Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

LOUISIANA FACED COMPLIANCE AND CONTRACTING CHALLENGES IN IMPLEMENTING OPIOID RESPONSE GRANT PROGRAMS

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Office of Inspector General

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Report in Brief
Date: April 2022
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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

Louisiana Faced Compliance and Contracting Challenges in Implementing Opioid Response Grant Programs

Why OIG Did This Audit

The HHS, Substance Abuse and Mental Health Services Administration, awarded a series of grants to States and Tribes to combat opioid use disorder. These grants included the Opioid State Targeted Response (STR) and the State Opioid Response (SOR) grants. The purposes of these grants were to increase access to treatment, reduce unmet treatment needs, and reduce opioid overdose-related deaths.

Our objective was to determine how Louisiana implemented programs under the Opioid STR and SOR grants and whether the activities of Louisiana entities responsible for implementing the programs complied with Federal regulations and met grant program goals.

How OIG Did This Audit

Our audit period covered May 1, 2017, through October 31, 2019, for the STR grant and September 30, 2018, through September 29, 2019, the first year of the SOR grant. To accomplish our audit objective, we reviewed STR and SOR grant documentation and interviewed Louisiana officials to determine how programs were implemented and whether Louisiana complied with Federal regulations and met grant program goal requirements during the audit.

What OIG Found

Louisiana implemented STR grant programs by expanding prevention, treatment, and recovery services for opioid use disorder. However, we found that Louisiana faced challenges in complying with Federal regulations related to reporting and oversight. Additionally, Louisiana met program goals of the STR grant for prevention, treatment, and recovery services, but did not adequately address challenges it faced meeting grant terms.

During the first year of the SOR grant, Louisiana implemented a collaborative approach to enhance and expand capacity of treatment providers. Louisiana created crisis mobile teams to increase outreach to community programs by partnering with the Local Governing Entities (LGEs) and expanded access to recovery support services by increasing safe recovery housing. Louisiana complied with Federal regulations related to the SOR grant. However, we found that it did not meet treatment services and naloxone distribution goals during the first year of its SOR grant.

What OIG Recommends and Louisiana's Comments

We recommend that Louisiana (1) develop a process to ensure accurate reporting on the Annual Progress Reports, (2) improve monitoring of subrecipients to ensure that distribution of naloxone kits are tracked and distribution requirements are met, (3) work with the LGEs and Opioid Treatment Programs to identify ways to support clients' access to transportation to obtain treatment and determine how transportation could be addressed in each specific region of the State, and (4) review the contracting process to determine whether there are ways to expedite the process to provide funds to subrecipients and outside organizations in a timely manner.

In written comments on our draft report, Louisiana concurred with most of our findings and all of our recommendations. Louisiana stated that it had hired a data analyst to monitor the integrity of data for consistent and accurate reporting. Louisiana also stated that it had developed a workgroup to help expedite the contract review process and is hiring additional staff to review contracts for accuracy. Louisiana disagreed with our findings that it had no assurance naloxone kits were distributed to target populations and that it did not adequately address transportation challenges. We maintain that our findings are valid and provide further information in our report.

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INTRODUCTION

WHY WE DID THIS AUDIT

The Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), has awarded a series of grants to States and Tribes to combat opioid use disorder (OUD). SAMHSA was authorized to award $1 billion in OUD-related funding for fiscal years 2017 and 2018. These grants included the Opioid State Targeted Response (STR), the State Opioid Response (SOR), and the Tribal Opioid Response grants. The purposes of these grants were to increase access to treatment, reduce unmet treatment needs, and reduce opioid overdose-related deaths through prevention, treatment, and recovery services for OUD. States and Tribes that received these grants must use the funds to supplement activities pertaining to opioid-related activities administered under the Substance Abuse Prevention and Treatment Block Grant under the Public Health Service Act.[1] In March 2020, OIG issued a report examining the use of STR grant funds nationwide.[2] In this body of work, we are conducting a series of audits in various States and Tribal Organizations of grantees that received funding through these three grant types.[3] Accordingly, we selected for audit the STR and SOR grants awarded to the Louisiana Department of Health, Office of Behavioral Health (OBH), based on various risk factors, including the rate of drug overdose deaths in 2017 and the total amount of funding awarded to OBH.

OBJECTIVE

Our objective was to determine how OBH implemented programs under the Opioid STR and SOR grants and whether the activities of OBH and its subrecipients responsible for implementing the programs complied with Federal regulations and met grant program goals.

BACKGROUND

State Targeted Response Grants

SAMHSA awarded STR grants to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs,[4] and reducing opioid overdose-related deaths by providing prevention, treatment, and recovery activities for OUD, including prescription opioids and illicit

[1] The Public Health Service Act, P.L. No. 78-410 (July 1, 1944).

[2] *States' Use of Grant Funding for a Targeted Response to the Opioid Crisis* (OEI-BL-18-00460).

[3] For example, see *Choctaw Nation of Oklahoma Made Progress Toward Meeting Program Goals During the First Year of Its Tribal Opioid Response Grant* (A-07-20-04121).

[4] For example, training substance use and mental health care practitioners, reducing the cost of treatment, developing systems of care to expand access to treatment, engaging and retaining patients in treatment, and addressing discrimination associated with access to treatment, including discrimination that limits access to treatment, are activities that can reduce unmet treatment needs.

drugs such as heroin. SAMHSA required in its Funding Opportunity Announcement (FOA) that grantees use epidemiological data to demonstrate critical gaps in availability of treatment for OUDs in geographic, demographic, and service-level terms; use evidence-based implementation strategies to identify which system design models will most rapidly address the gaps in their systems of care; deliver evidence-based treatment interventions, including medication and psychosocial interventions; report progress toward increasing availability of treatment for OUD; and reduce opioid-related overdose deaths based on measures developed in collaboration with HHS.

SAMHSA awarded a total of $16,335,942 in STR grants to Louisiana's Department of Health in 2017 and 2018 for the performance period from May 1, 2017, through April 30, 2019.[5]

State Opioid Response Grants

SAMHSA awarded SOR grants to address the opioid crisis by increasing access to medication-assisted treatment (MAT)[6] using the three FDA-approved medications for the treatment of OUD,[7] reducing unmet treatment needs, and reducing opioid overdose-related deaths by providing prevention, treatment, and recovery activities for OUD. SAMHSA required in its FOA that grantees base the services provided on needs identified in the State's STR strategic plan. SAMHSA required that FDA-approved MAT be made available to those diagnosed with OUD. In addition to providing MAT, States are required to provide effective prevention and recovery support services to ensure that individuals receive a comprehensive array of services across the spectrum of prevention, treatment, and recovery.

SAMHSA awarded $11,739,904 in SOR grant funding to OBH for the performance period from September 30, 2018, through September 29, 2019.

Louisiana Department of Health

The Louisiana Department of Health's mission is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for the citizens of Louisiana. OBH is the State program office responsible for managing and delivering the services and support necessary to improve the quality of life for citizens with mental illness and addictive disorders. OBH delivers direct care through hospitalization and oversight of behavioral health community-based treatment programs. Louisiana is divided into 10 human service districts and authorities, or local governing entities (LGEs). LGEs have agreements with the Louisiana Department of

[5] On April 18, 2019, SAMHSA granted a 1-year, no-cost extension that extended the grant period of performance to April 30, 2020.

[6] MAT is the use of medications, with counseling and behavioral therapies, to treat substance use disorders and prevent opioid overdose.

[7] Three Food and Drug Administration-approved medications (methadone, buprenorphine, and naltrexone) are used to treat opioid dependence and addiction to opioids.

Health to administer State-funded mental health, addictive disorder, and developmental disability services within their localities.

