>Communicate knowledge of grief concepts</li> </ul>	Heather Prejean, LCSW- BACS	Virtual

				<ul style="list-style-type: none"> <li>Recognize and identify factors that influence grief</li> <li>Apply concepts to better manage grief</li> </ul>		
Face & Voices of Recovery: Peer Ethics	11/17-18/2021	62	CMHS Admin OBH Central Office	A comprehensive look into ethical codes of conduct and their role in peer support services and clinical settings		Virtual
Project ECHO: Urine Drug Testing in Addiction Medicine	11/18/2021	25	LaSOR 2.0 Grant	Provider education	Ken Roy, MD	25
Substance Abuse Prevention and Treatment Block Grant (SAPT) Trainings	12/13-15/2021	16	SAPT Block Grant	To enhance provider SAPT-BG compliance rates and to develop a cohort of SAPT-BG Compliance Ambassadors	Dr. Brann	Virtual
Face & Voices of Recovery: Peer Supervision	12/14-15/2021	54	CMHS Admin OBH Central Office	Learn about supervision styles, transitional changes, professional discipline, moving from peer to supervisor, motivation zappers, and more		Virtual
Project ECHO: Systemic Barriers to Care	1/6/2022	22	LaSOR 2.0 Grant	Provider education	Frederic McCall, MD	Virtual
Project ECHO: New Year, New Guidelines: 2021	1/13/2011	25	LaSOR 2.0 Grant	Provider education	Brandon Mizroch, MD/MBBS	Virtual

Updated STI Testing and Treatment						
Behavioral Health Symposium (Woman's Foundation) "Mastering Mindfulness for Resiliency and Self Care"	1/13/2022	133	Mental Health Grant	To define, identify, and enhance mindfulness and self-care	Tanya Chapman Griffin, MBA, LPP	Virtual
Community Opioid Symposium (Woman's Foundation) "Telehealth Relating to Opioids: The Do's and Don'ts"	1/18/2022	131	LaSOR 2.0 Grant	Medical review, discussion, and implementation of telehealth	Rochelle Dunham, MD, DFAPA, FASAM	Virtual
Project ECHO: Case Presentation: Subcutaneous Buprenorphine	1/20/2022	29	LaSOR 2.0 Grant	Provider education	George Singletary, MD, MPH	Virtual
Community Opioid Symposium (Woman's Foundation) "Medical Marijuana"	1/20/2022	138	LaSOR 2.0 Grant	Review history, identify conditions and use for medical marijuana	Kevin LaGrange, PD Peter Prevot, CPA Gregory Ward, MD	Virtual
Delusional & extreme beliefs: what are beliefs and why are some of them pathological	1/21/2022	17	CMHS Set Aside ESMI/FEP	Stanford Master Clinician Series 2022	Richard Bentall	Virtual
Icare 2022 Virtual Prevention Summit	1/25/2022	NA	ICare Advisory Council	Mental wellness, suicide prevention, mindfulness, technology in schools, dealing with trauma	Multiple presenters	Virtual

Project ECHO: Case Presentation	1/27/2022	29	LaSOR 2.0 Grant	Provider education	George Singletary, MD, MPH	Virtual
Project ECHO: Case Presentation	2/3/2022	29	LaSOR 2.0 Grant	Provider education	George Singletary, MD, MPH	Virtual
Project ECHO: Case Presentation	2/10/2022	29	LaSOR 2.0 Grant	Provider education	Bishoy Samuel, MD, MS	Virtual
Project ECHO: Case Presentation	2/17/2022	21	LaSOR 2.0 Grant	Provider education	George Singletary, MD, MPH	Virtual
Behavioral Health Symposium (Woman's Foundation) "Ethics of Self-Care: Helping Colleagues in Crisis"	2/17/2022	211	Mental Health Grant	Mitigate exposure, manage symptoms, and obtain support in the event of becoming traumatized, relapse or are impaired by grief; Identify burnout, compassion fatigue and trauma activation symptoms; Identify own bias, beliefs and ideas around colleagues in crisis	Benjamin L. Seymour, CADC, CIP	Virtual
Feeling safe: A new paradigm for working with paranoia	2/18/2022	17	CMHS Set Aside ESMI/FEP	Stanford Master Clinician Series 2022	Daniel Freeman	Virtual
Project ECHO: Case Presentation	2/24/2022	27	LaSOR 2.0 Grant	Provider education	George Singletary, MD, MPH	Virtual
Community Opioid Sympsium (Woman's Foundation) "The Pain of Trauma and How It Should	3/8/2022	155	LaSOR 2.0 Grant	Understand the trauma pain connection and advocate more effectively for trauma recovery	Bennet E. Davis, MD	Virtual

