

HOPE Advisory Council Meeting

Act 88 of 2017 Legislative Session: Advisory Council
on **H**eroin and **O**pioid **P**revention and **E**ducation

October 9, 2025

Time	Agenda
9:00 AM - 9:10 AM (10 min)	<ol style="list-style-type: none"> 1. Call to Order 2. Roll Call 3. Introduction/Welcome New Members 4. Review and Approval of October 9, 2025 Agenda 5. Approval of July 2025 Minutes
9:10 AM - 10:25 AM (75 min)	<ol style="list-style-type: none"> 6. Presentations: <ol style="list-style-type: none"> a. SUN Navigators (9:10-9:35) b. 2024 LOSI Update (9:35-10:00) c. Our Lady of Angels (10:00-10:25)
10:25 AM - 10:45 AM (20 min)	<ol style="list-style-type: none"> 7. General Updates <ol style="list-style-type: none"> a. Office of Behavioral Health b. Community Impact Group - New Lead c. Healthcare Impact Group d. Public Safety Impact Group e. Other Updates
10:45 AM - 10:50 AM (5 min)	<ol style="list-style-type: none"> 8. HOPE 2024 Year End Report Update
10:50 AM - 10:55 AM (5 min)	<ol style="list-style-type: none"> 9. Public Comments
10:55 AM - 11:00 AM (5 min)	<ol style="list-style-type: none"> 10. Discussion & Next Steps <ol style="list-style-type: none"> a. <i>Impact Workgroups:</i> HOPE@LA.GOV b. <i>Next Meeting:</i> Thursday, January 29th Bienville Building Room 118
11:00 AM	<ol style="list-style-type: none"> 11. Adjourn <p style="text-align: center;"><i>Future 2026 HOPE Council Meetings:</i> Thursday, January 29th Thursday, April 23rd Thursday, July 9th Thursday, October 8th</p>

Welcome

Review

Discussion

Next Steps /
Adjournment

HOPE Council Members

- ▶ **Chair:** Dr. Vanessa de la Cruz, Medical Director, Office of Behavioral Health
- ▶ Dr. Allison Smith, Program Administrator, Board of Regents
- ▶ Dr. Rebecca Hook, Medical Director, DCFS Child Protective Services
- ▶ Susan Dupont, Dept. of Education Healthy Communities Section Leader
- ▶ Shelley B. Edgerton, Dept. of Public Safety and Corrections
- ▶ Lieutenant Trenton Palmer, Superintendent of State Police designee
- ▶ Ronald Callegari, RN Program Manager, Veterans Affairs
- ▶ Dr. Jason Picard, Louisiana Workforce Commission designee
- ▶ Senator Regina Barrow, President of Senate designee: District 15
- ▶ Troy Prevot, Speaker of the House designee
- ▶ Vacant, Louisiana Attorney General's Office
- ▶ Crystal Lewis, Commissioner of Insurance designee
- ▶ Juan Pickett, Judge from Drug Court

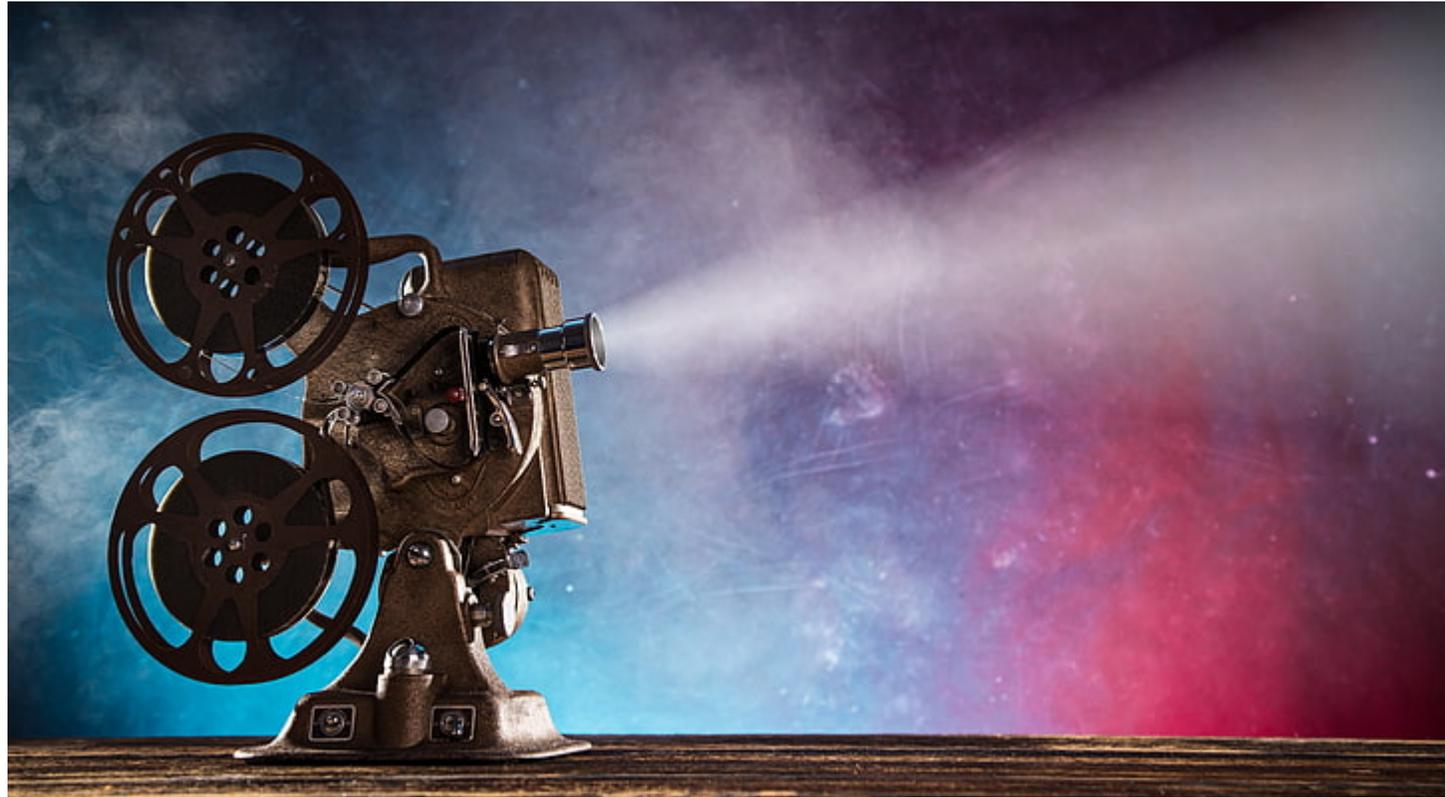
Welcome

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Adjournment

Presentations





**LOUISIANA
BRIDGE**

ADDICTION IS AN EMERGENCY: THE LA BRIDGE PROGRAM

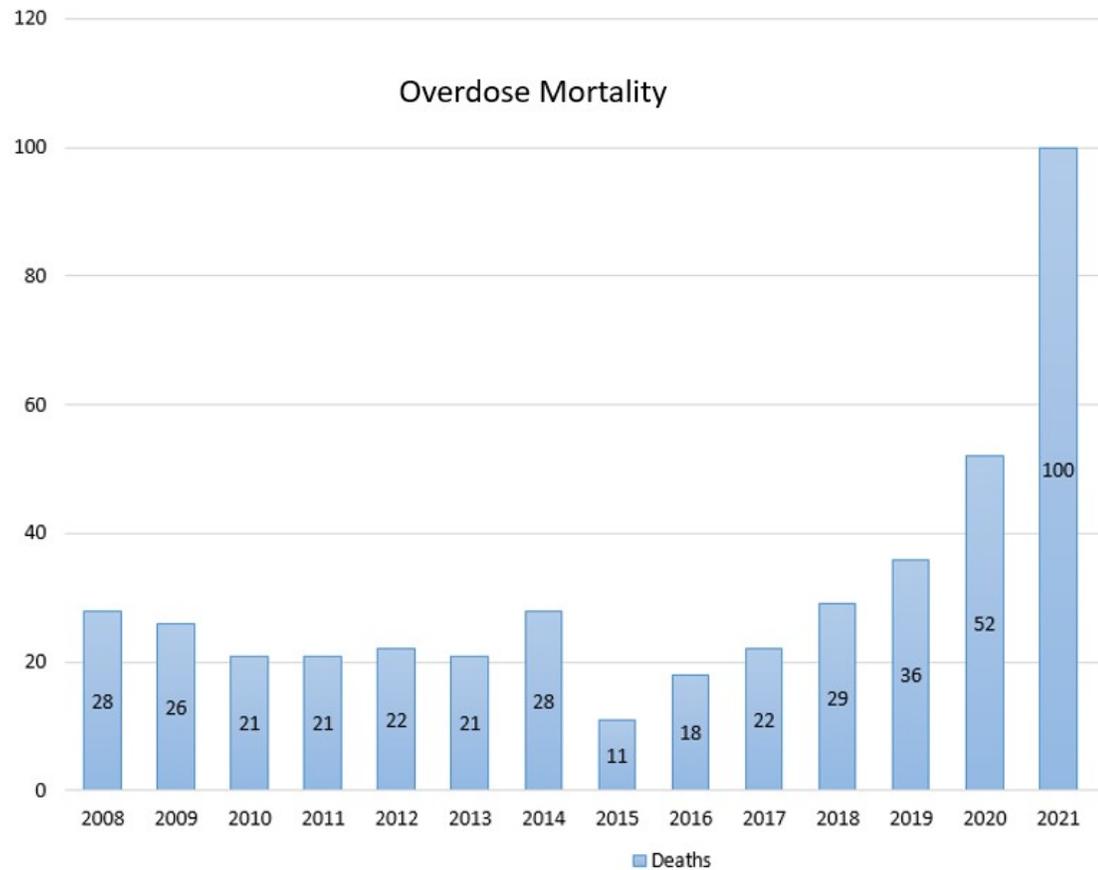
Substance Use Navigation in the Emergency Department

Presentation for the HOPE Council
October 2025

THE CRISIS: OVERDOSE MORTALITY

Any Drug-
Related
Overdose
Death by Year

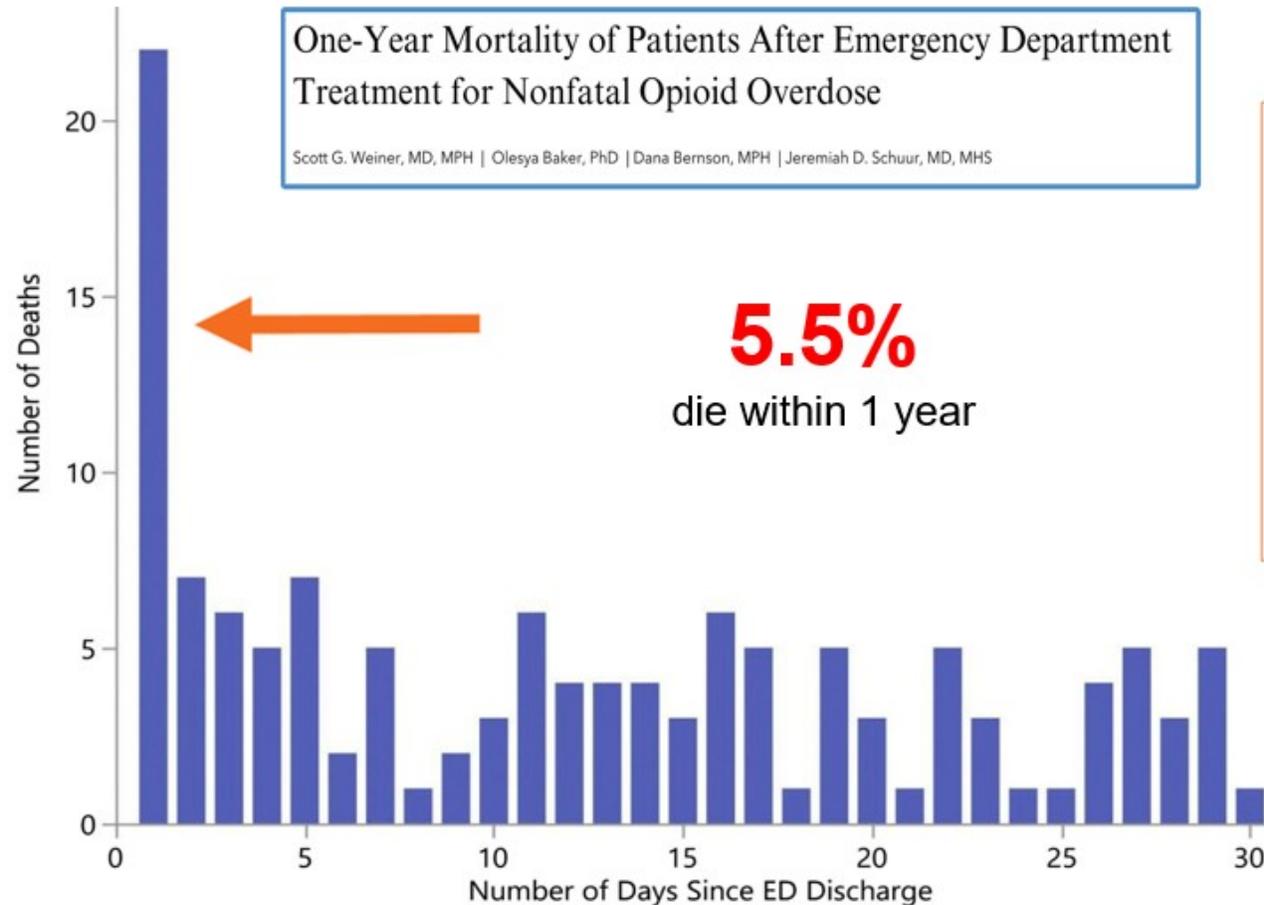
Calcasieu Parish
2008-2021



THE CRISIS: WHY THE ED?

