

HOPE Advisory Council
April 10, 2025
9:00 AM to 11:00 AM
State Capitol Building, 4th Floor Press Room
900 North Third Street
Baton Rouge, LA 70802
***In-Person Only**

1. Call to Order at 9:03am.

2. Roll Call

Present:

Dr. Vanessa de la Cruz
Lt. William Bosworth
Etrena Gerard
Shelley Edgerton
Dr. Jason Picard
Michael Comeaux

Absent:

Sen. Regina Barrow
Troy Prevot
Dr. Allison Smith
Crystal Lewis
Ronald Callegari

- A quorum was reached, meeting minutes and agenda items were approved.

3. Introduction/Welcome Members

- a. Judge Juan Pickett introduced as a new member.

4. Review and Approval of April 10, 2025 Agenda – Dr. de la Cruz made a motion to approve meeting agenda and Shelley Edgerton seconded. There was no objection, April agenda approved.

5. Review and Approval of October 2024 and January 2025 Minutes – Dr. de la Cruz made a motion to approve all minutes and Shelley Edgerton seconded. There was no objection, all minutes are approved.

6. Presentations:

- a. Tranettea Williams, Surveillance Manager of the Louisiana Opioid Surveillance Program (LOSI) provided an update on drug related deaths and emergency department visits in Louisiana.

Trends in Overdose Deaths: Between 2022 and 2024, Louisiana saw a decline in opioid involved and synthetic opioid involved deaths by approximately 20 to 30%. However, the total count of drug involved deaths in Louisiana exceeds 2,000 deaths reflecting the ongoing public health challenge.

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Emergency Department Visits (2021-2024): Drug and opioid related ED visits including those for heroin and stimulants have generally declined since 2021 with minimal spikes noted. LOSI data trends for drug-related, opioid-related, and heroin-related ED visits all show decreased counts.

Number of Buprenorphine Prescriptions Dispensed (2016-2024): Prescriptions have steadily increased since 2016, partly due to Medicaid eliminating prior authorization for medication for opioid use disorder (MOUD) in 2020.

Additional information can be found using the Louisiana Opioid Data and Surveillance System (LODSS) at <https://lodss.ldh.la.gov/>.

- b. Paulette Carter, Mental Health Consultation Program Manager, presented on the Mental Health Consultation and Training: Provider-to-Provider Consultation Line (PPCL). The PPCL is a no-cost provider-to-provider telephone consultation and education line. This service supports healthcare providers in managing pediatric and perinatal mental health and substance use concerns. Act 188 of 2022 in Louisiana requires that, with caregiver consent, healthcare providers delivering pediatric care to infants must screen the caregiver for certain conditions during the infant's visit. This law is focused on integrating caregiver screening into pediatric care, aiming to address factors that may impact the health and well-being of infants and young children.

Mental health problems affect 20% of perinatal women, especially among low-income and minority populations. Many go undiagnosed or untreated due to lack of provider training and system fragmentation. The PPCL operates statewide Monday – Friday from 8:00 a.m. to 4:30 p.m. and provides real-time consultations, psychiatry referrals, and educational support.

Pediatric consults make up 73% of calls, with depression, anxiety and substance use as common concerns. Nearly 40% of calls involve both referral and treatment. Providers report high satisfaction, citing faster patient referrals and expert guidance.

How It Works:

A provider has a mental health-related question. If they're not already, they will register for PPCL. The provider calls (833) 721-2881 or requests a consult using our online request form. A Licensed Mental Health consultant responds to questions about behavioral health and local resources, and, if necessary, connects the provider to an on-call psychiatrist who can assist with diagnostic clarification and medication management questions. Once complete, the provider receives a summary report of the consultation via email.

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The PPCL also has training opportunities. PPCL is using the ECHO model to deliver trainings in both pediatric and perinatal mental health. The ECHO model functions as a virtual grand rounds, using didactics, mentoring and patient case presentations to disseminate specialty knowledge. The ECHO trainings provide CME's/CEU's. Additionally, most trainings are recorded and available online. Registration is open for ECHO trainings and it is encouraged for anyone to go to the website to get more information.

It is especially important to mention that PPCL spreads via word of mouth. More information can be found at the PPCL webpage <https://ldh.la.gov/page/ppcl>.

- c. Dr. Melissa Stainback presented on the Louisiana Bridge Program. She serves as the SWLA Opioid Coordinator for Imperial Calcasieu Human Services Authority. The Louisiana Bridge program addresses OUD through interventions in hospital EDs. La Bridge started with the support and assistance of the National Bridge program.

Model and Outcomes: Patients with OUD are linked with substance use navigators (SUNs), initiated buprenorphine and discharged with naloxone as well as referrals. Over 1,000 patients have been linked to care (2021-2024) and over 70% have been successfully connected to appropriate services. In addition, buprenorphine access has increased and consistent Narcan distribution. Aligning with national best practices, Louisiana has shown reduced mortality and improved engagement in care.

The Centers for Disease Control and Prevention (CDC) has 10 evidence-based strategies for preventing opioid overdoses.

1. Targeted Naloxone Distribution
2. Increase access to Medication-Assisted Treatment
3. Academic Detailing
4. Eliminating Prior-Authorization Requirements for MOUD
5. Screening for Fentanyl in Routine Clinical Toxicology Testing
6. 911 Good Samaritan Laws
7. Naloxone Distribution in Treatment Centers and Criminal Justice Settings
8. MAT in Criminal Justice Settings and Upon Release
9. Initiating Buprenorphine-based MAT in Emergency Departments
10. Syringe Services Programs/Harm Reduction Strategies

Bridge Model in Emergency Departments:

- Rapid, evidence-based treatment
24/7 access to evidence based treatment in EDs

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- Culture of Respect
Treatment with dignity and authentic human interactions
- Connection to community and care
Outreach to increase access to care

Region 5 has 4 participating hospitals:

- LCMH: Lake Charles Memorial Health System, the largest family-centered medical complex serving Southwest Louisiana, based in Lake Charles.
- WCCH: West Calcasieu Cameron Hospital, a 107-bed community hospital located in Sulphur, La.
- OALH: Our Lady of Lourdes Health (part of the Franciscan Missionaries of Our Lady Health System), a major healthcare provider in Louisiana with hospitals and clinics across the state.
- CHRISTUS: CHRISTUS Health is a large Catholic, not-for-profit health system with multiple hospitals and care centers throughout Louisiana.