Impact Our Approach to the Opioid Crisis"						
2022 Health Summit: Pathways through Policy for Equitable Recovery	3/8/2022	N/A	OPH	Explore pathways to equitable recovery, renewal, and resilience to move Louisiana forward	Dr. Gail Christopher	Virtual
LA-MHA Public Policy Summit	3/16/2022	119	OBH	Learning and preparation for the legislative year ahead. Learn how you can get involved and have your voice heard	Multiple presenters	Virtual
Addressing cPTSD and personality structures in psychosis	3/18/2022	17	CMHS Set Aside ESMI/FEP	Stanford Master Clinician Series 2022	Marion Bates	Virtual
Behavioral Health Symposium (Woman's Foundation) Persistent Effects of the COVID-19 Pandemic on the Health and Social Well-Being of LGBTQ+ Persons – Ethical Considerations or Health Care Providers	3/23/2022	161	Mental Health Grant	Recognize and describe major health and social vulnerabilities specific to LGBTQ+ persons of all ages; Identify resources and implement best practices and interventions for use by health professionals to improve patient outcomes	Bradley Leger	Virtual
Behavioral Health Symposium (Woman's Foundation) Pathways to Employment: Taking Action to Support Rehabilitation and Wellness	4/7/2022	131	Mental Health Grant	Identify factors of employment that lead to better health; identify deleterious effects of unemployment; identifying local and state resources to assist persons	Virginia Selleck, Ph.D.	Virtual

				with behavioral health conditions to access employment		
Project ECHO: Case Presentation	4/7/2022	22	LaSOR 2.0 Grant	Provider education	Christopher Gulde, MD	Virtual
Faces & Voices of Recovery – Roles Clarity: Case Management vs. Peer Support	4/13/2022	53	MHBG Central Office			Virtual
Project ECHO: Risk assessment and interventions for teens with opioid use disorder	4/14/2022	15	LaSOR 2.0 Grant	Provider education	Brian Benson, MD, PhD	Virtual
Acceptance and commitment therapy for early psychosis	4/15/2022	17	CMHS Set Aside ESMI/FEP	Stanford Master Clinician Series 2022	Louise Johns	Virtual
Project ECHO: Teenage substance use and how you can help	4/21/2022	14	LaSOR 2.0 Grant	Provider education	Brian Benson, MD, PhD	Virtual
Project ECHO: Detoxification and maintenance Tx of the geriatric chronic pain patient	4/28/2022	22	LaSOR 2.0 Grant	Provider education	Brian Benson, MD, PhD	Virtual
Project ECHO: What The Fentanyl?	5/5/2022	26	LaSOR 2.0 Grant	Provider education	Robert Limbaugh, MD	Virtual