One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH | Olesya Baker, PhD | Dana Bernson, MPH | Jeremiah D. Schuur, MD, MHS

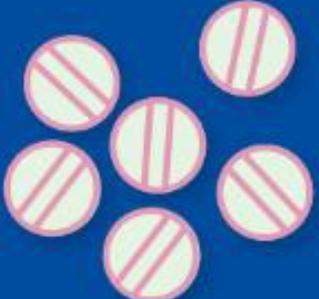


Significant increase in mortality risk post-ED discharge

- 20% of patients that died did so in the first month
- 22% of those that died in the first month **died within the first 2 days**

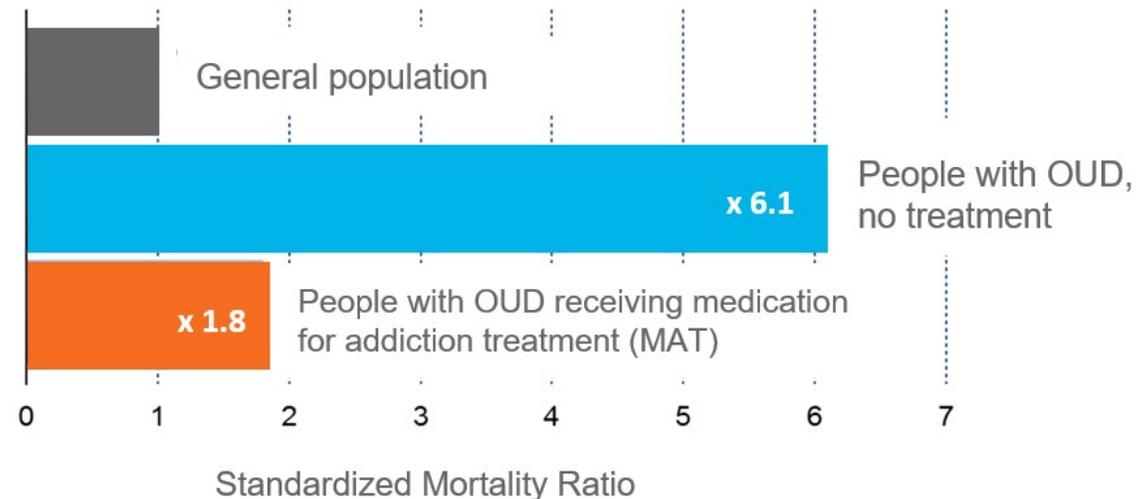
THE SOLUTION: EVIDENCE BASED MEDICINE AND CONNECTION TO CARE

Buprenorphine
cuts overdose risk
by up to 50 percent



Buprenorphine Saves Lives

Mortality Risk Compared to the General Population



THE LA BRIDGE MODEL



**Rapid, Evidence-based
Treatment**

24/7 access to evidence
based treatment in EDs



Culture of Respect

Treatment with dignity and
authentic human interactions



**Connection to
Community & Care**

Outreach to increase
access to care

LA BRIDGE SUNTEAM



LA BRIDGE SUNS: WHAT'S THE BIG DEAL?

ED WITH NO BRIDGE OR SUN

Overdose patient enters ED
In Withdrawal

Is breathing, gets medically cleared

Upon discharge returns to use (self-treats)

ED BRIDGE AND SUN

Overdose patient enters ED
In Withdrawal

Doc asks a SUN to connect

SUN and doc initiate bupe for withdrawal
treatment

SUN provides a timely follow-up appt with
local provider and patient leaves with bupe Rx

SUN follows up to see if patient needs
transportation or other supports

EVIDENCE OF SUCCESS - VOICES

Physician Perspective

"Becoming an Opioid Use Disorder Physician Champion" has been a huge eye-opener for me into one of our nation's worst epidemic problems. However, being part of such a challenging issue with such a successful program has been very rewarding. Our program has personally lifted me up to really enjoy the art of practicing medicine again. I've had more "Thank You"s from this subset of ED patients in the last two years than from all of my patients in the last 10 years."

Dr. Jon Gray, LCMH ED Director

Patient Perspective

"...with the help of R he picked me back up, laid out an action plan for me, and held my hand every step of the way making sure I got back on track...R, you saved me from myself, you saved my future and made the process as painless as you possibly could. I don't know what I would have done without you...thank you for everything..."

EVIDENCE OF SUCCESS - VOICES

1:51 PM

Did you make your appointment?

I'm doing well. I haven't used in 15 days. I did go to the Dr at imperial I have more appts

1:56 PM

2:09 PM

Yay!!! I am so proud of you. Good job! Did you get the sublacaid shot?

No because when I went last Monday there was still fentenal in my system. So I have an appt. At the end of the month

2:11 PM

2:11 PM

Okay. Good job doing it on your own. Is there anything I can help you with?

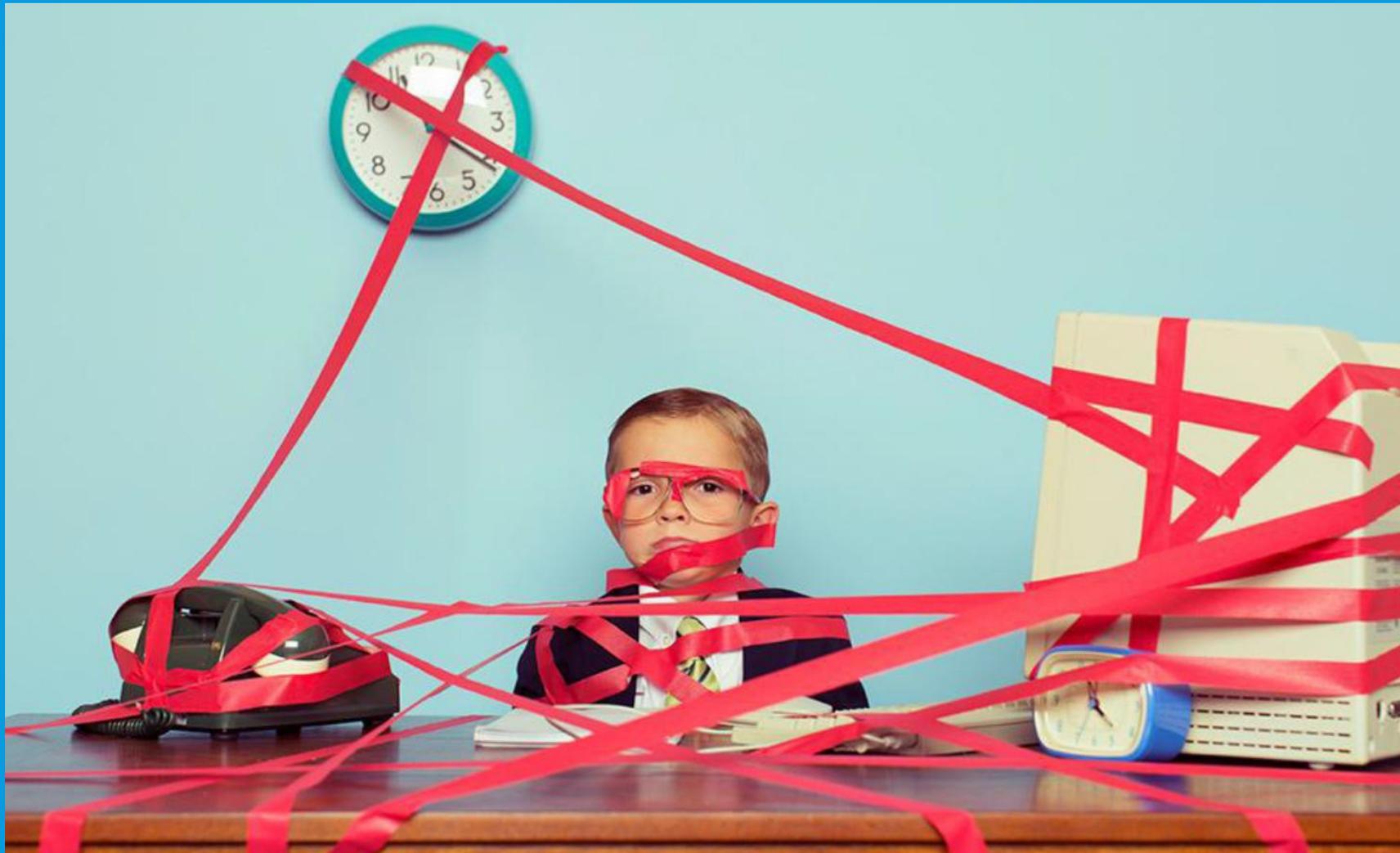
Not yet but I want to thank you for reaching out to me because you probably saved my life

2:15 PM

2:26 PM

I just got goosebumps. I am so beyond blessed to be able to help in anyway possible. If I can be saved, anyone can be saved. You are a great woman with purpose. I pray for you and your son daily.

SUNS CUT THROUGH THE RED TAPE!!!



CONVERSATION WITH A SUN– ASK GLENNA!

What do you look for when hiring a navigator?

What things have been most important at the hospital level to make the navigator successful?

How does your navigator team handle difficult cases when solutions are not easy to find initially?

EVIDENCE OF LA BRIDGE SUCCESS

- Linked over 1800 patients with a substance use navigator (SUN)
- Includes 4 hospital systems: LCMH, WCCH, OALH, CHRISTUS OCHSNER
- Over 70% linked to appropriate level of care
- Buprenorphine initiation is increasing
- 95% have left the hospital with Narcan, overdose prevention information, and links to local resources
- **COVERS ALL SUD!!**

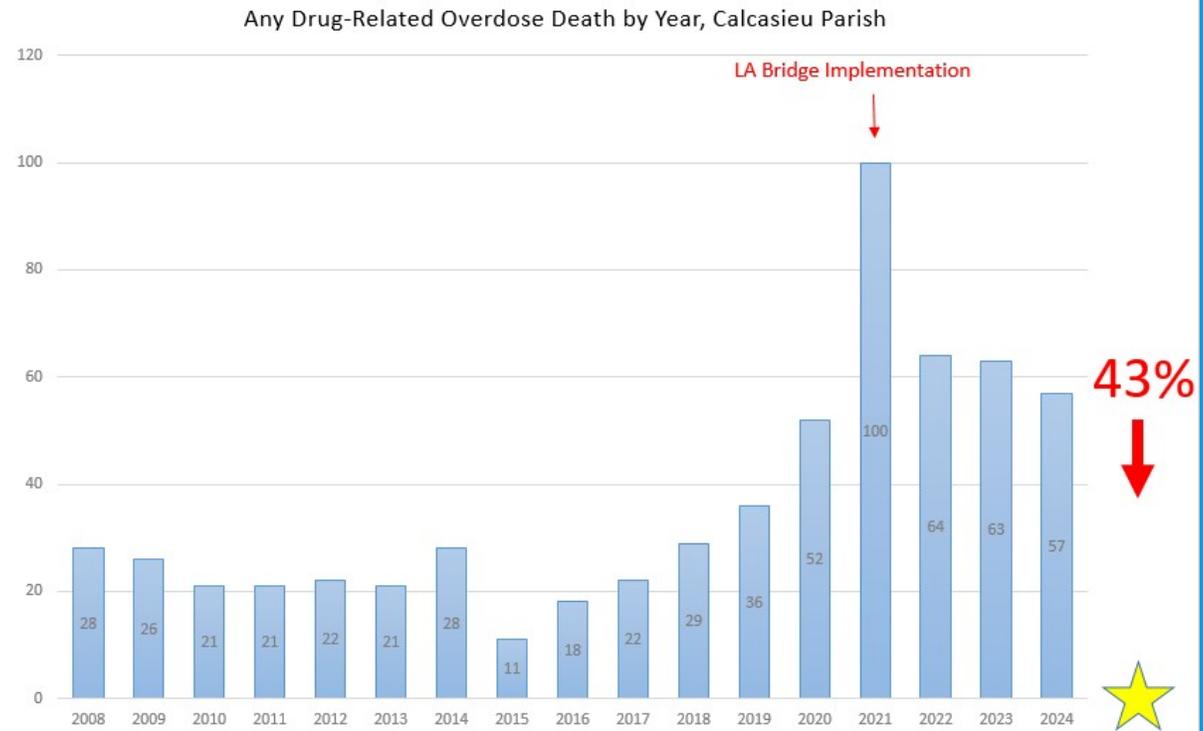
THE IMPACT: BEYOND THE HOSPITAL WALLS

Any Drug-Related Overdose Death by Year

Calcasieu Parish
2008-2024



The WHY we do this work.....