OBH also provides oversight and surveillance of the 10 privately owned Opioid Treatment Programs (OTPs) across the State. The OTPs treat individuals addicted to, or that have a physical dependence on, opiates (either alone or combined with abuse of other substances) through detoxification and stabilization on MAT, including methadone.[8]

HOW WE CONDUCTED THIS AUDIT

Our audit period for the STR grant was from May 1, 2017, through October 31, 2019, the first 2 years of the STR grant, and 6 months of the no-cost extension. For the SOR grant, our audit period was September 30, 2018, through September 29, 2019, the first year of the SOR grant.[9] To determine how OBH implemented programs under the Opioid STR and SOR grants, we reviewed OBH's STR and SOR grant application, reviewed the STR needs assessment and strategic action plan, and interviewed OBH officials responsible for administering the STR and SOR grants to gain an understanding of OBH's approach to distributing grant funds and implementing programs.

To determine whether OBH and its subrecipients complied with Federal regulations, we reviewed OBH's internal policies and procedures, STR and SOR agreements with subrecipients, and annual progress reports. We also interviewed financial and programmatic officials from both OBH and its subrecipients.

To determine whether OBH and its subrecipients met grant program goals, we reviewed OBH's STR and SOR annual progress reports and interviewed OBH and subrecipient officials responsible for implementing the STR and SOR grants. We then compared the annual progress reports to OBH's stated grant application goals and objectives and determined whether OBH and its subrecipients met the STR and SOR grant program goals during the audit period.

We reviewed OBH's internal control design by reviewing OBH's internal financial management procedures and data collection procedures for the annual progress reports. In addition, we interviewed OBH's financial and programmatic staff. To assess OBH's internal control implementation and operating effectiveness over the financial administration of grant funds, we reviewed 6 subrecipients (3 LGEs and 3 OTPs) and tested 34 STR expenditures, totaling $139,623, and 22 SOR expenditures totaling $194,145.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain

[8] Methadone reduces cravings and withdrawal symptoms and is usually taken by mouth in liquid form. It is dispensed to addiction treatment clients daily in single doses and only at SAMHSA-certified OTPs.

[9] We limited our audit scope to the first year of the SOR grant because the audit began during the second year of the SOR grant's performance period, and annual reports for the second year were not available for review.

sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology, and Appendix B contains Federal regulations and FOA requirements.

FINDINGS

OBH implemented programs under the Opioid STR grant by partnering with the LGEs, OTPs, and the Louisiana Department of Corrections. OBH also provided training and educational resources to medical professionals and to the public regarding the opioid epidemic. However, we found that OBH and its subrecipients faced challenges in complying with Federal regulations related to reporting and oversight. Specifically, OBH was unable to support the number of individuals it reported as having received treatment and recovery services and could not assure that naloxone kits provided to the OTPs were distributed to target populations.[10] OBH met program goals of the STR grant to expand prevention, treatment, and recovery services in Louisiana. However, OBH did not adequately address challenges OBH and its subrecipients faced in meeting grant terms. These issues occurred because OBH did not have a process in place for reviewing the treatment and recovery services data on the Annual Progress Report to verify accuracy, did not require the OTPs to maintain or provide documentation to support that the naloxone kits were distributed, and did not ensure that patients had adequate transportation options to get to recovery and treatment locations.

During the first year of the SOR grant, OBH implemented a collaborative approach to enhance and expand capacity for treatment through office-based opioid treatment (OBOT) services. OBH increased outreach to community programs by partnering with the LGEs to create crisis mobile teams and expanded access to recovery support services by increasing safe recovery housing. Additionally, OBH continued to provide resources to provide MAT at OTPs. OBH and its subrecipients complied with Federal regulations related to the SOR grant. However, we found that OBH and its subrecipients did not meet treatment services and naloxone distribution goals during the first year of its SOR grant. OBH was unable to meet these program goals due to delays in Louisiana's and the subrecipients' contracting processes.

OBH IMPLEMENTED THE STATE TARGETED RESPONSE GRANT BY EXPANDING PREVENTION, TREATMENT, AND RECOVERY SERVICES FOR OPIOID USE DISORDER

OBH implemented the STR grant by developing an education program for the public and health care professionals about (1) prescription opioid use and prescribing risks, (2) benefits and use of naloxone, and (3) using MAT to treat OUD. Additionally, OBH provided training to physicians

[10] Naloxone is an easy-to-use, lifesaving antidote to overdose from heroin or other opioids. Naloxone helps restore breathing within 2 to 8 minutes of administration. Naloxone is most easily administered as a nasal spray and is distributed under the brand name Narcan.

and health care professionals on evidence-based practices for treating OUD and on increased naloxone accessibility for first responders, patients diagnosed with OUD, and their family members.

OBH partnered with the LGEs to enhance existing statewide services offered for individuals experiencing or at risk for OUD. This was accomplished, in part, by hiring a regional behavioral health peer recovery support specialist at nine of the LGE offices throughout the State. The regional behavioral health peer recovery support specialists' role is to assist with continuity of care and support the ongoing recovery effort of individuals receiving treatment services by conducting recovery group meetings, providing mentoring, and assisting clients with their transition from treatment back into the community and to help individuals receiving treatment services improve their job skills.

OBH partnered with the OTPs to provide MAT, in particular methadone maintenance treatment, with counseling and behavioral therapies to individuals with an OUD. OBH prioritized methadone maintenance treatment because Medicaid and most private insurers did not reimburse for methadone.[11] Additionally, OBH partnered with the Louisiana Department of Corrections to provide services, including MAT, in addition to cognitive-behavioral therapy to soon-to-be-released prison inmates and newly released inmates who were diagnosed with OUD.

OBH DID NOT ESTABLISH EFFECTIVE OVERSIGHT OF ITS STATE TARGETED RESPONSE GRANT TO ENSURE THAT IT COMPLIED WITH FEDERAL REQUIREMENTS

Federal Regulations

Federal regulations state that grantees must establish and maintain effective internal control over grant funds and provide reasonable assurance that grantees are managing the program in compliance with Federal statutes, regulations, and the terms and conditions of the Federal grant (45 CFR §§ 75.302(a) and 75.303(a)).

Federal regulations state that grantees are responsible for oversight of the operations of Federal award-supported activities. Grantees must monitor their activities under Federal awards to ensure that they comply with applicable Federal requirements and achieve performance expectations. Monitoring by the grantee must cover each program, function, or activity (45 CFR § 75.342(a)). Federal requirements state that grantees must submit performance reports using OMB-approved governmentwide standard information collections when providing performance information. These reports will contain, for each Federal award, brief information on the following unless other collections are approved by OMB: a comparison of actual accomplishments with the objectives of the Federal award established for the period (CFR § 75.342(2)(i)).

[11] Effective January 20, 2020, the Louisiana Medicaid Program added coverage of methadone as an authorized medication for OUD treatment provided in OTPs.

Subawards may be provided by a non-Federal entity to a subrecipient through any form of legal agreement, even an agreement considered to be a contract (45 CFR § 75.2). Pass-through entities must monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes and the terms and conditions of the subaward, and that subaward performance goals are achieved (45 CFR § 75.352).

Federal Funding Opportunity Announcement Requirements

SAMHSA requires grantees to report performance on measures specific to the STR program, which includes the number of people who receive OUD treatment and the number of people who receive OUD recovery services. All grantees that receive an STR grant are required to prepare and submit to SAMHSA an annual report at the conclusion of each year.

In addition, SAMHSA's STR FOA required grantees to periodically review the performance data they report to SAMHSA, assess their progress toward achieving program goals, and use the performance data to improve management of their grant projects.

OBH Was Unable To Support the Number of Individuals Who Received Treatment and Recovery Services

OBH reported on its Annual Progress Report for the first year of the STR grant that it provided treatment services to 549 individuals and recovery services to 659 individuals. OBH provided monthly data collection spreadsheets it received from subrecipients during the first year of the STR grant; however, in the data collection spreadsheets provided by OBH, we were unable to find support for these numbers. OBH officials stated that during year one of the STR grant, the subrecipients did not submit their monthly data collection spreadsheets to OBH in a timely manner because the subrecipients did not have a clear understanding of what data to collect. Days before the Annual Progress Report submission date, OBH staff called each subrecipient and asked them to report how many patients were being treated. This information was then entered into the Annual Progress Report. OBH did not verify the accuracy of the numbers being reported by each subrecipient because it wanted to submit the Annual Progress Report to SAMHSA in a timely manner. OBH officials stated that during the first year of the STR grant, they relied on verbal communication from the subrecipients to support the number of individuals receiving treatment and recovery services.