Behavioral Health Symposium - Online Sexual Enticement of Children	5/10/2022	269	Mental Health Grant	Difference in online enticement and online exploitation; difference in online predators and their tactics; how to recognize and report online sexual enticement and exploitation	Hollie Jeffery, LMSW	Virtual
Project ECHO: Microdosing Introductions	5/12/2022	18	LaSOR 2.0 Grant	Provider education	Robert Limbaugh, MD	Virtual
Faces & Voices of Recovery – Advanced Skills in Peer Ethics, Values, and Boundaries	5/18/2022	51	MHBG Central Office			Virtual
Project ECHO: Macro dosing and Precipitated Withdrawal	5/19/2022	19	LaSOR 2.0 Grant	Provider education	Robert Limbaugh, MD	Virtual
2022 LAHEC Annual Professional Development Summit	5/25-26/2022	218	LaSOR 2.0 Grant	Professional development	Dr. Ritch Hall II, Dr. Dominique M, Clemmons-James, LCMHC, CRC, LCAS, Rich Lucey, and Officer Jermaine Galloway	Virtual
Project ECHO: OUD Therapy in Pregnancy	5/26/2022	22	LaSOR 2.0 Grant	Provider education	Robert Limbaugh, MD	Virtual
Culturally informed treatment for schizophrenia	5/27/2022	17	CMHS Set Aside ESMI/FEP	Stanford Master Clinician Series 2022	Amy Weisman	Virtual

2022 NASW-LA Annual Conference	6/1-3/2022	352	Gambling	Education, networking and celebration of social workers; CEUs provided	Multiple presenters	In person
Project ECHO: Readiness to Change	6/2/2022	24	LaSOR 2.0 Grant	Provider education	Christopher Gulde, MD	Virtual
Faces & Voices of Recovery – The Science of Addiction and Recovery	6/8/2022	44	MHBG Central Office			Virtual
Project ECHO: Outcomes, What Are You Measuring?	6/9/2022	16	LaSOR 2.0 Grant	Provider education	Christopher Gulde, MD	Virtual
Opioid Summit O.U.R. (Openly Using Recovery)	6/16/2022	257	LaSOR 2.0 Grant	Identify the issues of the epidemic and how it is impacting NEDHSA catchment area and the opportunity to network and build upon working relationships	Dr. Michael D. Gatson	Virtual and In-person
Project ECHO: Medications for Opioid Dependence	6/16/2022	21	LaSOR 2.0 Grant	Provider education	Brian Benson, MD, PhD	Virtual
DBT skills for psychosis	6/17/2022	17	CMHS Set Aside ESMI/FEP	Stanford Master Clinician Series 2022	Maggie Mullen	Virtual
Listen & Learn About the Opioid Epidemic	6/21/2022	52	LDH/LPCA	Discuss how we can make a difference in the face of Louisiana's opioid epidemic	Multiple presenters	Goodwood Library Baton Rouge, LA
Project ECHO: Case Presentation	6/23/2022	14	LaSOR 2.0 Grant	Provider education	Smita Prasad, MD, MPH, MBA	Virtual

Project ECHO: Opioid Dose Tapering	6/30/2022	16	LaSOR 2.0 Grant	Provider education	George Singletary, MD MPH	Virtual
<b>Total Attendees</b>		3976				

## APPENDIX F – Naloxone Standing Order

## STATE OF LOUISIANA

### Standing Order for the Distribution or Dispensing of Naloxone or Other Opioid Antagonists

#### Background and Purpose

Naloxone, and other opioid antagonists, is a prescription medication indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. Given the current public health emergency relative to the misuse and abuse of opioid derivatives, it has been determined that widespread availability of opioid antagonists to addicts and their caregivers, as well as first responders in the community, would serve the public interest. For as long as naloxone, and other such opioid antagonists, remain classified as prescription drugs by the federal Food and Drug Administration, pharmacists must secure a prescription or order from a prescriber with the legal authority to prescribe said drug products in order to dispense or distribute the drug product. Thus, the Louisiana Legislature has adopted a number of laws designed to facilitate the distribution and dispensing of naloxone, or other opioid antagonists, beyond the person who would need the medication on an emergent basis to manage an opioid-related drug overdose; specifically first responders, caregivers and family/ friends of potential patients.

