

1. Statement of the Problem

Applicant. This application is submitted by the City of New Orleans Health Department (NOHD). The proposed projects will serve New Orleans, Louisiana (population of 393,292). This application is submitted under Category 1b. **Nature and scope of the problem.** In March 2017, the New Orleans, LA Coroner's Office announced that the city is in the midst of an accelerating public health crisis of drug-related deaths, driven chiefly by the ongoing national opiate epidemic.¹ Accidental drug-related deaths in 2016 were more than double that of 2015, surpassing homicides for the first time in the city's history. Of the 211 drug-related fatalities, 166 involved opiates. This number remained steady through 2017 and bumped up slightly in 2018 to 168 deaths.² In some respects, the overdose explosion was inevitable. Louisiana has consistently ranked among the highest states for the number of opioid prescriptions written by physicians per resident each year, and also has an age-adjusted overdose rate that was 13% higher than the national average in 2014. The opioid epidemic unquestionably contributes to Louisiana ranking last out of all 50-states in United Health Care Foundation's report, *America's Health Rankings 2018*.³ **Existing strategies.** New Orleans has had a robust response to the opioid crisis. In 2017, the City set forth a multi-pronged approach to tackling the problem, which included expanding use of naloxone by first responders, issuing a standing order to pharmacists for naloxone to be made available without a prescription, increasing the availability of MAT and other treatment options, rapidly connecting opioid overdose survivors to treatment, increasing options for the

¹ *Coroner's Report on 2016 Accidental Drug-Related Deaths in New Orleans.*

<http://neworleanscoroner.com/coroners-report-on-2016-accidental-drug-related-deaths-in-new-orleans/>

² *Deadly opioid overdoses plateau in Louisiana, though more cases involve fentanyl*

https://www.theadvocate.com/baton-rouge/news/article_8bc13284-5273-11e9-802a-d3cf6a9917e3.html

³ *United Health Care Foundation's report, America's Health Rankings 2018.*

https://assets.americashealthrankings.org/app/uploads/2018ahrannual_020419.pdf

safe disposal of prescription drugs and used syringes, creating a public information campaign, and providing training to pharmacists.⁴ Additionally, there has been an increase in outpatient substance abuse programs in New Orleans, including those that provide drug screening, diagnostic assessment and psychiatric evaluation, referrals for inpatient and residential treatment, detox, medication management; case management, Assertive Community Treatment, Forensic Assertive Community Treatment, and Medically Assisted Treatment for Addiction (MAT). These efforts seem to have had an effect, as opioid related deaths have plateaued from 2016 to 2018. **Ongoing need.** However, while we are seeing progress, we are also seeing alarming trends, such as the notable increase in overdose deaths that involve fentanyl, which has gone from 48 in 2016 to 106 in 2018.⁵ Further, the existing programs lack the resources to meet the skyrocketing needs generated by the opioid epidemic. Like other communities across the nation, New Orleans is trying to figure out what works to curb the opioid epidemic (and to be better prepared for other addiction crises), and like many other cities, we are limited in resources to apply to this urgent problem. While we are making progress, we continue to need financial assistance to improve our systems. **Interventions within Sequential Intercept Model.** With regard to opioid use interventions, the following is an overview of where services are available in New Orleans. Intercept 0: Community is where most local services are available, in the form of MAT, detox, and inpatient rehabilitation. Intercept 1: There are no specific diversion options available through 911 or local law enforcement. New Orleans Police Officers are trained in how

⁴ Addressing Opioid Addiction and Overdose in New Orleans - A Community-Based Response to a National Epidemic, October 2017. [https://nola.gov/city/opioid-plan-10-18-17/?utm_campaign=City of New Orleans&utm_content=&utm_medium=email&utm_source=govdelivery&utm_term=](https://nola.gov/city/opioid-plan-10-18-17/?utm_campaign=City%20of%20New%20Orleans&utm_content=&utm_medium=email&utm_source=govdelivery&utm_term=)

⁵ Deadly opioid overdoses plateau in Louisiana, though more cases involve fentanyl
https://www.theadvocate.com/baton_rouge/news/article_8bc13284-5273-11e9-802a-d3cf6a9917e3.html

to use naloxone and all units carry it. One local police district has the option of diverting low level offenders to case management, and some opioid users have been so diverted, although not for charges related to opioid use or possession. Intercept 2-3: New Orleans Municipal Court may refer defendants to drug detox or rehab if that is deemed to be an appropriate approach. Orleans Parish Criminal District Court does have a drug court program for defendants identified as drug users. Intercept 4-5. In recent years, local service providers have made an effort to identify opioid users at the local jail and to make sure they are connected to treatment upon release. Similarly, resources are available to offenders being released from State custody. The Orleans Parish Sheriff's Office was recently awarded a grant to plan and implement a MAT program inside of the jail.

2. Project Design and Implementation

Mandatory project components. NOHD is open to working with BJS technical assistance providers in the planning, implementation, and assessment of our project, as well as any researchers that wish to analyze our project in the future. **Proposed project.** The project that we propose has two components, each of which will be managed by a staff member hired for that purpose. Both of these staff members will report to the Manager for Behavioral Health Programs at NOHD.