We found that, in its second Annual Progress Report, OBH over-reported the number of individuals who received recovery services covered by STR funds by 361. Specifically, OBH included individuals who had received only treatment services in the count of individuals who had received recovery services. OBH confirmed this error and agreed that the number of individuals who received recovery services was over-reported.

These errors occurred because OBH did not have a process in place for reviewing the treatment and recovery services data on the Annual Progress Report to ensure its accuracy before it was

submitted to SAMHSA. Without a review process in place, OBH was unable to detect errors on the Annual Progress Reports it submitted to SAMHSA. As a result, SAMHSA was unable to rely on the Annual Progress Reports and may have made decisions related to the grant based on inaccurate information reported in the Annual Progress Reports.

OBH Had No Assurance That Naloxone Kits Provided to the OTPs Were Distributed to Targeted Populations

SAMHSA's STR FOA allowed grantees to purchase naloxone kits for distribution in high need communities and to provide training to first responders, substance use prevention and treatment providers, and others on how to use the naloxone kits. OBH purchased naloxone kits and distributed them to first responders, LGEs, the Governor's office, and multiple nonprofit agencies. Additionally, OBH partnered with the OTPs to distribute kits to individuals receiving treatment for an OUD diagnosis and, in some cases, to their family members. The agreements between OBH and the OTPs identified the number of naloxone kits that each OTP was expected to distribute.

Two of the three OTPs we reviewed were unable to provide support that naloxone kits were distributed. The third OTP was able to provide support showing that it had distributed 20 of the 90 kits it should have distributed according to its agreement with OBH.

Officials at two of the OTPs stated that they had undergone staffing changes and therefore were unable to locate any documentation supporting the distribution of naloxone kits. The OTP that was able to provide documentation initially believed that it met its naloxone kit distribution obligation but, after further review of the agreement, it fell short of the requirement. Though OBH required the OTPs to provide the number of naloxone kits distributed on the monthly tracking spreadsheets, OBH did not require the OTPs to maintain or provide support that the naloxone kits were distributed.

Without documentation to support the distribution of naloxone kits, OBH has no assurance that the OTPs are meeting program expectations. If OTPs did not distribute the naloxone kits, they would not have been available to individuals during an overdose. Having naloxone kits available in the community is vital to combating the opioid epidemic.

OBH MET STATE TARGETED RESPONSE GRANT GOALS BUT DID NOT ADEQUATELY ADDRESS TRANSPORATION CHALLENGES

OBH Met Program Goals for Prevention, Treatment, and Recovery Services

In it STR grant application, OBH stated that its goals were to (1) increase public and professional awareness and education for preventing and treating opioid use, misuse, and abuse; (2) increase the number of individuals with an OUD diagnosis who are being treated with evidence-based practices by 1,670; and (3) increase recovery support services for 600 OUD clients.

OBH successfully increased public and professional awareness and education for preventing and treating opioid use, misuse, and abuse by providing training and education to more than 36,000 individuals and health care professionals and distributing approximately 11,000 naloxone kits to the community.[12] Using MAT, OBH was able to provide treatment services to more than 3,000 newly diagnosed OUD patients. This exceeded OBH's goal of using STR grant funding to expand treatment services to 1,670 patients. OBH reported that it had reached its goal of providing services to approximately 1,200 prison inmates and newly released inmates who transitioned into the community by the end of the audit period.[13] OBH provided recovery support services to more than 1,700 newly diagnosed patients with an OUD. This exceeded OBH's goal to increase the number of OUD patients by 600 during the STR grant period.

OBH Did Not Adequately Address Transportation Challenges

SAMHSA's FOA requirements for STR grants specified that grant funds be used to increase access to treatment, reduce unmet treatment needs, and reduce opioid overdose-related deaths through prevention, treatment, and recovery activities. Grantees were to develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse crisis in the State. The service array should be based on the needs identified in the State plan. According to Louisiana's STR application, grant funds would be used to provide recovery support services, such as transportation, child care, job readiness, and life skills training for OUD patients being treated at the OTPs or the LGEs.

We focused on OBH's use of STR grant funds to enhance transportation options because, according to OBH's Strategic Plan, transportation is a major factor in outreach, especially in rural areas. In its STR application, OBH stated that three-fourths of the Louisiana population reside in a geographically rural area. According to LGE and OTP officials, transportation could be an issue for individuals who suffer from an OUD in seeking treatment and recovery services. Fifty-two percent of Louisiana residents live more than 30 minutes from an OTP;[14] during our audit, OTPs were the only locations in the State that could provide methadone treatment.

Agreements between OBH and OTPs required OTPs to provide transportation assistance for individuals who needed it. OTPs provided this assistance by purchasing, for example, bus tokens, taxis, or Uber rides.[15] This was to allow for client transportation – whether it be monthly, weekly, or daily – to and from the treatment facility, while finding a long-term

[12] This includes the first year and the second year only of the STR grant.

[13] We judgmentally selected six subrecipients to review supporting documentation; the Department of Corrections was not selected. Therefore, we did not request documentation to support this claim on the Annual Progress Report.

[14] OBH's Strategic Plan stated that 48 percent of residents live within 30 minutes of an OTP.

[15] The OTPs in our sample varied in the amount of input they said they had in the contracting process.

transportation solution. Additionally, the peer support specialists located at the LGEs were responsible for helping their clients to coordinate transportation.

The OTPs and LGEs in our sample stated that they had issues finding reliable transportation for their clients. The main issues were limited public transportation options in rural areas and unreliable Medicaid buses.[16] Only one OTP and one LGE stated that it used the funds provided for transportation to purchase bus tokens and passes to help clients access treatment.

Because Federal regulations require clients to be supervised while ingesting methadone for the first 90 days of treatment, daily reliable transportation to the OTPs is paramount in the treatment process.[17] Without adequate transportation services in rural areas, treatment services may not be available to people who need them.

OBH IMPLEMENTED THE STATE OPIOID RESONSE GRANT BY EXPANDING TREATMENT CAPACITY AND COMMUNITY OUTREACH PROGRAMS FOR OPIOID USE DISORDER

During the first year of the SOR grant, OBH implemented a "Hub and Spoke" collaborative approach to expand the capacity of OUD treatment providers to provide a full array of services. OBH partnered with the OTPs to serve as "Hubs" and provide methadone treatment, behavioral health services, and social and recovery support services to underinsured and uninsured individuals diagnosed with an OUD. OBH partnered with the Louisiana State University Health Sciences Center (LSUHSC) to recruit and contract with agencies to provide OBOT. OBOT providers served as "Spokes" and provided MAT, counseling, and coordinated access to recovery supports and community services.

OBH increased outreach to community programs by partnering with the LGEs to implement regional crisis mobile teams. The crisis mobile teams provided crisis intervention and peer recovery services within their respective regional communities. These teams were also responsible for distributing naloxone kits throughout their regions. Additionally, OBH enhanced existing statewide prevention efforts by installing prescription drug drop-off boxes throughout the State, distributing Lock your Meds products[18] and Safe Disposal bags, and educating and raising awareness on opioid use and misuse to health care professionals and individuals across the State.

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[16] Louisiana Medicaid provides transportation to a medical appointment for a person receiving Medicaid benefits who does not have or cannot get transportation. Medicaid buses are one form of transportation that the State provides. According to OTP and LGE officials, Medicaid buses would arrive late to pick up clients for appointments or not pick them up at all.

[17] During our audit period, Federal regulations prohibited OUD clients from receiving more than one take-home supply of methadone in a single week. All other methadone doses are required to be ingested under appropriate supervision during the first 90 days of treatment (42 CFR §§ 8.12(h)(2(i) and 8.12(i)(3(i)).

[18] Lock Your Meds is a company that provides locking medicine devices to ensure safe medication storage.

