

CITY OF NEW ORLEANS

LaToya Cantrell, Mayor

New Orleans Health Department

**Notice of Funding Availability
Harm Reduction and Care Navigation
Mobile Unit**

General Information Package

TABLE OF CONTENTS

OVERVIEW	PG 3
LEGAL AND REGULATORY AUTHORITY	PG 4
PROGRAM OBJECTIVES AND REQUIREMENTS	PG 5
INSTRUCTIONS	PG 6
APPLICANT SELECTION PROCESS	PG 10
GRANT AWARD PROCESS	PG 11
APPENDIX	PG 12

CITY OF NEW ORLEANS
New Orleans Health Department
1300 Perdido St
Suite 8E18
New Orleans, Louisiana 70112

January 6, 2025

NOTICE OF FUNDING AVAILABILITY (NOFA)

I. OVERVIEW

Agency: Department of Health

Director: Dr. Jennifer Avegno

Action: Notice of Funding Availability (NOFA) for a Harm Reduction and Care Navigation Mobile Unit

Summary: The City of New Orleans seeks to utilize a dedicated allocation of Opioid Settlement Funds overseen by the New Orleans Health Department to support local organizations in the development and implementation of a harm reduction and care navigation mobile unit in New Orleans. A total of up to \$2,500,000 for all program costs over a three-year period will be considered.

Release Date: Application packets are available for download in Microsoft Word format, beginning January 6, 2025 from the City of New Orleans Health Department website. Contact this office at dana.wilkosz@nola.gov to

have the NOFA e-mailed to your organization. You can download the application from our website at <https://nola.gov/health-department>.

II. Application Workshop Meeting:

III. A virtual meeting will be held on **January 21, 2025, at 2PM CST** to answer general questions related to this NOFA and accompanying application. Call-in information will be circulated prior to the meeting. You may submit questions in advance of the meeting to Dana Wilkosz, Opioid Special Projects Coordinator at dana.wilkosz@nola.gov

IV. Due Date: An electronic copy of a completed application must be submitted to the City of New Orleans Health Department via email to dana.wilkosz@nola.gov by February 13, 2025, **no later than 5:00pm CDT**.

Format: All applications must be completed using the application packet posted with this Notice of Funding Availability (NOFA). When replying to prompts, please use Times New Roman, 12-point font size with **double spacing** to facilitate reading by scorers. Application packets will be available at <https://nola.gov/health-department>. The City of New Orleans Health Department will not make copies of any applications.

V. Proposals must be complete at the time of submission. No addenda will be accepted after the deadline date for submission of proposals.

II. LEGAL AND REGULATORY AUTHORITY

This project is funded through Opioid Settlement Funds received by the City of New Orleans through the Opioid Abatement Administration Corporation.

III. PROGRAM OBJECTIVES AND REQUIREMENTS:

Over the past several years, New Orleans has seen a sharp rise in drug overdose deaths. The New Orleans Coroner reported 523 accidental overdose deaths in 2023, the most deaths in a single year since the Coroner's Office began tracking that number and a 43% increase since 2020. Despite ramping up efforts to prevent overdose deaths locally, including connecting individuals to care and increased access

to naloxone, the data makes it clear that there are many individuals in New Orleans who use drugs and are not accessing the resources and services they need.

Through a series of lawsuits against pharmaceutical companies that manufactured and distributed opioids, the State of Louisiana will receive about \$354 million over 18 years that will be distributed to local parish governments and sheriff's offices for opioid abatement purposes. The state of Louisiana drafted an MOU that establishes allowable uses for these Opioid Settlement Funds (OSF), outlines the amount of funds allocated to parishes across the state, and designates the creation of an advisory task force known as the Louisiana Opioid Abatement Task Force (LaOATF).

In order to determine the best use of these funds with the goal of saving lives, the New Orleans Health Department partnered with researchers from Tulane University's School of Public Health to conduct a structured needs assessment. The team from Tulane University conducted a literature review, facilitated stakeholder meetings with treatment providers, public health agencies, public safety agencies, harm reduction services providers, and people who use drugs, and distributed a community-based survey that received over 140 responses.

The findings from this process pointed to a need for better engagement with individuals who use drugs and addressing the barriers preventing them from accessing the resources they need. As a result of these findings, the Tulane team recommended settlement funds be used for the development and staffing of a 24-hour mobile, multi-service navigational hub (see Appendix E). At minimum, the report recommends that the hub should:

- Be grounded in harm reduction and client-centered principles, allowing individuals the ability to define and receive support in meeting their own needs
- Provide linkages to services identified as high priority by the individual
- Be a safe, comfortable, and welcoming space for individuals to relax and get off the streets, regardless of whether they want to engage in services
- Be accessible after business/clinic hours
- Connect program participants to the hub as needed (i.e., from jail or after being discharged from a local hospital).

Furthermore, the report's findings emphasized the importance of inter-agency collaboration for provision of services to ensure that the various goals of individuals using the hub are being met. Therefore, while single-agency applications will be accepted, priority will be given to applicants submitting a collaborative proposal between a minimum of three partner agencies. Applicants must provide written documentation of agreement/commitment from each listed partner. One agency may be identified as the lead, but the application will describe which agency will be tasked with providing which service in Section 1B of the Project Narrative.

The awardees will be responsible for the following:

- Acquiring, modifying, and maintaining the vehicle and necessary equipment

- Ensuring that the vehicle's design meets all local and federal standards as applicable
- Staffing the unit
- Developing an outreach plan to identify target communities
- Serve and/or engage with a minimum of 1,500 individuals for each year of the project These encounters can be unique or duplicative.
- Reporting service deliverables to the New Orleans Health Department
- Developing an evaluation plan

IV. INSTRUCTIONS:

- A. Proposals will be accepted from teams of non-profits and/or community-based organizations (CBOs) with experience or expertise in providing harm reduction services or person-centered services to people using drugs. Applications will be accepted from teams of three or more collaborative partners and will describe how the agencies plan to work together. Single agency applications and applicant teams of two agencies will be considered for selection but will be evaluated less favorably. Respondents should also ensure that they have the capacity to administer, monitor, and evaluate the use of City funds as appropriate.
- B. Preference will be given to applicants that prioritize working with individuals in the community and outside of traditional clinic-based settings.
- C. Proposals should build upon and extend and/or complement existing community programs and services. Applications that propose to only expand existing services will be evaluated less favorably.
- D. Ineligible Applicants:
- i. Proposals from organizations that are delinquent on any Federal debt, any State of Louisiana debt, or any City of New Orleans debt will not be considered for funding.
 - ii. Proposals from previously funded organizations that have not met audit requirements will not be considered for funding. All audits must be clear of ineligible/disallowed costs related to all funding provided by the City of New Orleans.