* 2024 are preliminary counts

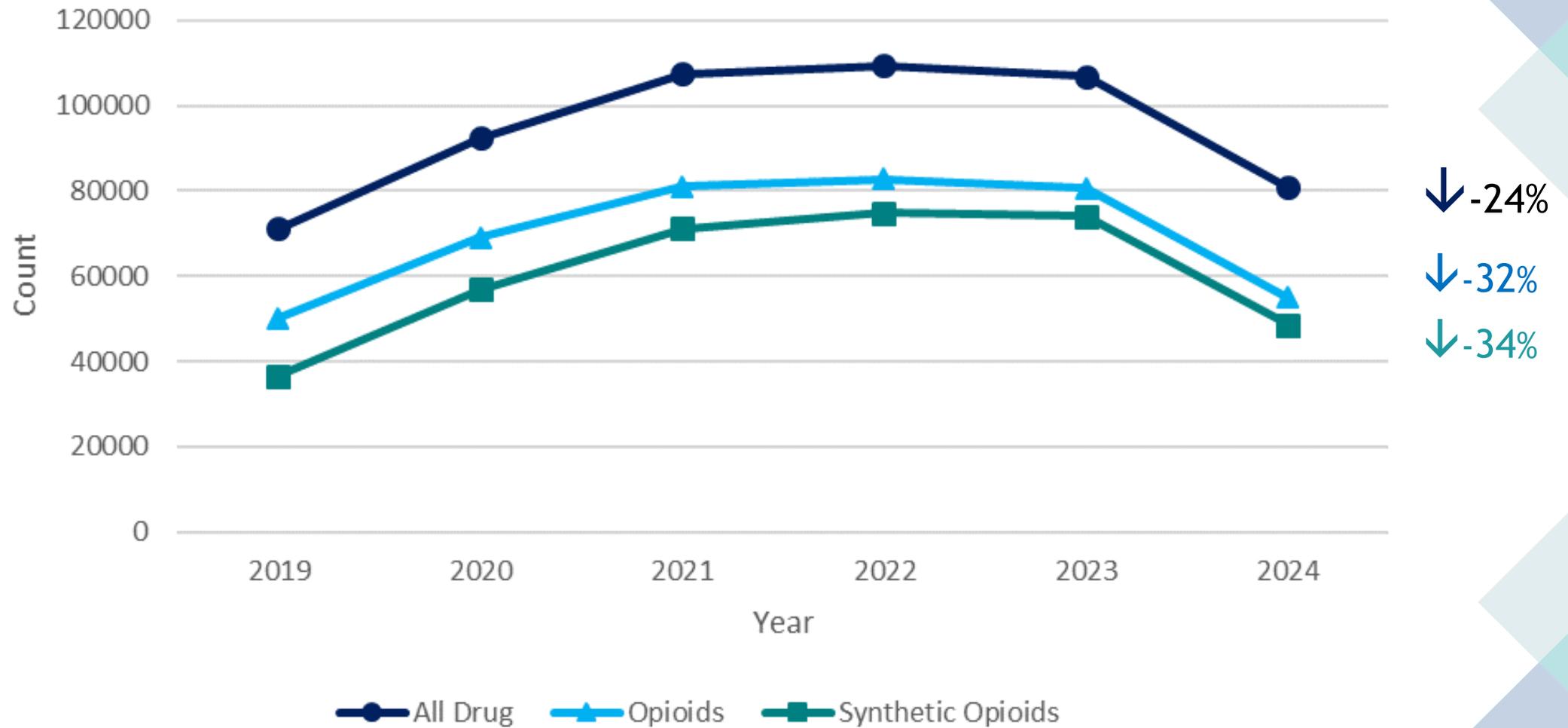
Opioid Surveillance Update for HOPE Council

October 9, 2025

Louisiana Opioid Surveillance Program
OPH Bureau of Health Informatics

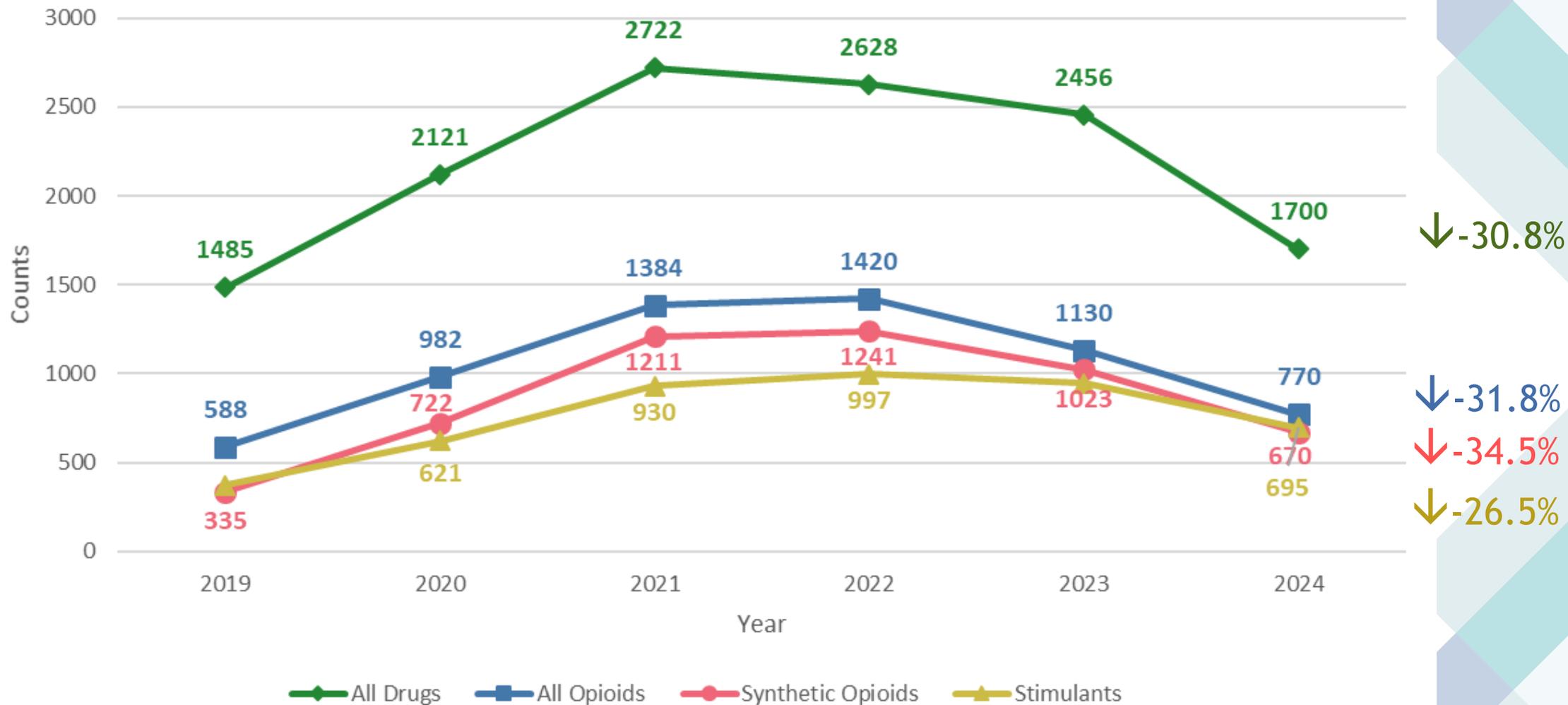
Tranettea Williams, MPH
Opioid Surveillance Manager

Counts of Drug Overdose Deaths United States, 12 Month-ending December 2024



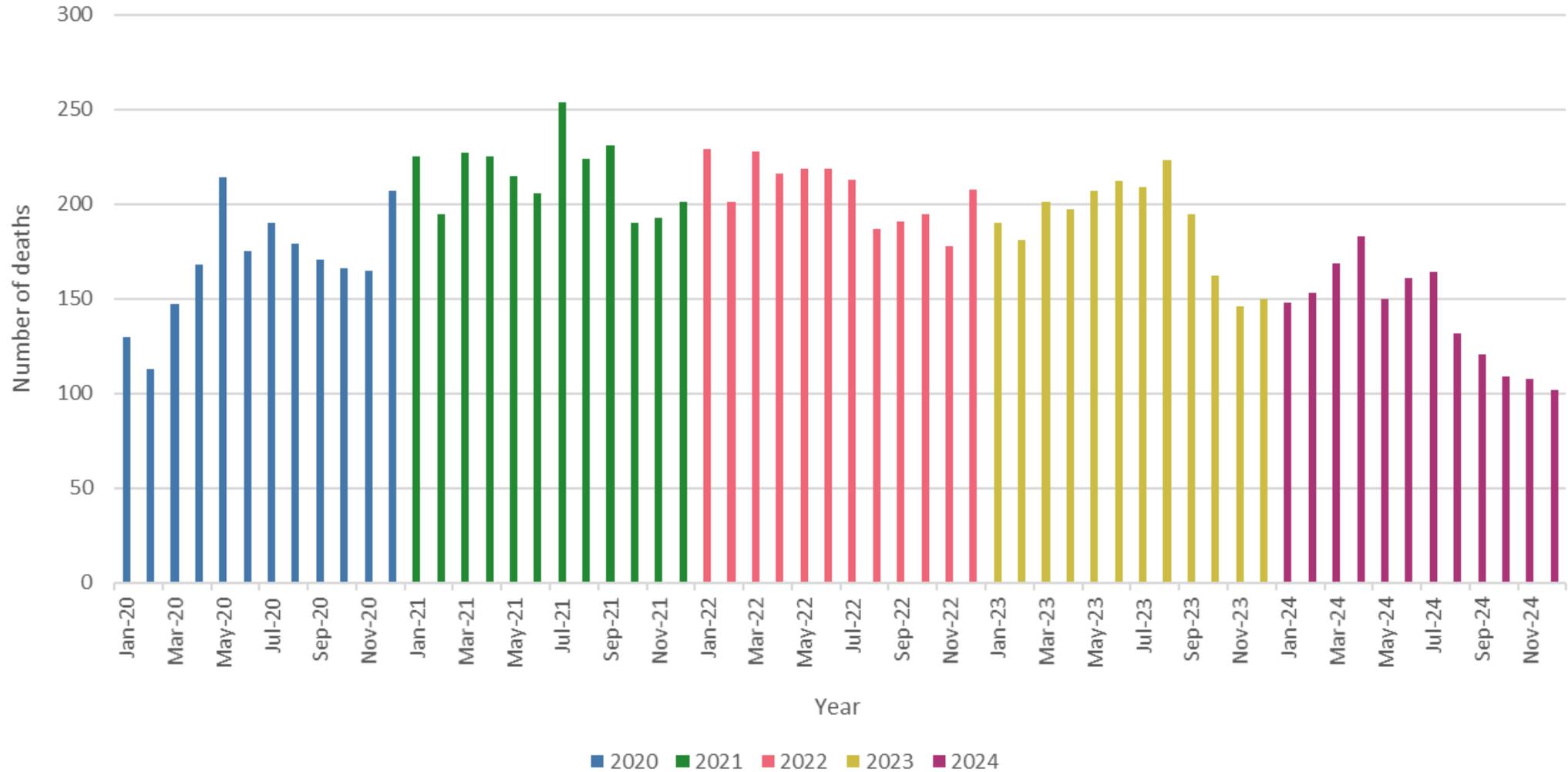
Source: NCHS, National Vital Statistics System, 2019-2024. Extracted 9/2025 by the Louisiana Opioid Surveillance Initiative.

Counts of Drug-Involved Deaths by Drug Type Occurring in Louisiana, 2019-2024



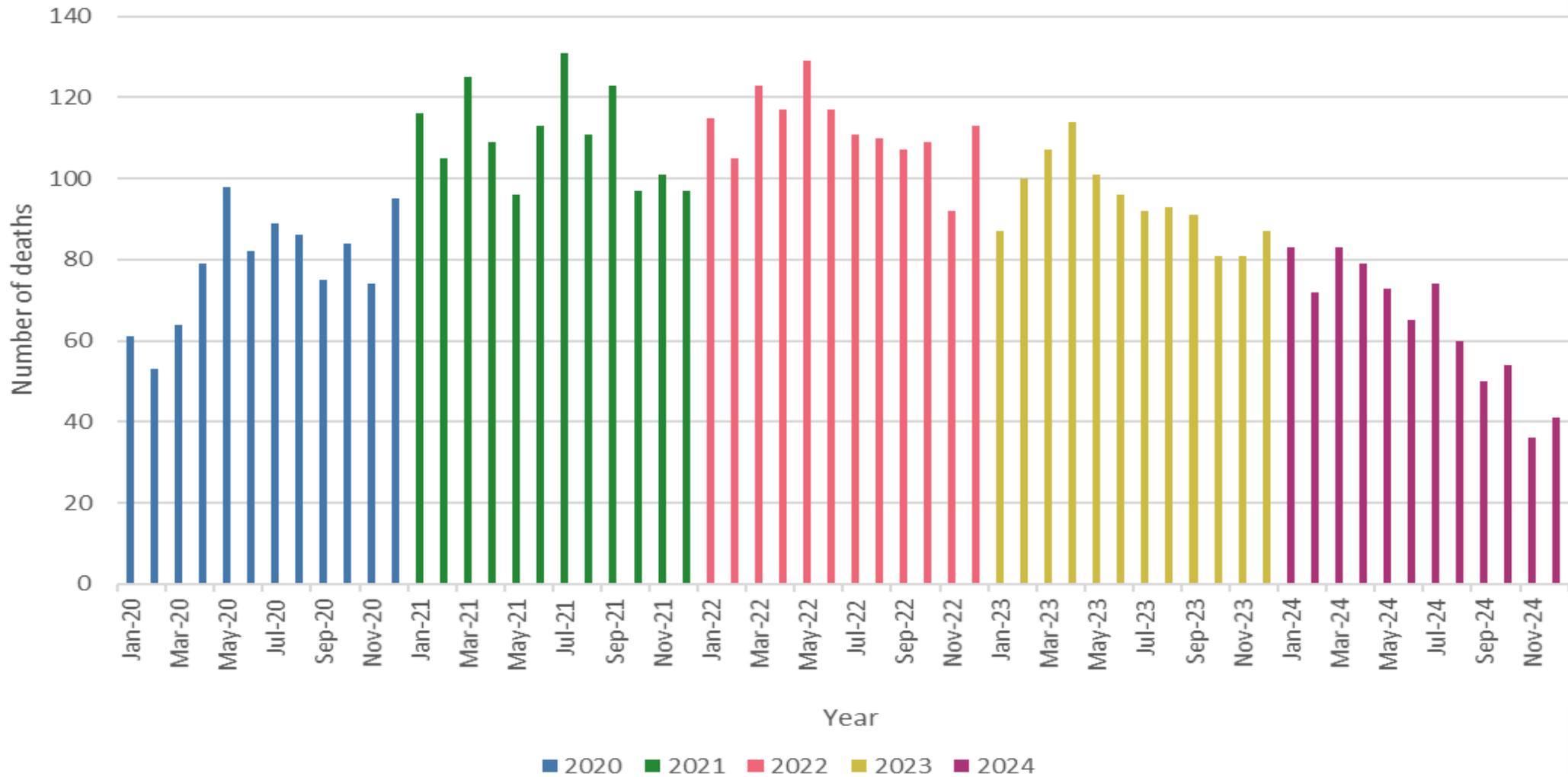
Source: Louisiana Electronic Event Registration System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

