# 2024 Funding Proposal

# St. Tammany Opioid Task Force

## December 2023

22nd District Attorney's Office, Coroner's Office, Fire Chief Association, St. Tammany Municipal Association, Parish President's Office, Parish Council

22nd Judicial Court, Senator Patrick McMath's Office, Florida Parishes Human Services Authority

ST. TAMMANY OPIOID TASK FORCE

October 23, 2023

Honorable Michael B. Cooper
St. Tammany Parish President
P.O. Box 628
Covington, LA 70434

Honorable Jake Airey
St. Tammany Parish Council Chair
P.O. Box 628
Covington, LA 70434

Honorable Michael Lorino
St. Tammany Parish Finance Committee Chair
P.O. Box 628
Covington, LA 70434

Dear Parish President Cooper, Council Chair Airey, and Finance Committee Chair Lorino,

As you are aware, the St. Tammany Opioid Task Force was formed to make funding recommendations (within the boundaries of the settlement agreement), monitor the funds, and report on the use as required under the settlement agreement. I am honored to present the task force's recommendations.

Thus far, the Parish has received $2.1 million for the years 2022 and 2023. The next allocation is expected in the Summer of 2024. At this time, the task force recommends allocating only a portion of the funds. This plan will allow the groundwork to begin without over extending the funds. I am confident you will find the recommendations to be thoughtful, research based, and result in the greatest impact within our community.

I will coordinate a meeting with you and the members of the task force to discuss the recommendations. In the meantime, please let me know if there is anything you need.

Sincerely,

Mary D. Burckell
Director of Health and Human Services

ST. TAMMANY OPIOID TASK FORCE

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## I. Background

On October 26, 2017, President Donald Trump declared the opioid epidemic a public health emergency. During the press conference, President Trump said, "No part of our society - not young or old, rich or poor, urban or rural - has been spared this plague of drug addiction and this horrible, horrible situation that's taken place with opioids… this epidemic is a national health emergency." This declaration brought to light the struggle individuals, healthcare agencies, and public entities are facing in response to the misuse of opioids.

Over three thousand three hundred (3,300) governmental entities participated in suits against the manufacturers and distributers of opioids in state and federal courts. To resolve federal and state suits, a national settlement was negotiated. Currently, $26 billion in damages are assessed to the "Big 3" distributors (McKesson, Cardinal Health, Amerisource Bergen) and an opioid manufacture Janssen/Johnson & Johnson. There may be other settlements, including three more distributors (CVS, Walgreens, Walmart) and two more manufacturers (Teva and Allergan). These settlements may provide an additional $20 billion.

The Louisiana governmental entities were represented by the Attorney General Jeff Landry. Louisiana did reach and surpass the settlement threshold. Louisiana will receive $354 million in damages over 18 years. The settlement funds will be received and distributed according to the Louisiana Memorandum of Understanding (MOU). The MOU does the following:

- Governs current and future settlement funds;
- Establishes allowable uses for funds;
- Sets out parish by parish allocation; and
- Creates the Louisiana Opioid Abatement Taskforce to oversee the funds.

The allocation is based on a national "Negotiation Class Metrics." Funds will be reserved for administrative costs (up to 3%) and litigation fees (7.5%) before it is distributed to Sheriff's Offices and Parish Governments. These are the only entities that will receive funds directly.

St. Tammany Parish will receive 7.83% of the settlement funds allocated to Louisiana which translates to an approximate total of $25,447,500 or $1,413,750 annually. A total of seventeen St. Tammany government entities were plaintiffs in the suit. Pursuant to the settlement terms, St. Tammany Parish Sheriff's Office will receive 20% of the settlement proceeds. Parish Government will administer the remaining 80%. If the 80% were divided among the remaining sixteen entities, they would receive 5% of the St. Tammany allocation.

Parish President Mike Cooper, Council Chairman Jake Airey, Parish staff, and legal counsel met on March 27, 2023, to discuss how to handle the settlement funds within the parameters of the agreement. The agreed upon solution was to form a task force with representatives from entities who were parties to the opioid litigation and who did not receive a direct allocation. It became clear, the just course of action. Those entities include the 22nd District Attorney's Office, St. Tammany Parish Coroner's Office, Covington, Mandeville, Slidell, Pearl River, Madisonville, Abita Springs, and Fire Protection Districts 1, 2, 3, 4, 5, 12, and 13.

The task force is comprised of the following members: a representative from the 22nd District Attorney's Office (Collin Sims), Coroner's Office (Dr. Charles Preston), the Fire Chief Association (Steven Michell), the St. Tammany Municipal Association (Mayor Clay Madden), the Parish President's Office (Gina Hayes), and the Parish Council (Jake Airey). We invited representatives from the 22nd Judicial Court (Shannon Hattier), Senator Patrick McMath's Office (Noble-Bates Smith), and Florida Parishes Human Services Authority (Richard Kramer) to serve as advisory, non-voting members of the task force. The role of the task force is to make funding recommendations (within the boundaries of the settlement agreement), monitor the funds, and report on the use as required under the settlement agreement. Since the funding will come over eighteen years (18), this task force may need to adjust the recommendations as other funding becomes identified (grants, insurance coverage, etc.) or as research develops.

The St. Tammany Opioid Task Force first met on July 26, 2023, to discuss the parameters of the settlement. Then, on August 3, 2023, the group met with community partners (government agencies, healthcare, drug treatment and non-profits) to collect input. Since the community meetings, the task force met on August 23, 2023, September 27, 2023 and December 7, 2023. This proposal reflects the work that has been accomplished thus far by the task force.

## II. Funding Plan

a. Overview

After investigating several options, the St. Tammany Opioid Task Force recommends funding the following programs/initiatives beginning in 2024:

- Treatment Clinic (includes Medication-Assisted Treatment or MAT)
- Narcan Kits
- Resuscitation Equipment
- Opioid Teen Text Line

The task force is continuing to investigate other programs/initiatives.

b. Funding Philosophy

i. Access to Services: There are three intercepts or points of entry into the treatment system.
   - Voluntary: The individual has a desire to begin treatment.
   - Intervention: The individual has a crisis that results in interaction with law enforcement or emergency medical services (i.e. first responders).
   - Criminal Justice System: The individual is arrested; they go to jail; the District Attorney's Office presses charges; and they enter the court system.
   - The Task Force believes that all programs should be accessible for people at all intercepts (voluntary, intervention, and/or criminal justice system).
   - Limiting programs to only individuals in the criminal justice system sends the message that help is only available 'if you commit a crime.'

ii. Community-Based Treatment: Research shows community-based treatment is the most effective.
   - The best-case scenario is for an individual to seek treatment either voluntarily or before a crisis happens. Having immediate access to treatment translates to the highest likelihood of success.
   - This type of treatment allows people to access help BEFORE they commit a crime.
   - In addition, people who are in jail will also have access to the program. In fact, Community treatment works well with prisoners in and/or leaving the jail with the added benefit of a higher likelihood of continued treatment after release.
   - First responders are not social workers; they need resources to refer individuals to especially if they are unwilling to seek inpatient treatment at the time.
   - Studies have found when individuals participate in treatment from community programs (rather than in the jail or courthouse), they are more likely to have long-term success.

iii. Focused Funding: To make an impact on the community, we must identify the most effective program and adequately fund it. If we split the funding between several initiatives or agencies, then the funding amounts will be insufficient to make a system-wide improvement.

iv. Evidence Based Programs: These funds are an opportunity to make an impact and we should not waste it on programs that are not proven to be effective.

v. Address System Gaps: These funds should not duplicate what is already done, but rather we are mapping the system to identify gaps. By filling in the gaps, the overall system will be more effective.

vi. Ability to Track: Parish Government is required to submit reports annually to account for the use of funds to ensure the use is in line with approved activities. Any program/initiative that is chosen has to be able to track participation and tie the service back to the intention of the settlement.

c. Timeline

The task force is making requests for funding which will be available January 2024, so we can begin our work. The first report Parish Government has to submit to the state in regards to the funding is due in the summer of 2024.

i. Requesting

| | **Jan. - June 2024** |
|---|---|
| Beginning Balance | $2,144,561.59 |
| Recommended Expenditures | $1,253,700 |
| Treatment Clinic Startup | $500,000 |
| Narcan Kits | $250,000 |
| Resuscitation Equipment | $343,700 |
| Opioid Teen Text Line | $40,000 |
| Criminal Justice Coord. | $120,000 |
| **Ending Balance** | **$890,861** |

ii. Five Year Plan

Many of the programs or initiatives we would like to begin on January 2024 will require ongoing funding. Below is the 5-year plan for these recommendations.

| | **July 2024 - June 2025** | **July 2025 - June 2026** | **July 2026 - June 2027** | **July 2027 - June 2028** | **July 2028 - June 2029** |
|---|---|---|---|---|---|
| *Beginning Balance* | $890,861 | $775,861 | $505,861 | $250,861 | $335,861 |
| *Expenditures* | $1,115,000 | $1,270,000 | $1,255,000 | $895,000 | $705,000 |
| Treatment Clinic | $1,000,000 | $900,000 | $800,000 | $500,000 | $300,000 |
| Narcan Kits | $100,000 | $250,000 | $260,000 | $265,000 | $270,000 |
| Resuscitation E. | - | - | - | - | - |
| Teen Text Line | - | - | $65,000 | - | - |
| Criminal Justice | $15,000 | $120,000 | $130,000 | $130,000 | $135,000 |
| *Revenue (net)* | $1,000,000 | $1,000,000 | $1,000,000 | $1,000,000 | $1,000,000 |
| **Ending Balance** | **$775,861** | **$505,861** | **$250,861** | **$355,861** | **$650,861** |

## III. Funding Recommendations

a. Treatment Clinic

i. Description

The Treatment Clinic will be a semi-immediate treatment option for opioid users. The treatment will include medication-assisted treatment and case management. The clinic will be on the Safe Haven Campus and overseen by Florida Parishes Human Services Authority. The clinic will be open five days a week and the hours will be based on client needs. The clinic will accept walk-ins, law-enforcement or first responder drop-offs, referrals from court intervention services, clinics, etc. The clinic will work to build a relationship with the St. Tammany Parish Jail to treat inmates and/or individuals being released.

ii. Objective

The purpose of the clinic is to provide timely treatment to reduce overdoses as well as case manage the individuals to treatment programs that best fit their needs for long-term recovery.

iii. Task Force Goals

X Access to Services
X Community Based Treatment
X Evidence Based
X Address System Gap
X Ability to Track

iv. Approved Purposes

Treat Opioid Use Disorder (OUD)

"Expand the availability of treatment of OUD and any co-occurring SUB/MH issues, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration"

v. Initial Cost

The task force is recommending allocating $500,000 for the startup funds for the project.

| | **Jan. - June 2024** |
|---|---|
| Purchase furniture & equipment | $150,000 |
| Admin. costs for SH Operator (selection, monitoring etc.; 1 yr.) | $100,000 |
| Apply for a license / permits | $20,000 |
| Train employees | $10,000 |
| Clinic setup (includes staff costs before open) | $120,000 |
| IT and security | $100,000 |
| **Total** | **$500,000** |

vi. Ongoing Costs

The amount of funding reduces over the years as the clinic is an approved clinic for insurance companies. The settlement will continue to fund treatment for uninsured St. Tammany Residents. The fund will continue to pay for the uninsured and case management (which has been proven effective) when it is not reimbursed by insurance.