OBH conducted a needs assessment of two State-recognized Tribes. The assessment identified Tribal needs related to OUD prevention, treatment, and recovery among the participating Tribes. Additionally, OBH partnered with Oxford House, Inc., to expand access to recovery support services by increasing safe recovery housing for individuals with OUD who are transitioning from prison back into the community.

OBH DID NOT MEET TREATMENT SERVICES AND NALOXONE DISTRIBUTION GOALS DURING THE FIRST YEAR OF ITS STATE OPIOID RESPONSE GRANT

Federal Funding Opportunity Announcement Requirements

SAMHSA's SOR FOA required State grantees and subgrantees to:

- use evidence-based practices for OUD and for FDA-approved MAT to be made available to those diagnosed with OUD;

- implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery;

- describe their approach to implementing SOR goals and objectives in their applications, which includes stating the unduplicated number of individuals who are to be served with grant funds; and

- implement prevention and education services, which included purchasing and distributing naloxone kits.

Opioid Treatment Programs Did Not Meet Treatment Goals

In its application to SAMHSA, OBH stated that during the first year of the SOR grant, each of the 10 OTPs were to use MAT to treat 30 underinsured or uninsured individuals diagnosed with an OUD, for a total of 300 individuals. OBH used SOR grant funds to provide MAT services to 243 underinsured or uninsured individuals during our audit period.[19] This was 57 individuals short of OBH's goal. OBH officials stated that the contracting process between Louisiana and the OTPs was lengthy and that this delay prevented the OTPs from providing MAT services until 6 months into the first year of the SOR.[20] Because OBH's treatment goal was not met, underinsured or uninsured individuals with OUDs did not receive the services that they needed.

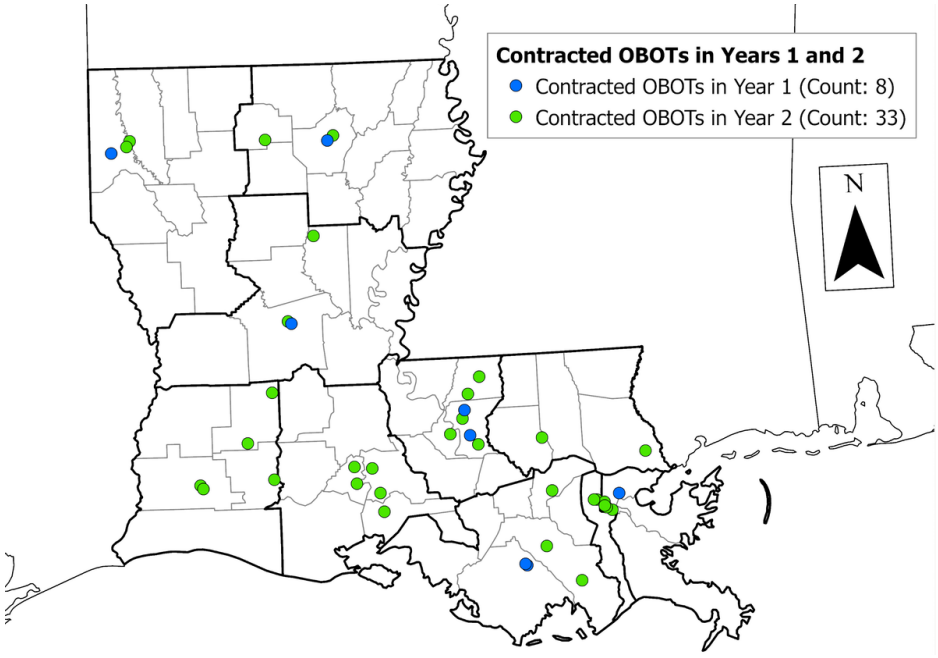
[19] Using supplemental SOR funding, OBH provided treatment to another 103 underinsured or uninsured individuals during the audit period.

[20] According to OBH data, OTPs provided MAT services to 1,107 clients during the second year of the SOR grant.

Office-Based Opioid Treatment Providers Did Not Meet Treatment Goals

In its application to SAMHSA, OBH stated that during the first year of the SOR grant, 50 OBOT providers would each provide MAT services to 20 underinsured or uninsured individuals, for a total of 1,000 individuals. At the end of the first grant year, LSUHSC contracted with eight OBOT providers to provide MAT services, but the services did not begin until 11 months into the SOR grant. Of the eight contracted OBOT providers in the first grant year, only two provided MAT services to a total of five underinsured or uninsured individuals. According to OBH, LSUHSC expanded to contract with an additional 33 OBOT providers during the second grant year. (See Figure 1.)[21] OBH officials stated that they did not meet OBH'S goal to contract with 50 OBOT providers within the first year of the SOR grant because of delays in the lengthy contracting process between LSUHSC and the OBOT providers. Because OBH's OBOT treatment goal was not met, underinsured or uninsured individuals with OUDs did not receive the services that they needed.

FIGURE 1: Louisiana Office-Based Opioid Treatment Providers



OBH Did Not Meet Its Naloxone Distribution Goal During the First Year of Its State Opioid Response Grant

In its application to SAMHSA, OBH stated that during the first year of the SOR grant, it would

[21] Thirty-two OBOT providers were still active at the end of the grant period.

purchase and distribute a total of 5,000 naloxone kits throughout the State.[22] A total of 2,173 naloxone kits were distributed by the end of the first year of the SOR grant.[23] OBH contracted with the 10 LGEs to purchase and distribute 500 naloxone kits during the first year of the SOR grant. According to the contracts, each LGE was to implement a crisis mobile team to conduct crisis intervention and peer recovery services and to distribute naloxone kits primarily to individuals with or at risk for OUD. Additionally, each LGE was to hire an OUD Prevention Specialist to coordinate activities within its respective LGE region for training and outreach efforts related to prevention. Naloxone kits were to be distributed within the community by the crisis mobile teams and LGE OUD Prevention Specialists.

OBH officials stated that the lengthy contracting process between Louisiana and the LGEs was a contributing factor in the delay in implementing program services, which included distribution of naloxone kits. Additionally, OBH allowed each LGE to tailor its prevention outreach and crisis mobile team to the specific needs of the LGE's community, which also contributed to a delay in service delivery due to staffing and contracting delays at the LGEs. The first crisis mobile team was not operational until 6 months into the first year of the SOR grant. Additionally, one LGE was unable to implement the crisis mobile team in the first grant year and thus did not distribute naloxone kits during that year. The LGE's officials told us that a delay in getting its crisis mobile team's contract in place led to the delay in providing services, which included distributing naloxone kits. Another LGE stated that the vendor's process to certify the LGE to procure naloxone led to the LGE's delay in purchasing and distributing naloxone kits. In total, four of the 10 LGEs did not distribute any naloxone kits in the first grant year. The LGEs have also encountered difficulties with hiring and retaining OUD Prevention Specialists and crisis mobile team staff, especially in rural areas of the State. Delays in Louisiana's and the LGEs' contracting processes resulted in OBH not meeting its naloxone distribution goal. Therefore, 2,000 naloxone kits were not available to individuals in the event of an overdose. The availability of naloxone in the community is vital to combating the opioid epidemic.

RECOMMENDATIONS

We recommend that Louisiana's Office of Behavioral Health:

- develop a process to ensure accurate reporting on the Annual Progress Reports,

- improve monitoring of subrecipients to ensure that the distribution of naloxone kits is tracked and that distribution requirements are met,

[22] During the second year of the SOR grant, the LGEs were to purchase and distribute an additional 500 naloxone kits.

[23] In its second year SOR Annual Report, OBH reported that a total of 4,938 naloxone kits were distributed during the second year of the grant.

- work with the LGEs and OTPs to identify ways to support clients' access to transportation to obtain treatment and determine how transportation could be addressed in each specific region of the State, and

- review the contracting process to determine whether there are ways to expedite the process to provide funds to subrecipients and outside organizations in a timely manner.