All Drug-Involved Deaths Occurring in Louisiana by Month, January 2020-December 2024



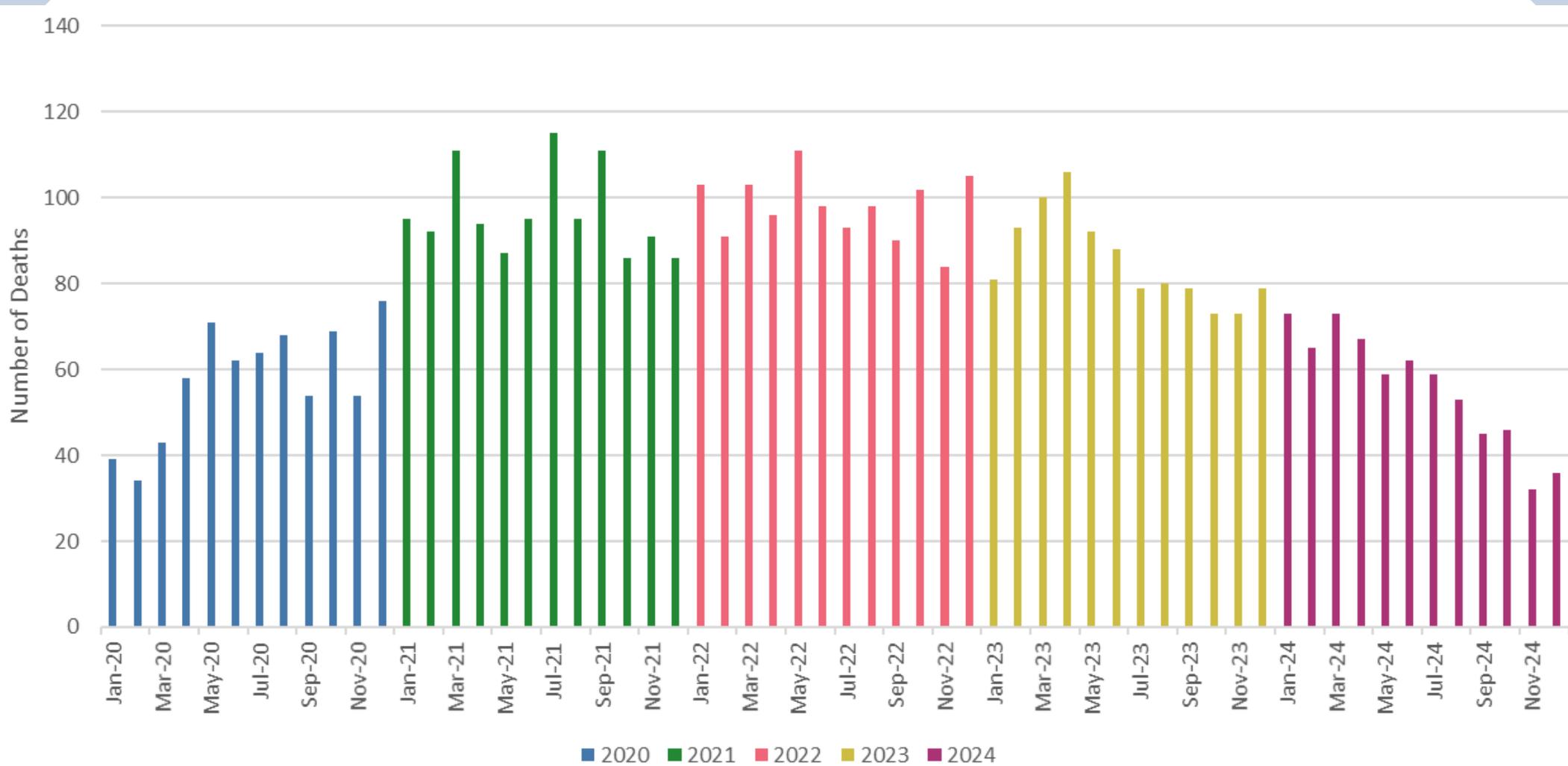
Source: Louisiana Electronic Event Registration System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

Opioid-Involved Deaths Occurring in Louisiana by Month, January 2020-December 2024



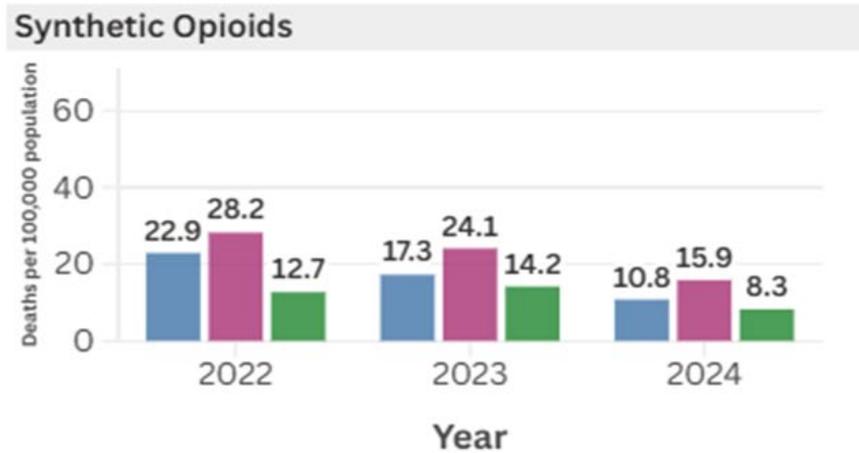
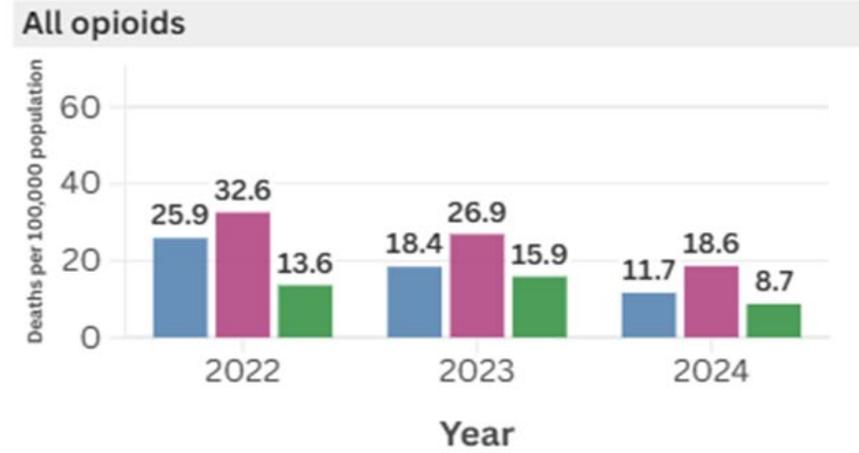
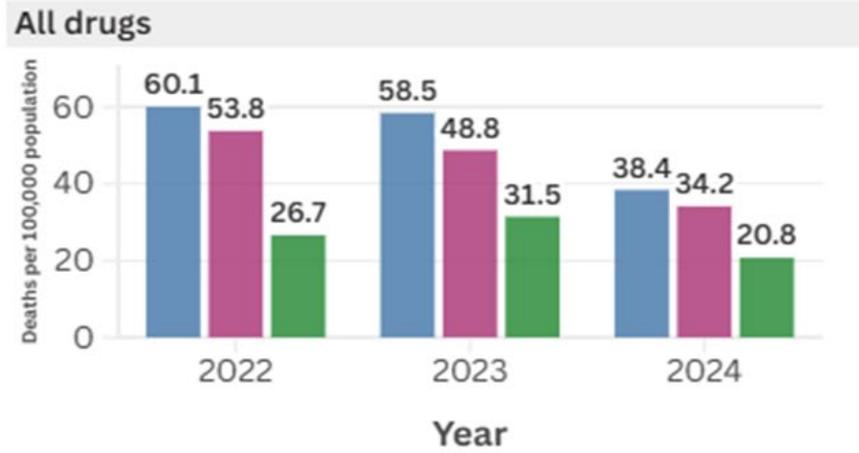
Source: Louisiana Electronic Event Registration System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

Synthetic Opioid-Involved Deaths Occurring in Louisiana by Month, January 2020-December 2024



Source: Louisiana Electronic Event Registration System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

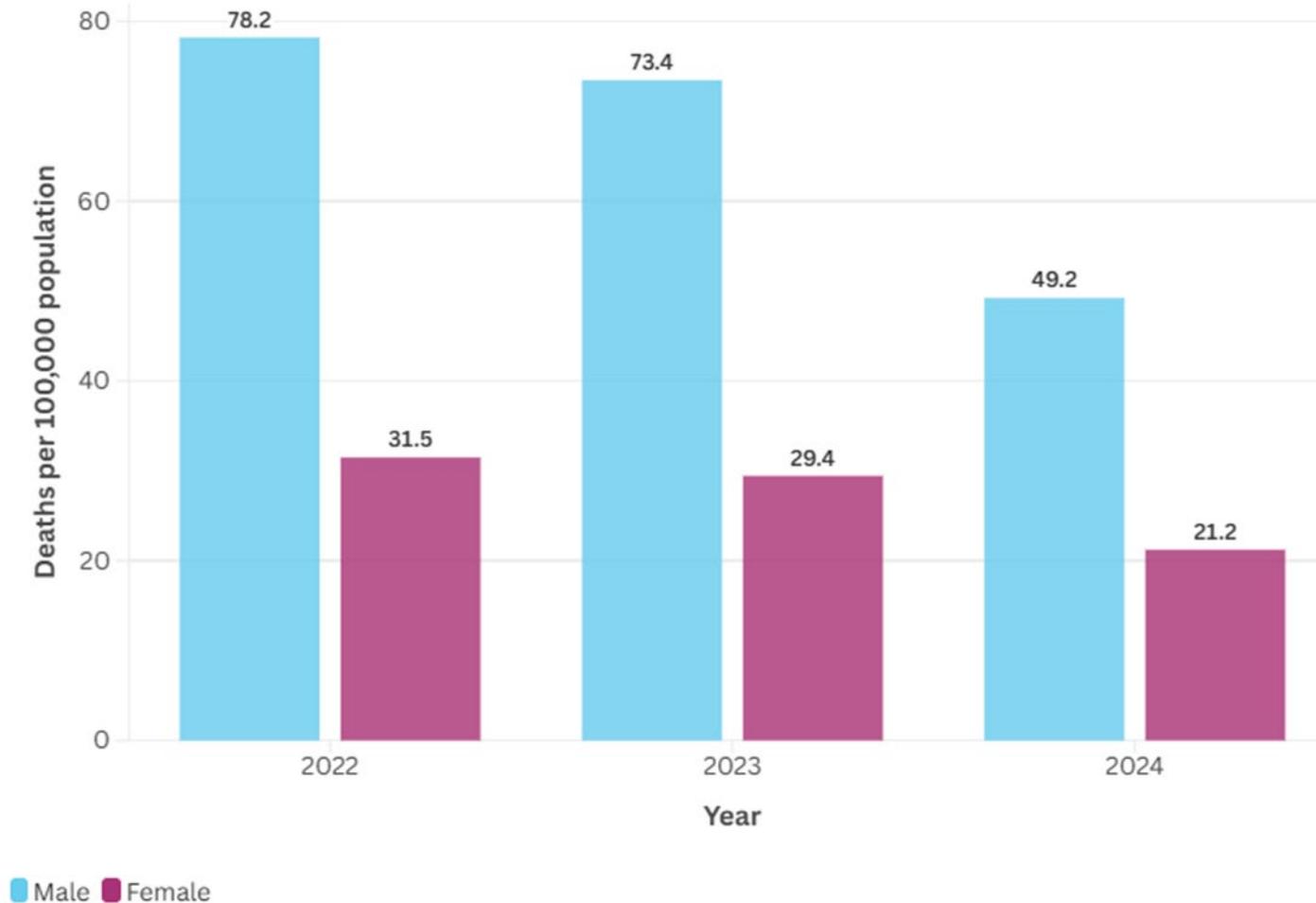
Age-adjusted rate of drug-involved deaths per 100,000 population by race by drug type, Louisiana 2022-2024