According to La R.S. 40:978.2, a licensed medical practitioner may, directly or by **standing order** (emphasis added), prescribe or dispense the drug naloxone or another opioid antagonist without having examined the individual to whom it may be administered if two conditions are met. First, the licensed medical practitioner must provide the individual receiving and administering the naloxone or other opioid antagonist all training requirements for the safe and proper administration of naloxone or another opioid antagonist to individuals who are undergoing, or who are believed to be undergoing, an opioid-related drug overdose. According to the statute, the training, at a minimum, shall address (1) techniques on how to recognize signs of opioid-related overdose, (2) standards and procedures for the storage and administration of naloxone or another opioid antagonist and (3) emergency follow-up procedures including the requirement to summon emergency services either immediately before or immediately after administering the naloxone or other opioid antagonist to an individual apparently experiencing an opioid-related overdose. Second, the naloxone, or other opioid antagonist, must be prescribed or dispensed in such a manner that it shall be administered through a device approved for this purpose by the United States Food and Drug Administration.

#### Authorization

The standing order is issued in compliance with, and under the authority of, La. R.S. 40:978.2 and shall be deemed as a medical order for naloxone, or other opioid antagonist, as long as the conditions of the statute are met. This standing order shall be valid for one year from the date of issue below.

#### Training and Instructional Materials

In accordance with the Louisiana Board of Pharmacy's regulations ([LAC 46:III.2541](#)), the pharmacist distributing the naloxone, or other opioid antagonist, must verify the recipient's knowledge and understanding of the proper use of the drug product. At a minimum, this must include (1) techniques on how to recognize signs of an opioid-related drug overdose, (2) standards and procedures for the storage

and administration of the drug product, and (3) emergency follow-up procedures, including the requirement to summon emergency service either immediately before or immediately after administering the drug product to the individual experiencing the overdose.

#### Dosage and Refills

Further, refills may be obtained as needed pursuant to this order. Do not administer naloxone for usage on an individual with known hypersensitivity to naloxone, or to any other ingredient that may be referenced in the package insert of naloxone, or any other opioid antagonist prescribed and/or dispensed.

#### Reimbursement

For reimbursement purposes, it may be necessary to have the medication dispensed in the name of the insured. This standing order authorizes the pharmacist to prepare a prescription for naloxone or other opioid antagonist, with refills authorized, in the name of the insured, and then dispense that product. This standing order, in and of itself, should not be relied upon as a guaranty or reimbursement from any payer source.

#### Recordkeeping

In order to comply with the recordkeeping requirements found in the Board of Pharmacy rules and regulations, the pharmacist shall attach a copy of this standing order to the invoice, or other record of sale of distribution. Further, the pharmacist shall store these transaction documents with the other distribution records in the pharmacy.

**I hereby declare this standing order as a statewide medical order for the dispensing of naloxone, or opioid antagonist product, as long as the requirements of La. R.S. 40:978.2 and LAC 46:III.2541 are satisfied. Any pharmacy licensed by the Louisiana Board of Pharmacy may rely on this standing order for the distribution or dispensing of naloxone or other opioid antagonist to any Louisiana resident.**

James E. Hussey, M.D.

Date of Issue: 01/01/2023

## APPENDIX G – Odyssey House Flyer



EMPOWERING PEOPLE TO  
CONQUER ADDICTION



**ADMITTS ACCEPTED DAILY**

**RESIDENTIAL  
SUBSTANCE USE  
DISORDER TREATMENT**

**Admission Criteria:**

- 18 +
- Louisiana Resident
- Must be LA Medicaid-eligible
- Must have used alcohol or substance(s) within last 30 days

Access to other levels of behavioral healthcare available (i.e. DETOX, IOP, PRIMARY CARE & MORE)



**ALL CLIENTS  
TESTED FOR COVID-19**

Reactive clients will receive treatment in a secure quarantine unit, will receive medical care, attend virtual groups, and will be cared for in a safe environment until medically cleared to move into the full program.