OFFICE OF BEHAVIORAL HEALTH COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In its written comments on our draft report, OBH concurred with most of our findings and all of our recommendations. OBH's comments are included in their entirety as Appendix C. In response to our findings, OBH stated that it had hired a data analyst to monitor the integrity of the data collection, entry, validation, and analysis for consistent and accurate reporting. In response to our recommendations, OBH stated that it had developed a workgroup and new unit in the Office of the Secretary to help expedite the contract review process and is in the process of hiring additional staff to review contracts for accuracy to prevent the contracts from being returned for edits.

As detailed below, OBH disagreed with our findings that it had no assurance naloxone kits provided to the OTPs were distributed to target populations and that it did not adequately address transportation challenges. We maintain that our findings are valid.

OFFICE OF BEHAVIORAL HEALTH COMMENTS

OBH disagreed with our finding that it had no assurance that naloxone kits provided to the OTPs were distributed to targeted populations. OBH stated that there was evidence of distribution noted in client progress notes and other means. Additionally, OBH mentioned that SAMHSA did not provide any standard tracking requirements for naloxone distribution. According to OBH officials, OBH monitored the purchase of naloxone kits by reviewing invoices and the distribution of naloxone kits by data reports. OBH stated that, over the course of both grants, a web-based reporting system was developed that includes information on the recipient of the kits. All providers are now required to enter data on naloxone kits purchased and distributed into the tracking system.

OBH also disagreed with our finding that it did not adequately address transportation challenges. OBH maintains that it addressed transportation challenges as much as possible within the scope of the grant. OBH stated that it has attempted to remove transportation barriers to care by providing bus and taxi tokens and rideshare reimbursements. To further address the transportation barrier, OBH stated that it has attempted to coordinate with Medicaid transportation but was faced with issues such as eligibility. OBH noted that other transportation mechanisms were not fully operational at the time of the STR grant. Additionally, OBH stated that the Louisiana legislature approved the expansion of two additional OTPs within the State, which would increase access to OUD treatment services.

OFFICE OF INSPECTOR GENERAL RESPONSE

After reviewing OBH's comments about naloxone kit distribution, we maintain that our finding is valid. During the audit period, according to OBH, it did not have a standardized tracking tool for OTPs to record naloxone kit distribution. OBH monitored the purchase of naloxone kits by reviewing invoices and the distribution of naloxone kits by data reports. Although we agree that there was evidence that naloxone kits were purchased, beyond submitting the data reports, OBH did not require the OTPs to maintain or provide support for the naloxone kits being distributed. As we mentioned earlier in this report, we found that two of the three OTPs were unable to provide supporting documentation that the naloxone kits were distributed. Without supporting documentation from the OTPs, neither we nor OBH has assurance that OTPs are meeting program expectations. If OTPs did not distribute the naloxone kits, they would not have been available to individuals during an overdose. Having naloxone kits available in the community is vital to combating the opioid epidemic. OBH has taken important steps to develop a web-based system for tracking the purchase and distribution of naloxone. While we have not independently verified this new web-based system, if effectively implemented, this action will address the deficiencies we identified during this audit.

For the transportation challenges, we maintain that our finding is valid. OBH stated in its STR application that it would use STR funds to provide services such as transportation to clients. In the agreements with OBH, LGEs and OTPs were required to cover the cost of client transportation to and from treatment when needed while finding a long-term transportation solution. As stated in our draft report, only one OTP and one LGE in our sample stated that they used funds provided for transportation to purchase bus tokens and passes to help clients access treatment. We do commend the Louisiana legislature on approving the expansion of two additional OTPs in the State, which may contribute to increased access to OUD treatment services.

OTHER MATTERS

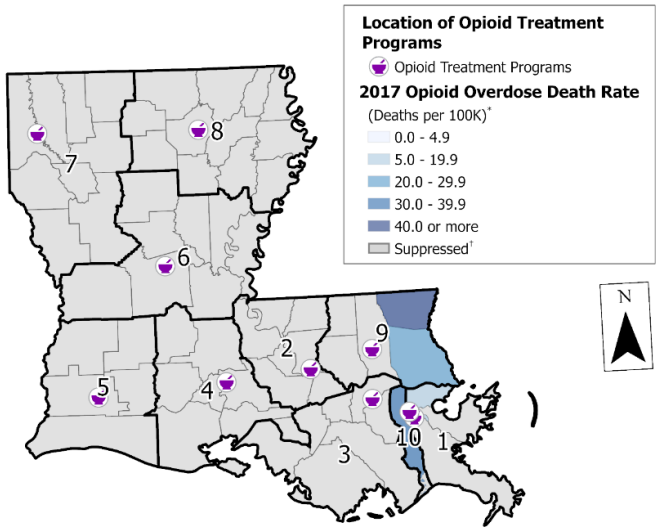
OBH DID NOT ADDRESS GAPS RELATED TO THE AVAILABILITY OF TREATMENT IN SOME PARTS OF LOUISIANA

Federal regulations and the STR FOA did not require a grantee to allocate funding based on the gaps in availability of treatment within geographic regions. However, services should be provided based on the services identified in the grantee's needs assessment. OBH funded methadone maintenance treatment based on the capacity of the OTP in each region. Although there were no Federal requirements for a grantee to allocate funding based on the gaps in availability of treatment for OUDs in geographic, demographic, and service-level terms, OBH could have provided funding for other MAT options that could have been performed outside of the OTPs to reach the parts of Louisiana with the highest opioid death rates.[24] OTPs are

[24] OBH moved away from this approach with the SOR grant, focusing on OBOTs that can offer other MATs besides methadone maintenance treatment and operate in more locations than OTPs.

currently the only licensed facilities that can provide methadone maintenance treatment in Louisiana. The State has 1 OTP in each of the 10 regions in the State; however, these OTPs do not always operate in the parishes with the highest opioid death rate or opioid prescribing rate. Figure 2 shows where the OTPs are located and the parishes with the highest opioid overdose death rates in 2017.

Figure 2: Location of Opioid Treatment Programs

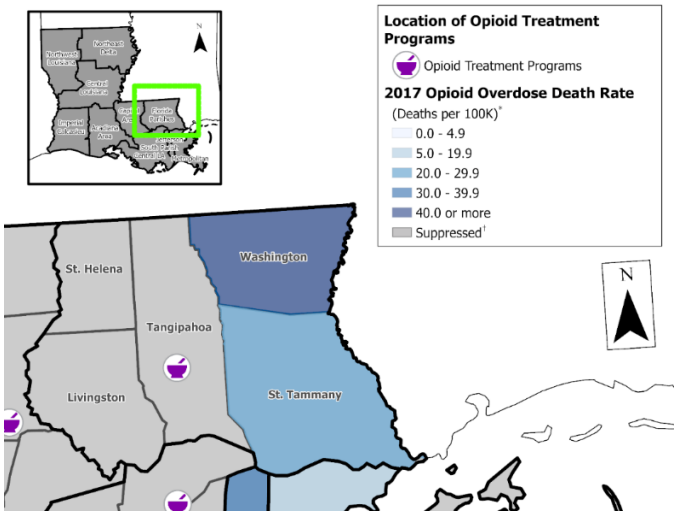


*Death rate calculated by the number of deaths per 100,000 total population.

†Parish-level data associated with death counts between 0 and 20 are suppressed and not used to calculate a death rate.

For instance, the OTP in the Florida LGE region is in Tangipahoa Parish (identified as "9" in the figure); however, in 2017, Washington Parish had the highest opioid overdose death rate not only in the Florida LGE region but in the entire State. Additionally, LSUHSC was able to contract with only two OBOTs in the LGE, which were in Livingston and St. Tammany Parishes. Figure 3 (next page) shows the Florida LGE region's death rates.

Figure 3: Florida LGE Region's Opioid Death Rates



*Death rate calculated by the number of deaths per 100,000 total population.

†Parish-level data associated with death counts between 0 and 20 are suppressed and not used to calculate a death rate.