Year 1 & 2 - Treatment Clinic

| | **July 2024 – June 2025** | **July 2025- 2026 June** |
|---|---|---|
| Staff Costs* | $600,000 | $600,000 |
| Prescriber (1) | $230,000 | $230,000 |
| Case Mangers (2) | $150,000 | $150,000 |
| Nurse/Office Manager (1) | $100,000 | $100,000 |
| Peer Support Specialist | $70,000 | $70,000 |
| Receptionist (1) | $50,000 | $50,000 |
| Supplies | $24,000 | $24,000 |
| Medical | $20,000 | $20,000 |
| Office | $4,000 | $4,000 |
| Training | $5,000 | $5,000 |
| Insurance | $50,000 | $50,000 |
| Rent/Utilities | $26,000 | $26,000 |
| Medication | $245,000 | $245,000 |
| Administrative Costs | $50,000 | $50,000 |
| Total Operational Costs | $1,000,000 | $1,000,000 |
| Estimated Insurance Reimbursement | - | ($100,000) |
| **Opioid Settlement Contribution** | **$1,000,000** | **$900,000** |

Years 3 -5 Treatment Clinic

| | **July 2026 - June 2027** | **July 2027 - June 2028** | **July 2028 - June 2029** |
|---|---|---|---|
| Staff Costs* | $618,000 | $636,000 | $667,000 |
| Prescriber (1) | $240,000 | $250,000 | $270,000 |
| Case Mangers (2) | $152,000 | $160,000 | $162,000 |
| Nurse/Office Manager (1) | $102,000 | $102,000 | $105,000 |
| Peer Support Specialist | $72,000 | $72,000 | $75,000 |
| Receptionist (1) | $52,000 | $52,000 | $55,000 |
| Supplies | $25,000 | $27,000 | $28,500 |
| Medical | $21,000 | $22,500 | $24,000 |
| Office | $4,000 | $4,500 | $4,500 |
| Training | $5,000 | $6,000 | $6,000 |
| Insurance | $50,000 | $50,000 | $50,000 |
| Rent/Utilities | $26,000 | $28,000 | $29,000 |
| Medication | $250,000 | $255,000 | $260,000 |
| Admin Costs | $50,000 | $50,000 | $50,000 |
| Total Operational Costs | $1,024,000 | $1,052,000 | $1,090,500 |
| Estimated Insurance Reimbursement | ($224,000) | ($552,000) | ($790,500) |
| **Opioid Settlement Contribution** | **$800,000** | **$500,000** | **$300,000** |

b. Narcan Kits

i. Description

Parish Government will purchase Narcan Kits to distribute to first responders, government agencies, and the public. Narcan is a medication that can revive individuals experiencing an opioid overdose, the preferred form is a nose spray. The amount and strength of the opioid taken will affect how much Narcan will be needed to revive the individual. Parish Government has provided Narcan for a few years, but the grant funding source is expiring. We need a new funding source to purchase Narcan kits going forward.

ii. Objective

To ensure the St. Tammany Parish community has the resources to respond to opioid overdoses. Narcan does not solve or treat the addiction, rather, it gives the user another opportunity to get help.

iii. Task Force Goals

| | |
|---|---|
| | Access to Services |
| | Community Based Treatment |
| X | Evidence Based |
| X | Address System Gap |
| X | Ability to Track |

iv. Approved Purpose

Prevent Overdose Deaths and Other Harms (Harm Reduction)
"Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.

v. Initial Cost

Narcan is sold in cases which currently costs $50. In each case, there are 12 kits (24 doses). In 2021, Parish Government provided 1,980 kits to fire districts, Florida Parishes Human Services Authority, Coroner's Office, and church organized substance use support groups. In 2022 and 2023, 3,000 kits will have been distributed. In addition to the organizations in 2022, we also provide Narcan to the 22nd Judicial District Court and the St. Tammany Parish Public School System.

On the horizon are nitazenes. This is a group of compounds that are opioid analgesics. While they have been around since the 1950s, they have not been used. Nitazenes are a hundred to a thousand times more potent than morphine and other opioids and tenfold more potent than fentanyl. In the past few years, several types of nitazenes have been detected in the illicit drug supply. More Narcan will be needed to revive individuals overdosing with this drug. With this in mind, we plan to order more Narcan than we have in the past.

| | **Jan. 2024 - June 2025** |
|---|---|
| Cases | 5,000 |
| Cost ($50 per case) | $250,000 |
| **Total** | **$250,000** |

vi. Ongoing Costs

When the supplies get to the last 25%, we will approach the Council to ask for more funds. To ensure we always have this lifesaving resource on hand at all time. The Task Force will recommend more Narcan on an as-needed bases, most likely for the length of the settlement allocation. Below is out estimation of how much will be spent over the next 5 years.

| | **July 2024 - June 2025** | **July 2025 - June 2026** |
|---|---|---|
| Estimated Need (Cases) | 2,000 | 5,000 |
| Cost ($50 per case) | $100,000 | $250,000 |
| **Total** | **$100,000** | **$250,000** |

| | **July 2026 - June 2027** | **July 2027 - June 2028** | **July 2028 - June 2029** |
|---|---|---|---|
| Estimated Need (Cases) | 5,000 | 5,000 | $5,000 |
| Cost ($50 per case with extra for cost increase) | $260,000 | $265,000 | $270,000 |
| **Total** | **$260,000** | **$265,000** | **$270,000** |

c. Resuscitation Equipment

i. Description

When individuals overdose, first responders need Narcan and sometimes resuscitation is required. In the past, resuscitation has only been administered by a person. Now, there are machines, Lucas and Defibtech, that can assist first responders and have proven to be effective.

ii. Objective

To provide first responders with the tools they need to respond to opioid overdoses. By reviving the individuals, they have a chance to begin a path to recovery.

iii. Task Force Goals

Access to Services
Community Based Treatment
X Evidence Based
X Address System Gap
X Ability to Track

iv. Approved Purpose

Treat Opioid Use Disorder (OUD)
"Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or person who have experienced an opioid overdoes."

v. Initial Cost

The fire districts were surveyed to identify their needs.

| | Jan. 2024 - June 2025 |
|---|---|
| Lucas Devices | 7 |
| Cost ($31,233.59) | $218,635 |
| Defibtech Devices | 5 |
| Cost ($25,000) | $125,000 |
| **Total** | **$343,700** |

vi. Ongoing Costs
The purchase of equipment is a one-time cost. We do not anticipate additional costs associated with these resuscitation machines in the next 5 years. We will continue to work with first responders to assess if there are more gaps with lifesaving equipment used during opioid overdoses.

d. Opioid Teen Text Line
i. Description
Via Link 211 is a non-profit organization that manages the 211-resource line as well as the 988 mental health crisis line. Via Link received a grant to create and operate an Opioid Teen Text Line. The text line is available 24/7 and it serviced about 40 St. Tammany teens from July 2022 to July 2023.
ii. Objective
To continue a service that has proven successful for teens who are struggling with opioid addition.
iii. Task Force Goals
X Access to Services
X Community Based Treatment
X Evidence Based
X Address System Gap
X Ability to Track
iv. Approved Purpose
Treat Opioid Use Disorder (OUD)
"Support mobile intervention, treatment, and recovery services, offered by qualified professionals for persons with OUD and any co-occurring SUD/MH issues or person who have experienced an opioid overdose."
v. Initial Cost
The service will cost $20,000 per year. We recommend funding this program for two years to see if it continues to be effective.

| | Jan. 2024 - Dec. 2025 |
|---|---|
| Operation Cost per Year | $20,000 |
| 2 years | $40,000 |
| **Total** | **$40,000** |

vi. Ongoing Costs
If the program continues to help St. Tammany Teens, then the task force may recommend continuing to fund the program for an additional three (3) years.

| | Jan. 2026 - Dec. 2029 |
|---|---|
| Operation per year | $21,600 |
| 3 years | $65,000 |
| **Total** | **$65,000** |

e. Criminal Justice Coordination

i. Description

The District Attorney's Office is working on a new program to track data. The DA's Office would like to create a new position that will be responsible for the collection of communication data between opioid drug traffickers and overdoes victims. The information will be collected by St. Tammany, Jefferson and Orleans Parishes to cooperatively track those engaged in this activity. The information will be organized and shared with Louisiana State Police and the Drug Enforcement Administration. The data will identify regional hotspots of activity thus the criminal justice system can formulate response strategies based on the data collected. The amount requested is half the salary of the position, the other half will be funded by another source.

In addition, the 22nd Judicial District received a federally funded SAMHSA grant which funded a Court Navigator position. The Court System Navigator recommends and expedites individuals to the specialty court system. The SAMHSA grant is set to expire in October 2024 after being awarded a no cost extension for an additional year. This role is vital to diverting individuals in the criminal justice system to treatment.

ii. Objective

To provide the criminal justice system with the resources the system needs to address the opioid crisis.

iii. Task Force Goals

X Access to Services
X Community Based Treatment
X Evidence Based
X Address System Gap
X Ability to Track

iv. Approved Purpose

Prevent Overdoes Deaths and Other Harms (Harm Reduction)
Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.

Address the needs of Criminal-Justice Involved Persons
Support pre-trail services that connect individuals with OUD and any co-occurring SUB/MH issues to evidence-informed treatment, including MAT, and related services.

v. Initial Cost

| | **Jan. 2024 - June 2024** |
|---|---|
| DA Investigator | $45,000<br>(Feb. 2024 to Feb. 2025) |
| Court Navigator | $75,000<br>(Oct. 2024 to Oct. 2025) |
| **Total** | **$120,000** |

vi. Ongoing Costs

| | **July 2024 - June 2025** | **July 2025 - June 2026** |
|---|---|---|
| DA Investigator | $15,000 | $45,000 |
| Court Navigator | - | $75,000 |
| **Total** | **$15,000** | **$120,000** |

| | **July 2026 - June 2027** | **July 2027 - June 2028** | **July 2028 - June 2029** |
|---|---|---|---|
| DA Investigator | $50,000 | $50,000 | $52,000 |
| Court Navigator | $80,000 | $80,000 | $83,000 |
| **Total** | **$130,000** | **$130,000** | **$135,000** |

f. Other Programs/Initiatives

The task force is exploring other programs and initiatives to fund in the future. Currently, we are discussing the below information as follows:

vii. Narcan Plus

Description: Narcan Plus is a supportive service program that takes place 24-hours after Narcan is administered to offer and encourage treatment.

Objective: The purpose is to increase participation in treatment after an individual survives an overdose. This will help to relieve first responders of some of the case management duties they have been forced to take on out of necessity.

Cost: The program will cost about $200,000 per year to employ a licensed professional and two peer support specialists.

viii. Enhanced Drug Testing for Specialty Court

Description: The current drug testing taking place in the specialty courts does not test for fentanyl. This puts the case management at a disadvantage.

Objective: To support the efforts for the specialty court to give the case workers the information they need. The specialty courts have been proven effective, time and time again.

Cost: The cost to test fentanyl is $8 per test. With the current roster, this would cost approximately $200,000 per year.

ix. Awareness Campaign

Description: Many residents (young, old and in-between) still do not understand the dangers of opioids. This item was identified by the community groups.

Objective: The goal of a campaign is to prevent opioid addiction.