- iii. No awardee agency principal, member, or officer has, within the preceding five years, been convicted of, or pled guilty to, a felony under state or federal statutes for embezzlement, theft of public funds, bribery, or falsification or destruction of public records.
- iv. Proposals from organizations or managing members that are not in compliance with City funding commitments or that have unresolved compliance issues.

E. Proposal Requirements:

1. PROJECT NARRATIVE:

Please respond to the prompts below regarding your agency's experience providing person-centered services to individuals who use drugs. *Please note: While we refer to an "applicant team" throughout the prompts for the Project Narrative, applications with fewer than three agencies will still be considered, however, multi-agency applications will be rated more favorably.*

A. Organizational Experience

- Outline which organizations are part of the applicant team and briefly describe the services that each organization currently provides and their conceptual approach to service delivery.
- Describe the partnerships that each agency within the applicant team has developed with other community partners and how you envision that impacting your work on this project.

B. Program Implementation and Staffing

- Describe the applicant team's vision for this project, including:
 - How your team's collaboration will add value to this specific initiative
 - How each participating agency will contribute to the overall aims of the project
 - Your decision-making process within this partnership: How will the agencies resolve differences in opinion, vision, or conflicting values among partner agencies?
- Describe which agency within the applicant team will take on which role:
- Who is the Lead Agency and who are the partners? What will each agency be responsible for? What are the expected hours of operation? If 24/7 services aren't possible, how will the unit operate to provide access to individuals outside of normal business/clinic hours? Applications that outline a plan to be operational outside of traditional business hours will be viewed more favorably.
- Describe your outreach strategy for client engagement and utilization of the

unit. How will you ensure equitable access to the unit and connect with individuals who are disengaged with traditional services? How will you ensure you meet the target goal of 1,500 individuals engaged with per year?

- Outline your staffing model:
 - How many individuals will staff the unit and what will their responsibilities be?
 - How do you plan on incorporating people with lived experience into your staffing model?
 - What types of training will be expected for staff to complete?
 - How will you ensure staff are culturally competent and represent the communities they serve?
 - How will expectations across multiple agencies be communicated to staff members?
 - How will you ensure staff are equipped to respond to people in crisis or in need of soft touch mental health support?
 - How will you provide linkages to care? In your response, consider not only client referrals, but how outside agencies will connect people to the hub.
 - How will you track referrals and/or linkages? Please provide detail on how you will ensure that individuals seen at the mobile hub are able to successfully follow up and become engaged in longer term services.
 - Describe your reporting structure: What will you need to ensure proper reporting across multiple agencies?
-

C. Timeline

Please provide an implementation timeline that outlines the following:

- i. Purchasing start-up equipment
- ii. Hiring Staff
- iii. Formalizing reporting expectations across agencies
- iv. Launching the intervention
- v. Program monitoring, reporting, and evaluation

D. Letter of Commitment

- i. If submitting a multi-agency application, attach a letter of commitment from each participating agency.

2. BUDGET AND BUDGET NARRATIVE:

- A. Applicants must include in their proposals a description and breakdown of project costs, i.e., a budget and budget narrative. Applications will receive a favorable review for prioritizing direct service work. All such costs should be limited to the amounts that are necessary and reasonable to accomplish the program activities and must meet applicable eligibility restrictions. Any awarded project may be subject to the Health Department's feasibility and cost reasonableness analyses.
- B. Eligible costs include, but are not limited to the following:
- Program staff salaries, including fringe and benefits
 - Organizational administrative/overhead costs
 - Start-up/one-time costs, including the purchase of the mobile unit
 - Harm reduction supplies
 - Office supplies, outreach and promotional materials;
 - Travel & transportation costs;
 - Resources to support immediate program participant needs
 - Food and beverages
 - Professional development (with approval)

3. EVALUATION PLAN:

- A. Describe the method(s) of evaluating success of the proposed project and how community feedback will be incorporated into the model. Define the metrics that will be used to evaluate the program impact described in the project narrative. Include outcomes that align with the strategic aim of this NOFA. Provide a dissemination plan for your program evaluation.

V. KEY REGULATIONS AND REQUIREMENTS:

- A. The applicant team submitting the application must elect a current staff member as their primary applicant. This applicant must be a U.S. Citizen at least 18 years of age.
- B. Selected applicants will be required to enter into a contract with the City and agree to the standard terms and conditions of that contract. Terms relating to the City's hiring requirements can be reviewed in **Appendix A. The lead**

applicant must develop and execute appropriate contractual agreements with all other awarded agencies.

- C. Awarded applicants will be expected to submit quarterly reports regarding project outcomes and expenditures.

2. LaOATF and City of New Orleans COMPLIANCE PROVISIONS:

This project is to be funded with LaOATF Funds and the successful candidate must adhere to all relevant LaOATF and City regulations.

3. AUDIT REQUIREMENTS:

The City of New Orleans requires that organizations submit the organization's most recent and current audited financial statements with its NOFA response(s). Annual audits will be required from the awarded organizations.

VI. APPLICANT SELECTION PROCESS:

- A. Applications will be reviewed to ensure that they meet the following minimum threshold requirements:

- i. Proposed projects with an implementation timeline longer than 36 months will not be considered for funding.
- ii. Proposed projects requesting an award amount higher than the maximum range will not be considered.
- iii. Proposals will be accepted from non-profits (with 501c3 status) and community-based agencies. Proposals from individuals will not be accepted.

B. SCORING:

Applications will be reviewed by a committee and scored based on the factors set forth below. Supporting documentation, when available and applicable, should be included in the application submission. Maximum 100 points allowed) Evaluation of the Applications shall be within the sole judgment and discretion of the Evaluation Committee.

