



Behavioral Health Collaborative A Proposed Framework to Develop a Community-wide Response to the Opioid Epidemic

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A Review of State Opioid Responses (CA, MA, PA, NC) Shows a Focus on a Locally-Driven Hub and Spoke Framework

1. Typically the state provides TA on establishing and sustaining a Collaborative/Coalition structure to develop an integrated state-wide response from the county level.
2. The states do not uniformly fund the collaborative, but emphasize its necessity and promotes the use of existing collaboratives/coalitions that cross-cut the community beyond conventional healthcare.
3. States provide TA on specific topics needed to devise a successful, localized plan and provide outcome data tracking.
4. Entities serving as the hub are typically Public Health Departments or Local Governing Entities (MH, SUD)

Recommended Specialized Responses for Community Planning

1. Public awareness, Anti-Stigma (public and professional) and Advocacy
2. Prevention: Primary & Secondary Prevention for Children and Adults
3. Law Enforcement & Criminal Justice Reform/Department of Corrections/Parish Prison
4. Prescribing Practices
5. Overdose Reversal & Outreach/Syringe Access
6. Pain Management/Treatment
7. Detoxification (medical/ambulatory), I/patient & O/patient Treatment, Medication Assisted Treatment (MAT), Supportive Counseling (Pain & MAT)
8. Neonatal Abstinence Syndrome Treatment, Treatment of Mothers
9. Recovery Services

CAHS' Role/Plan for the Opioid Epidemic:

1. Provide information to the public through the Collaborative
2. Provide TA to providers through the Collaborative
3. Use the Collaborative to establish the framework to develop a localized community-wide plan. Serve as the hub.
4. Through the Collaborative, provide support to specialized topic committees and assist in integrating the committee plans into a cohesive plan.
5. Through the Collaborative, assist the specialized topic committees to access TA.
6. Provide funding, as possible, to gap or insufficiently available services.
7. Apply for grants and supports to assist the community response. (2 recently received)

CAHS' Role/Plan for the Opioid Epidemic: (contin.)

8. Provide linkage between the community and statewide STR grant.
Fulfill
9. Connect local STR and other opioid response grantees, such as FQHCs & Regional Opioid treatment Provider (OTP (Methadone Clinic))
10. Integrate the use of Naltrexone (Vivitrol) into our abstinence-based o/patient and residential programs.
11. Connect with pain clinics and MAT (suboxone) prescribers to implement individual and therapy groups.
12. Establish residential MAT treatment program for pregnant women; emotional support for their children.