Cost: A Parish-wide education campaign would cost approximately $100,000 for the first year of a robust campaign.

x. Fund for Treatment
Description: We could have a fund for low income and/or uninsured residents to seek treatment, including but not limited to, detox, rehab, or outpatient programs.
Objective: We would like to support people who want treatment but do not have the resources to access it.
Cost: This is a flexible amount; it will depend on how many people we would like to assist. Detox costs about $225 per day; rehab is about $300 per day; and outpatient services is about $75 per day.

xi. Overdose Response
First responders are the 'boots on the ground' in the opioid crisis response. We will continue to investigate ways to support their work. With the addition of nitazenes we anticipate an increase in the amount and intensity of overdoses.

## IV. Other Recommendations

Thus far, we have presented programs and initiatives that will cost money. During our work, we identified two system changes that can take place at no cost.

a. Increase Public School Funding for Opioid Initiatives
   The task force determined there is funding available for the public-school system to address substance abuse. We would like to have meetings with some of the school board members to make sure they are aware of the funding requirements. This will give the task force an opportunity to leverage funds and promote the Opioid Teen Text Line.
b. Data Tracking
   Many companies are offering software to track opioid users and services. The task force agrees data tracking will be important moving forward, although we are not recommending to spend majority of the funding on this. St. Tammany Parish Government tried to do this in the past, but there has always been a lot of concerns pertaining to data sharing and the associated risks that come with it. There is a free data tracking program, OD Map. This program was developed by the Office of National Drug Control Policy and about 4,000 agencies in all 50 states participated. The map is a web-based tool that provides near real-time suspected overdose surveillance data across a jurisdiction to support public safety and public health efforts. We will meet with law enforcement and first responders to try to get more participation in the program. Currently, the Coroner does submit their data. We would like to see if this program can be successful before we recommend spending funds in this area.
c. First Responder Training
   During our conversations the need for more training of first responders was identified. Florida Parishes Human Services Authority may be able to assist with training with little to no cost form the opioid settlement fund. The task force will assist with the planning of the training.

## V. Conclusion

The current recommendations will build a foundation that we can build upon without overcommitting the usage of funds. We are looking forward to conversations about these recommendations and others you may have in mind to share. Please feel free to contact any member of the task force if you have any questions.

We appreciate your time and attention to this matter. Together, we can improve the lives of those suffering from opioid addiction.

**a.**

**LOUISIANA STATE-LOCAL GOVERNMENT OPIOID LITIGATION SETTLEMENT**
***TO PARISH GOVERNMENTAL AGENCIES:***
***THIS NOTICE CONTAINS IMPORTANT INFORMATION***

## BRIEF SETTLEMENT OVERVIEW

Proposed nationwide settlement agreements ("Settlements") have been reached that would resolve opioid litigation brought by states, local political subdivisions, and special districts against pharmaceutical manufacturers. The Settlements require certain Manufacturers and Pharmacies who participated to pay billions of dollars to abate the opioid epidemic. As provided under the Settlements, these figures are net of amounts attributable to prior settlements between the Defendants and certain states/subdivisions. This includes amounts for attorneys' fees and costs.

Louisiana settlement proceeds will be distributed directly to parish governments and sheriffs. The guidelines and details regarding the limitations on expenditures and amounts to be received by each entity are controlled by a Memorandum of Understanding ("MOU"), along with Exhibits A and B (attached), which was executed by each parish government, sheriff and other entities.

The Louisiana Memorandum of Understanding (MOU) is an agreement between the State of Louisiana (State) and participating local governments. This will govern current and future settlement funds. The MOU establishes permitted uses for the funds and sets out parish-by-parish allocations. In the end, it also created the Louisiana Opioid Abatement Taskforce (LaOATF). There are five members on the Taskforce, including appointees from the Municipal Association, the Police Jury Association, the Sheriffs' Association, a designee by the Secretary of the Department of Health, and Governor's appointee. For legal & technical reasons, the LaOATF created and engaged the Louisiana Opioid Abatement Administration Corporation (LaOAAC) to assist in the administration of the project.

## WHY IS YOUR ENTITY RECEIVING THIS NOTICE?

As either parish government or a sheriff, your entity will be receiving a percentage of the funds, as determined by Exhibit B of the MOU. In connection with this distribution, you will be receiving a Cooperative Endeavor Agreement ("CEA") which outlines the terms and conditions of the expenditure. Additionally, you will be contacted by a CPA firm [Provost, Salter, Harper & Alford (PSHA)], retained for the purpose of facilitating the distribution the proceeds in order to securely obtain financial information necessary to effectuate the transfer of the funds to your entity. The form, linked below, is designed to gather the information necessary to complete these steps. Additionally, we will be scheduling a virtual information session for you to attend and receive details about the guidelines and restrictions contained within the MOU, Exhibits, and CEAs.

We know that you are anxious to receive these funds and put them to work in your community as quickly as possible in order to begin to combat the opioid epidemic that plagues us all. In that regard, please expedite returning the information requested below so that we can avoid any further delay.

Thank you in advance for your cooperation. Please email any questions to ADMINISTRATOR@LAOATF.ORG.

Below is the Microsoft Forms link which when accessed will ask for specific contact information to the main point of contact(s) in your office for this settlement.

**Link for Main Contact Information Submission: https://forms.office.com/r/FiUnYx3L2A**

Please add the following email addresses to your "safe" list so emails do not go to spam / junk folders:

- ADMINISTRATOR@LAOATF.ORG
- KALFORD@PSHA.COM and DCARTER@PSHA.COM (Contacts with Provost, Salter, Harper & Alford, the CPA firm assisting the LaOAAC in disseminating the funds).

**Following the submission of the contact information form, please monitor your email for additional correspondence concerning the Cooperative Endeavor Agreement for your Parish, as well as the direct deposit instructions which should be received within a week of submission of your information on the main point of contact for your entity.**

**b.**

# LOUISIANA STATE-LOCAL GOVERNMENT OPIOID LITIGATION MEMORANDUM OF UNDERSTANDING

Whereas, the people of the State and its communities have been harmed by misfeasance, nonfeasance, and malfeasance committed by certain entities within the Pharmaceutical Supply Chain; and,

Whereas, the State, though its Attorney General, and certain Local Governments, through their elected representatives and counsel, are separately engaged in litigation seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance; and,

Whereas, the State, through its Attorney General, and its Local Governments share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State;

Now therefore, the State and its Local Governments, subject to completing formal documents effectuating the Parties' agreements, enter into this Memorandum of Understanding ("MOU") relating to the allocation and use of the proceeds of Settlements described.

A. Definitions

As used in this MOU:

1. "The State" shall mean the State of Louisiana acting through the Attorney General.

2. "Local Government(s)" or "LG" shall mean all parishes, incorporated municipalities, and other certain local government political subdivisaions and Sheriffs within the geographic boundaries of the State.

3. "The Parties" shall mean the State and the Local Governments.

4. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State and the Local Governments.

5. "Opioid Funds" shall mean monetary amounts obtained through a Settlement as defined in this Memorandum of Understanding.

6. "Approved Purpose(s)" shall mean evidence-based forward-looking strategies, programming and services used to (i) provide treatment for citizens of the State of Louisiana affected by substance use disorders, (ii) provide support for citizens of the State of Louisiana in recovery from addiction who are under the care of Substance Abuse & Mental Health

Services Administration "SAMHSA" qualified and appropriately licensed health care providers, (iii) target treatment of citizens of the State of Louisiana who are not covered by Medicaid or not covered by private insurance for addictive services. See Exhibit A.

7. "Pharmaceutical Supply Chain" shall mean the process and channels through which Controlled Substances are manufactured, marketed, promoted, distributed or dispensed.

8. "Pharmaceutical Supply Chain Participant" shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution or dispensing of an opioid analgesic.

9. "Municipalities" shall mean cities, towns, or villages of a Parish within the State with a Population greater than 10,000 individuals and shall also include cities, towns or villages within the State with a Population equal to or less than 10,000 individuals which filed a Complaint in this litigation against Pharmaceutical Supply Chain Participants. The singular "Municipality" shall refer to a singular of the Municipalities.

10. "Negotiation Class Metrics" shall mean those county and city settlement allocations which come from the official website of the Negotiation Class of counties and cities certified on September 11, 2019 by the U.S. District for the Northern District of Ohio in *In re National Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio). The website is located at https://allocationmap.iclaimsonline.com.

11. "Qualified Parish" shall mean a parish within the State that has a Population of least 300,000 individuals. For the avoidance of doubt, Qualified Parishes include: East Baton Rouge Parish, Jefferson Parish, and Orleans Parish.

12. "Parish" shall refer to one of the 64 parish governments in the State of Louisiana.

13. "Sheriff" shall refer to the sheriff in each of the 64 parishes in the State of Louisiana.

14. "Population" shall refer to published U.S. Census Bureau population estimates as of July 1, 2019, released March 2020, and shall remain unchanged during the term of this MOU. These estimates can currently be found at https://www.census.gov

B. Opioids Abatement Taskforce. The State will create an Opioid Abatement Taskforce (hereinafter "Taskforce") to advise the Attorney General and the Parishes and Municipalities on the priorities that should be addressed as part of the opioid epidemic and to review how monies have been spent and the results that have been achieved with the Opioid Funds.

1. Size. The Taskforce shall have five (5) members.

2. Appointments: Local Governments

   a. The Lousiana Municipal Association shall appoint one member.

   b. The Police Jury Association shall appoint one member.

   c. The Louisiana Sheriff's Association shall appoint one member.

3. Appointments: State.

   a. The Secretary of the Louisiana Department of Public Health or his/her designee shall appoint one member.

   b. The Governor shall appoint one member who is a licensed SAMSHA provider.

4. Chair. The members of the taskforce shall designate the chair of such Taskforce.

5. Term. Members will be appointed to serve 3 year terms.

6. Meetings. The Taskforceshall meet in person or virtually each year.

7. At least annually, each Qualified Parish and Lead Parish shall provide to the State and the Taskforce a report detailing for the preceding time-period (1) the amount of the LG Share received by each Participating Local Government within the Parish, (2) the allocation of any awards approved (listing the recipient, the amount awarded, the program to be funded, and disbursement terms), and (3) the amounts disbursed for approved allocations.

8. At least annually, the State and the Taskforce shall publish a report detailing for the preceding time-period (1) the amount of the State Share received, (2) the allocation of any awards approved (listing the recipient, the amount awarded, the program to be funded, and disbursement terms), and (3) the amounts disbursed for approved allocations.