■ Black ■ White ■ Additional Groups

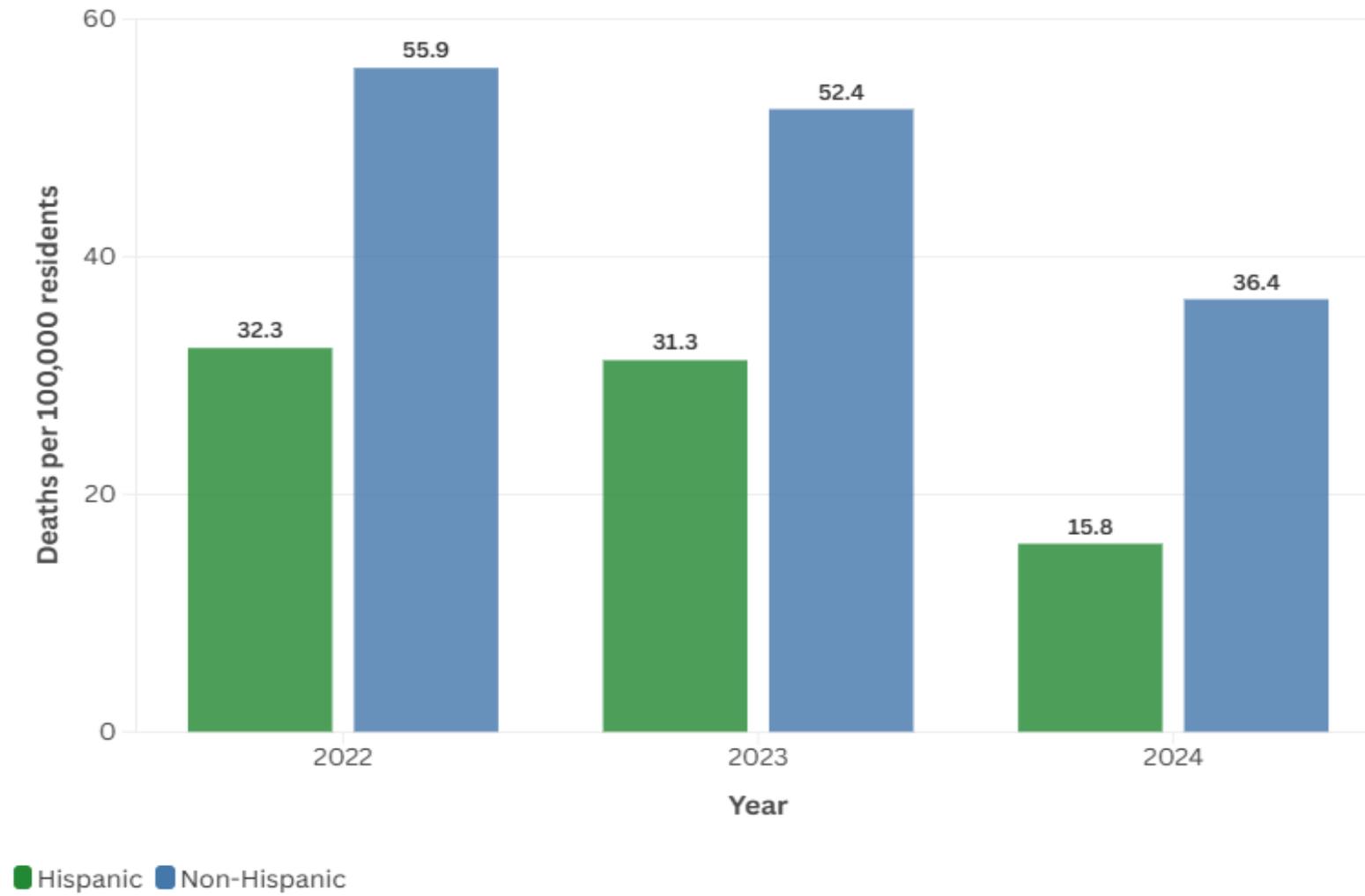
Source: Louisiana Electronic Event Registration System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

Age-adjusted rate of drug-involved deaths per 100,000 population by sex by drug type, Louisiana 2022-2024



Source: Louisiana Electronic Event Registration System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

Age-adjusted rate of drug-involved deaths per 100,000 population by ethnicity by drug type, Louisiana 2022-2024



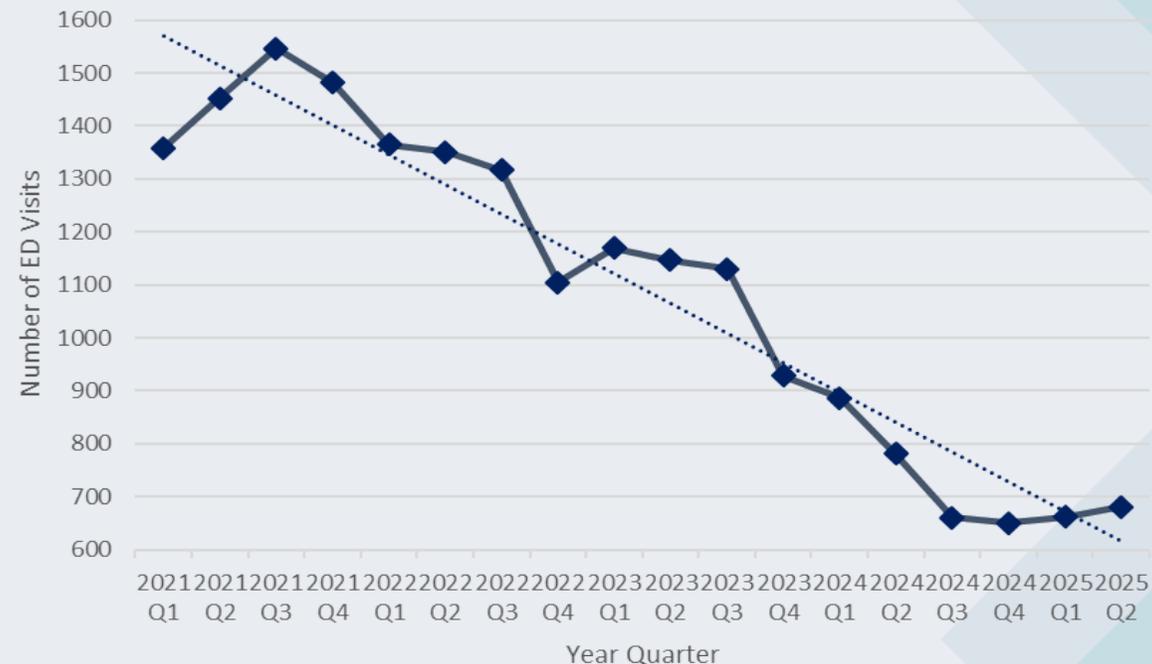
Source: Louisiana Electronic Event Registration System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

Emergency Department Visits by Chief Complaint by Quarter and Year, Louisiana, 2021-2025

Drug-related visits



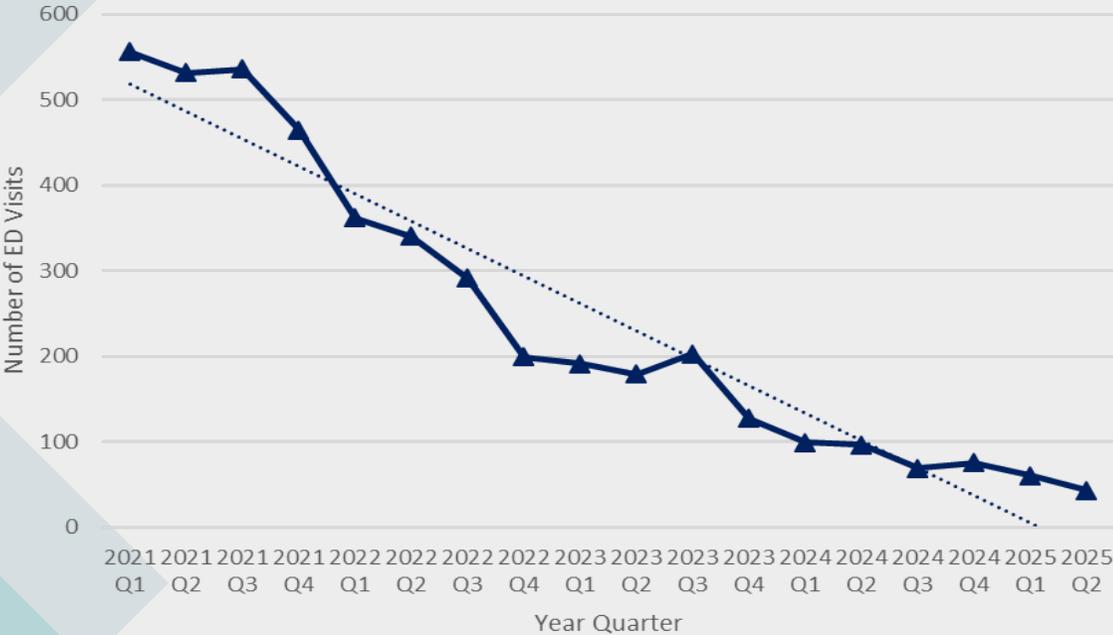
Opioid-related visits



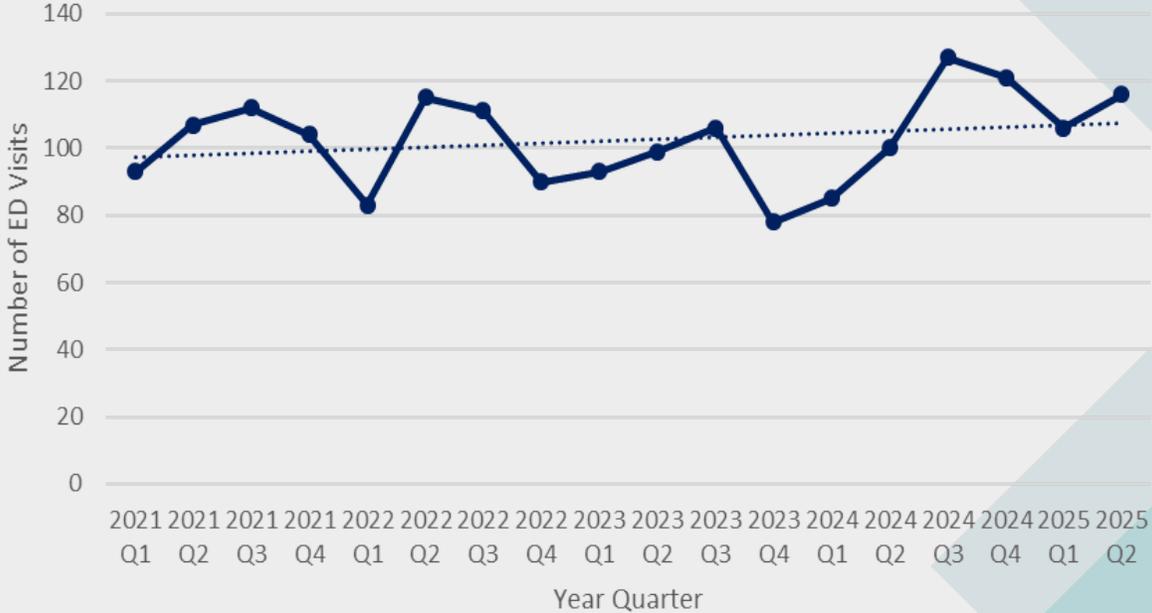
Source: Louisiana Early Event Detection System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

Emergency Department Visits by Chief Complaint by Quarter and Year, Louisiana, 2021-2025

Heroin-related visits

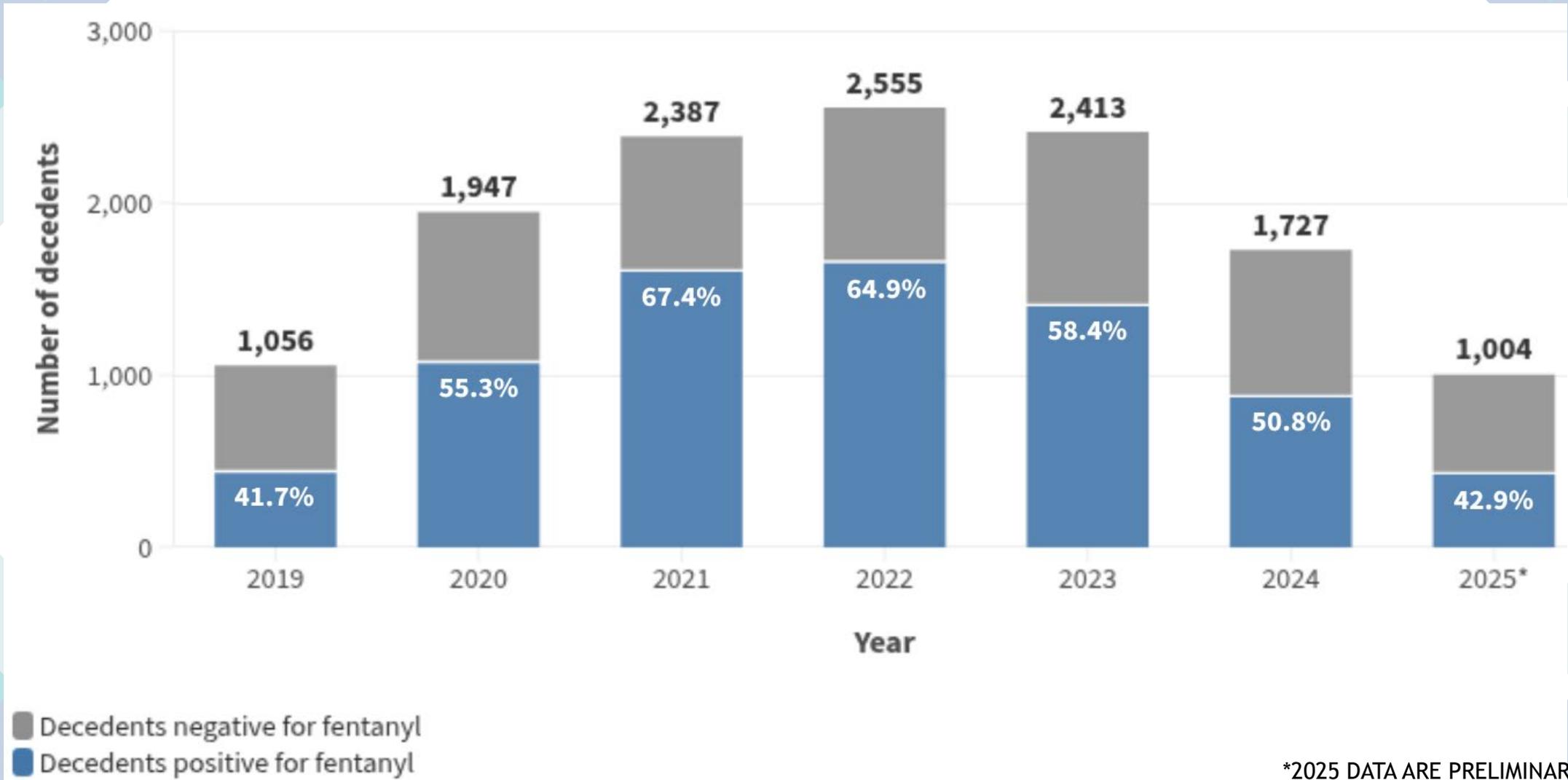


Stimulant-related visits



Source: Louisiana Early Event Detection System, extracted 9/2025 by the Louisiana Opioid Surveillance Initiative