Section	Maximum Points
Organizational Experience	15
Program Implementation and Staffing	50
Timeline	10

Budget and Budget Narrative	15
Evaluation Plan	10
Total Points (Maximum)	100

Please note that the City of New Orleans reserves the right to fund lower rated proposals over higher scoring proposals in order to address gaps in services and to provide an equitable distribution of funds to help an underserved population, geographical area, etc. Any awarded project must align with the City's priorities and will have a minimum score of 70 points. Meeting the minimum score does not guarantee an award of funding.

VII. GRANT AWARD PROCESS:

- A. The City of New Orleans will notify in writing applicants selected for funding within 30 days of the NOFA deadline. All awards are subject to further contract negotiation and availability of funds.
- B. As necessary, the Health Department will subsequently request that selected applicants submit additional project information. Any request for additional documentation is to confirm or clarify information provided in the application or to revise information provided in the application based on the level of funding.
- C. Projects will be awarded until such time that the available funds are exhausted. Meeting the minimum score does not guarantee an award of funding. Awards may contain conditions and/or include amendments to the proposals contained in the application. All awards will contain performance goals, including the development and implementation of timelines and/or persons served. The award that proceeds to contract will be for a defined term with conditions for renewal and extension.
- D. All awards will contain performance goals, including the development, and implementation of timelines and/or persons served.
- E. The award that proceeds to contract will be for a defined term with conditions for renewal and extension.
- F. **THE CITY OF NEW ORLEANS RESERVES THE RIGHT TO CANCEL, IN WHOLE OR IN PART, THIS NOFA AT ANY TIME AND WITHOUT NOTIFICATION.**

VIII. **APPENDIX:**

A. Compliance with City’s Hiring Requirements.....	PG 13
B. NOFA Scoring Rubric.....	PG 16
C. NOFA Timeline.....	PG 18
D. Report by Tulane University—Opioid Abatement Funds: City of New Orleans Community Needs Assessment and Funding.....	PG 19

APPENDIX A: Compliance with City's Hiring Requirements

BAN THE BOX

- A. The Awardee agrees to adhere to the City's hiring requirements contained in City Code Sections 2-8(d) and 2-13(a)-(f). Prior to executing this Agreement, the Awardee must provide a sworn statement attesting to its compliance with the City's hiring requirements or stating why deviation from the hiring requirements is necessary.
- B. Failure to maintain compliance with the City's hiring requirements through the term of the Agreement, or to provide sufficient written reasons for deviation, is a material breach of this Agreement. Upon learning of any such breach, the City will provide the Awardee notice of noncompliance and allow the Awardee thirty (30) days to come into compliance. If, after providing notice and thirty (30) days to cure, the Awardee remains noncompliant, the City may move to suspend payments to the Awardee, void the Agreement, or take any such legal action permitted by law or this Agreement.
- C. This section will not apply to any agreements excluded from the City's hiring requirements by City Code Sections 2-8(d) or (g). Should a court of competent jurisdiction find any part of this section to be unenforceable, the section should be reformed, if possible, so that it is enforceable to the maximum extent permitted by law, or if reformation is not possible, the section should be fully severable and remaining provisions of the Agreement will remain in full force and effect.
- D. The Awardee will incorporate the terms and conditions of this Article into all subcontracts, by reference or otherwise, and will require all subawardees to comply with those provisions.

LIVING WAGES

- A. *Definitions.* Unless otherwise expressly provided in this Agreement, Capitalized terms used but not defined herein, shall have the definition attributed to them in Article VIII, Section 70-802 of the City Code.
- B. *Compliance.* To the fullest extent permitted by law, the Awardee agrees to abide by City Code Sections 70-801, *et seq.*, which requires, in pertinent part, the following:
 - i. Payment of an hourly wage to Covered Employees equal to the amounts defined in the City Code ("**Living Wage**");
 - ii. Receipt of at least seven (7) days per year of compensated leave for Covered Employees, as required by Section 70-807 of the City Code; and

- iii. Post notice in a prominent place regarding the applicability of the Living Wage Ordinance in every workplace in which Covered Employees are working that is within the Covered Employer's custody and control, as required by Section 70-810 of the City Code.

C. *Living Wage*. In accordance with the Living Wage Ordinance, Living Wage shall be as follows:

- i. \$15.00 per hour for any work performed on or before December 31, 2023; and
- ii. \$15.00 per hour plus any adjustment provided in subsection D below for any work performed during calendar year 2024 or thereafter.

D. *Adjusted Living Wage*. In accordance with Section 70-806(2) of the City Code, the Living Wage shall be annually adjusted for inflation, as defined by the Consumer Price Index calculated by the U.S. Bureau of Labor Statistics as applied to the South Region, except that in no instance shall the Living Wage be adjusted downward. The first adjustment shall become effective on January 1, 2024 using the Consumer Price Index figures provided for the preceding year, and thereafter on an annual basis.

E. *Subcontract Requirements*. As required by Section 70-804 of the City Code, the Awardee, beneficiary, or other Covered Employer, prior to entering into a subcontract, shall notify subawardees in writing of the requirements and applicability of Article VIII - The Living Wage Ordinance (“Article”). City awardees and beneficiaries shall be deemed responsible for violations of this Article by their subawardees.

F. *Reporting*. On or before January 31st and upon request by the City, the Awardee shall identify (a) the hourly wage earned by the lowest paid Covered Employee and (b) the number of days of compensated leave received by Covered Employees earning less than 130% of the then-prevailing wage during the current term of the Agreement, and provide the identified information to the following:

Office of Workforce Development

Living Wage - Compliance

1340 Poydras Street - Suite 1800
New Orleans, Louisiana 70112

G. *Compliance Monitoring.* Covered Employers under this Agreement are subject to compliance monitoring and enforcement of the Living Wage requirements by the Office of Workforce Development (the “OWD”) and/or the Chief Administrative Office (“CAO”). Covered Employers will cooperate fully with the OWD and/or the CAO and other City employees and agents authorized to assist in the administration and enforcement of the Living Wage requirements. Steps and actions include, but are not limited to, requirements that: (i) the Awardee will cooperate fully with the OWD and the CAO and other City employees and agents authorized to assist in the administration and enforcement of the Living Wage requirements; (ii) the Awardee agrees that the OWD and the CAO and their designees, in the performance of their duties, shall have the right to engage in random inspections of job sites and to have access to the employees of the Awardee, payroll records and employee paychecks; and (ii) that the City may audit such records of the Awardee as he or she reasonably deems necessary to determine compliance with the Living Wage standards.