C. Allocation of Settlement Proceeds

1. All of the Opioid Settlement Funds shall be received on behalf of the Local Goverments and will be placed into one fund (hereinafter, "Opioid Abatement Fund") for the benefit of the Parishes and Municipalities of the state after deducting costs of the Local Government Fee Fund detailed in paragraph D below:

   a. The amounts received shall by the Local Governments shall be allocated with twenty percent (20%) going to the benefit of Sheriffs and the remaining eighty percent (80%) going to the benefit of the other Local

Governments , all as provided hereinafter.

b. The amounts to be distributed to each Parish and Municipalities shall be determined by the Negotiation Class Metrics or other metrics agreed upon, in writing, by the Parishes and Municipalities. The amounts to be distributed to each Sheriff shall be determined by the Negotiation Class Metrics or other metrics agreed upon, in writing, in the same way allocated to the Parishes.

c. The Opioid Taskforce will annually calculate the share of each Parish within the State utilizing the sliding scale in section 4 of the allocation contained in the Negotiation Class Metrics or other metrics that the Parties agree upon.

d. For Qualified Parishes, the Qualified Parish's share, including the Municipalities within that Parish, will be paid to the Qualified Parish and expended for Approved Purposes, including the Core Strategies identified in Exhibit A, if applicable. A priority shall be given to treatment of citizens with opioid use disorder who are not covered by Medicaid or not covered by private insurance for such treatment.

e. For all other Parishes, the funds allocated for those Parishes and Municipalities shall be paid on a regional basis consistent with Louisiana Department of Health Regions, as set forth in Exhibit B. The regional share of the funds will be paid to the designated Parish as set forth in Exhibit B and expended for Approved Purposes, including the Core Strategies identified in Exhibit A, if applicable in that Region. A priority shall be given to treatment of citizens with opioid use disorder who are not covered by Medicaid or not covered by private insurance for such treatment.

f. To the extent that funds in the Opioid Abatement Fund are not appropriated and expended in a year by the Taskforce , the Taskforce shall identify the investments where settlement funds will be deposited. Any gains, profits, or interest accrued from the deposit of the Opioid Funds to the extent that any funds are not appropriated and expended within a calendar year, shall be the sole property of the Party that was entitled to the initial deposit.

g. The Taskforce may take no more than 3% administrative fee from the Opioid Abatement Fund ("Administrative Costs") for operation of the Taskforce .

D. Payment of Counsel and Litigation Expenses

1. This section D shall only apply to any settlement funds or fees derived from settlement(s) with McKesson Corporation, Cardinal Health, Inc., and AmerisourceBergen Corporiation (hereinafter, "Settling Distributors") and Johnson & Johnson, Janssen Pharmaceuticals, Inc., Ortho- McNeil-Janssen Pharmaceuticals, Inc., and Janssen Pharmaceutica, Inc.

2. The Parties anticipate that any national settlement will provide for the partial payment of fees and litigation expenses to counsel representing Local Governments. If the court in *In Re: National Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio) or a national global settlement otherwise establishes a separate fund or similar device for the payment of fees and expenses to counsel or requires any governmental plaintiffs to pay a share of their recoveries from defendants into an attorney fee and expense fund as a "tax," then Participating Local Governments shall first seek to have the settling defendants pay the requisite amounts into that fund. If the settling defendants do not agree, then the amounts due to the fee and expense fund shall be paid from the State of Louisiana's recovery, prior to the allocation and distribution of any settlement funds to the State or Participating Local Governments.

3. Any governmental entity which seeks attorneys' fees and expenses for its counsel shall first seek to recover those amounts from the national settlement. Anticipating that any fund established as part of a national settlement will not be sufficient to pay all contingency fee contracts for Participating Local Governments in the State of Louisiana, the Parties agree to create a supplemental fee and expense fund (the "Local Government Fee Fund" or "LGFF").

4. The LGFF is to be used to compensate counsel for Participating Local Governments that filed opioid lawsuits by the Effective Date of this Agreement ("Litigating Participating Local Governments").

5. The LGFF shall be used to pay the fees and expenses of Participating Local Governments in the State of Louisiana who filed opioid lawsuits on or before the date of this agreement The amount of funds to be deposited in the LGFF shall be contingent upon the overall percentage of Incentive Payments awarded to the State of Louisiana under the national settlement, pursuant to the following table, with the LGFF percentage being a percentage of the Total Cash Value of payments to the State of Louisiana before any allocation of funds to the State or any Participating Local Governments. In no circumstances shall the LGFF receive more than 7.5% of the Total Cash Value received by the State of Louisiana including any funds received from a national fee fund as described in Paragraph D(2) above. If the State of Louisiana does not receive at least 65% of the total available Incentive

Payments, then the LGFF shall be null and void and no amounts shall be paid into the LGFF.

| PERCENTAGE OF INCENTIVE PAYMENTS AWARDED | LGFF PERCENTAGE |
|---|---|
| 65% | 2% |
| 70% | 3% |
| 75% | 4% |
| 80% | 5% |
| 85% | 6% |
| 90% | 6.5% |
| 95% | 7% |
| 100% | 7.5% |

6. The Parties further agree no counsel for any Litigating Participating Local Government shall recover, from any national fee fund and the LGFF, a combined contingency fee of more than 7.5% (plus expenses). Additionally, counsel for any Litigating Participating Local Government shall not be paid a contingency fee, from any national fee fund and the LGFF, that exceeds the amount due under its fee contract. If there are any funds remaining in the LGFF after payment of fees and expenses consistent with the terms of this agreement, those funds shall revert pro rata to the Participating LGs.

7. Although the amount of the LGFF shall be calculated based on the entirety of payments due to the LGs over a 10 to 18 year period, the LGFF shall be funded and made payable over a period of 7 years.

E. Accountability

1. The State and Participating Local Governments may object to an allocation of Opioid Funds solely on the basis that the allocation at issue (1) is inconsistent with provision B(1) hereof with respect to the amount of the State Share or LG Share; (2) is inconsistent with an agreed-upon allocation, or the default allocations in Exhibit B or (3) violates the limitations set forth in Exhibit A.

2. The Parties shall maintain, for a period of at least five years, records of abatement expenditures and documents underlying those expenditures, so that it can be verified that funds are being or have been utilized in a manner consistent with the Approved Purposes definition.

3. The Louisiana Legislative Auditor shall have the right to audit the Opioid Funds.

4. In an action brought pursuant to E(1), attorney's fees and costs shall not be recoverable.

F. Settlement Negotiations

1. The State and the Participating Local Governments agree to inform each other in advance of any negotiations relating to a Louisiana-only settlement with a Pharmaceutical Supply Chain Participant that includes both the State and the Participating Local Governments and shall provide each other the opportunity to participate in all such negotiations.

2. The State and the Participating Local Governments further agree to keep each other reasonably informed of all other global settlement negotiations with Pharmaceutical Supply Chain Participants. Neither this provision, nor any other, shall be construed to state or imply that either the State or the Participating Local Governments (collectively, the "Louisiana Parties") are unauthorized to engage in settlement negotiations with Pharmaceutical Supply Chain Participants without prior consent or contemporaneous participation of the other, or that either party is entitled to participate as an active or direct participant in settlement negotiations with the other. Rather, while the State's and the Participating Local Government's efforts to achieve worthwhile settlements are to be collaborative, incremental stages need not be so.

3. By virtue of executing this MOU, Participating Local Governments give the State the right to execute a settlement agreement with certain entities in the Pharmaceutical Supply Chain for those entities' role in the opioid epidemic. The Attorney General shall have the ability to release any and all claims said Participating Local Governments may have with those entities provided such settlement comports with the parameters of this MOU, including Exhibit A and Exhibit B. Furthermore, Local Governments shall not initiate any new litigation against any entity in the Pharmaceutical Supply Chain for harm caused by misfeasance, nonfeasance, and malfeasance committed by said entities that resulted in the opioid epidemic, unless the Local Government is granted written permission from the Attorney General. For the avoidance of doubt, in the event that a Participating Litigating Local Governments seeks to add additional defendants to its lawsuit, or desires to file new litigation against an entity in the Pharmaceutical Supply Chain related to the opioid epidemic, the Participating Litigating Local Government must first receive written permission from the Attorney General.

G. Amendments, Choice of Law, Venue, Consent Decree

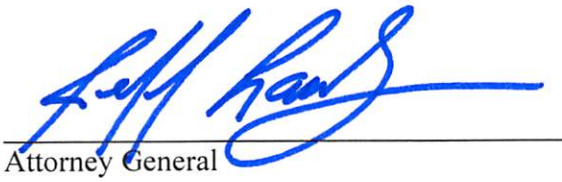
1. The Parties agree to make such amendments as necessary to implement the intent of this agreement.

2. The Parties agree that this MOU, any amendments thereto, and any dispute arising out of or related to this MOU, shall be governed by and interpreted according to the laws of the State of Louisiana. Any action to enforce or interpret this MOU, or to resolve any dispute concerning it, shall be commenced and maintained only by a court of competent jurisdiction in East Baton Rouge Parish, Louisiana. The Parties understand and agree that, in connection with a settlement with any Pharmaceutical Supply Chain Participant, the State may file an appropriate action in a court of competent jurisdiction in East Baton Rouge, Louisiana seeking a consent decree approving such settlement and the allocation of settlement funds within the State of Louisiana pursuant to this MOU.

Acknowledgment of Agreement

The undersigned has participated in the drafting of the above Memorandum of Understanding including consideration based on comments solicited from Local Governments. This document has been collaboratively drafted to maintain all individual claims while allowing the State and Local Governments to cooperate in exploring all possible means of resolution. Nothing in this agreement binds any party to a specific outcome. Any resolution under this document will require acceptance by the State and the Local Governments.

FOR THE STATE:



Attorney General

c.

## APPROVED PURPOSES
## OPIOID ABATEMENT STRATEGIES

PART ONE: TREATMENT

**Approved Purpose(s)" shall mean evidence-based forward-looking strategies, programming and services used to (i) provide treatment for citizens of the State of Louisiana affected by substance use disorders, (ii) provide support for citizens of the State of Louisiana in recovery from addiction who are under the care of SAMHSA qualified and appropriately licensed health care providers, (iv) target treatment of citizens of the State of Louisiana who are not covered by Medicaid or not covered by private insurance for addictive services. Approved purposes shall include, but shall not me limited to the following:**

### A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) issues through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH issues, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.

2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH issues, including but not limited to:
    a. Medication-Assisted Treatment (MAT);
    b. Abstinence-based treatment;
    c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers; or
    d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH issues.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH issues, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed, or promising practices such as adequate methadone dosing.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose.

6. Treatment of mental health trauma issues resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such mental health trauma.

7. Support detoxification (detox) services for persons with OUD and any co-occurring SUD/MH issues, including medical detox, referral to treatment, or connections to other services or supports.

8. Training on MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH issues.

10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OUD any co-occurring SUD/MH issues, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Scholarships for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field, and scholarships for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field for continuing education and licensing fees.

13. Provide funding and [VT EDIT] training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

## B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH issues through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH issues, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.

2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH issues.

3. Provide access to housing for people with OUD and any co-occurring SUD/MH issues, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.

4. Provide community support services to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH issues

5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH issues.

6. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH issues.

7. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH issues.

8. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

9. Engage non-profits, the faith community, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.

10. Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.

11. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

12. Create or support culturally-appropriate services and programs for persons with OUD and any co-occurring SUD/MH issues, including new Americans.

13. Create and/or support recovery high schools.

## C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH issues through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH issues, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.

7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH issues or persons that have experienced an opioid overdose.

8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and

any co-occurring SUD/MH issues or to persons who have experienced an opioid overdose.

10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH issues or to persons who have experienced on opioid overdose.

11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

12. Develop and support best practices on addressing OUD in the workplace.

13. Support assistance programs for health care providers with OUD.

14. Engage non-profits and the faith community as a system to support outreach for treatment.

15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH issues.

16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH issues.

17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

## D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH issues who are involved – or are at risk of becoming involved – in the criminal justice system through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH issues, including established strategies such as:

a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);

b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;

c. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; or

e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network.

f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses; or

g. County prosecution diversion programs, including diversion officer salary. Any diversion services in matters involving opioids must include drug testing, monitoring, or treatment.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH issues to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH issues, but only if they provide referrals to evidence-informed treatment, including MAT.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH issues who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH issues who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH issues to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

## E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH issues, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH issues.

2. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH issues.

3. Other measures to address Neonatal Abstinence Syndrome, including prevention, education, and treatment of OUD and any co-occurring SUD/MH issues.

4. Provide training to health care providers that work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

5. Child and family supports for parenting women with OUD and any co-occurring SUD/MH issues.

6. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH issues.

7. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

8. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH issues, including but not limited to parent skills training.

9. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

## PART TWO: PREVENTION

### F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

2. Academic counter-detailing to educate prescribers on appropriate opioid prescribing.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
    a. Increase the number of prescribers using PDMPs;
    b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
    c. Enable states to use PDMP data in support of surveillance or intervention strategies.

6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
    a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.
    b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database.

7. Increase electronic prescribing to prevent diversion or forgery

8. Educate Dispensers on appropriate opioid dispensing.

## G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Corrective advertising or affirmative public education campaigns.

2. Public education relating to drug disposal.

3. Drug take-back disposal or destruction programs.

4. Fund community anti-drug coalitions that engage in drug prevention efforts.

5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

6. Engage non-profits and faith community as a system to support prevention.

7. School and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

9. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH issues.

10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

## H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.

2. Public health entities provide free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.

4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH issues.

12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH issues.

13. Support screening for fentanyl in routine clinical toxicology testing.

## PART THREE: OTHER STRATEGIES

### I. FIRST RESPONDERS

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

1. Law enforcement expenditures relating to the opioid epidemic.

2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

### J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH issues, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

### K. TRAINING

In addition to the training referred to in the items above, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH issues, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

## L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).

7. Research on expanded modalities such as prescription methadone that can expand access to MAT.

LOUISIANA STATE-LOCAL GOVERNMENT
OPIOID LITIGATION
MEMORANDUM OF UNDERSTANDING

**Exhibit B**

| Parish | Allocation Percentage |
|---|---|
| Acadia Parish | 1.57% |
| Allen Parish | 0.46% |
| Ascension Parish | 2.27% |
| Assumption Parish | 0.37% |
| Avoyelles Parish | 0.84% |
| Beauregard Parish | 0.65% |
| Bienville Parish | 0.20% |
| Bossier Parish | 1.83% |
| Caddo Parish | 4.47% |
| Calcasieu Parish | 4.03% |
| Caldwell Parish | 0.19% |
| Cameron Parish | 0.10% |
| Catahoula Parish | 0.22% |
| Claiborne Parish | 0.28% |
| Concordia Parish | 0.33% |
| De Soto Parish | 0.35% |
| East Baton Rouge Parish* | 9.19% |
| East Carroll Parish | 0.08% |
| East Feliciana Parish | 0.26% |
| Evangeline Parish | 0.79% |
| Franklin Parish | 0.27% |
| Grant Parish | 0.34% |
| Iberia Parish | 1.32% |
| Iberville Parish | 0.70% |
| Jackson Parish | 0.24% |
| Jefferson Davis Parish | 0.69% |
| Jefferson Parish* | 13.17% |
| Lafayette Parish | 5.12% |
| Lafourche Parish | 1.82% |
| Lasalle Parish | 0.35% |
| Lincoln Parish | 0.52% |
| Livingston Parish | 4.97% |
| Madison Parish | 0.12% |
| Morehouse Parish | 0.45% |

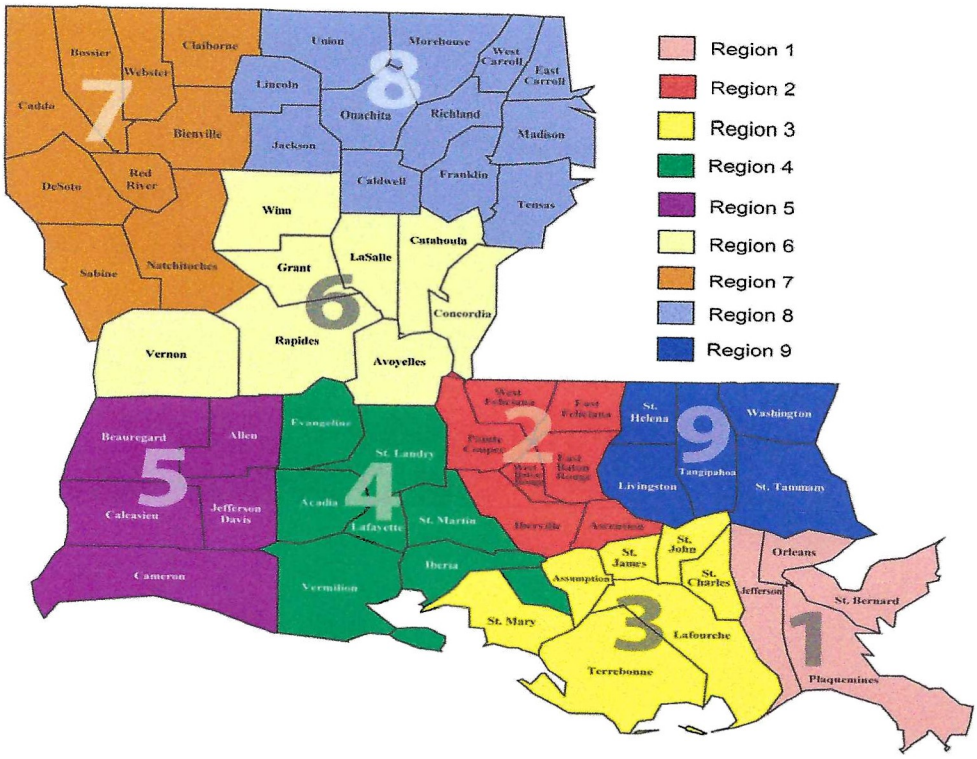
LOUISIANA STATE-LOCAL GOVERNMENT
OPIOID LITIGATION
MEMORANDUM OF UNDERSTANDING

**Exhibit B**

| | |
|---|---|
| Natchitoches Parish | 0.50% |
| Orleans Parish* | 6.29% |
| Ouachita Parish | 2.42% |
| Plaquemines Parish | 0.46% |
| Pointe Coupee Parish | 0.39% |
| Rapides Parish | 3.25% |
| Red River Parish | 0.13% |
| Richland Parish | 0.24% |
| Sabine Parish | 0.35% |
| St Bernard Parish | 1.77% |
| St Charles Parish | 1.17% |
| St Helena Parish | 0.20% |
| St James Parish | 0.29% |
| St John The Baptist Parish | 0.79% |
| St Landry Parish | 1.85% |
| St Martin Parish | 0.84% |
| St Mary Parish | 1.06% |
| St Tammany Parish | 7.83% |
| Tangipahoa Parish | 3.47% |
| Tensas Parish | 0.06% |
| Terrebonne Parish | 2.31% |
| Union Parish | 0.31% |
| Vermilion Parish | 0.96% |
| Vernon Parish | 0.90% |
| Washington Parish | 1.70% |
| Webster Parish | 0.72% |
| West Baton Rouge Parish | 0.53% |
| West Carroll Parish | 0.15% |
| West Feliciana Parish | 0.22% |
| Winn Parish | 0.31% |

* Qualified Parish

EXHIBIT B




## Lead Parishes

Region 1. St. Bernard Parish (Orleans Parish and Jefferson Parish are excluded);

Region 2. Ascension Parish (East Baton Rouge Parish is excluded);

Region 3. Lafourche Parish;

Region 4. Lafayette Parish;

Region 5. Calcasieu Parish;

Region 6. Rapides Parish;

Region 7. Caddo Parish;

Region 8. Ouachita Parish; and

Region 9. St. Tammany Parish

d

# Opioid Litigation Settlement Fact Sheet

## St. Tammany Parish

## Opioid Addiction

### OPIOID USE DISORDER

Opioid use disorder, or opioid addiction, is a chronic and relapsing disease that affects the body and brain. It can cause difficulties with tasks at work, school, or home, and can affect someone's ability to maintain healthy relationships. It can even lead to overdoes and death.

### 41 PEOPLE DIE EVERY DAY

Every day in the United States, 41 people lose their lives to prescription opioid overdoses. Prescription opioids—like hydrocodone, oxycodone, and morphine—can be prescribed by doctors to treat moderate to severe pain but can have serious risks and side effects.

### ANYONE CAN BECOME ADDICTED

Opioids are highly addictive. Research shows that if you use opioids regularly, you may become dependent on them.

That's because opioids change how the brain and nervous system function. You can't know how your brain will react to opioids before taking them.

## Settlement

The opioid settlement has been reached with the distributors (McKesson Corporation, Cardinal Health, Inc., and AmerisourceBergen Corporation and Johnson & Johnson, Janssen Pharmaceuticals, Inc., Ortho- McNeil-Janssen Pharmaceuticals, Inc., and Janssen Pharmaceuticals, Inc.).

The national settlement with the distributors amounts to $54 billion and Louisiana will receive $325 million. The State's Attorney General is the lead agency for the settlement.

Settlements are the net amount and includes attorney's fees and costs. Louisiana settlement proceeds will be distributed directly to parish governments and sheriffs.

A Memorandum of Understanding (MOU) will govern current and future settlement funds. The MOU establishes permitted uses for funds, sets out parish-by-parish allocations, and creates the Louisiana Opioid Abatement Taskforce (LaOATF).

St. Tammany Parish will receive:

- 7.83% of the Settlement Funds
- $25,477,500 Total
- $1,413,750 Annually (for 18 years)

Funds will be expended:

- Up to 3% to LaOATF
- Sheriff's Office
  - 20% of settlement
- Parish Government
  - 80% of settlement

# Approved Purposes

Focus on evidence-based forward-looking strategies, programming, and services

## Treatment

**Target treatment of citizens who are not covered by Medicaid or not covered by private insurance for additive disorders.**

- Treat opioid use disorder (OUD)
- Support people in treatment and recovery
- Connect people seeking assistance with the help they need
- Address the needs of criminal-justice involved persons
- Address the needs or pregnant or parenting women and their families

## Prevention

**Training, education, monitoring, and tracking**

- Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- Prevent misuse of opioids
- Prevent overdoes deaths and other harm (harm reduction)

## Other Strategies

**Collaborative cross-system coordination, training, networking, and research**

- First Responders
- Leadership, Planning and Coordination
- Training
- Research

# Examples

**Strategies, programming, and services may include the following**

| | | | |
|---|---|---|---|
| Expand availability of treatment for Opioid Use Disorder (OUD) | Support mobile intervention, treatment, and recovery services | Support critical time interventions (CTI) and services for those who face immediate risk | Drug take-back disposal or destruction programs |
| Support and reimburse services that include Medication-Assisted Treatment (MAT) | "Naloxone Plus" strategies to link citizens who received naloxone to treatment | Enhance family supports and child care services for parents with OUD | First responder education on appropriate precautions when handling fentanyl and other drugs |

**"The overall goal of treatment is to return people to productive functioning in their family, workplace, and community."**

*- Center for Disease Control and Prevention*

e.