Rather than addressing the opioid epidemic based on the number of opioid-related deaths and opioid prescribing rates, OBH took a statewide approach[25] to enhance the existing prevention, treatment, and recovery support services for individuals experiencing or at risk for OUD. During the first year of STR, OBH contracted with 9 of the 10 LGEs to provide the same statewide approach to combating OUD.[26] The LGEs were contracted to employ a Regional Training, Education, and Technical Assistance Coordinator and a regional behavioral health peer recovery support specialist,[27] despite each region having different community needs for addressing the opioid epidemic. Allocating funding based on the gaps in availability of treatment in geographic regions could have resulted in a more efficient use of grant funds.

SAMHSA'S DATA COLLECTION TOOL WAS NOT AVAILABLE AT THE START OF THE STATE OPIOID RESPONSE GRANT

When OBH was awarded the SOR grant, SAMHSA did not have an approved Government Performance and Results Act (GPRA) data collection tool; therefore, OBH was unable to collect and report data SAMHSA required for the first year of the SOR grant. As required by the SOR FOA, OBH was to collect and report certain data so that SAMHSA could meet its obligations

[25] In its statewide approach, OBH implemented similar plans across all regions of Louisiana regardless of need.

[26] One LGE was providing the same services through another funding source.

[27] The Jefferson Parish Human Services Authority LGE was using a Strategic Prevention Framework-Prescription Drug Abuse grant to employ a Regional Training, Education, and Technical Assistance Coordinator.

under the GPRA Act of 2010.[28] This data enables SAMHSA to determine the impact of the SOR grant program on opioid use and opioid-related morbidity and mortality. Specifically, the FOA required OBH to collect and report client-level data on elements including diagnosis, demographic characteristics, substance use, services received, employment status, criminal justice involvement, and housing. The final GPRA data collection tool was not approved by SAMHSA until June 2019, 9 months after the grant was awarded. Initially, SAMHSA provided an example of the data that it expected to be collected when the grant was awarded. However, Louisiana officials stated that the information in the approved GPRA data collection tool was different from the example provided, and it was difficult to crosswalk the data that was originally collected.

[28] The GPRA Modernization Act of 2010, P.L. No. 111-352 (Jan. 4, 2011).

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our audit period for the STR grant was from May 1, 2017, through October 31, 2019, the first 2 years of the STR grant and 6 months of the no-cost extension. For the SOR grant, our audit period was from September 30, 2018, through September 29, 2019, the first year of the SOR grant. To determine whether the State met program goals, we reviewed the State's grant application, needs assessment, strategic action plan, Annual Progress Reports, and source documents for programs implemented during the first grant year. We then compared those programs with the requirements in SAMHSA's FOA and determined whether the State made progress or implemented programs in accordance with the STR and SOR grant goals and requirements during the audit period.

To determine whether OBH complied with applicable Federal regulations (45 CFR §§ 75.302(a) and 75.303(a)), we reviewed OBH's policies and procedures relevant to the STR and SOR grant programs and interviewed OBH's financial and programmatic staff.

We assessed OBH's design, implementation, and operating effectiveness of internal controls over the financial administration of grant funds by reviewing OBH's internal financial management procedures and by judgmentally testing expenditures totaling $139,623 from the STR grant and $194,145 from the SOR grant. We tested and verified that the expenditures were allowable and that control activities were operating effectively. We assessed OBH's internal control design, implementation, and operating effectiveness of internal controls over data collection procedures by reviewing OBH's policies and procedures, reconciling supporting data to the annual progress reports, and interviewing OBH's programmatic staff.

This audit is one in a nationwide series of audits. We conducted our audit work from January 2020 to November 2021. On January 31, 2020, HHS declared a public health emergency for COVID-19, and on March 13, 2020, the President declared a national emergency to limit the spread of COVID-19; therefore, we were unable to conduct site visits of the LGEs and OTPs.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal, grant, and program requirements related to SAMHSA's STR and SOR grants;

- interviewed SAMHSA officials regarding OBH's progress in meeting the objectives of the grants, challenges of meeting the goals of the STR and SOR grants, and concerns related to the implementation of the grants;

- interviewed OBH officials responsible for administering the STR and SOR grant programs to gain an understanding of OBH's approach to distributing STR and SOR grant funds and implementing prevention, treatment, and recovery services with STR and SOR grant funds;

- interviewed selected subrecipients regarding implementation of the STR and SOR grant programs to gain an understanding of the prevention, treatment, and recovery services implemented with both STR and SOR grant funds;

- determined the amount of STR and SOR grant funds subrecipients spent on prevention, treatment, and recovery services and identified any subrecipient challenges to implementing program services and expending grant funds;

- obtained an understanding of the subrecipients' processes for collecting data for STR and SOR programs and reporting the data to OBH;

- selected and reviewed a judgmental sample of subrecipient STR and SOR expenses to determine whether the expenses were allowable;

- obtained an understanding of OBH's oversight of the STR and SOR programs and program goals by reviewing policies, procedures, and program goal requirements;

- identified challenges OBH encountered in providing access to OUD treatment, requesting and obtaining technical assistance from SAMHSA, and using the GPRA data collection tool;

- identified the existing infrastructure within the State to provide access to MAT and how OBH decided which types of MAT to fund with its STR and SOR grants;

- reviewed Annual Progress Reports for the STR (first and second years) and SOR (first year) and

    - determined whether OBH submitted Federal Financial Reports and Annual Progress Reports that were accurate and in compliance with Federal regulations and

    - obtained an understanding of OBH's process for completing the STR Annual Progress Report submitted to SAMHSA and verified the accuracy of that report by reconciling it with supporting documentation;

- reviewed OBH's financial management policies and procedures to assess OBH's internal control design; and

- discussed the results of our audit with OBH officials on July 1, 2021.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: FEDERAL REGULATIONS AND FUNDING OPPORTUNITY ANNOUNCEMENT REQUIREMENTS

FEDERAL REGULATIONS

Grantees must establish and maintain effective internal control over grant funds and provide reasonable assurance that grantees are managing the program in compliance with Federal statutes, regulations, and the terms and conditions of the Federal grant (45 CFR §§ 75.302(a) and 75.303(a)).

Grantees must submit performance reports using OMB-approved governmentwide standard information collections when providing performance information. These reports will contain, for each Federal award, brief information on the following unless other collections are approved by OMB: a comparison of actual accomplishments to the objectives of the Federal award established for the period (CFR § 75.342(2)(i)).

Non-Federal entities are responsible for oversight of the operations of Federal award-supported activities. They must monitor their activities under Federal awards to ensure that they comply with applicable Federal requirements and that they meet performance expectations. Monitoring by non-Federal entities must cover each program, function, or activity (45 CFR § 75.342(a)).

Subawards may be provided by a non-Federal entity to a subrecipient through any form of legal agreement, even an agreement considered to be a contract (45 CFR § 75.2). Pass-through entities must monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, the subaward is in compliance with Federal statutes and the terms and conditions of the subaward, and that subaward performance goals are achieved (45 CFR § 75.352).

FEDERAL FUNDING OPPORTUNITY ANNOUNCEMENT REQUIREMENTS

SAMHSA STR Grant FOA TI-17-014 requires grantees to report performance on measures specific to the STR program, which includes the number of people who receive OUD treatment and the number of people who receive OUD recovery services. All grantees that receive the Opioid STR grant are required to prepare and submit to SAMHSA a final annual report at the conclusion of each year (FOA TI-17-014).

STR FOA 2. Expectations – Grantees are expected to develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse crisis in the States and territories. The service array should be based on the needs identified in the State plan (FOA TI-17-014).

FOA 2.3 Performance Assessment – Grantees must periodically review the performance data they report to SAMHSA, assess their progress, and use the performance data to improve management of their grant projects (FOA TI-17-014).

In Section V of the SOR Grant FOA TI-18-015, grantees are instructed to describe their proposed implementation approach to meeting SOR goals and objectives, which includes stating the unduplicated number of individuals who are proposed to be served with grant funds (FOA TI-18-015).

SOR Grant FOA TI-18-015 requires that State grantees and subgrantees implement prevention and education services, which included the purchasing and distribution of naloxone (FOA TI-18-015).