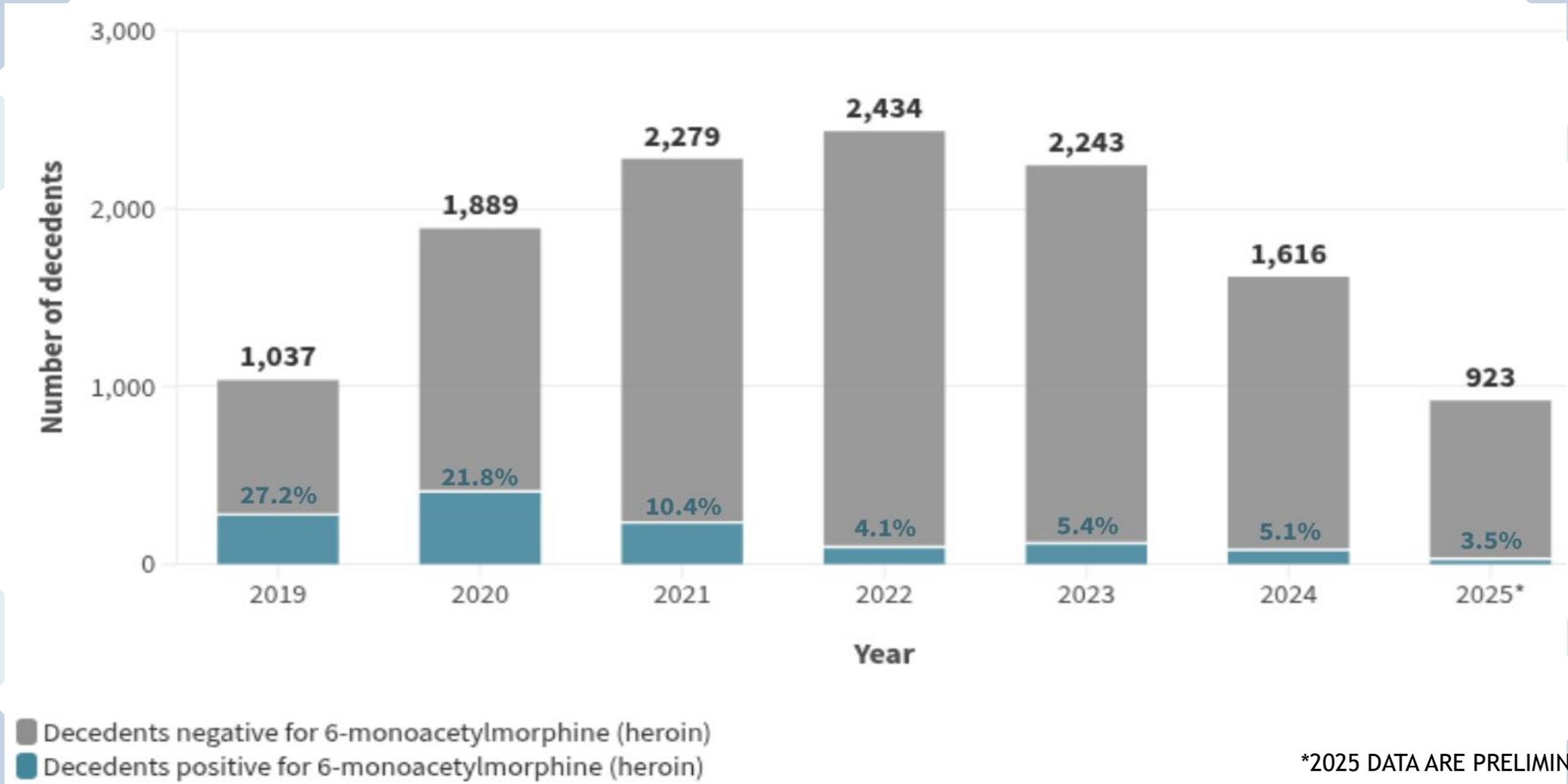
Number of decedents tested and percent positive for fentanyl in Louisiana, 2019-2025*



Source: NMS Labs, analyzed September 2025 by the Louisiana Opioid Surveillance Initiative

*2025 DATA ARE PRELIMINARY

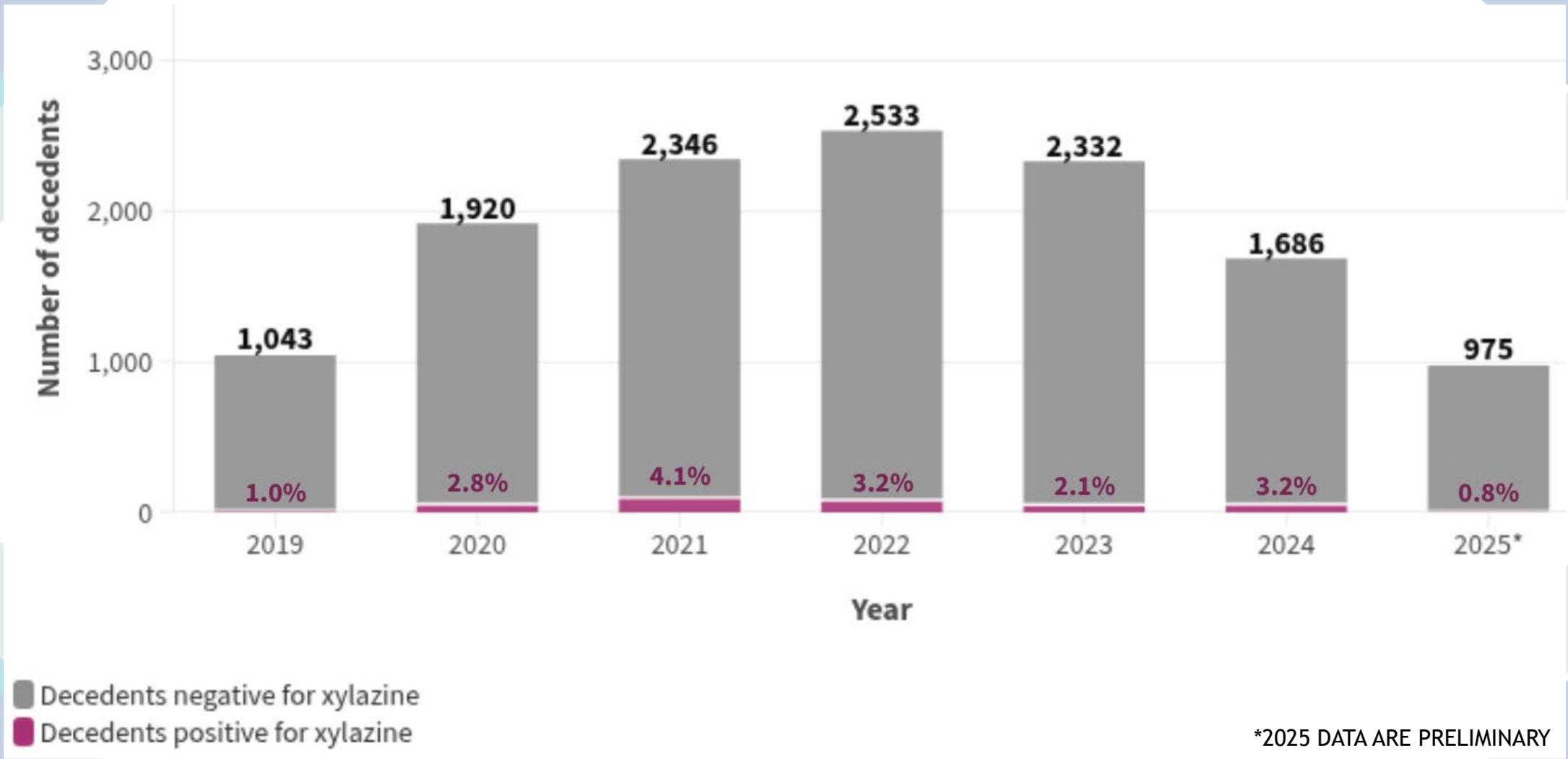
Number of decedents and percent positive for Heroin in Louisiana, 2019-2025*



*2025 DATA ARE PRELIMINARY

Source: NMS Labs, analyzed September 2025 by the Louisiana Opioid Surveillance Initiative

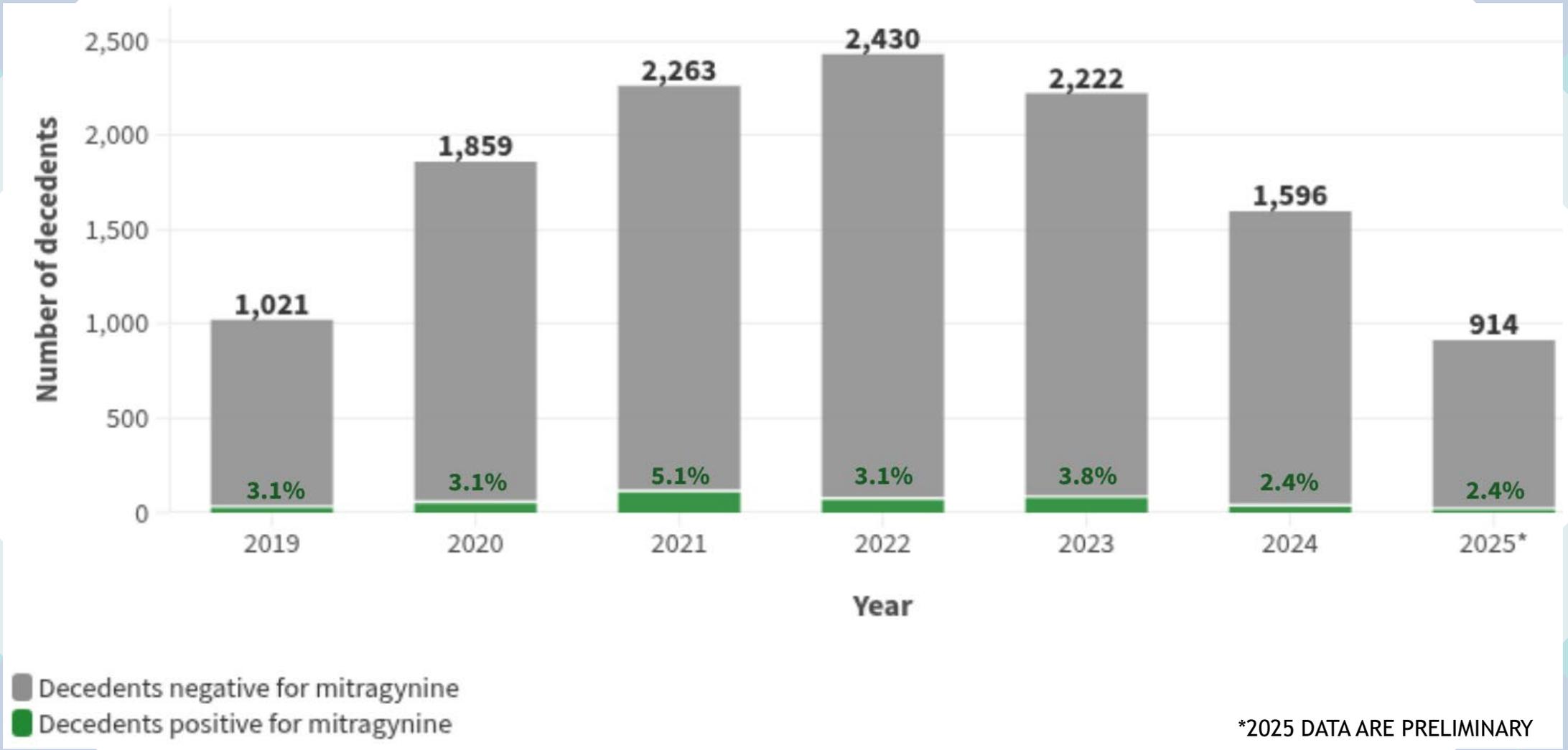
Number of Decedents and Percent Positive for Xylazine in Louisiana, 2019-2025*



*2025 DATA ARE PRELIMINARY

Source: NMS Labs, analyzed September 2025 by the Louisiana Opioid Surveillance Initiative

Number of decedents and percent positive for Mitragynine in Louisiana, 2019-2025*



*2025 DATA ARE PRELIMINARY

Source: NMS Labs, analyzed September 2025 by the Louisiana Opioid Surveillance Initiative



Louisiana Opioid Data and Surveillance System

2,456 Drug-involved deaths (death location), 2023	1,130 Opioid-involved deaths (death location), 2023	13,937 Drug poisoning-related ED visits, 2023	51 Stimulant prescriptions per 100 people (prescriber location), 2023	68 Opioid analgesic prescriptions per 100 people (prescriber location), 2023
-------------------------------------------------------------	---------------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

SYSTEM UPDATES

11/1/2024

Welcome to the Louisiana Opioid and Data Surveillance System!