**2700 S. BROAD AVE  
NOLA 70119**

**(504) 821-9211,  
OPTION 3  
WWW.OHLINC.ORG**

## APPENDIX H – MCO Opioid Effort Descriptions

Opioid Response Plans are included below in the following order:

1. Aetna Better Health of Louisiana
2. AmeriHealth Caritas Louisiana (ACLA)
3. Healthy Blue Opioid Strategy (2020)
4. Louisiana Healthcare Connections
5. United Healthcare

### 1. Aetna Better Health of Louisiana Opioid Response (2022)

Aetna's enterprise-level Opioid Task Force and Opioid dashboard has been implemented and Aetna Better Health of Louisiana (ABHLA) has exceeded program expectations in the following metrics:

- Increased rate of treatment with non-opioid procedures in enrollees with chronic pain
- Rate of opioid prescription in enrollees with OUD
- Rate of concomitant opioid treatment in enrollees treated with benzodiazepines
- Rate of opioid prescription in enrollees with a prior overdose
- Rate of MAT in enrollees with OUD

Aetna launched a secure text messaging campaign in January 2022 to all enrollees who were discharged from the ED for substance use. The enrollee is able to view the text at their leisure and is asked if they have followed up with a provider since their ED visit. The text message includes all potential contacts and resources for the enrollee to take the next step in their own time and privacy. The resources listed include enrollee services, our behavioral health (BH) resource page that includes community services, as well as virtual BH providers' information if they would like to schedule their own appointment. The text message does not disclose the nature of the ED visit to the enrollee, but the resources are BH aligned to help enrollees take the next step in their own time. To date, the majority of enrollees receiving the text have opened it (>65%) which is much higher than traditional telephonic outreach methods.

In June 2022, our Pharmacotherapy for Opioid Use Disorder (POD) text message launched and is active each month. This is a support text message for those who receive POD to reinforce the importance of medication compliance and to follow up with their prescriber.

The Opioid Use Disorder Intervention Medicaid Next Best Action (NBA) Campaign pilot launched in August 2022. This campaign educates enrollees diagnosed with an OUD on the benefits of case management and encourages enrollment. In addition, the campaign will encourage enrollees to speak to their doctors about alternative options for self-guided treatment (e.g., chiropractic).

In addition to the January text messaging campaign, starting in October 2022, Aetna is using internal outreach coordinators to contact enrollees who were discharged from the ED for substance use.

During 2022, Aetna offered the following webinars to providers:

- Introduction to Integrated Physical and Behavioral Health Care, launched on August 24, 2022

- Assessment of Integrated Physical and Behavioral Healthcare – Utilizing the Comprehensive Healthcare Integration (CHI) Framework, launched on September 28, 2022
- Fighting the Substance Abuse Epidemic webinar series for internal health plan staff and external provider staff to include:
  - The Opioid Epidemic: Research and Treatment
  - Dual Diagnoses: Mental Health and Substance Abuse
  - Taking a Harm Reduction Approach

## **2. AmeriHealth Caritas Louisiana (ACLA) Opioid Response (2022)**

1. ACLA's Bright Start completes the SAMHSA's 5Ps (Parents, Peers, Partner, Past, Pregnancy) assessment, which assesses pregnant women for substance use or high risk for developing a substance use disorder. The screening tool is completed on pregnant members who do not have a documented diagnosis of SUD. Referrals and resources are provided for anyone answering "yes."
2. Bright Start utilizes the SUD Bright Start Clinical Guidelines and Talking Points to provide consistent evidence-based supportive guidelines to determine the course of treatment and subsequent care coordination for pregnant members, who have a substance use disorder or an opioid use disorder in pregnancy.
3. Bright Start utilizes the SUD Bright Start Clinical Guidelines and Talking Points to provide consistent evidence-based supportive guidelines to determine the course of treatment and subsequent care coordination for pregnant members, who have a substance use disorder or an OUD opioid use disorder in pregnancy.
4. A contract amendment with Woman's Hospital to add the Grace Program to the AmeriHealth network should be completed by December 2022. The Grace Program offers intensive case management and care coordination for pregnant females 18 years and older with SUD. The program works with women throughout their pregnancy and up to 12 months postpartum.
5. Population Health automated the notifications for ER visits return to alcohol and drug usage improving timeliness. This was initiated in September 2020.
6. Population Health's behavioral health team implemented an intervention targeting members who have an ER visit related to alcohol and drug usage – members are outreached and assisted with securing a post-ER appointment with their PCP or specialist within 7 to 30 days. This was initiated in September 2020.
7. Population Health developed a SUD clinical pathway targeting members who are:
  - Positive on substance and/or substance use screening instruments, including the Alcohol Abuse in Adults (Adult-C) and the Drug Abuse Questionnaire – DAST 10.
  - Referred by a provider or internal departments for substance use concerns.
  - In the Pharmacy Lock-In Program, if agreeable.
    - The Population Health team will monitor established metrics and outcomes of SUD clinical pathway outreach.