H. *Remedies.* If the Awardee fails to comply with the Living Wage requirements during the term of the Agreement, said failure may result in termination of the Agreement or the pursuit of other remedies by the City, including, but not limited to, the penalties and enforcement mechanisms set forth in Section 70-811 of the City Code.

APPENDIX B: NOFA SCORING RUBRIC:

Organizational Experience		15
Applicant indicates at least three partners have committed to the project and clearly articulates that those agencies have experience providing an array of services for people who use drugs, including in harm reduction and client-centered care.	10	
Applicant demonstrates a history of community-based partnerships that have supported their work.	5	
Program Implementation and Staffing		50
Applicant provides a cohesive vision for the project that includes the main tenants of the Tulane Strategic Plan and highlights how their partnership will strengthen the initiative's impact.	13	
Applicant has a detailed plan to link individuals to care and connect individuals with the unit who are being discharged from local hospitals or being released from jail.	9	
Applicant has developed an hours of operation plan with additional consideration for applicants that prioritize work outside of traditional business hours.	8	
Applicant proposes a clear outreach plan to engage with a minimum of 1,500 individuals per year across the city, and to ensure utilization of the mobile unit.	7	

Applicant clearly identifies a Lead Agency and outlines the roles and responsibilities of each agency within the partnership, and the applicant has developed a reasonable decision-making structure for their coalition.	6	
Applicant outlines their staffing model that clearly indicates the number of staff and the services in which those staff will provide; the trainings, experience, and qualifications of staff; and the ability for staff to respond to those presenting in crisis.	4	
Proposal outlines a detailed reporting structure to ensure timely and transparent reporting. This includes which key metrics the applicant will track, and the process in which the applicant will monitor and evaluate its services.	3	
Timeline		10
Applicant provided a coherent timeline that outlines a planning and implementation period, purchasing start-up needs, hiring and training needs, launching the initiative, and program monitoring and evaluation	10	
Budget		15
Applicant has provided a detailed budget that addresses the core components of the work and prioritizes client-centered service delivery. The applicant clearly indicates which costs are start-up (one-time) expenses and which are continuous budgetary needs. The applicant has provided a budget narrative that clarifies budget details and priorities.	15	
Evaluation Plan		10
Applicant has developed a thoughtful evaluation plan that includes Key Performance Indicators (KPI), the reasons for which those metrics were selected, a detailed process to include community input, and a dissemination plan for the evaluation.	10	
Total Possible Points		100

APPENDIX C: NOFA PROPOSAL TIMELINE:

<u>Tasks</u>	<u>Description</u>	<u>Dates</u>
1	NOFA Announced	January 6, 2025 at 10 AM CST
2	NOFA Informational Session for Applicants	January 21, 2025 at 2 PM CST
3	NOFA Applications Due	February 13, 2025 at 5 PM CST
4	Selected Subrecipients Announced	March 7, 2025
5	Prepare and Route Scope of Work and Subrecipient Agreements for Awardees	March 10, 2025
6	Subrecipient Agreements Executed and Work Begins	April 2025
7	Quarterly Subrecipient Data Collection and Reporting Begins	July 2025
8	NOHD report-out on data and Key Performance Indicator (KPI) metrics	Ongoing
9	Final Report from Grantee Due	May 2028
10	Dissemination of Findings from Subrecipient Projects	July 2028
11	Prepare Final Report	August 2028

APPENDIX D: Tulane University Community Needs Assessment and Funding Recommendations

Opioid Abatement Funds: City of New Orleans Community Needs Assessment and Funding Recommendations

Citation:

Bingel, J.K., Bunda, B.A., Singletary, G.B., & Seal, D.W. (2024, October). *Opioid abatement funds: City of New Orleans. Community needs assessment and funding recommendations*. New Orleans Health Department, City of New Orleans. New Orleans, LA.

Acknowledgments:

The authors and the City of New Orleans Health department extends its gratitude and appreciation for the forthright and insightful contributions of everyone who participated in the community needs assessment survey, the stakeholder discussion group, and the syringe service discussion groups. Special appreciation and thanks is given to the people with lived experience who shared their insights and lived wisdom in their discussion group.

Funding Disclosure:

This report was assembled under a service contract from the City of New Orleans to Tulane University (MPIs: Dr. David W. Seal & Dr. George B. Singletary).

Scope of the Opioid Epidemic in the United States

Since the 1990s, the United States has been experiencing a severe uptick in opioid misuse and opioid overdoses (Urban Institute et al., 2019). The root of this epidemic is often attributed to the creation and wide distribution of Oxycodone. This opioid was heavily marketed to prescribers as a solution for broad pain management without a large basis of evidence of its long-term effects (Urban Institute et al., 2019). Between 2000 and 2021, the annual number of overdose deaths has multiplied over six times, with over 106,000 overdose

deaths occurring in 2021. About 80,000 of these deaths are opioid-related, with 71,000 of these deaths being related to fentanyl in 2021 (State Health Access Data Assistance Center, 2024).

The rise in popularity of illicitly manufactured fentanyl has accelerated the opioid crisis beyond expectations. Over the past decade, it has become a relatively common practice for illicitly manufactured fentanyl to be mixed with illicitly produced drugs such as heroin, methamphetamines, and cocaine, but also with fake prescription pills such as oxycodone, hydrocodone, and benzodiazepines (MacMillan, 2024). Illicitly manufactured fentanyl is often added to other drugs due to its cheap manufacturing costs and its potency. Illicitly manufactured fentanyl is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic drug, so adding even the smallest amount can increase the potency of a drug significantly, allowing cheaper production of street drugs that are more expensive to produce (United States Drug Enforcement Administration, 2023).

The opioid crisis disproportionately impacts communities of color and other marginalized communities. While Black individuals make up only 5% of people who use drugs in the United States, they are 29% of those who are arrested for drug offenses and 33% of those who are in state prisons for drug offenses (Johns Hopkins University Bloomberg School of Public Health, 2024a). Similarly, American Indian and Alaskan Native (AI/AN) populations have the highest rate of overdose deaths of any racial or ethnic group, and in 2021 experienced a 39% increase from 2019-2020 (Centers for Disease Control and Prevention, 2023). Poor data collection practices are persistent in AI/AN communities, so it is assumed that these numbers are underestimated (Johns Hopkins University Bloomberg School of Public Health, 2024a).