New data:

- Fourth quarter (Oct-Dec) 2023 Death data from Vital Records are now available
- Fourth quarter (Oct-Dec) 2023 Prescription data from the PMP are now available
- Third quarter (Jul-Sept) 2023 Hospital Admissions from the LAHIDD are now available
- Fourth quarter (Oct-Dec) 2023 Hospital Admissions from the LAHIDD are now available
- Fourth quarter (Jan-Mar) 2022 Emergency Department

Explore Opioid and Other Drug Data in Louisiana

The Louisiana Department of Health (LDH) is working to address Louisiana's opioid problem by targeting resources for treatment throughout our state with focused attention on areas where data shows the highest need. We are supporting these strategies by leveraging data and technology for program development.

The Louisiana Opioid Data and Surveillance System (LODSS) is designed to help you understand, analyze, and apply data to statewide opioid abuse reduction efforts. Its goal is to evaluate the impact of programmatic and policy efforts and track the behavior of what is now considered a public health epidemic nationwide.

Data within this system is interactive, and can be viewed in different formats, such as table, graphs and maps. The data displays, which have been carefully designed and reviewed by health experts and data specialists, allow various indicators to be explored geographically and over time. To request custom datasets and data visualizations, please [submit a request here](#).

Acknowledgments: The site was funded through a partnership between the LDH Office of Public Health, Bureau of Health Informatics and the CDC National Center for Injury Prevention and Control, Cooperative Endeavor Agreement 1 NU17CE010194-01-00. The contents are those of BHI and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.

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

Tell us what you think! Subscribe



[Find Treatment Now](#)

[Click here to search Louisiana's drug overdose data](#)

Questions?



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Contributors/Epidemiologists: Meryl Hahne MPH, Nell Wilson MPA, Katie Chapman RN, Anne-Sophie Lasley MPH, Lee Mendoza Ph.D.

Rise Up

Dr. Ronak Shah, MD and Pasty Welch, RN
Medical Director and Nursing Manager of Women's Services
Our Lady of the Angels Hospital
Bogalusa, Louisiana



OUR LADY
OF THE ANGELS



OUR LADY OF THE LAKE
CHILDREN'S HEALTH

LSU Health
NEW ORLEANS

Objectives :

- 1. Discuss the need for our program.
- 2. Review prenatal care of pregnant women with Substance Use Disorder (SUD).
- 3. Review Medication Assisted Treatment (MAT)
- 4. Discuss our approach to the newborn with opiate exposure and implementation of the Eat Sleep Console (ESC) tool.

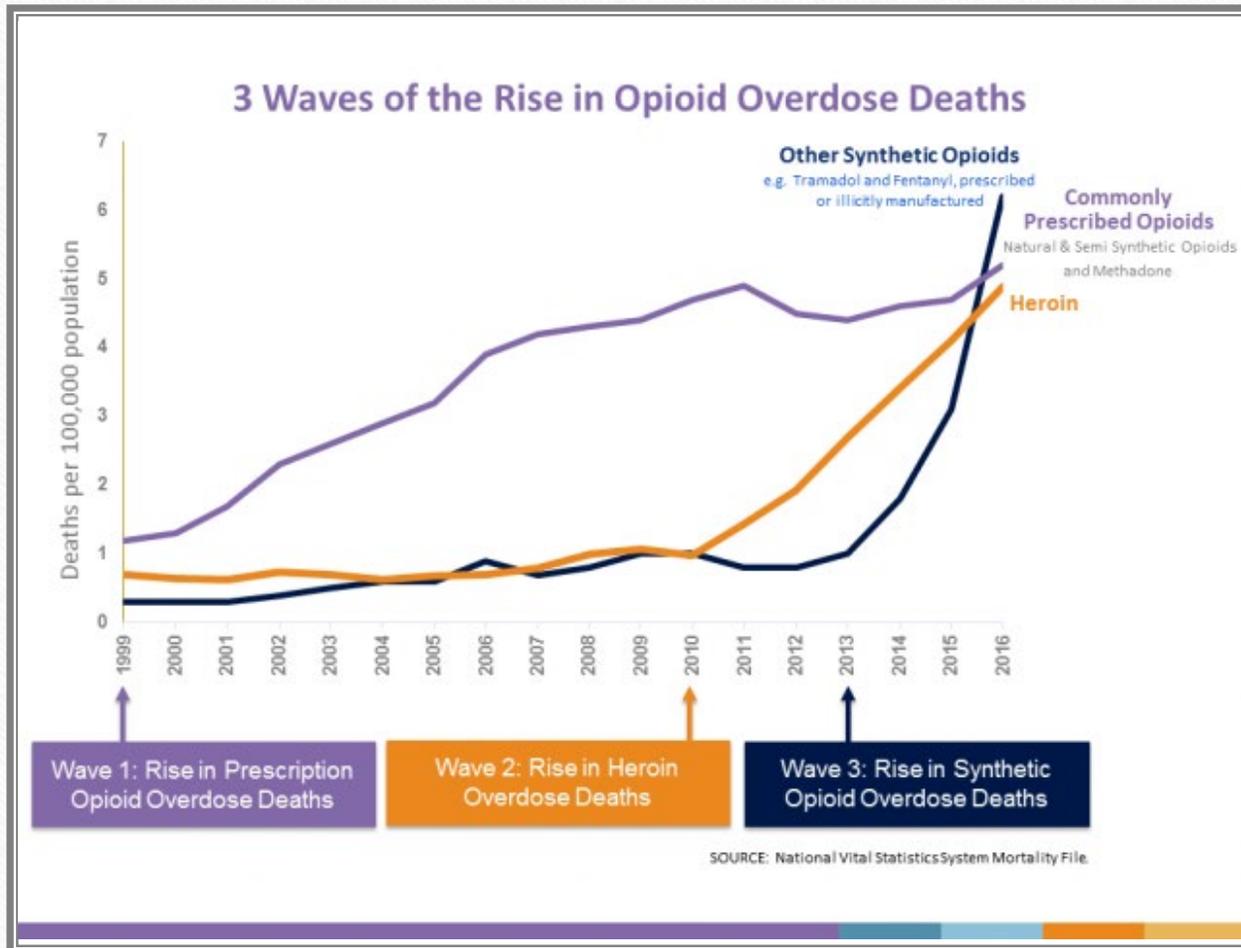
Objectives :

- 5. Review lessons learned and advice for other teams.
- 6. Share a success story and real patient case.
- 7. Look forward to next steps and future partnerships.

Identifying the Need & The Formation of our Program

Rise Up: A Program of Our Lady of the Angels Hospital





National Trends

Wave 1: 1999

- Rise In Prescription Opioid Deaths

Wave 2: 2010

- Rise in Heroin Opioid Deaths

Wave 3: 2013

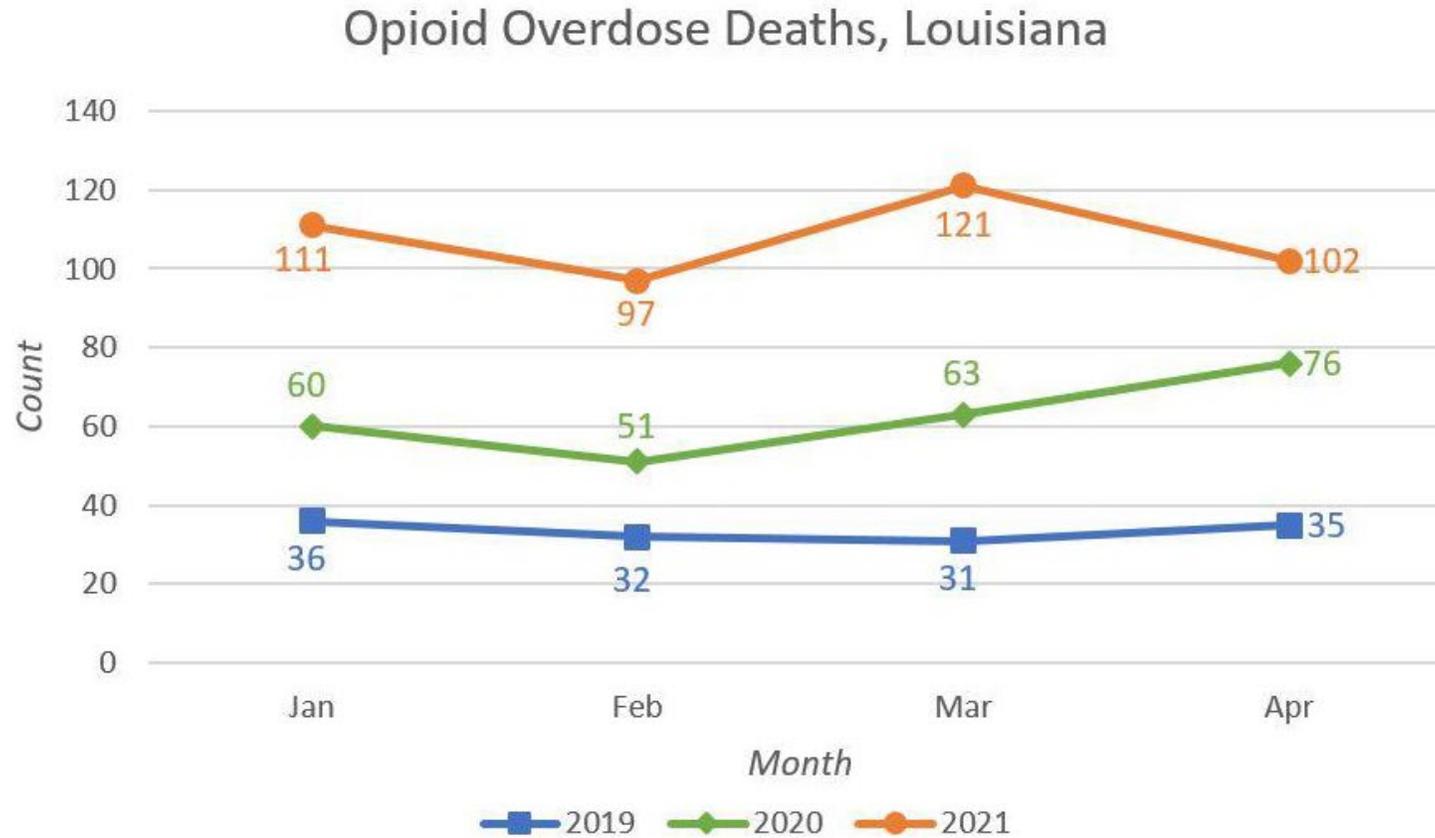
- Rise in Synthetic Opioid Deaths

Louisiana Trends

- Top 10 states for drug overdose death rates
- More opioid prescriptions than residents
- In New Orleans, overdose deaths outnumber homicides



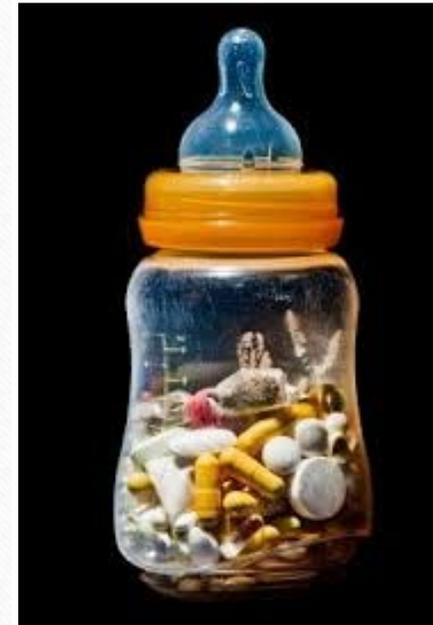
Opioid Overdose Deaths Rising...



Source: Louisiana Electronic Event Registration System, extracted 10/2021 by the Louisiana Opioid Surveillance Initiative.

Neonatal Opioid Withdrawal Rates are Rising...

- 1 infant born with NAS every 15 minutes
- 2000 - 2014: rate of infants diagnosed with NAS increased 8-fold



This epidemic is disproportionately affecting our communities.

Affects Medicaid > Private

- Overall: 1.5/1000 → 8.0/1000 births
- Medicaid-insured: 14.4/1000 births
 - Winkelman et al. *Pediatrics*. 2018.