APPENDIX C: GRANTEE COMMENTS

John Bel Edwards
GOVERNOR

Dr. Courtney N. Phillips
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

To	Ms. Amy J. Fronz Deputy Inspector General Department of Health and Human Services
From	Dr. Courtney N. Phillips Secretary Louisiana Department of Health
Subject	Response to OIG Draft Report A-06-20-07003

The following is the Louisiana Department of Health/Office of Behavioral Health's (OBH) response to the recommendations contained in the Office of Inspector General's (OIG) draft report entitled "Louisiana Faced Compliance and Contracting Challenges in Implementing Opioid Response Grant Programs" (A-06-20-07003). It should be noted that federal grant adminstrators did not issue any compliance actions or financial penalties/recoupments to Louisiana during or after the course of this grant.The recommendations and responsive comments regarding this draft report are provided below.

FINDINGS

FINDING 1: OBH IMPLEMENTED THE STATE TARGETED RESPONSE GRANT BY EXPANDING PREVENTION, TREATMENT, AND RECOVERY SERVICES FOR OPIOID USE DISORDER

OBH concurs with this finding. OBH, in collaboration with 10 Local Governing Entities (LGEs), 10 Opioid Treatment Programs (OTPs), and the Department of Public Safety and Corrections (DOC), implemented the State Targeted Response (STR) initiative throughout the state of Louisiana. OBH aimed to enhance existing statewide prevention, treatment, and recovery support services for individuals experiencing or at risk for opioid use disorder (OUD). Specific services implemented included:

- Prevention
  - Training, Education, and Technical Assistance (TETA) Coordinators located at the ten (10) of the LGEs
  - Resource development and educational outreach
  - Statewide media campaign focusing on high-risk areas

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  - Educational sessions for the public, providers, first responders, schools, and universities
- Intervention
  - Naloxone standing orders and legislation
  - Naloxone education, access, and distribution
- Treatment
  - Provided medication for opioid use disorder (MOUD) at ten (10) of the OTPs across the state
  - Resource Coordinators located at ten (10) OTPs across the state
  - Provided MOUD and treatment services for those incarcerated at two (2) women's facilities and three (3) men's facilities with the DOC
  - Training included MOUD and non-opioid alternatives for health care practitioners, targeted public awareness groups, others
  - Provided linkages to the LGEs Behavioral Health Peer Recovery Support Specialist
- Recovery Support Services
  - Behavioral Health Peer Recovery Support Specialists – one (1) located at ten (10) of the LGE Behavioral Health Offices and one (1) located at each of the ten (10) OTPs
  - Provided care coordination between community providers and LGEs, Federally Qualified Health Centers (FQHC), primary care offices, and emergency rooms
  - Provided linkages to the OTP Resource Coordinator

FINDING 2: OBH DID NOT ESTABLISH EFFECTIVE OVERSIGHT OF ITS STATE TARGETED RESPONSE GRANT TO ENSURE THAT IT COMPLIED WITH FEDERAL REQUIREMENTS

2.1 OBH Was Unable to Support the Number of Individuals Who Received Treatment and Recovery Services

OBH concurs with this finding. OBH hired a Data Analyst who monitored the integrity of data collection, entry, validation, and analysis for consistent and accurate reporting. Monthly coordination calls spearheaded by the Data Analyst served as venues for further training and technical assistance to ensure data collection, protocols, and procedures were being implemented with fidelity. The treatment providers were expected to complete and submit monthly client data for tracking and monitoring outcomes to the Data Analyst ahead of the monthly coordination calls. During the OIG audit, several gaps in data reporting were noted that directly aligned within the timeframe in which OBH experienced staff turnover with the data analyst position. This lack of staffing essentially formed a gap in reviewing and ensuring accurate data for reporting to SAMHSA. After the first annual report was submitted, multiple changes were made at the state level and at the provider level to capture data and report appropriately in the future. With SOR funding, OBH contracted with a vendor to further address data issues for future reporting.

2.2 OBH Had No Assurance That Naloxone Kits Provided to the OTPs Were Distributed to Targeted Populations

OBH does not concur with this finding due to the fact that there was evidence of distribution noted in client progress notes and other means. In addition, SAMHSA did not provide any standard tracking requirements for naloxone distribution. Per monitoring reports of OTPs, logs were provided as evidence that naloxone was distributed to individuals and/or distribution was noted in progress notes. Funding for Naloxone kits was provided to each OTP located in each of the ten regions that make up OBH's STR Model. The OTPs exclusively serve OUD clients. The target population to receive the Naloxone kits from the OTPs were OUD clients and/or their family members. Naloxone distribution to the target population was included as an OBH contract requirement for all OTPs. Without a standardized tracking tool, monthly invoices were used to track the purchases of the naloxone kits, and data reports were used to track distribution. Additionally, individuals had the right to refuse naloxone; therefore, there were some kits that were not distributed. Over the course of both grants, a web-based reporting system was developed that includes information on the recipients of the kits. All providers are now required to enter data on naloxone kits purchased and distributed into the tracking system.

FINDING 3: OBH MET STATE TARGETED RESPONSE GRANT GOALS BUT DID NOT ADEQUATELY ADDRESS TRANSPORTATION CHALLENGES

3.1 OBH Met Program Goals for Prevention, Treatment, and Recovery Services

OBH concurs with this finding.

3.2 OBH Did Not Adequately Address Transportation Challenges

OBH does not concur with this finding given the fact that transportation was addressed as much as was possible within the scope of the grant. We acknowledge that the rural Louisiana transportation system is fragmented, leaving individual citizens responsible for their transportation. Currently, Louisiana only has 10 OTPs due to a moratorium upon the licensure of additional methadone maintenance programs. Because of the distance and lack of places to receive OUD treatment, a significant percentage of people struggle with transportation, especially if they are in daily or higher intensity OUD/SUD treatment programs – like OTP clinics. Additionally, OTPs and LGEs have indicated that most of their current and potential patient population have identified transportation issues. OBH attempted to remove this barrier to care by providing bus/taxi tokens and rideshare reimbursements. To further address this barrier, the OTPs attempted to coordinate with Medicaid transportation but issues such as eligbility still appeared.. Public

transportation, where available, posed issues with drop-off locations outside of a reasonable walking distance to clinics and long rides with multiple stops. These options posed barriers to clients' daily schedules, including work.

It should also be noted that alternate transportation mechanisms were not fully operational throughout the state at the time of STR (2017 and 2018). While some mechanisms, such as Uber, were implemented in the southern more urban areas of the state, these mechanisms were not in place in the more rural areas until the end of 2017. House Bill 575, which aimed to expand ridesharing services Uber and Lyft statewide, was signed in 2019. Even after House Bill 575, some of the more rural areas of the state lack bus, taxi, or ridesharing services due to lack of infrastructure or ridesharing contract drivers in the area. This has left many rural areas without options to provide adequate or reasonable transportation services to access treatment services.

The issues that arose after the transportation strategies were implemented were beyond the control of OBH. OBH continues to work with providers to address the issue. Recently, the Louisiana legislature approved the expansion of two additional OTPs within the state. This addition will contribute to increasing access of OUD treatment services.

FINDING 4: OBH IMPLEMENTED THE STATE OPIOID RESPONSE GRANT BY EXPANDING TREATMENT CAPACITY AND COMMUNITY OUTREACH PROGRAMS FOR OPIOID USE DISORDER

OBH concurs with this finding.

FINDING 5: OBH DID NOT MEET TREATMENT SERVICES AND NALOXONE DISTRIBUTION GOALS DURING THE FIRST YEAR OF ITS STATE OPIOID RESPONSE GRANT

5.1 Opioid Treatment Programs Did Not Meet Treatment Goals

OBH concurs with this finding. OBH recognizes that the contracting process initially hinders progress towards the first year's grant goals due to start up time delays. However, it is noted that OTPs met treatment goals by the end of the SOR grant funding period.

