

HOPE Advisory Council

October 9, 2025

9:00 AM to 11:00 AM

State Capitol Building

House Committee Room 1

900 N. 3rd Street

Baton Rouge, LA 70802

1. Call to Order at 9:09am.
2. Roll Call
 - Present:***
 - Dr. Vanessa de la Cruz
 - Lt. Trenton Palmer
 - Troy Prevot
 - Susan Dupont
 - Dr. Rebecca Hook
 - Senator Regina Barrow
 - Absent:***
 - Shelley Edgerton
 - Dr. Jason Picard
 - Dr. Allison Smith
 - Crystal Lewis
 - Ronald Callegari
 - Judge Juan Pickett
- A quorum was reached, and both the meeting minutes and agenda items were approved.
3. Introduction/Welcome Members
 - a. Dr. Rebecca Hook was introduced as a new member. She is the Medical Director for DCFS.
 - b. Lieutenant Trenton Palmer was introduced as a new member. He is the appointee for Louisiana State Police.
4. Review and Approval of October 9, 2025 Agenda – Dr. de la Cruz made a motion to approve the meeting agenda and Senator Regina Barrow seconded. There was no objection. The October agenda approved.
5. Review and Approval of July 2025 Minutes – Dr. de la Cruz made a motion to approve July 2025 meeting minutes and Senator Regina Barrow seconded. There was no objection. The July minutes approved.
6. Presentations:
 - a. Glenna McKee and Traci Hedrick presented on the Louisiana (La) Bridge program, which embeds substance use navigators (SUNs) in hospital emergency departments (EDs). SUNs connect people with substance use disorders (SUDs) to treatment, provide peer support, offer overdose prevention strategies, and reduce stigma.

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The need for the La Bridge program started as a response to the overdose crisis and high rates of mortality in Calcasieu Parish; evidence-based medicine and connection to care is the solution. Since its implementation, the program has linked over 1,800 patients with SUNs across four (4) hospital systems, increased buprenorphine initiation, distributed naloxone and overdose information. Over 70% of individuals were linked to the appropriate level of care. The goal is to reduce the number of overdose deaths and increase access to MAT using a three-part model.

1. Rapid, Evidence-based Treatment
2. Culture of Respect
3. Connection to Community and Care

Each hospital has a clinical La Bridge champion, and all patients receive a prescription for buprenorphine upon discharge from the ED. Patient stories and physician feedback highlight the positive impact of SUN navigators, emphasizing reduced barriers to care and successful connections to community resources.

- b. Tranettea Williams, Surveillance Manager of the Louisiana Opioid Surveillance Program (LOSI) provided an update on finalized 2024 data, including drug related deaths and emergency department visits in Louisiana. The LOSI program extracts and analyzes data in a measure referred to as a “drug involved” death, which is an overdose death listed by the coroner as the primary cause for the death. A “drug-involved” death is recorded a drug toxicity or poisoning as either a cause or contributor to the death by a coroner.

National data from the National Center of Statistics reported 80,856 all-drug poisoning deaths, 55,005 opioid poisoning deaths and 48,661 synthetic opioid poisoning deaths for 2024. The National Center for Health Statistics calculated a 24.5% decrease in drug overdose deaths nationwide.

Data from the Louisiana Electronic Event Registration System (LEERS) reports the number of deaths in all drug deaths, opioid-involved deaths, and synthetic opioid-involved deaths decreased from 2022 to 2024. Final data shows 1,700 drug-involved deaths occurring in the Louisiana for 2024, down from 2,456 drug-involved deaths in the prior year.

The Louisiana Early Event Detection System (LEEDS) is ED data from hospitals that report the chief complaint and discharge information through the state’s syndromic surveillance system. This data is captured before any drug testing, which is why the drug related visits data is higher than the drug-specific data. For drug-related visits and opioid-related visits in 2025, there is an overall downwards trend, indicating a decrease in drug and opioid visits.

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A part of LOSI funding pays for forensic toxicology testing for suspected overdose deaths on behalf of parish coroners. This data is provided monthly from NMS Labs. In 2024, 1,727 decedents were tested for the presence of fentanyl and 50.8% of those tests were positive. Some drugs of concern, like xylazine and kratom are also tested. In 2024, 3.2% decedents tested positive for xylazine and 2.4% decedents tested positive for kratom.

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

- c. Dr. Ronak Shah and Dr. Raghubir Mangat with Our Lady of the Angels Hospital in Bogalusa presented on the Rise Up Program. Our Lady of the Angels is a rural hospital with obstetrics and gynecology (OBGYN) and pediatric services, however there is no neonatal intensive care unit (NICU). Within a decade, clinicians noticed an increasing number of newborns with higher acuity and soon realized SUD was affecting pregnant women and newborns. These babies required a higher level of care, it necessitated transferring them out to other facilities, which was disruptive to the families. Patsy Welch, Our Lady of the Angels' labor and delivery nurse director and the pediatrics department worked to create protocols to manage these infants in Bogalusa.

The Rise Up program supports pregnant women with substance use disorder (SUD) through comprehensive prenatal care, medication-assisted treatment (MAT/buprenorphine), and implementation of the Eat Sleep Console (ESC) approach for opioid-exposed newborns.