The COVID-19 pandemic had a deep impact on overdose deaths and access to treatment for substance use disorder (SUD). Overdose deaths increased over 30% in 2020, which was primarily driven by the increase of synthetic opioids and stimulants, such as fentanyl (U.S. Department of Health and Human Services, 2024). Pandemic restrictions made access to treatment and support services for SUD very restrictive. However, these restrictions did lead to an increase in telehealth practices. This meant that people could virtually receive prescriptions for opioid use disorder (OUD) medications, which has been shown to be essential in creating and protecting access to and continuity of care and treatment. However, multiple populations remain who cannot access or afford telehealth services, therefore still leaving gaps in service (U.S. Department of Health and Human Services, 2024).

Scope of the Opioid Epidemic in New Orleans

Despite all efforts, the opioid epidemic in New Orleans is still on the rise. In 2022, opioid overdose deaths made up nearly twice as many fatalities as homicides, despite being one of New Orleans' most violent years in recent history (New Orleans Health Department, 2024). A significant driver of the rise in overdose deaths can be attributed to COVID-19 nationwide (U.S. Department of Health and Human Services, 2024). However, these deaths have not gone down post-pandemic; rather, they have doubled. In 2019, the year before the pandemic began, there were 241 accidental drug-related deaths in Orleans Parish; in 2023,

there were 523 accidental drug-related deaths, representing a 117% increase over 5 years (New Orleans Coroner, 2021; 2024).

The leading cause of overdose and drug-related deaths in New Orleans is illicitly manufactured fentanyl. In 2023, Fentanyl was detected in 86% of overdose deaths, down 3% from 2022's toxicology reports (New Orleans Coroner, 2024). Beyond the impact of fentanyl, toxicology reports highlight the prevalence of polysubstance deaths. In 2023, 50% of available toxicology reports tested positive for cocaine, slightly less than in 2022 (58%), and 23% tested positive for meth or other amphetamines, the same percentage as in 2022 (New Orleans Coroner, 2024).

As is the case nationwide, the opioid epidemic is disproportionately impacting people of color in New Orleans. While the city's population is 57% Black, there has been a significant increase in drug overdose deaths among African Americans. According to New Orleans Coroners' Reports, African Americans represented 28% of overdose deaths in New Orleans in 2016; by 2023, 57% of the 523 individuals who died from overdose were Black. It is unsurprising that this crisis disproportionately impacts communities of color in New Orleans, due to their majority status. However, this steady increase in deaths underlines the importance of focusing overdose prevention efforts on this population.

Similarly, New Orleans is also facing the rising problem of Xylazine making its way into the local drug supply. Xylazine, a non-opioid sedative drug, is often added to fentanyl as it can mimic its effects. Because Xylazine isn't an opioid, Narcan is not effective in reversing its side effects. Additionally, Xylazine is not safe or approved for use in humans (Centers for Disease Control and Prevention, 2024; New Orleans Health Department, 2024). When Xylazine testing strips were made commercially available in 2023, NOHD sought to amend local law so that possession of all personal drug testing equipment was legal, regardless of the substance tested. These steps were taken with the knowledge that, despite legality, the New Orleans drug supply is not immune to Xylazine or similar adulterants making their way in. In the fall of 2023, the New Orleans Health Department bought 13,200 Xylazine testing strips to provide to partner organizations for proper distribution (New Orleans Health Department, 2024).

New Orleans is making major strides in community education regarding overdose awareness and safety protocols, particularly with their Narcan distribution efforts. Since 2021, New Orleans has had a 519% increase in individuals trained yearly to provide Narcan doses to a person overdosing and a 935% increase in doses distributed to those who have been trained in the case of necessary bystander administration. There have also been three times as many Narcan administration training sessions conducted (New Orleans Health Department, 2024). This is a positive development for the city, as increased training allows for more doses to be properly administered. Although the New Orleans Health Department is unable to track how much of the Narcan distributed to the community is used, New Orleans experiences a 968.2% increase in bystander-administered Narcan between 2019 and 2023 per New Orleans EMS data (New Orleans Health Department, 2024).

Another focus of the New Orleans Health Department is to address needle litter in communities to reduce the stigma around those who use injection drugs and/or experience SUD (New Orleans Health Department, 2024). Needle litter can increase stigma within a community due to the fear of contracting blood-based diseases by stepping on or otherwise accidentally coming into contact with dirty needles. Common areas experiencing needle litter

include parks, parking lots, and underneath overpasses. While some public spaces have syringe disposal boxes, large-scale efforts are difficult to implement due to a lack of internal maintenance capacity and, on the provider side, a lack of resources and capacity for such a complex form of waste disposal (New Orleans Health Department, 2024).

Opioid Abatement Funds Settlement

In 2021, nationwide settlements were reached to resolve all opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen, and against manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson. Per this national/global opioid settlement, the defendants agreed to pay \$26 billion to settle this litigation over an 18-year period. The funds will be divided amongst thousands of communities throughout the United States to assist in their opioid recovery efforts. Under the settlement agreement, funds can be used for: (1) prevention, (2) treatment, (3) recovery and linkage to services support, (4) leadership development, research, and training; and at-risk populations such as pregnant women and their families, people involved with the criminal justice system, and people who are houseless (see Appendix A for a more detailed description).

Louisiana will receive approximately \$325 million as part of the Opioid Abatement Settlement Funds (Hawkins, 2023). The state has allocated 20% of this money to sheriff departments and 80% to parishes. Louisiana is unique compared to many other states, with its emphasis on dedicating money to sheriff departments (Louisiana Opioid Abatement Task Force, 2021a). The default allocation plan for most states is giving 70% to the Abatement Accounts Fund, 15% to the State Fund, and 15% to the Subdivision Fund (Mermin et al., 2022). All states must dedicate at least 70% of their share of the funding to future opioid remediation (Minhee, 2024). Orleans Parish will receive 6.29% of Louisiana's settlement money, equivalent to approximately \$1 million per year over the next 18 years to address the opioid crisis and associated overdoses (Louisiana Opioid Abatement Task Force, 2023; New Orleans Health Department, 2024).