Expansion: The program is active in multiple regions and aims to expand into more hospitals to increase SUD treatment services beyond Region 5.

7. General Updates

a. Office of Behavioral Health

- Missy Graves presented on the Reentry 115 Waiver Demonstration. The Louisiana Department of Health (LDH) is pursuing a Medicaid 1115 waiver to expand access to healthcare services and facilitate enrollment in Medicaid managed care before individuals are released from prison or jail.

This “Reentry Demonstration” aims to facilitate transitions back into the community, particularly for those with mental health and substance use needs, to make sure individuals have the health coverage, medications, and connections with community-based providers upon release.

Louisiana’s high incarceration rate is compounded by high rates of mental illness and substance use among inmates. Medicaid coverage is suspended during incarceration.

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Pre-Release Services: At minimum, states must cover case management, medication-assisted treatment (MAT), and a 30-day supply of medications upon release. States have the option to cover additional services.

Covered services during the 90-day pre-release period include:

1. Case management
2. Medication-assisted treatment (MAT) and counseling
3. A 30-day supply of prescription medications upon release
4. Prescribed drugs and medication administration
5. Mental health evaluation and counseling
6. Behavioral health peer support services
7. Laboratory services
8. Durable medical equipment (DME)

5 Required milestones by CMS:

1. Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.
2. Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.
3. Promoting continuity of care.
4. Connecting to services available post-release to meet the needs of the reentering population.
5. Ensuring cross-system collaboration.

Thus far, 9 states are pending with CMS reentry waivers (including Louisiana) and 18 states have been approved.

- Traci Perry, State Opioid Treatment Authority, shared information on Emergency Response for Opioid Treatment Programs (OTPs). This presentation focused on ensuring continuity of care during disasters. OTPs are facilities that offer all FDA approved medication for Opioid Use Disorder (OUD) treatment along with counseling, drug testing, which prove to be 40% more effective than abstinence models.

These are the only providers who can prescribe Methadone which involves daily in-person dosing until the patient retains stability.

There are 11 independently owned OTP in La; one in each region except Region 3 where there are 2 clinics.

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- b. Community Impact Group – A new lead for the Community Impact Group is needed. Anyone interested in leading Community Impact Group, send inquiries to Dr. de la Cruz.
- c. Healthcare Impact Group – Dr. Jose Calderon-Addo discussed topics and interests from the Healthcare Impact Group. The Health Advisory Committee sees the opportunity to discuss in greater depth the underutilization of long injectable Buprenorphine products. LDHA's pharmacy team has been invited to the next workgroup meeting for more in depth conversation about utilization of MOUD long-acting injectable (LAI) and gaps.

Dr. Calderone-Addo discussed barriers to SUD care. Patients often face stigma, fear of medication or needles, and logistical challenges such as lack of transportation, financial hardship, or homelessness, all of which hinder access and adherence to treatment. Many patients prefer to avoid medications due to personal beliefs or early recovery optimism, while untreated comorbidities and general non-adherence further complicate outcomes. Providers encounter their own obstacles, including limited promotion and use of MOUD- especially long-acting injectables- stemming from stigma, lack of procedures for medication administration, and reluctance or inability to stock these medications. Also, behavioral health providers outside specific health networks may lack the infrastructure to deliver or store MOUD. Lastly, some healthcare sectors (like EMS or home health) aren't fully engaged in OUD treatment beyond emergency naloxone use.

Additionally, pharmacies and health plans introduce additional layers of difficulty. Pharmacies may not stock MOUD or face distributor-imposed caps, often due to concerns about regulatory scrutiny and potential DEA enforcement, leading to inconsistent medication availability. The process for dispensing long-acting injectables can be complex, with unclear requirements around drug screening or continuity of use, and pharmacists may not be reimbursed for administering these medications. Health plans may impose copays, prior authorizations, and under promote key medications, while failing to adequately educate members about treatment options. Research highlights that many of these barriers- especially regulatory and logistical ones- are not evidence-based, but instead rooted in outdated perceptions and stigma. Future research should focus on evaluating the necessity of regulatory restrictions, optimizing pharmacy and provider roles in MOUD delivery, and developing strategies to reduce stigma and streamline access across all levels of care. The next HOPE Health Advisory will meet virtually on May 16, 2025 from 1-2PM CT.

- d. Public Safety Impact Group – Scheduling Q1 meeting on April 28th. Public Safety Impact Group advocating to address stigma of peers and criminal justice system. Because of criminal background some individuals are worried about the peer navigators. Shelley looking to educate people on how to work with peers and understanding what long term us.

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- e. Other Updates
- 8. HOPE 2024 Year End Report Update – Report is finalized and being reviewed by BMAC and legislative review. Anticipating the report to be online by next HOPE Council (July 2025).
- 9. Public Comments
- 10. Discussion and Next Steps
 - a. Impact Workgroups: HOPE@LA.GOV
 - b. Next Meeting: Thursday, July 10th 9:00 - 11:00 am
Location: Bienville Building Room 118
- 11. Adjourn – Motion to adjourn made by Dr. de la Cruz.