5.2 Office-Based Opioid Treatment Providers Did Not Meet Treatment Goals

OBH concurs with this finding. For Office-Based Opioid Treatment Providers (OBOTs), OBH contracted with Louisiana State University Health Science Center (LSUHSC) to recruit and manage the Spoke Care Teams and OBOTs throughout the state. As with OBH, LSUHSC has a rigorous contracting process. This creates a longer time frame, as OBH must execute a contract

with LSUHSC, and then LSUHSC must go through the same process with each OBOT contract. OBH and LSUHSC continue to address this issue by putting measures in place to streamline contracting processes. It is also noted that federal grants with very limited timeframes, i.e., two years (2017 and 2018), are not essentially compatible with the current state administrative processes needed to establish funding lines and contracts with subrecipients. OBH currently utilizes established collaborations to reduce the administrative process timeframes; however, implementation processes will always be limited with federal grant funding time constraints. Additionally, these time constraints pose a barrier as potential subrecipients and outside organizations are wary of committing to such time-limited funding. Although the OBOTs did not meet their projected target numbers, OBH met its overall targeted number of individuals treated for OUD through the SOR grant.

5.3 OBH Did Not Meet Its Naloxone Distribution Goal During the First Year of Its State Opioid Response Grant

OBH concurs with this finding. The Office of Behavioral Heath proposed purchasing and distributing 5,000 Naloxone Kits throughout the state year 1. This distribution allotment was based upon distributing roughly 416 kits per month for 12 months. OBH received its NOA on September 19, 2018, and the federal execution date started 11 days later, September 30, 2018. Due to the state's contracting process, OBH did not execute its Naloxone agreements until December 21, 2018. After agreements were in place, OBH hosted its initial SOR training seminar for its contracting agencies in January 2019. The following month, agencies hired staff for naloxone distribution. Because of the lengthy funding and hiring process, Naloxone distribution did not begin until the 3rd quarter of year 1. Although agencies did not begin distributing naloxone until the 3rd quarter, agencies were able to distribute 2,173 kits by the 4th quarter. OBH did not meet the overall yearly distribution goals because agencies were not prepared to provide services on the first day of the grant year. According to the data reported, OBH missed its operational monthly projection by only 323 distributions (operational for 6 months 416 x 6 = 2,496, distributed 2,173, 2,496-2,173 = 323). Therefore, OBH distributed 87% of the allocated kits within year one. OBH exceeded the overall goal by distributing 15,784 kits by the grant closeout.

RECOMMENDATIONS

RECOMMENDATION 1: Develop a process to ensure accurate reporting on the Annual Progress Reports.

RESPONSE: OBH concurs with this recommendation. Initially, for the STR grant, OBH had one staff position to process data. With the SOR grant, OBH contracted with an external provider, the Louisiana State University Social

Research and Evaluation Center (LSU SREC), with more expertise and resources to assist with data functions. OBH, as part of continuous improvement processes, works with its data analytics provider regularly to ensure that reports are accurate and available for review for reporting purposes. Various reports have been developed through this process, including data input strategies to reduce errors and increase accuracy. Such improvements include error stops and messaging on the data input level and data error reports to program participants who input data for populations served. In addition, through SOR funding, OBH implemented Learning Community sessions for providers that offer ongoing technical assistance in data reporting and input from providers regarding barriers and operational issues that may affect data reporting.

RECOMMENDATION 2: Improve monitoring of subrecipients to ensure that the distribution of naloxone kits is tracked and that distribution requirements are met.

RESPONSE: OBH concurs with this recommendation. OBH, through SOR funding, contracted with LSU SREC to implemented a "Data Hub" for providers to input naloxone data monthly for reporting. This data is reviewed by program monitors monthly for accuracy.

RECOMMENDATION 3: Work with the LGEs and OTPs to identify ways to support clients' access to transportation to obtain treatment and determine how transportation could be addressed in each specific region of the state.

RESPONSE: OBH concurs with this recommendation. OBH recognizes the significant barrier that transportation poses to treatment access and compliance. Many Louisiana residents, particularly in the rual areas, do not have reliable and reasonable access to transportation. Despite this barrier, OBH will continue collaborating with the LGEs and OTPs to strategize improving access to care. In addition, OBH also met individually with OTP providers to encourage working directly with Medicaid providers in an effort to gain partnerships and improve rapport. This collaboration is an effort to serve as advocates for this targeted population. Recently, the LDH approved the increase of two OTPs, in addition to the 10 existing OTPs which will increase geographic access to these clinics.

RECOMMENDATION 4: Review the contracting process to determine whether there are ways to expedite the process to provide funds to subrecipients and outside organizations in a timely manner.

RESPONSE: OBH concurs with this recommendation. OBH is in the process of hiring additional staff to review contracts for accuracy to prevent them from being returned for edits. Also, OBH has developed a workgroup and a new unit

in the Office of the Secretary to identify processes and tracking mechanisms to expedite contracts through OBH's contract review process.

OTHER MATTERS

OBH DID NOT ADDRESS GAPS RELATED TO THE AVAILABILITY OF TREATMENT IN SOME PARTS OF LOUISIANA

While federal regulations and the STR FOA did not require grantees to allocate funding based on the gaps in the availability of treatment within geographic regions, the amount of STR funding was not enough to cover treatment services outside of the OTPs. When SOR funding became available and Medicaid added coverage of methadone as an authorized medication for OUD treatment, OBH expanded treatment access to OBOTs. Per contract requirements for LSUHSC, OBOT providers in the high overdose areas were to be targeted to ensure the availability of services in these areas.

In addition, the state implemented training and outreach programs to address stigma among clinicians, physicians, families, and the community related to evidence-based practices for OUD. Therefore, recruitment and engagement efforts were more difficult to bring on new providers in rural areas. OBH worked with Tulane University to provide Project Extention of Community Health Outcomes (ECHO) and Academic Detailing, which are two strategies targeting providers to shift stigma and expand access to care in rural areas. In addition, OBH recruited physicians and implemented the "Champions for Change" initiative to promote the need for access to care. OBH identified and partnered with several physician champions in Louisiana to lead the promotion, expansion, and implementation of Medication for Opioid Use Disorder (MOUD) in Louisiana. These individuals were identified and selected as model leaders on the front line of duty (Dr. Rochelle Dunham, Dr. Marcus Bachhuber, Dr. Louis Cataldie, Dr. Joseph Kanter, and Dr. Arwen Podesta). They were recognized for their perseverance and tireless work by their colleagues and behavioral health providers to improve access to MOUD. As a member of Louisiana's "Champion of Change" project, physicians adhered to the following responsibilities:

- Support the Development of the Project ECHO Model® and Academic Detailing program
  - Provide input and feedback on a list of topics to be discussed
  - Become familiar with the Project ECHO Model® and Academic Detailing model
  - Participate in focus group sessions and surveys to gather feedback

- Participate in the Project ECHO Model® and Academic Detailing program
  - Ongoing participation in weekly, 1- hour education sessions

- Willingness to participate in Academic Detailing
- Engage local medical provider peers to participate in Project ECHO® and Academic Detailing
- Attend Project ECHO® Immersion Training in Albuquerque, New Mexico

SAMHSA'S DATA COLLECTION TOOL WAS NOT AVAILABLE AT THE START OF THE STATE OPIOID RESPONSE GRANT

OBH would like it noted that a data collection tool was not available at the start of both the STR and SOR grants. When states received the STR funds, it was within a short period of time and services were to begin almost immediately. SAMHSA was unable to share reporting templates, as they were still being developed. SAMHSA Project Officers were unable to provide appropriate and timely responses to states' questions. States were told that the data reports may resemble the ones used in the previous Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA), but would not use GPRA interviews. States had to create their own templates, in hopes that it would cover what might be expected. OBH created a template based on MAT-PDOA and contract deliverables, as no guidance was given on the STR data tool that should be used. The final template was not distributed by SAMHSA until after providers began collecting data, months after the grant began and shortly before the first report was to be submitted to SAMHSA.

Sincerely,

Dr. Courtney N. Phillips
Secretary
Louisiana Department of Health