Opioid Abatement Funds Settlement: New Orleans Prioritization Process

The New Orleans Health Department contracted with Tulane University researchers and practitioners to facilitate a stakeholder process for developing evidence-based recommendations for utilization of these monies. This stakeholder approach had multiple components that were implemented in Spring 2024:

1. Extensive review of relevant **scientific literature** related to the scope of the opioid epidemic.
2. A **Community Needs Assessment** open to all community residents, providers, and/or other key stakeholders. Distribution and forwarding of the survey link to relevant individuals and communities was encouraged. The online survey was formatted to allow respondents to priority rank the types of services within the allowable uses (e.g., prevention, treatment) listed in the Memorandum of Understanding (MOU) provided by the Louisiana State Government. The survey also allowed respondents to provide open-ended suggestions for usage of the monies. The survey was available

from April 8th through June 24th and received a total of 143 responses from a variety of community stakeholders.

3. Three **community stakeholder meetings** to elicit feedback and recommendations. In meeting one, general priorities were established. In meeting two, priorities were refined, and specific recommendations were elicited. In the final meeting, a draft plan was presented based on stakeholder feedback and further refinement. Stakeholders represented diverse areas of expertise including prevention and treatment providers, syringe service providers, service providers, medical providers, the legal system, the health department, and academic institutions.
4. Further refinement of the proposed plan was provided in two meetings with local **syringe service providers** who emphasized the need to incorporate prevention and service provision needs beyond treatment alone.
5. Finally, the final draft plan was presented to a group of **people who use drugs**, referred by community partners. The acceptability and feasibility of the proposed plan was elicited as well as further refinements to the plan.

All of these data were triangulated into the final plan developed for the Call for Proposals from the New Orleans Health Department. In response to results of the community survey, and other suggestions that emerged in the various stakeholder meetings, NOHD has earmarked \$332,000 of the awarded monies for the three endeavors below.

- Narcan supplies for NOHD, EMS, and NO Fire Department
- An Outreach and Education Coordinator who will provide harm reduction trainings and oversee NOHD's Narcan distribution program
- An Overdose Fatality Review Coordinator who will work with the Overdose Fatality Review Team to identify system gaps and missed opportunities for individuals who die due to overdose.

The community survey revealed that, by far, the community priority for prevention was preventing overdose deaths and other harms (harm reduction). In terms of treatment, community members responded that supporting people in treatment and recovery, through methods such as housing, community and peer services, increased transportation and employment, and stigma reduction. Respondents also identified that increasing treatment availability and connecting people to necessary services such as ensuring clinicians are screening for OUD and funding SBIRT (Screening, Brief Intervention, and Referral to Treatment) programs. Open-ended responses also emphasized the desire to prioritize harm reduction and MOUD approaches when designating the monies, with many expressing the importance of working with preexisting ultra-local harm reduction and substance use reduction groups. These statements were taken into serious account while designing the plan for the remaining funds. This information will inform current and future funding priorities and usage of funds.

Based on data from all of these sources, the plan for the remainder of the current fiscal funds seeks to increase harm reduction efforts and takes a holistic approach to serving people with lived experience. Specifically, the plan outlined below will be implemented in fiscal year 01 as recommended by the various stakeholders involved in the planning process.

1. Create a multi-service navigational hub for people (a) with a history of injection drug use who are leaving jail and/or who are houseless, (b) who visit the ER due to overdose, and/or (c) who are in detox treatment and who inject drugs. This safe space would:
 - a. Be centrally located in a safe and well-lit location. This safe space could either be in a fixed location or through the provision of a mobile unit which could have multiple sites.
 - i. Include shared space in the location or mobile unit for people to relax and get off the streets and/or harmful environments.
 - b. Must take a holistic, harm reduction approach to services for people with lived experience. Abstinence-only proposals will not be accepted.
 - c. Have 24/7 staffing and referral assistance.
 - i. For example, ER personnel could call the hub for immediate post-discharge assistance.
 - d. Include or have partnership referrals in real time with- to the extent possible- nurses, social workers, case managers, mental health professionals, prescribers, recovery specialists, peer navigators, and other providers deemed important by the applicants.
 - i. Note: Peer navigators are not required to be state certified. People with lived experience may also have an important support role.
 - e. Provide trauma support.
 - f. Facilitate referrals to needed resources (e.g., substance misuse treatment; housing, food; transportation assistance; harm reduction services; other as deemed important by the applicant)
 - g. Include a linked informational website, emergency hotline, and telehealth support.
 - h. Provide essential on-site services (e.g., shower(s); washer and dryer; meals and beverages; other services as deemed important by the applicant).
 - i. Have computer and internet access for people who utilize services.

Beyond the provision of outlined services, several recommendations for applicant teams emerged in our discussions.

1. Applications **MUST** involve inter-agency collaboration for provision of services. Single-agency applications will not be accepted.
2. Applicants must demonstrate a history of collaboration and clearly describe how each participating agency will contribute synergistically to the overall aims of the proposal.
3. Applications must include a detailed description for documentation of calls, walk-ins, referrals, and follow-up actions with 48-72 hours of contact. Quarterly reporting will be required.
4. Funds may be used for syringe service program products (e.g., clean needles and works, fentanyl test strips) to the extent permissible by state and local law.
5. Applications will be strengthened to the extent they build upon and extend and/or complement existing community programs and services. Applications which merely propose to expand existing services will be evaluated less favorably.
6. To the extent possible, applications that propose concrete steps, and provide documentation of partnership commitment in their applications, with other existing entities such as EMS and the HOIS system will be strengthened.

Johns Hopkins Guiding Principles

The New Orleans Health Department will use the five guiding principles that Johns Hopkins University has released to be used when making the most effective decisions about where the money from the opioid settlement should go (Johns Hopkins University Bloomberg School of Public Health, 2024b). These five principles, described below, will serve as a foundation for decisions made by the New Orleans Health Department as to how the money received from the settlement will be distributed.

Information retrieved from (Johns Hopkins University Bloomberg School of Public Health, 2024b)

1. Spend Money to Save Lives

The first principle is to spend money to save lives. Many states will be tempted to use the dollars received from this settlement to fill holes in budgets instead of expanding needed programs due to their current economic status. This is an inappropriate usage of the funding. Johns Hopkins has three points of advice on how to adopt this principle: Establishing a dedicated fund in which to put the monies, using the dollars to supplement rather than supplant existing funding, and not spending the money all at once.