# Opioid Settlement Informational Briefing



St. Tammany Parish Government

Health and Human Services

# Agenda

Overview

Litigation/Settlement

National

State

Local Strategy

**1500 BC**
Opium use in the Eastern Mediterranean and Egypt for religious and medicinal purposes

**1660s**
Sydenham's laudanum is employed as pain reliever

**1803**
Sertürner isolates morphine

**1860s**
Discovery of the hypodermic syringe

**5000 BC** | **1000 BC** | **0** | **1600** | **1700** | **1800** | **1900**

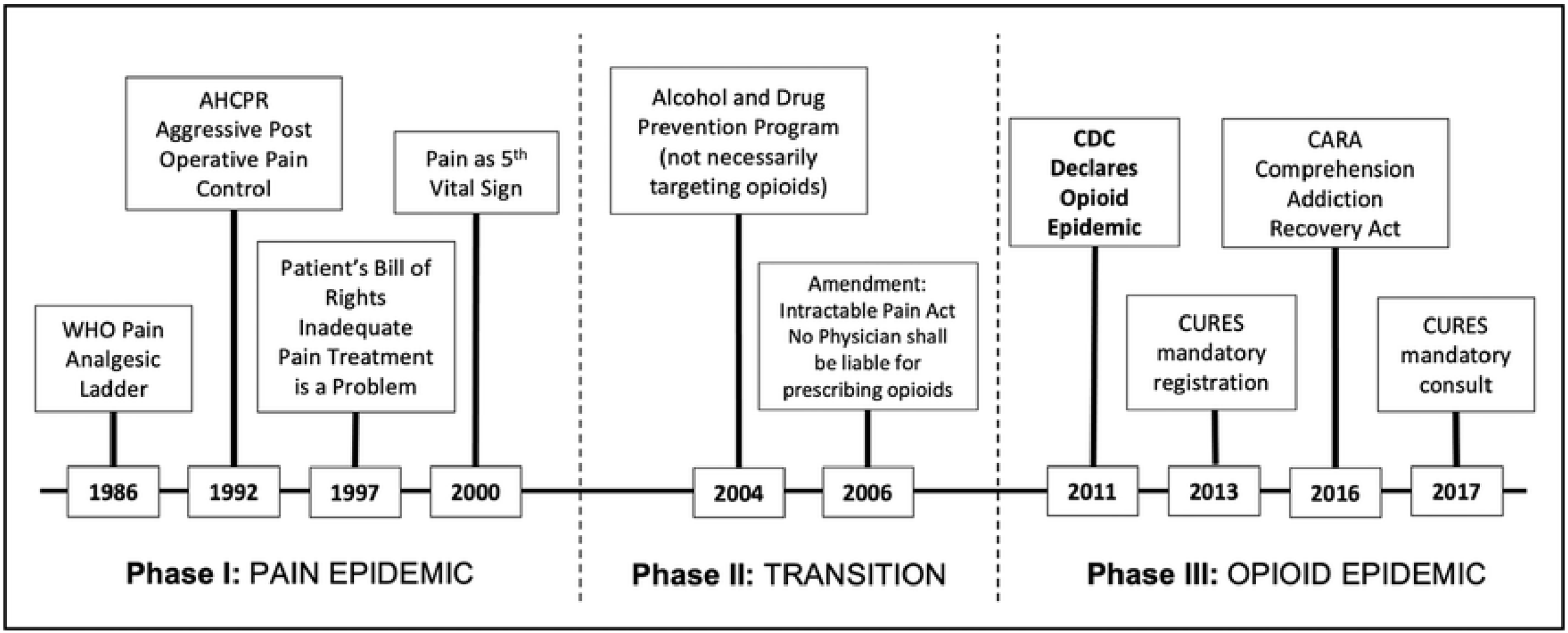
**5000 BC**
Earliest mention to opium poppy cultivation

**300 BC**
Greek medicine refers opium as a narcotic

**1820**
Merck commercializes morphine

**1992-1993**
Opioid receptors are cloned

# Opioid Crisis in US



St. Tammany Parish Government

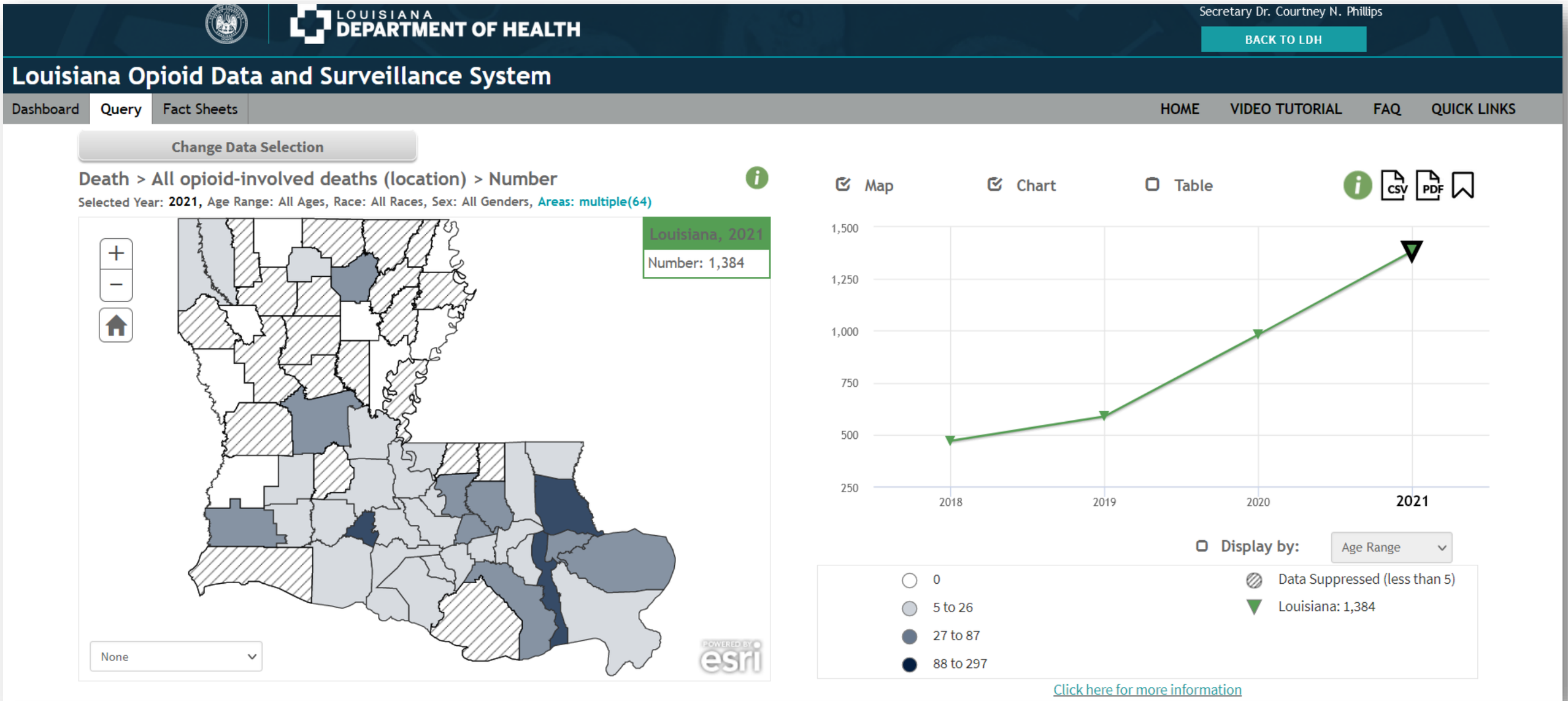
# Public Health Emergency

> **No part of our society – not young or old, rich or poor, urban or rural – has been spared this plague of drug addiction and this horrible, horrible situation that's taken place with opioids … this epidemic is a national health emergency**

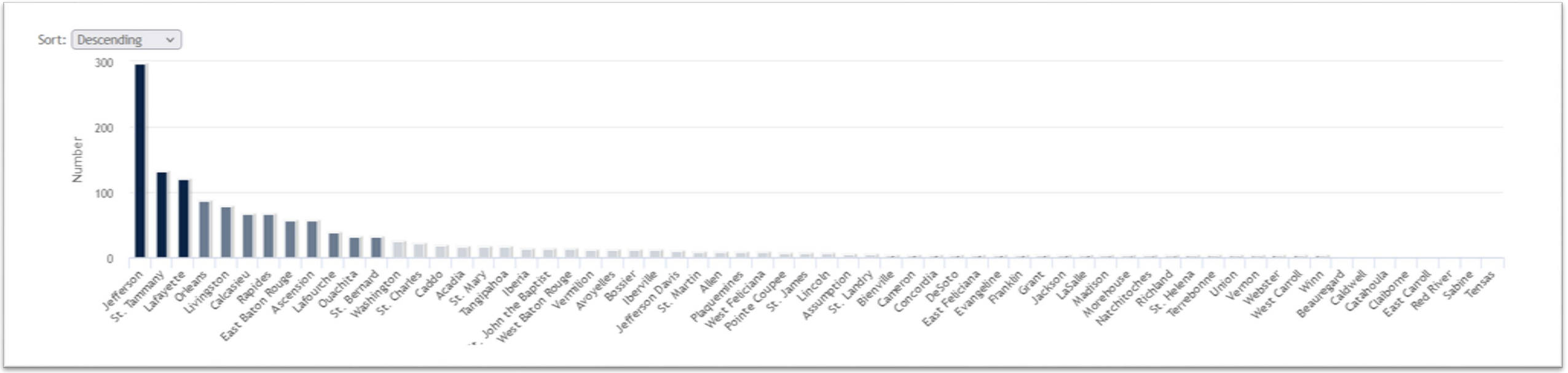
**President Donald Trump**
**October 26, 2017**

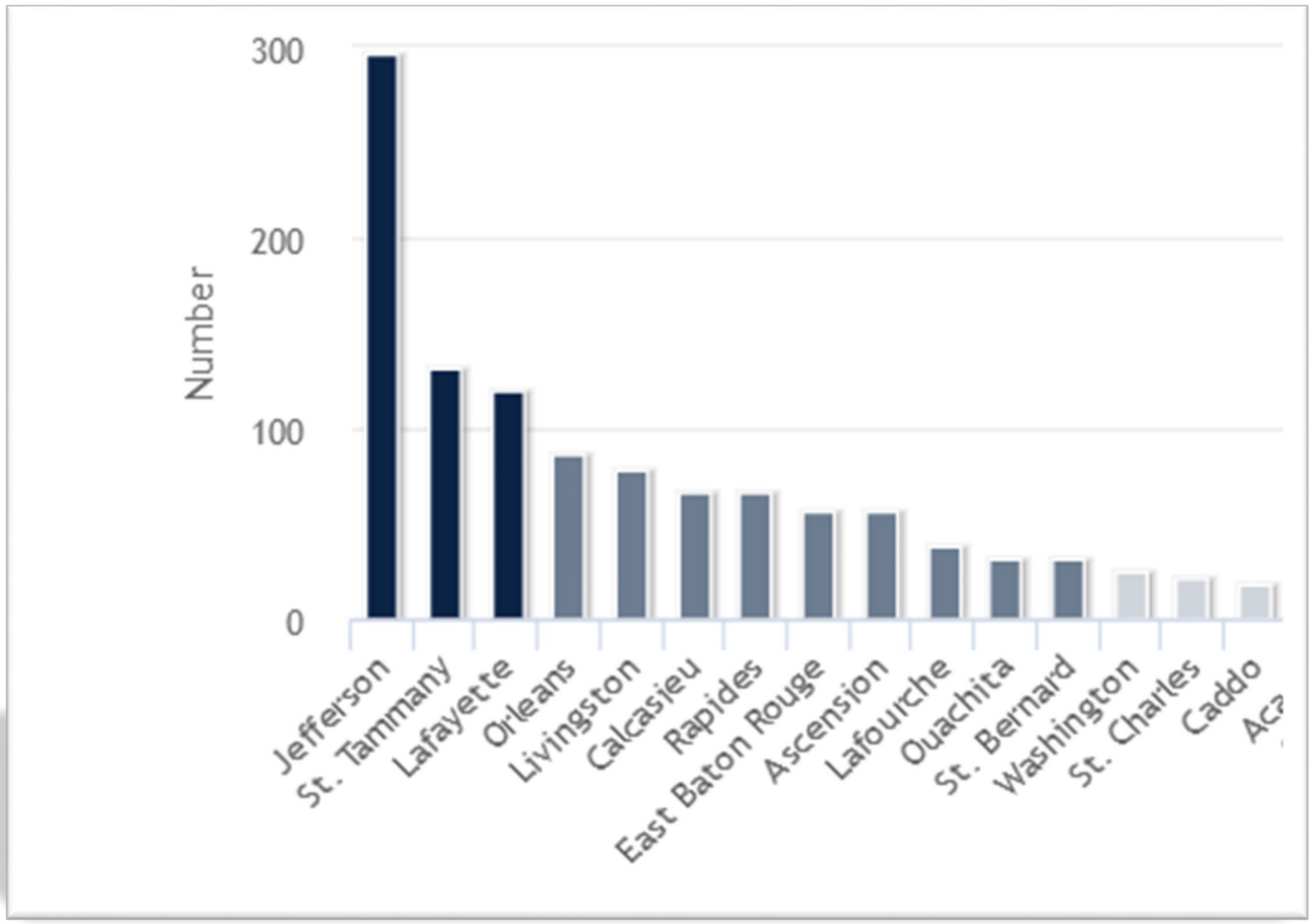
# Louisiana Opioid Data and Surveillance System