8. ASAM Criteria trainings for providers were conducted January 19, 2022 and June 2, 2022.
9. SBIRT training was conducted January 20, 2022 and June 3, 2022. SBIRT-OB training will be held in 2023.
10. ACLA developed an opioid toolkit in 2019 to educate frontline associates on the causes of the opioid epidemic as well as the specific line of business response and resources to address reduction in opioid prescription use and opioid use disorder. ACLA has offered this toolkit as a resource for all ACLA associates.
11. Corporate AmeriHealth resumed its monthly Opioid Strategy Blueprint workgroup with representation from each line of business.
12. ACLA continues the Louisiana Medicaid restrictions on novel opioid and established opioid prescriptions.
13. ACLA continues to actively employ the Lock-In program to better manage members who attempt to obtain opioid medications prescription from multiple sources and attempt to fill opioid prescriptions at multiple pharmacies. We have recently incorporated prescriber lock-in to complement the existing pharmacy lock-in.
14. ACLA monitors monthly opioid claims information and refers our members with chronic and/or high utilization patterns to case management.
15. ACLA is adding two new SUD outpatient providers to its network with specialty services for MAT, including pregnant women. One provider will have outpatient MAT services for adolescents. ACLA added four new opioid treatment centers:
  - Behavioral Health Group (BHG) will have locations in Shreveport, Houma, and Bogalusa.
  - BAART/BayMark Northshore opened the location in Hammond.
  - All will offer 24/7 MOUD.
16. ACLA has 96 distinct MAT prescribers of which 65 are behavioral health providers.

## **Healthy Blue Opioid Strategy (2022)**

### **Non-Participating Provider (Non-Par) Initiative:**

The Non-Par Initiative works to ensure members are connected to quality pain management providers.

- If a pain provider is not in network, members' opiate prescriptions were rejected for payment at point of sale ("Reject 56 non-participating provider").
- A member may receive a temporary override through pharmacy. A case manager is automatically assigned to the member for connection to an in-network prescriber.
- The program successfully provided navigation to pain management providers. Healthy Blue network expanded its network (including MAT providers) to meet members' needs.
- Program termed June 17<sup>th</sup>, 2022.

### **Development of Pain Management Program:**

- The Pain Management Program:

- Coordinates timely, integrated services to reduce the risks associated with opioid use/prescribing for non-indicated diagnoses;
- Provides coordinated care for those suffering from pain and substance use disorders; and
- increases access to alternative evidenced-based programs/treatment in lieu of opioids for the management of chronic pain, such as interventional procedures, physical therapy, and cognitive behavioral therapy.

#### **Medically Assisted Treatment – Network Analysis:**

- Healthy Blue is reviewing and analyzing network sufficiency for member access to SUD treatment providers.
- MAT provider geomapping: Healthy Blue initiated a campaign to increase SUD treatment access – doubling the network through Non-Par program and MAT campaign.

<b>March 2022</b>	<b>August 2022</b>
26 MAT providers	52 MAT providers
81 locations	167 locations

- Healthy Blue established a telehealth partnership with Bright Heart Health for the MAT program.
- Direct member outreach includes connecting members to MAT access after an ER visit for opiate overdose.

#### **Provider Recruitment — Ongoing**

- Healthy Blue continues to recruit physicians and behavioral health therapists trained in pain management best practices.
- Healthy Blue continues to develop an adequate network of physicians and behavioral health treatment providers to meet the diverse needs of Pain Management Program members.