2. Use Evidence to Guide Spending

Second, each state should primarily use an evidential basis to guide their spending. At this point, there is a strong body of evidence to demonstrate what is effective and what is ineffective in terms of opioid use prevention and harm reduction. This information should be used to make decisions, as without it, there's a risk of not only creating programs that do not work but also being counterproductive and taking steps backward in progress to reduce opioid use and overdose death. Johns Hopkins recommends directing funds to evidence-supported programs, removing policies that may block the adoption of functional and effective programs, and building data collection capacity within each jurisdiction. Following these principles and evidence-based methods will allow Louisiana and other states to make the most effective decisions with the money received.

3. Invest in Youth Prevention [Note: This principle is not a core part of the current plan for the Call for Proposals. However, it remains a priority for future funding cycles]

The third recommendation made by Johns Hopkins is to invest in youth prevention. Investing in youth prevention allows states to create long-term community change and prevent underage deaths due to opioid misuse. Nearly 8,000 adolescents between the ages of 15-19 died due to opioid overdoses between 1999 and 2016, and approximately one-half of people with substance use disorders began using substances before the age of 14. Integrating investments in primary youth prevention would reduce the number of adolescent deaths, adult substance abuse, and reduce the amount of people who experience addiction and overdose. Youth primary prevention would also reduce other negative outcomes that can come hand-in-hand with substance abuse, such as low educational status, unemployment and under-employment, unintended parenthood, and

an increased risk of death from a variety of causes. This principle can best be adopted by following principle two; directing funds into evidence-based interventions.

4. Focus on Racial Equity

Johns Hopkins' fourth recommendation is to focus on racial equity when decision-making for opioid use settlements. Communities of color have been impacted by years and years of discriminatory policies, and now these communities are experiencing significant increases in overdoses. These communities experience SUD at the same rates as other racial groups, but recently, rates of opioid overdose deaths have been increasing more rapidly in Black communities than in white communities. Additionally, communities of color are more likely to face criminal justice involvement and repercussions due to drug use. American Indian and Alaskan Native (AI/AN) communities are also overrepresented in incarcerated populations, but there is inconsistent data collection within these communities, which implies that current data about AI/AN populations and opioid use may be incorrect and an underestimate. Hopkins recommends four ways for jurisdictions to adopt this principle: Investing in communities affected by discriminatory policies, supporting diversion from arrest and incarceration, funding anti-stigma campaigns, and involving community members in solutions.

5. Develop a Fair and Transparent Process for Deciding Where to Spend the Funding

The process of deciding where to spend the monies should be guided by local public health leaders in hand with active engagement of people and families with lived experience, along with other key groups. The City of New Orleans has already been directly working on this principle by hosting open meetings, meetings with people with lived experience, and meetings with local leaders in OUD and SUD. Hopkins recommends three ways to adopt this principle: determining areas of need, getting input from groups that touch different parts of the epidemic to develop the plan, and ensuring that there is representation that reflects the diversity of affected communities when allocating funds.

ACRONYMS

OUD: Opioid use disorder

SUD: Substance use disorder

Scope of US Opioid Epidemic

AI/AN: American Indians/Alaskan Natives

SES: Socioeconomic Status

ODD: Overdose Death Rates

Scope of New Orleans' Opioid Epidemic

NOHD: New Orleans Health Department

CHIP: Community Health Improvement Plan

LDH: Louisiana Department of Health

ORT: Overdose Response Trainings

GNO: Greater New Orleans Area

NOEMS: New Orleans Emergency Medical Services

ODMAP: Overdose Mapping Application Program

NOPL: New Orleans Public Library

NOCC: New Orleans City Council

DAO: District Attorney's office

Funding Parameters

SBIRT: Screening, Brief Intervention, and Referral to Treatment

PWLE: People with Lived Experience

SSPs: Syringe Service Programs

Proper Bibliography (As of 10/20/24)

- Centers for Disease Control and Prevention. (2023). *Opioid Overdose Prevention in Tribal Communities*. Centers for Disease Control and Prevention, Atlanta, GA. Retrieved July 22, 2024 from https://www.cdc.gov/injury/budget-funding/opioid-overdose-prevention-in-tribal-communities.html?CDC_AAref_Val=https://www.cdc.gov/injury/budget/opioid-overdosepolicy/TribalCommunities.html
- Centers for Disease Control and Prevention. (2024). *What You Should Know About Xylazine*. Centers for Disease Control and Prevention, Atlanta, GA. <https://www.cdc.gov/overdose-prevention/about/what-you-should-know-about-xylazine.html#:~:text=Due%20to%20its%20impact%20on,of%20fentanyl%20mixed%20with%20xylazine.>
- Hawkins, D. (2023). *Louisiana will get \$325M from a major opioid settlement. Advocates want to know how it will be spent*. WWNO - New Orleans Public Radio, New Orleans, LA. Retrieved July 20, 2024 from <https://www.wwno.org/public-health/2023-07-18/louisiana-will-get-325m-from-a-major-opioid-settlement-advocates-want-to-know-how-it-will-be-spent>
- Johns Hopkins University Bloomberg School of Public Health. (2024a). *Principle 4: Focus on Racial Equity*. Johns Hopkins University Bloomberg School of Public Health, Baltimore, MD. <https://opioidprinciples.jhsph.edu/focus-on-racial-equity/#:~:text=In%20addition%20to%20Black%20populations,%25%20increase%20from%202019%2D2020>
- Johns Hopkins University Bloomberg School of Public Health. (2024b). *To Guide Jurisdictions in the Use of Opioid Litigation Funds, We Encourage the Adoption of Five Guiding Principles*. Johns Hopkins University Bloomberg School of Public Health, Baltimore, MD. <https://opioidprinciples.jhsph.edu/the-principles/>
- Louisiana Opioid Abatement Task Force. (2021a). *Louisiana State - Local Government Opioid Litigation Memorandum of Understanding*. Louisiana Opioid Abatement Task Force, Baton Rouge, LA. <https://laoatf.org/mou-and-exhibits>
- Louisiana Opioid Abatement Task Force. (2021b). *Exhibits A & B*. Louisiana Opioid Abatement Task Force, Baton Rouge, LA. <https://laoatf.org/mou-and-exhibits>
- Louisiana Opioid Abatement Task Force. (2023). *Informational Webinar*. Louisiana Opioid Abatement Task Force, Baton Rouge, LA. <https://laoatf.sharepoint.com/:v:/s/CompanyFiles/ES5FjVhizLI0oJ9daPwUjyoBNmCThKV1OjecDv4WxYda-w?e=e4GQe2&nav=eyJyZWZlcnJhbEluZm8iOnsicmVmZXJyYWxBcHAiOiJTdHJlYW1XZWJBcHAiLCJyZWZlcnJhbFZpZXciOiJTaGFyZURpYWxvZyIsInJlZmVycmFsQXBwUGxhdGZvcml0iXZlcnJhbE1vZGU0iJ2aWV3In0sInBsYXIiYWNRt3B0aW9ucyI6eyJzdGFydFRpbWVJbmlNY29uZHM0iJ3NjMuMDF9fQ%3D%3D>
- MacMillan, C. (2024). *Why Is Fentanyl Driving Overdose Deaths?* Yale Medicine, New Haven, CT. <https://www.yalemedicine.org/news/fentanyl-driving-overdoses>
- Mermin, S., Falkner, R., & Greene, K. (2022). *Understanding Opioid Settlement Spending Plans Across States: Key Components and Approaches*. The National Academy for State Health Policy, Washington D.C.