http://lodss.ldh.la.gov



# St. Tammany Parish Government



# 131 Opioid Related Deaths in St. Tammany in 2021

CRIME

## Three suspected opioid overdose deaths in 24 hours in St. Tammany Parish

by: Ka'Cell El-Mansura
Posted: Feb 5, 2023 / 07:55 PM CST
Updated: Feb 11, 2023 / 03:00 PM CST

WGNO abc NEW ORLEANS' VERY OWN

## Firefighters sound alarm over rising opioid overdoses during coronavirus

TP | nola.com

BY SHARON EDWARDS | Contributing writer Jul 28, 2020

## 1 person dying from fentanyl poisoning every two days in St. Tammany

By Marchaund Jones and Rob Masson
*Published: Feb. 12, 2023 at 1:50 AM CST | Updated: Feb. 13, 2023 at 3:44 PM CST*

FOX 8 LOCAL FIRST

# Agenda

Overview

**Litigation/Settlement**

**National**

State

Local Strategy

# Opioid Litigation Nationally

- Over 3,300 governmental entity suits nationwide in state and federal courts
- Federal proceedings consolidated
  - Distributors
  - Jansen/Johnson & Johnson
  - CVS
  - Walgreens
  - Walmart
  - Allergan*
  - Teva*

**Louisiana settled before national agreement was reached therefore national settlements are not applicable.*

- National settlement negotiated to resolve suits in federal and state courts, provided that enough state and local governments agreed
- Louisiana was represented by the State's Attorney General Jeff Landry
- The Louisiana reached (and surpassed) the settlement threshold
- More information available at the opioid settlement website: https://nationalopioidsettlement.com/

- $26 billion in damages against
  - ✓ Distributors (McKesson, Cardinal Health, Amerisource Bergen) – “Big 3”
  - ✓ Janssen/Johnson & Johnson, opioid manufacturer

- Other national settlements in process
  - ✓ CVS, Walgreens, Walmart: $13.8 billion
  - ✓ *Teva and Allergan: $6.6 billion**

- *Allocated to states on a formula bases*

St. Tammany Parish Government

# Agenda

Overview

**Litigation/Settlement**

National

**State**

Local Strategy

# Louisiana Settlement

- Louisiana will receive $354 million of $26 billion in damages against
  - ✓ Distributors (McKesson, Cardinal Health, Amerisource Bergen) – “Big 3”
  - ✓ Janssen/Johnson & Johnson, opioid manufacturer
- Louisiana will receive the settlement over 18 years
  - Year 1 and 2 already received
  - Amount per year ranges from $29,457,351 to 15,620,863

- Funds will be received and distributed according to the Louisiana Memorandum of Understanding (MOU)
  - Agreement among the state and participating local governments
  - Governs current and future settlement funds
  - Establishes allowable uses for funds
  - Sets out parish by parish allocation
  - Creates the Louisiana Opioid Abatement Taskforce to oversee funds

# Louisiana Opioid Abatement Taskforce

Taskforce is an advisory committee to the state. All funds received by the Taskforce is state money and subject to the state appropriation process.

## Five members of the task force:

- ✓ Municipal Association appointee: Mayor David C. Butler, II (Woodworth)
- ✓ Police Jury Association appointee: Pres. Chester Cedars (St. Martin)
- ✓ Sheriff's Association appointee: Sheriff KP Gibson (Acadia Parish)
- ✓ Secretary Department of Health, or designee: Dr. Hussey
- ✓ Governor's appointee (SAMSHA provider): Dr. Podesta

# Opioid Abatement Administration Corp.

A private, nonprofit entity with public-facing transparency provisions. Created to avoid complications and delay that exist with the task force.

Similar slate of members but different appointment process

Funds retain their private character until distributed to government agencies

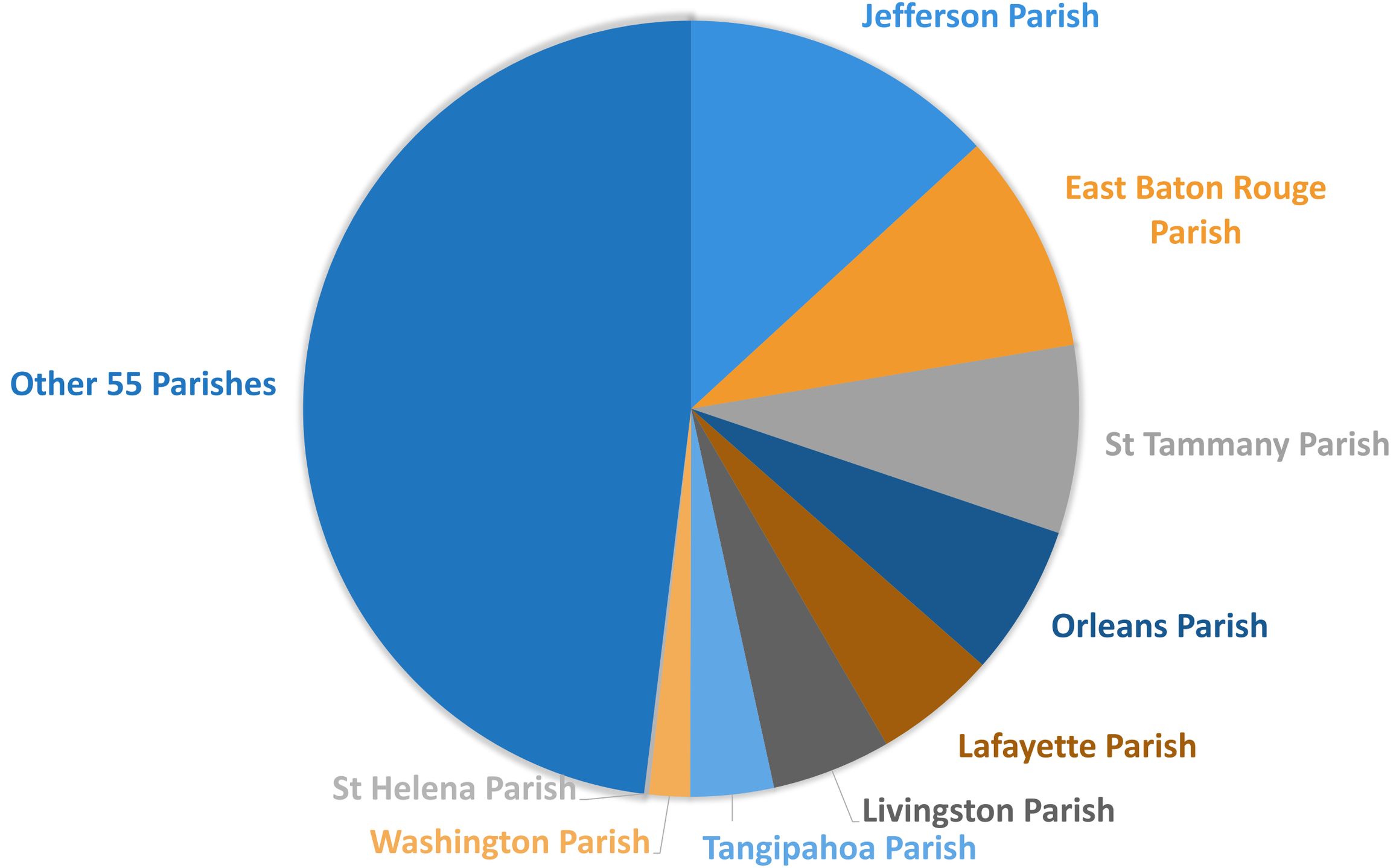
More legal flexibility than taskforce by virtue of its private status

# Allocation of Funds

- Parish allocation is based on national "Negotiation Class Metrics"

- Funds will be reserved for
  - Administration Costs (up to 3%)
  - Litigation fees (7.5%)

- MOU defines allowable uses that all agencies receiving funds will adhere to



- MOU defines four classes of eligible recipients
  - Sheriffs
  - "Qualified Parishes"
    Orleans, Jefferson, East Baton Rouge
  - "Lead Parishes"
    One for each of 9 health department regions
  - Other Parishes (52)

- The MOU divides the Parish allocation by
  - 20% to Sheriff's Office
  - 80% to Parish Government

# Agenda

Overview

Litigation/Settlement

National

State

**Local Strategy**

# St. Tammany Funding

- St. Tammany Parish will receive
  - 7.83% of the settlement funds
  - Total: $25,447,500
  - Per year: $1,431,750

- Annual allocation will be divided
  - $286,350 Sheriff's Office (20%)
  - $1,145,400 Parish Government (80%)

- 17 government entities in St. Tammany where plaintiffs in the litigation

# St. Tammany Parish Plaintiffs

1. St. Tammany Parish Government
2. St. Tammany Sheriff's Office
3. 22nd District Attorney's Office
4. St. Tammany Coroner's Office
5. City of Covington
6. City of Mandeville
7. City of Slidell
8. Town of Pearl River
9. Town of Madisonville
10. Town of Abita Springs
11. Fire District No. 1
12. Fire District No. 2
13. Fire District No. 3
14. Fire District No. 4
15. Fire District No. 5
16. Fire District No. 12
17. Fire District No. 13

# St. Tammany Opioid Task Force

St. Tammany Parish Administration

St. Tammany Parish Council

Fire Chief Association

St. Tammany Municipal Association

District Attorney's Office

Coroner's Office

*Senator Patrick McMath*

*22nd JDC Specialty Court*

# Task Force Perimeters

- To propose a **PLAN** for the Opioid Settlement Funds to create research-based programs to address the opioid crisis within the guidelines of the settlement that will benefit all citizens of St. Tammany parish-wide
- To **MONITOR** programs funded by the opioid settlement funds
- To **REVIEW** programming decisions every three years to make recommendations based on current research and community needs