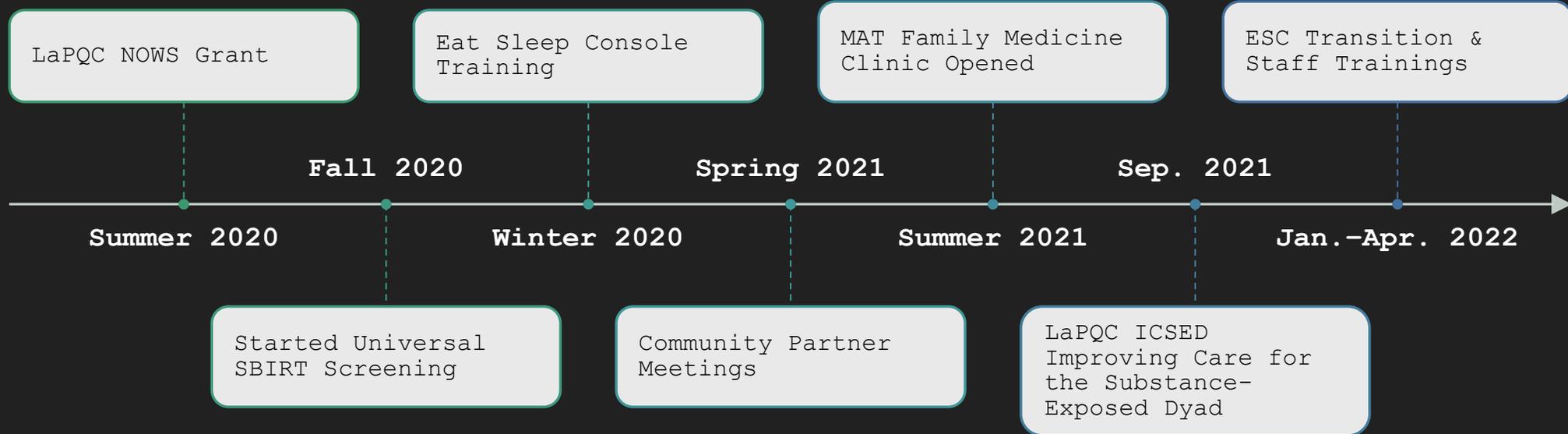
Affects Rural > Urban

- Rural: 1.2 → 7.5/1000 births
- Urban: 1.4 → 4.8/1000 births
 - Villapiano et al. *JAMA Pediatr*. 2017.

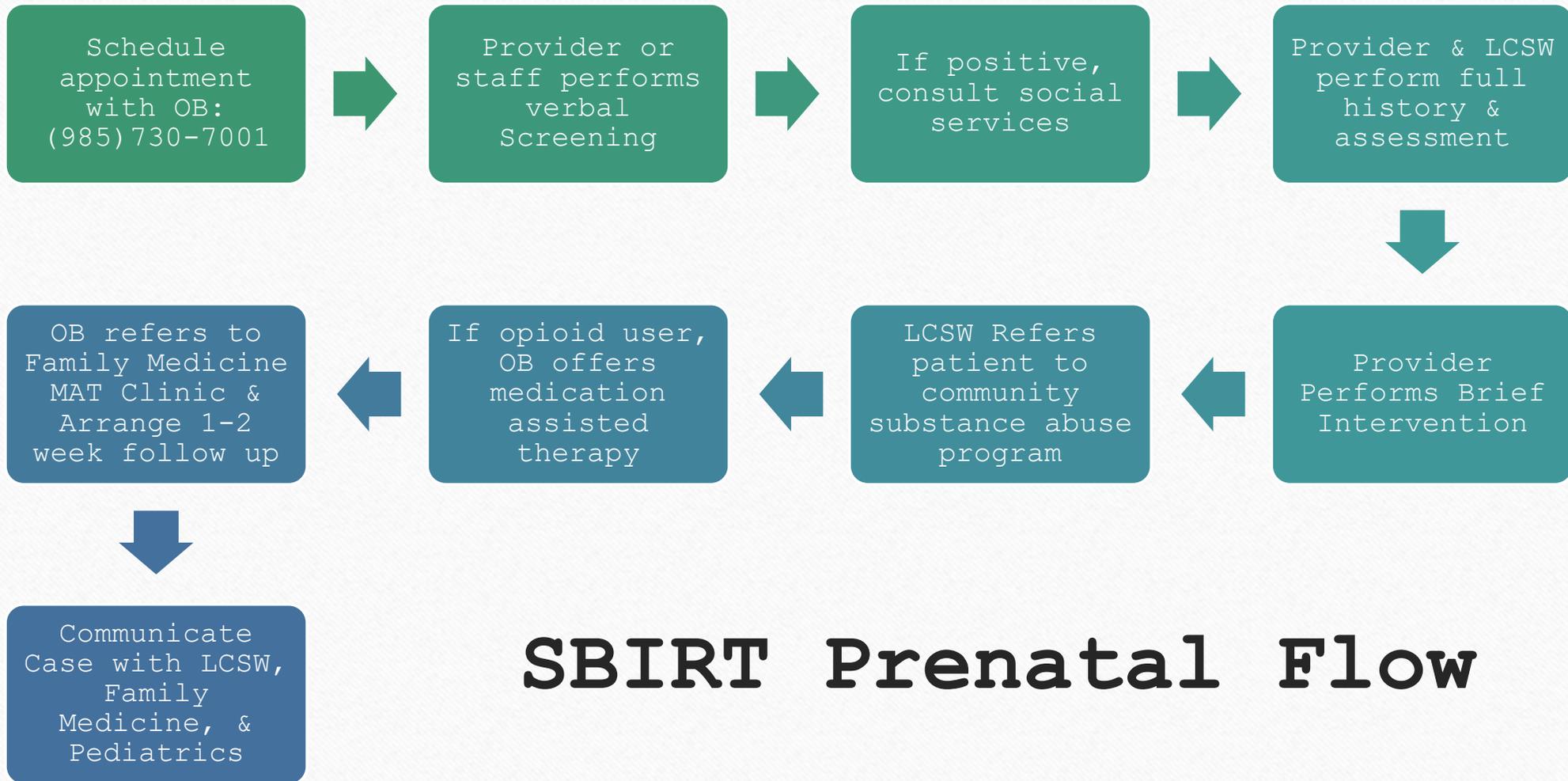
We knew we needed to Rise Up to the need.



Our Timeline



Prenatal Care For At Risk Infant And Mother Dyads



SBIRT Prenatal Flow

Prenatal Screening ACOG Guidelines

- universal screening
- 1st prenatal visit
- validated screening tool
 - 4 P's: Parents, Partner, Past, Pregnancy
 - CRAFFT



Treatment of OUD During Pregnancy

- Identify need in Women's Clinic
- Medication Assisted Therapy
- Residency program support
- Behavioral health referral and counseling
- Ongoing OB care



Goal 1: Reduce Pregnancy Risks from OUD

- Preeclampsia
- Third trimester bleeding
- Nonreassuring fetal status
- Passage of meconium (fetal distress)
- Low birth weight
- Perinatal mortality
- Puerperal morbidity.

Goal 2: Reduce Neonatal Risks from Maternal OUD

- Prematurity
- Neonatal opiate withdrawal
- Postnatal growth deficiency
- Microcephaly
- Neurobehavioral deficits
- Sudden infant death syndrome
- It is difficult to establish the extent to which these problems are due to opiates versus coexistent maternal medical conditions.



**Our Medication Assistant Treatment
Clinic**

Treatment
Recommendation
Guidelines

Attempt to wean
off opioids during
pregnancy could lead to
narcotic withdrawal

Medication Assisted
Treatment with
Buprenorphine is the
gold standard.

Buprenorphine is our choice for MAT

-
- A recent study found that, compared to methadone, buprenorphine resulted in similar maternal and fetal outcomes, yet had lower severity of neonatal abstinence symptoms, thus requiring less medication (1.1 versus 10.4 milligrams) and

Prenatal MAT

↓ risk of relapse
and overdose

↑ compliance with
prenatal care

↑ likelihood of
term birth and
higher birth weight

Our Approach to Care of the Substance Exposed Newborn

Understanding & Diagnosing NOWS



NOWS: A Generalized Multi-System Disorder

- NOWS can manifest as a variety of neurobehavioral signs/symptoms:
 - Sleep-Wake Control
 - Motor-Muscle Tone
 - Autonomic Functioning
 - Sensory Processing and Modulation

Grossman MR, Berkwitt AK, Osborn RR, Xu Y, Esserman DA, Shapiro ED, Bizzarro MJ. An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome. *Pediatrics*. 2017 Jun;139(6):e20163360. doi: 10.1542/peds.2016-3360. Epub 2017 May 18. PMID: 28562267; PMCID: PMC5470506.

Following for Signs/Symptoms of NOWS

CNS Hyperexcitability 	Autonomic Dysregulation 	Gastrointestinal Dysfunction 
High-pitched or continuous crying / excessive irritability*	Fever*	Excessive sucking
Decreased sleep	Sweating	Poor / disorganized feeding
Hyperactive Moro/startle	Nasal stuffiness	Regurgitation or projective vomiting*
Disturbed / undisturbed tremors	Sneezing	Loose or watery stools
Hypertonia	Tachypnea*	
Myoclonic jerks	Hyperactive Moro + undisturbed tremors + increased tone are 3 items that have been found to discriminate b/w opioid and non-opioid exposed infants - Jones et al. <i>J Opioid Manag.</i> 2010.	
Seizures*		

Bolded items = those found in “short forms” to be correlated to withdrawal symptoms (*though does not necessarily mean opioid withdrawal*)

- Cutting of umbilical cord → Abrupt cessation of opioids
 - Pass freely through placenta to infant
 - Transmission increases as gestation increases



Who Develops NOWS?

60-80%
of opioid
exposed
neonates

Variables:

- Total fetal exposure
- Amount and purity of drugs
- Length of use
- Time of last dose
- Maternal and infant metabolism
- Kinetics of placental drug transfer

Eat Sleep Console



ESC: A Novel Approach to NOWS Assessment

- Developed in 2014 as a function-based assessment of NOWS
- Focuses on how withdrawal is impacting their ability to function
- Criteria for assessing and managing NOWS is based on whether the infant can
 - Eat Well
 - Sleep Well
 - Be Consoled
- Emphasizes non-pharmacological care as the first line of treatment.

EAT SLEEP CONSOLE CRITERIA

≥ 1 ounce
every
feeding or
breastfed
well at least
10 min

Sleep
undisturbed
≥ 1 hour

Consolable
within 10
minutes

RESEARCH ARTICLE

A Novel Approach to Assessing Infants With Neonatal Abstinence Syndrome

Matthew R. Grossman, MD,^a Matthew J. Lipshaw, MD,^a Rachel R. Osborn, MD,^b Adam K. Berkwitt, MD^a

	Outcome using ESC	Predicted Outcome using FNASS	p
Infants with NAS receiving morphine, n (%)	6 (12%)	31 (62%)	<.001
Hospital Stays	5.9 days	22.4 days	
Cost per Stay	\$10,289	\$44,824	
Needing Morphine	14% of opiate exp	98% of opiate exp	

ESC Foundations of NOWS Management



- Empower the mother and family to be a central part of the treatment plan
- Individualized to each patient
- Creates a safe non-judgemental, empathetic environment

Our Eat Sleep Console Program Today

Scoring with the Eat Sleep Console Tool

Mother & Family Use Non-Pharmacological Interventions

Developed a morphine protocol for PRN doses

Safe Discharge Plan

- Preparation includes rooming in and a nursing provider checklist to ensure proper transition to home.
- Early follow-up appointments in our pediatric clinic
- Early Steps Referrals to monitor neuro-developmental milestones
- Provider community referral and support for the mother/family
- Continued communication with DCSF, our providers, and social services.



Looking Back & Lessons Learned

Our Strengths and Barriers

Strengths

- Interdepartmental collaboration
- Graduate Medical Education Program Resident involvement
- Support from the Louisiana Perinatal Quality Commission (LaPQC)

Barriers

- Legal/Administrative
- Staff Training & Buy In
- Limited psychiatric access

Our Team's Advice

Provider, patient, and community engagement is the key to success.

Focus on 1-2 small steps at a time.

- Start with stigma/bias and trauma-informed care for staff.
- Revamp your SBIRT process.
- Consider transition to Eat Sleep Console & Set a Date
- Consider transition to PRN morphine treatment of neonates & Set a Date

Our Team's Advice

Things don't have to be perfect to get started.

Identify a champion from every department:

- OBGYN
- Behavioral Health
- Pediatrics
- Labor & Delivery
- Administration
- Patient advisor(s)



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- **Dr. Maria Christina Buenaflor, OB/GYN, Our Lady of the Angels Physician Group, Women's Services Clinic**
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- **Kay Kay Warner, Manager, Social Services, Our Lady of the Angels Hospital**
- **LSU Family Medicine Resident Champions: Dr. Kaitlinn Macieski & Dr. Ryan White**
- **Patient Champion: Rachel Hernandez**
- **LaPQC Team, especially Marcie and Kerrie**
- **LSU Department of Family Medicine & Pediatrics**
- **Angela Lambert, Director of Marketing and Communications**

You & Your Team Can Rise Up Too...

- **Labor & Delivery:**
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- **Family Medicine:** dmohr@lsuhsc.edu
- **Pediatrics:** rmanga@lsuhsc.edu
- **Social Services:**
Kathy.warner@fmolhs.org
- **Patient Scheduling Line:** **985-730-7001**

UPDATES

- Other General Updates?



Other Member/Agency Updates/Announcements?



Public Comments



Welcome

Organization

Discussion

Next Steps

Discussion & Next Steps

Discussion & Next Steps

Impact Workgroups: HOPE@LA.GOV



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Adjourn

Next Meeting: *Thursday, January 29th*

2026 HOPE Council Meetings:

Thursday, January 29th

Thursday, April 23rd

Thursday, July 9th

Thursday, October 8th

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