- <https://nashp.org/understanding-opioid-settlement-spending-plans-across-states-key-components-and-approaches/>
- Minhee, C. (2024). *State/Local Spending Plans*. OpioidSettlementTracker.com. <https://www.opioidsettlementtracker.com/settlementspending>
- New Orleans Coroner. (2021). *2019/2020 Coroner's Report on Accidental Drug-Related Deaths in New Orleans* <http://neworleanscoroner.com/2019-2020-coroners-report-on-accidental-drug-related-deaths-in-new-orleans/>
- New Orleans Coroner. (2024). *2023 Coroner's Report on Accidental Drug-Related Deaths in New Orleans* <http://neworleanscoroner.com/2023-coroners-report-on-accidental-drug-related-deaths-in-new-orleans/>
- New Orleans Health Department. (2024). *2023 Annual Opioid Report*. N. O. New Orleans Health Department, LA. <https://nola.gov/nola/media/Health-Department/Publications/NOHD-Opioid-Report-2023-final.pdf>
- State Health Access Data Assistance Center. (2024). *The Opioid Epidemic in the United States*. Regents of the University of Minnesota, Minneapolis, MN. <https://www.shadac.org/opioid-epidemic-united-states>
- U.S. Department of Health and Human Services. (2024). *About the Strategy*. U.S. Department of Health and Human Services, Washington D.C. Retrieved July 20, 2024 from <https://www.hhs.gov/overdose-prevention/background>
- United States Census Bureau. (2023). *New Orleans City, Louisiana*. United States Census Bureau, Washington D.C. <https://www.census.gov/quickfacts/fact/table/neworleanscitylouisiana/RHI72522>
- United States Drug Enforcement Administration. (2023). *Fentanyl*. United States Drug Enforcement Administration. Retrieved May 2 from <https://www.dea.gov/factsheets/fentanyl#:~:text=What%20is%20Fentanyl%3F,tan%20heroin%20as%20an%20analgesic.>
- Urban Institute, Vigne, N. L., Willison, J. B., Duane, M., Okeke, C., Gulaid, A., Clemens-Cope, L., Engelhardt, W., Godellas, N., Jagannath, J., & Reginal, T. (2019). *Comprehensive Opioid Abuse Program Assessment: Examining the Scope and Impact of America's Opioid Crisis*. Urban Institute. <https://www.urban.org/sites/default/files/publication/101990/comprehensive-opioid-abuse-program-assessment.pdf>

Appendix A: Approved Funding Purposes- Complete List

Approved purposes outlined in Exhibit A & B of the Memorandum of Understanding (Louisiana Opioid Abatement Task Force, 2021b) that Orleans Parish intends to focus on in their master plan include:

Treatment:

1. Treat Opioid Use Disorder (OUD)
 - a. Expand
 - i. Treatment availability
 - ii. Training access and funding
 - iii. Counseling workforce reimbursement
 - iv. Mobile/telehealth options
2. Support people in treatment and recovery
 - a. Provide
 - i. Elements of full continuum of care
 - ii. Housing Services
 - iii. Community/peer services
 - iv. Transportation
 - v. Employment services
 - vi. Stigma reduction services
3. Connect people who need help to the help they need
 - a. Ensure clinicians are screening for OUD
 - b. Fund SBIRT programs
 - c. Train ER staff on community referrals/discharge options
 - d. Support crisis centers, peer support specialists, and recovery coaches
 - e. Centralized call centers
4. Address the needs of criminal-justice-involved persons
 - a. Support pre-arrest or pre-arraignment diversion models
 - b. 911 co-responders/alternative responders' models
 - c. Pre-trial services to connect individuals to treatment
 - d. Provide evidence-based services to people who are incarcerated or leaving jail/prison
5. Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome
 - a. Training and treatment of obstetricians
 - b. Child and family support
 - c. Home-based services
 - d. Children's services

Prevention:

1. Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
 - a. Training and continuing medical education on appropriate prescribing of opioids
 - b. Support for non-opioid alternatives
 - c. Improving prescription drug monitoring programs
2. Prevent misuse of opioids
 - a. Education of public
 - b. Drug take-back programs
 - c. School programs

3. Prevent overdose death and other harms (harm reduction)
 - a. Naloxone
 - b. Public education on Good Samaritan laws
 - c. Syringe service programs (SSPs)
 - d. HIV/Hep C testing and treatment
 - e. Mobile unit
 - f. Fentanyl screening in clinical toxicology labs

Other Strategies:

1. Supporting first responders
 - a. Law enforcement expenditures and education
 - b. Educate law enforcement or other first responders regarding dealing with fentanyl or other drugs
2. Leadership, planning, and coordination
 - a. Community regional planning to identify populations of need
 - b. Dashboard of key metrics
 - c. Investment in infrastructure and staffing
3. Training
 - a. Staff training to improve government/community entities
 - b. Support infrastructure and staff working on cross-system efforts
4. Research
 - a. Monitoring, surveillance, and evaluation of programs
 - b. Research novel harm reduction methods (such as fentanyl test strips) and service delivery models