#### **Integrated Behavioral Health/SUD Rounds:**

**This includes case managers, utilization managers, and medical directors, with board-certified addictionologists.** Tactics include:

- Integrate BH/Neonatal Intensive Care Unit (NICU) rounds. Identify members' behavioral health and social determinants of health (SDOH) in Neonatal Abstinence Syndrome (NAS) weekly rounds. Discuss care coordination and referrals for individual members and babies.
- Conduct behavioral health inpatient mental health/SUD rounds three days a week to address complex behavioral health needs in need of care coordination or referrals.
- Conduct rapid readmission rounds weekly to monitor members' care coordination needs and discharge planning for mental health and/or SUD issues.
- Conduct interdisciplinary rounds bi-weekly for identification of physical and behavioral (SUD) health needs with complex discharge planning needs.

### **Overdose Prevention Through Partnership:**

- Presentation to DCFS on naloxone facilitation strategies. Launch an enterprise “Naloxone Nudge” campaign to increase naloxone access to all at-risk members.
- Conduct outreach to mothers with babies in NICU with case management and behavioral health needs to achieve reunification when applicable.

### **RISE – Resilience through Intervention, Support, and Education:**

- Healthy Blue employed Wellness and Recovery Specialists (WRS) and case managers who utilize peer support initiatives.
- The goal of the Peer Support program aims to improve overall wellness and recovery by increasing the member’s self-management skills through building a supportive relationship, sharing resources, and demonstrating strength in their personal recovery process, focusing on four critical components:
  - **Health:** Overcoming one’s disease;
  - **Home:** Having a stable, safe place to live;
  - **Purpose:** Having meaningful daily activities and the independence, resources, and interest to participate in society; and
  - **Community:** Relationships and social networks to provide support and hope.
- The service is telephonic, with in-person care coordination for SDOH/SUD issues area in New Orleans (WRS). Other parishes for case management include Lafayette, Acadia, Calcasieu, and Jefferson Davis.

### **CHESS Health Connections App (Recovery & Treatment):**

- The app provides safe, supportive online forums for members to discuss recovery, mental wellness, and fun/social topics, helping to reduce isolation, build social relatedness, and reinforce coping skills. CHESS Health’s 24/7 Peer Engagement Team moderates the forums.
- The CHESS Peer Engagement Team leads video support group meetings in the app, including support for specialized communities, such as expecting/new parents, teens, and LGBTQIA+ members.
- Crisis support is available if needed. Peers support individuals in crisis to reduce the likelihood of returning to opioid use.
- The Cognitive Behavioral Therapy (CBT) for Recovery program offers on-demand access to digital training and other resources that help members build and reinforce coping skills. Modules are available for SUD, alcohol, and buprenorphine. Each program features engaging videos and online quizzes, with high scores for patient satisfaction and peer recommendations.
- Conexiones is a new version of the Connections App for individuals who prefer Spanish, offering in-language and culturally appropriate resources and support.

### **CHESS Dashboard for Healthy Blue Staff**

- The CHESS Dashboard is the care management functionality accompanying the Connections App. Clinicians, counselors, case managers, and recovery coaches use the dashboard to track and engage with their members.
- Staff capabilities on the CHESS Dashboard include:
  - Enrolling and onboarding members (member setup and first login)
  - Sending secure 1:1 and group messages

- Facilitating 1:1 and group video calls (CHESS Video)
- Monitoring member recovery progress such as viewing member app activity and viewing daily/weekly recovery survey results
- Creating medication and reminder tracking for members
- Adding new content (videos, weblinks, resources, etc.) to the Discover section of the app for members
- Incorporating use of the Connections App with members' treatment plans/goals

#### **4. Louisiana Healthcare Connections (LHCC) Response to Louisiana's Opioid Response Plan (2022)**

##### **Monitoring and Identification:**

- LHCC 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.
- Two sets of rounds are conducted each week to review care management and provider services offered to members with co-occurring substance use and mental health issues who are frequent visitors to EDs and are frequently admitted to inpatient levels of care. Forty percent of this group' members have OUD issues.
- LHCC leverages predictive reporting technology to identify members who may be at risk of opioid dependency or abuse for outreach to offer treatment resources. This trigger is in addition to the lock-in reports and ED / inpatient hospital utilization reports and populates to LHCC's new case assignment tools.
- LHCC has also developed and begun promoting an SBIRT training (to try to encourage physical health providers to screen actively and preventatively for possible SUD).

