HOPE Advisory Council
January 29, 2026
9:00 AM to 11:00 AM

Bienville Building: Room 118
628 N. 4th St, Baton Rouge, LA

1. Call to Order at 9:05am.

2. Roll Call

Present:
Dr. Vanessa de la Cruz
Lt. Trenton Palmer
Troy Prevot
Susan Dupont
Dr. Jason Picard
Judge Juan Pickett
Shelley Edgerton

Absent*:*
Dr. Rebecca Hook
Dr. Allison Smith
Crystal Lewis
Ronald Callegari

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

3. Introduction/Welcome Members
   a. No new members introduced at this time.

4. Review and Approval of January 29, 2026 Agenda – Dr. de la Cruz made a motion to approve the meeting agenda, which was seconded by Troy Prevot. There was no objection. The January agenda was approved.

5. Review and Approval of October 2025 Minutes – Dr. de la Cruz made a motion to approve October 2025 meeting minutes, which was seconded by Susan Dupont. There was no objection. The October minutes were approved.

6. Presentations:
   a. Dana Wilkoz, a Public Health Analyst with the CDC Foundation Overdose Response Strategy (ORS) presented on the ORS program in Louisiana. ORS is a nationally coordinated public health and public safety collaboration designed to reduce fatal and non-fatal overdoses.

      The ORS mission is to connect public health and public safety, share data and intelligence, and support effective evidence-based and promising strategies to prevent overdoses.

ORS team structure includes Public Health Analysts (PHAs) embedded in health departments/fusion centers and Drug Intelligence Officers (DIOs) funded through High Intensity Drug Trafficking Areas (HIDTA), who jointly enhance data sharing, identify drug trends, and support rapid response.

In Louisiana, 2019–2024 data trends show declines in all drug-involved, opioid-involved, synthetic opioid-involved, and stimulant-involved deaths. ORS has partnered with Gulf Coast HIDTA, LDH Louisiana Opioid Surveillance Initiative (LOSI), the New Orleans Health Department, the Louisiana State Police Crime Lab, and several other organizations in Louisiana.

Some of the current ORS work in Louisiana include:

- Relationship-building across sectors
- Bi-monthly cross-sector data-sharing meetings
- Production of emerging drug trend bulletins
- Pike response planning (Region 3 pilot)
- support for Overdose Fatality Reviews (OFRs)
- Statewide environmental scan of overdose surveillance
- Treatment access, policy environment, and gaps

b. Curtis Nelson, Executive Counsel with the Louisiana Opioid Abatement Administration Corporation (OAAC) and Task Force (LaOATF), presented on opioid settlement funds. The state opioid settlements arise from national civil litigation against opioid manufacturers, distributors, and retailers for their role in fueling the overdose epidemic. The settlements provide payments to state and local governments over nearly two decades for damages tied to the oversupply of opioid painkillers, resulting addiction, and deaths.

In Louisiana, a Memorandum of Understanding (MOU) governs how funds are divided and spent: 80% to parishes and 20% to sheriffs' offices. The MOU created the Louisiana Opioid Abatement Task Force (LaOATF), and OAAC provides administrative support and distributes settlement funds.

Flow of funds:
Manufacturers/distributors → national settlement administrators → OAAC (with set-asides for administration and litigation) → parishes and sheriffs

Parish allocation percentages are specified in the MOU (e.g., Jefferson Parish 13.17%, East Baton Rouge 9.19%, St. Tammany 7.83%, Lafayette 5.12%, Calcasieu 4.03%, etc.). Metropolitan areas in Louisiana were heavily affected by the opioid epidemic and thus, their allocation percentages are higher.

The MOU limits spending to three primary categories:

I. Treatment (OUD treatment, supports during treatment, linkage to care, justice-involved populations, pregnant/parenting individuals and exposed infants).
II. Prevention (over-prescribing and mis-distribution, misuse prevention, overdose death prevention).
III. Other Strategies (supporting first responders; leadership/planning/coordination; training; and research related to the epidemic).

Parishes are required to annually report settlement share received, awards approved (recipient, amount, program, and terms), and funds disbursed. LaOATF must publish an annual report on State Share received, awards approved, and disbursements.

c. David Howard Sinkman presented on information regarding federal civil rights laws and opioid use disorder (OUD).

Key federal civil rights statutes applicable to OUD:

- Title II of the Americans with Disabilities Act (ADA) – prohibits disability discrimination by state/local governments.
- Section 504 of the Rehabilitation Act – prohibits disability discrimination by recipients of federal financial assistance.
- Section 1557 of the Affordable Care Act – prohibits discrimination in federally funded health programs based on race, color, national origin, sex, age, or disability.

OUD can qualify as a disability under these laws: a physical or mental impairment that substantially limits one or more major life activities. The ADA provides significant protections for individuals with OUD, ensuring they have the same opportunities as everyone else to access treatment, healthcare, housing, work, and more.

The ADA prohibits discrimination against individuals in recovery from OUD who are not engaging in illegal drug use, including those taking legally-prescribed medication to treat their OUD. This includes medications such as buprenorphine, naltrexone, and methadone, which are medications for OUD, or MOUD.

Public entities and health care providers can violate federal civil rights laws by: denying admission to people with OUD, restricting or denying MOUD, or otherwise discriminating based on disability.

Focus areas include jails, courts, hospitals, skilled nursing facilities, recovery homes, zoning and licensing authorities, and local governments. Correctional facilities, medical facilities, and other entities covered by the ADA must comply with these non-discrimination

requirements so that individuals with OUD receive necessary treatment and support without facing discrimination.

The opioid epidemic is simultaneously a public health, criminal justice, and civil rights issue. Ensuring access to MOUD is both evidence-based care and a civil rights compliance issue, and failure to provide or allow MOUD may constitute unlawful discrimination.

7. General Updates

    a. Office of Behavioral Health
        - Dr. de la Cruz shared updates regarding Louisiana Bridge, pharmacy stocking changes, Medicaid Board removing PA and increasing buprenorphine dosing to 32.

    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 – No updates from the Public Safety Impact Group. Dr. Jose Calderon-Addo was not present.

    d. Public Safety Impact Group – Shelley Edgerton shared information on the peer training at Elayn Hunt Correctional Center and six graduated individuals. Shelley recently spoke with the facility's Mental Health Director, who shared that the peers are doing well and that the individuals in the dorm have adjusted positively and appreciate having peer support available.

    e. Other Updates – None at this time.

8. HOPE 2025 Year End Report Update – The 2025 Report is being drafted; please submit any outstanding data requests or updates directly to Melinda.Williams@la.gov.

9. Public Comments – No public comments by audience.

10. Discussion and Next Steps

    a. Impact Workgroups: HOPE@LA.GOV

    b. Next Meeting: Thursday, January 16th 9:00 - 11:00 am

       Location: Bienville Building Room 118

11. Adjourn – Motion to adjourn made by Dr. de la Cruz. Meeting adjourned at 10:55am.