# Plan / Timeline

- July 26th – First meeting
- August 3rd – Community meetings
- August 17th – Meeting to make decisions
- September 5th – Council items due to Finance for October agenda (introduction)
- September 27th – Regional meeting
- November 2nd – Council vote on budget
- November 3rd – Review and finalize RFP
- November 23rd – Begin procurement process
- May 1st – Program(s) begins
- August 1st – First report due to the state

# Possible Services

- Expand Mobile Opioid Unit
- Employment Training, housing, etc.
- Medically Assisted Treatment (MAT)
- Staff Training
- Narcan Plus
- Court System Navigator

- Opioid Support Hotline
- Data Collection
- Narcan Distribution
- Enhanced Drug Testing

# Contact Us

ST. TAMMANY PARISH GOVERNMENT
21490 KOOP DRIVE
MANDEVILLE. LA 70471

MARY D. BURCKELL

DIRECTOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES

p 985.898.2447
e mburckell@stpgov.org
w stpgov.org

# Questions or Comments?

Thank you for your attention and interest in our GREAT Parish! If you think of other questions, please feel free to contact us. We will be happy to assist you.

www.stpgov.org

**f.**

ST. TAMMANY PARISH

Michael B. Cooper
Parish President

**Community Meetings Invite List**
**August 3rd, Staff Conference**

Sheriff's Office, 1:30 - 2:30

Group A, 2:45 - 3:45

- St. Tammany Parish Health System: Amy Bouton and Joe St. Philip
- Lakeview Hospital: Benjamin Richaud, Cindy Quigley, Monique Jacobs
- Covington Behavioral Health: Tanmay Mathur
- Longbranch Recovery & Wellness: Emily Meyers
- Private Physicians:
- Slidell First Responders: Randy Fandal and Chris Kaufmann
- Felony and Patrol: Michael Phelps
- Acadian Ambulance: Adrian Brouillette
- Florida Parishes Human Services Authority: Richard Kramer
- Youth Service Bureau: Cleveland Wester
- United Way: Michael Williamson and Sonja Newman
- Advocate: Daniel Schneider
- Parenting Center: Lori Cage
- Catholic Charities: Stephanie Dupepe
- Celebration Church: Robin Molina

Group B, 4:00 - 5:00

- Slidell Memorial: Sandy Badinger and Holly Sanchez
- Ochsner Northshore: Dr. Tim Riddell and Ronnie Simpson
- Northlake Behavioral Health: Joe Buckley
- Avenues Recovery: Hudi Alter
- Acer / Alchemy:
- Covington Police Department: Michael Ferrell
- Mandeville Police Department: Todd Schliem
- Communication District 1: Athena Walker
- Public School System: Kimberly Gardner
- NAMI St. Tammany: Nick Richard
- Via Link 211: La Vondra Dobbs
- Mission: Lisa Murphy
- Hope House: Tom Mitchell and Cally Huggins
- Advocate Adele Bruce-Smith
- Christ the King: Alex Van Den Berg
- Ministerial Alliance: August Williams

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**g.**

ST. TAMMANY PARISH

Michael B. Cooper
Parish President

**Opioid Settlement**
**Community Feedback**

*Community Meetings*

- Medically Assisted Treatment is part of the solution, some debate on what it should look like
- Education and awareness are needed
- Adolescent/teenagers are using so some resources should go to this population
- Resources are available but there isn't enough
- Treatment is changing: need treatment outside of work day and telehealth option
- Need better access to pain management alternatives (in particular for Medicaid patients)

*Survey Monkey - Services*

1. What contributed to your patients/clients/participants misuse of opioids
    a. Chronic pain (5)
    b. Mental Health Issues (3)
    c. Trauma (2)
    d. Injury
    e. Doctors
    f. Experimentation
    g. Involuntary mistake for another drug
    h. Gateway marijuana
    i. Easy to access in their environment
    j. I don't know

2. What resource(s) does your organization need to more effectively treat/help individuals who are addicted to opioids?
    a. Places to refer
    b. Marketing MOUD
    c. EMS has no control or ability
    d. Housing, transportation, support groups
    e. Ease of access to services by insurers
    f. Funds
    g. Social working and community resources for immediate follow up
    h. Easy and inexpensive to access addiction treatment
    i. Group support for teens
    j. More staff, dollars to go into communities and track and monitor clients

Mary D. Burckell, Director | Department of Health and Human Services
P.O. Box 628 | Covington, Louisiana | 70434 | mburckell@stpgov.org | 985-898-2447
www.stpgov.org

3. What do you see as the number one barrier to treatment?
    a. Access to treatment due to limited resources: 40%
    b. Prioritization of needs (such as housing, food, etc.): 20%
    c. Stigma: 20%
    d. Access to treatment due to financial burden: 10%
    e. Other: 10%

4. What service or program would make the biggest impact on the opioid crisis in St. Tammany?
    a. MAT
    b. Marketing MOUD/awareness
    c. After hours type of resource and education
    d. Housing, transportation, physiological needs, safety, needs and then more programs that are held accountable to provide the care needed
    e. Education programs
    f. Mental health services
    g. Outpatient treatment
    h. Easy to access addiction resources
    i. Teen/youth mentorship
    j. After hours services that include the family

5. Of the choices below, what would be the most impactful use of funds?
    a. Employment training, housing, and other services for people with opioid addictions: 44.44%
    b. Increase access to Medically Assisted Treatment: 44.44%
    c. Enhanced drug testing for those participating in outpatient treatment: 11.11%

6. What can we do to prevent opioid addiction (go from reactionary programs to proactive actions)?
    a. Educating the youth
    b. Education and awareness
    c. After hour resources with income/ability to pay based reimbursement and enforcement of some sort to comply and participate as recommended… some individuals are non-complaint and ultimately 911 is utilized to get them to a hospital for help by the family
    d. We do need to educate our youth. We need not to be afraid to discuss it. We need to spend more time in person together. Social media can be helpful though isolation has made sicker. We need more talking together. More supportive housing.
    e. Educate youth early to reduce peer pressure
    f. Invest in Safe Haven
    g. Alternative pain management options funding for our Medicaid and Medicare population.
    h. Improved access to pain management resources
    i. Get the youths' attention before the drug use.
    j. In order for change to occur the entire family needs service Tracking and monitoring is needed. After hours services and a vigorous drug screening.

*Survey Monkey - Organization Information*

1. Type of Organization
    a. Healthcare: 60%
    b. Non-profit: 40%
2. How does your organization treat/help individuals with an opioid addition?
    a. Mostly referral to detox
    b. Advocacy and activism
    c. Inpatient BH treatment and ER
    d. We have all levels of inpatient and outpatient treatment services
    e. Provide support, education, and advocacy for individuals, families, and other in the community. In addition, we provide employment for people living with substance use disorder and/or mental health conditions
    f. Across the whole spectrum of addiction
    g. Across the entire continuum
    h. Refer to outside resources
    i. Treatment, groups, testing, screening, and follow-up
3. What percentage of your patients/clients/participants are addicted to opioids?
    a. 50 - 25%: 30%
    b. 24% or less: 30%
    c. I don't know: 40%
4. What percentage of your patients/clients/participants who are addicted to opioids are uninsured?
    a. 24% or less: 40%
    b. I don't know: 60%

**h.**

October 27, 2022

Michelle Harris,

Per your request, please see information below on pricing for NARCAN® (Naloxone HCI) Nasal Spray 4mg.

St. Tammany Parish Government qualifies to purchase NARCAN® Nasal Spray at Emergent Device's public interest pricing of $47.50 per carton. Each carton contains two 4mg devices.The minimum order is 1 case (12 cartons) which is $570.00. There is no shipping charge.

If you would like to purchase 250 cases (3,000 cartons), the total would be $142,500.00. Please refer to the Terms & Conditions for additional information.

Sincerely,

Jason Jones

Jason Jones
VP, Enterprise Commercial Operations
narcancustomerservice@ebsi.com

| Fire Department | Type | Stations | Current Qty. | Qty. | Approx. Cost per unit |
|---|---|---|---|---|---|
| FD 1 Slidell | Lucas | 8 | 9 or 10 | 1 | $31,233.59 |
| FD 2 Madisonville | Lucas | 4 | 1 | 1 | $31,233.59 |
| FD 3 Lacombe | Lucas/Defibtech | 3 | 3 | 1 | $25,000.00 |
| FD 4 Mandeville | Defibtech | 5 | 6 | 1 | $25,000.00 |
| FD 5 Folsom | Defibtech | 4 | 2 | 1 | $25,000.00 |
| FD 6 Lee Rd. | Defibtech | 3 | 2 | 1 | $25,000.00 |
| FD 7 Tallisheek | Lucas | 3 | 3 | 1 | $31,233.59 |
| FD 8 Abita | Lucas | 3 | 2 | 1 | $31,233.59 |
| FD 9 Bush | Defibtech | 4 | 1 | 1 | $25,000.00 |
| FD 11 Pearl River | Lucas | 2 | 1 | 1 | $31,233.59 |
| FD 12 Covington Area | Lucas | 5 | 5 | 1 | $31,233.59 |
| FD 13 Goodbee | Lucas | 4 | 3 | 1 | $31,233.59 |
| City of Covington | Lucas | 2 | 2 | 0 | 0 |
| Total approx. | | | | | $343,635.13 |

VIA LINK
LISTENING • UNDERSTANDING • CONNECTING

October 20, 2023

Mary D. Burckell, M.Ed.
Director of Health and Human Services & Safe Haven
St. Tammany Parish Government
Department of Health and Human Services
21490 Koop Drive, Mandeville, LA 70471

Dear Ms. Burckell,

I would like to request funding from the Opioid settlement funds in support of the Teen Crisis Text Line. This 24/7 Teen Crisis Text Line was created by VIA LINK eight years ago initially for southeast Louisiana, with our very first texter being a 15-year-old female from St. Tammany parish who was using opioids after the suicide of her father. For the past four years, this Teen Crisis Text Line has been funded by the Louisiana Department of Health/Office of Public Health (OPH) with Opioid funding received through the CDC. Five years ago, OPH approached VIA LINK for help in reaching teens with opioid misuse issues, as they were looking for a vehicle to reach teens 24/7 that provided confidential support with trained crisis interventional specialists. That is how our partnership began. With their funding we were able to make our Teen Text Line statewide and promote it as a resource for Teens with Opioid misuse issues or questions. This has been a successful venture for us and the state, and the funding has allowed us to provide posters and other materials to every high school and junior high school in the state (public and private) and provide in-person crisis intervention presentation in the schools, as requested.

At this time, this CDC funding has been significantly reduced and we need funding to provide continued support to the teens, especially those in St. Tammany Parish. St. Tammany Parish teens are the 5th highest users of our Text Line. This past year 167 teens here reached out to text with us about their opioid use (This text line also provides crisis intervention/suicide prevention and abuse prevention supports to teens). An annual commitment of $18,000 would provide 24/7 coverage of the Teen Text Line and supports needed in the community, such as promotional materials, presentations, and trainings.

Thank you very much for consideration of this request. Please let me what further information you may require.

Sincerely,

DocuSigned by:
LaVondra Dobbs
C6057658F72E49D...

LaVondra Dobbs
President & CEO

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