##### **Engaging Providers:**

- LHCC promotes LDH-OBH sponsored training for opioid treatment and Shatterproof pilot for SUD to providers.
- LHCC sponsors a free online course for physicians to become buprenorphine waived to treat OUD. The American Society of Addiction Medicine (ASAM) conducts the course. ASAM trainings are made available to providers, with weekly email reminders of dates. Three trainings have been conducted this year, and two more trainings have been scheduled.
- LHCC developed and promotes SBIRT training to encourage physical health providers to screen actively and preventively for substance use disorders.

##### **Supporting Members:**

- LHCC offers case management services to members who present to ED with opioid overdose and/or have received treatment services for opioid disorders.
- Local case managers work within the community to lessen the stigma of opioid and other substance use disorders, to lead more members to seek treatment.
- Case managers provide physicians, nurses, and pharmacies with education regarding non-opioid strategies for pain management.
- LHCC conducts education on MAT strategies, as well as how physicians can receive the waiver needed to prescribe Suboxone.
- Provider crisis management services are available should a member call in crisis related to an opioid or other substance use disorder.

- LHCC’s plan aligns with the third edition of the American Society of Addiction Medicine medical necessity criteria to determine treatment levels of care. Utilization managers are trained annually on ASAM treatment placement criteria to assure members receive the appropriate level of care for their opioid and/or other substance use disorders.
- LHCC incorporates peer support specialists as part of its recovery support services team.
- LHCC now provides crisis services for adult members with emergency behavioral health situations, including opioid usage and overdose.

##### 5. United Healthcare-Louisiana (UHC) Activities for OUD (2022)

Population Health Wellness Program’s goals pertaining OUD	<ul style="list-style-type: none"> <li>● Ensuring member education about their medications including opioids and sedative-hypnotics, safekeeping, safe disposing, and de-medicating strategies</li> <li>● Screening for STDs, HCV, and HIV</li> <li>● Encouraging vaccinations for populations at risk, including those suffering from SUD</li> </ul>
Use of Grace Program for pregnant women suffering with SUD/OUD	<ul style="list-style-type: none"> <li>● Using peer support specialists with lived experience when possible, to aid in an enrollee’s engagement and care</li> <li>● Goal is to engage the mother in services and keep the mother and child together</li> </ul>
Providing enrollees access to a 24-hour SUD help line and 24-hour nurse line	<ul style="list-style-type: none"> <li>● Using Eleanor Health, a comprehensive provider of SUD treatment for those with co-occurring disorders, and wraparound services offering same-day and next-day access to in-person or virtual treatment</li> <li>● Currently has “brick and mortar” locations in Baton Rouge, Metairie, and Shreveport</li> </ul>
OUD provider education	<ul style="list-style-type: none"> <li>● Offering robust set of education offerings on OUD for providers including a clinical toolkit, x-waiver training, SBIRT training, and a MAT-ED education developed jointly with ASAM</li> <li>● Resources easily accessed through provider portal.</li> </ul>
OUD member resources	<ul style="list-style-type: none"> <li>● Offering a variety of member resources including a member line for behavioral health/substance use disorder needs and educational material on the risks and safe use of opioids</li> </ul>

	<ul style="list-style-type: none"> <li>● Through ATLAS-Shatterproof partnership, members can access quality SUD providers and other educational resources</li> </ul>
Quality of care in SUD services	<ul style="list-style-type: none"> <li>● Conducting random reviews of in-network providers pertaining to the services and documentation offered.</li> <li>● Investigating any quality of care concern regarding services rendered that do not seem to meet standards of care in the care of individuals with OUD</li> </ul>

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