Key program features:

- Universal SUD screening during prenatal care.
- Integrated care model with social services and resident physician support.
- Emphasis on non-judgmental, empathetic care and robust discharge planning.
- Use of the ESC tool led to reduced opioid therapy, shortened hospital stays, and lower costs for neonatal opioid withdrawal syndrome (NOWS).

The American College of Obstetricians and Gynecologists (ACOG) recommends universal screening for SUD during pregnancy as part of comprehensive obstetric care, with screening ideally performed at the first prenatal visit and repeated at intervals throughout pregnancy. The goal is to identify substance use early, reduce stigma, and connect patients with appropriate care and support. The screening tools used in the Rise Up program are the CRAFFT and 4 P's (Parents, Partner, Past, Pregnancy).

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Buprenorphine is the preferred MAT for pregnant women at Our Lady of the Angels Hospital. Prenatal MAT decreases the risk of relapse and overdose, increases compliance with prenatal care and increases likelihood of term birth and higher birth weight.

Drugs pass through the umbilical cord from the mother to the baby, but not all babies develop a withdrawal. 60 to 80% of opioid exposed neonates develop NOWs. NOWs is a group of neurologic, gastrointestinal, and musculoskeletal disturbances associated with opiate withdrawal. It can manifest in a variety of neurobehavioral signs or symptoms, such as:

- Sleep-Wake Control
- Motor-Muscle Tone
- Autonomic Functioning
- Sensory Processing and Modulation

The criteria for assessing and managing NOWs is based on whether the infant can: Eat Well, Sleep Well, and Be Consoled. This is referred to as ESC approach, which emphasizes non-pharmacological care as the first line of treatment. A safe discharge plan is also created for the baby and family, including early follow up appointments, referrals to Early Steps and communication with social services.

Overall, Dr. Shah and Dr. Mangat stresses the importance of respectful and non-judgmental relationships. Additionally, they learned the need for interdepartmental champions and trauma informed care training.

7. General Updates

- a. Office of Behavioral Health
 - No updates from the Office of Behavioral Health for this meeting.
- 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. Vanessa de la Cruz or HOPE@LA.GOV.
- c. Healthcare Impact Group – Dr. Jose Calderon-Addo provided a summary of notable research literature from 2024–2025, focusing on advances and challenges in the pharmacologic and systems-level treatment of SUD, particularly alcohol use disorder (AUD) and opioid use disorder (OUD). He also captured the intersection of recent pharmacological discoveries, such as GLP-1 receptor agonists, and national public health trends in overdose and treatment.

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Growing evidence supports the utility of GLP-1 receptor agonists—traditionally used for diabetes and obesity—such as semaglutide and liraglutide in reducing AUD incidence and severity. Large-scale epidemiological analyses, including Swedish registry and U.S. EHR network studies, suggest a 30–50% reduction in AUD-related hospitalization and incident or recurrent AUD among patients prescribed these agents compared to other anti-obesity or anti-diabetes medications. The potential for these medications to reduce reward-driven alcohol-seeking behavior is now supported by the first published clinical trial, where low-dose semaglutide reduced self-reported drinks per day among adults with AUD, particularly those with lower BMI.

Ongoing clinical trials testing weekly semaglutides for OUD and tirzepatide for AUD, marks a potential expansion of pharmacological options beyond traditional MAT such as buprenorphine and naltrexone. These early studies focus not only on efficacy and safety but also on fundamental behavioral endpoints like cue-reactivity, with the goal of broadening evidence-based, integrated SUD treatment beyond opioids. Interim results suggest promising avenues for both prevention (reducing incident addiction) and secondary prevention (reducing relapse/recurrence).

Dr. Calderon-Addo also shared the CDC reports a striking 24% decrease in U.S. drug overdose deaths between Oct 2023 and Sep 2024. The reductions were seen almost exclusively among White populations; while overdose deaths continued to rise among Black, Native, and Pacific Islander groups, highlighting urgent disparities in both SUD prevention and access to treatment. Only 1 in 4 adults with OUD nationally received medications for OUD (MOUD) in 2022, with clear racial, age, and gender disparities in access.

Overall, Dr. Calderon-Addo shared literature demonstrating advances in pharmacological and systems-level strategies for SUD, promising data on GLP-1 agents, and ongoing expansion of treatment options for OUD and AUD. As well as, challenges in health equity, implementation, and access to effective care. The limits of even well-funded interventions are clear, underscoring the continuing need for multi-level, equity-driven approaches in public health and clinical practice. The Healthcare Impact Group will meet on October 17, 2025.

- d. Public Safety Impact Group – No updates from the Public Safety Impact Group. Shelley Edgerton was not present.
- e. Other Updates

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8. HOPE 2024 Year End Report Update – The 2024 Report is finalized and published on the HOPE landing page. Melinda Williams has started working on the 2025 HOPE Report; please submit any data requests or updates directly to Melinda.Williams@la.gov.
9. Public Comments – Tony Landry spoke about community level, home grown cultivation of natural medicines. He is an advocate for veterans as well as evidence based practices that will reduce incarceration, hospitalizations and overdose deaths.
10. Discussion and Next Steps
 - a. Impact Workgroups: HOPE@LA.GOV
 - b. Next Meeting: Thursday, January 29th 9:00 - 11:00 am
Location: Bienville Building Room 118
11. Adjourn – Motion to adjourn made by Dr. de la Cruz. Meeting adjourned at 11:08am.