Project component 1: Continuation of Opioid Survival Connection. The Opioid Survival Connection (OSC) is a program that was planned and implemented with 2017 COAP funding. The main piece of this project is to connect recent opioid overdose survivors to treatment as soon as possible. The OSC Treatment Navigator has a desk at the University Medical Center Emergency Department (UMC-ED) and is available to connect overdose survivors to Medication Assisted Treatment (MAT) following discharge from the hospital. The

program also takes UMC-ED referrals of patients who have not suffered a recent overdose, but who are struggling with addiction, as well as friends and families of program participants who are also in need of MAT. The program's goals are to encourage and support planning and collaboration between hospitals and clinics, opiate abuse service consumers, the health department, law enforcement and courts, treatment facilities, community advocates, and public officials; to develop and implement strategies to identify high frequency utilizers of multiple systems who have a history of opioid misuse and provide treatment and recovery support services to them; and to offer overdose survivors a pathway and consistent point of contact to evidence-based treatment and wrap-around services, as well as naloxone training. The funding requested will include salary and fringe benefits for one staff member, as detailed in the budget and budget narrative. **OSC Deliverables.** The OSC deliverables will be as follows: A) receive 200 referrals per year of persons who have recently survived an opioid overdose or are otherwise identified as a habitual opioid user at risk of overdose, B) provide a MAT referral to all patients referred and who have maintained contact with program, C) maintain contact with referred persons for one month following referral, and D) serve as a conduit for New Orleans Municipal Court to link defendants to treatment.

Project component 2. Place-based Harm Reduction: Outreach and Community Education.

Our proposal includes hiring one staff member to conduct what we refer to as "Place-based Harm Reduction," which involves community outreach and education (CO&E). This component would include conducting community trainings, distributing naloxone and tourniquets to community members, work with EMS to distribute treatment information and naloxone to overdose survivors, and pharmacist education. Over recent years, NOHD has developed a Bystander Response Training to teach community members how to respond to medical

emergencies, including an opioid overdose. These trainings include teaching of hands-only CPR, use of AED, tourniquet application, and naloxone administration. We believe that these should be taught together for the sake of efficiency, and that they fit within the scope of the opioid crisis – naloxone as an opioid overdose reversal, CPR and AED to revive a person who is not responsive to naloxone (or when naloxone is unavailable), and tourniquet use to respond to gunshot wounds (New Orleans has a significant rate of gun related homicides, many of which are related to the illicit drug trade). These trainings are based on the theory that any citizens might encounter a medical emergency at any time and needs to be able to respond appropriately before first responders arrive. These trainings have been taught in the New Orleans Public Libraries and have been favorably received by citizens, but we have used the initial start-up funding we were provided and would like to expand the program beyond libraries to meet people where they are at. While trainings are important to teach life-saving skills, we believe it is also essential to equip people with the tools to respond to emergencies. In the case of naloxone, there is currently no source of free access to the overdose antidote. We would use this funding to purchase naloxone that would be distributed to training attendees. Trainings would be promoted through social media, the distribution of printed fliers, and partners such as Cure Violence, local syringe service programs, and the Mayor's Office of Neighborhood Engagement. Naloxone and information about linkage to treatment would also be made available to EMS staff to distribute at the scene of an overdose. Many people who are revived with naloxone following an overdose do not get transported to the emergency department. We want to ensure that these survivors have the information that they need to get treatment and the naloxone that they need in the event of a future overdose. We also intend to engage in pharmacist education. NOHD has been made aware that many pharmacists are often unclear on issues and regulations relating to naloxone use and

distribution. Pharmacy staff are often unaware of whether their pharmacy stocks naloxone, the fact that there is a standing order for naloxone, and the overall importance of naloxone as a life-saving tool. We intend for our CO&E staff member to conduct outreach with local pharmacists and to educate them on these issues in the hope of improving pharmacists' ability to serve the public. Another aspect of the CO&E component will be to purchase and place sharps collection containers in areas that see high levels of intravenous drug use, so that used needles can be safely discarded. Sharps containers will require maintenance in the form of removing used syringes and sending to a disposal site. The funding requested will include salary and fringe benefits for one staff member, one vehicle, training materials, and supplies, which are detailed in the budget and budget narrative. **CO&E Deliverables.** The CO&E deliverables will be as follows: A) conduct 35 Bystander Response trainings per year, B) conduct pharmacist education at 50 pharmacies per year, C) distribute 500 doses of naloxone per year, and 200 tourniquets per year, D) Purchase and maintain sixteen 1.5 gallon sharps collection containers, and E) purchase and maintain four 30 gallon sharps collection containers.

Priority considerations. The City of New Orleans is currently in the process of exploring the implementation of the Overdose Detection Mapping Application Program (ODMAP). ODMAP has been promoted locally for a number of months, leading to a presentation before the New Orleans City Council Criminal Justice Committee on April 30, 2019. Indications are that ODMAP will be implemented locally, mandating that first responders use the tool to record opioid overdoses. We expect to use the data provided by ODMAP to identify neighborhoods that experience higher rates of opioid overdoses and to target those neighborhoods for trainings and naloxone distribution.

3. Capabilities and Competencies Management structure and staffing

Management structure. The project will be administered by NOHD, which will carry full legal responsibility for implementing and operating the grant in conformance with the BJA grant agreement, including working with assigned TTA providers. Day-to-day operations will be planned and conducted by program coordinators, who will be supervised by NOHD's Manager for Behavioral Health Programs. Program staff may be supplemented by intern and/or fellows assigned to NOHD. Team meetings will be held fortnightly to build consensus on strategic approaches, review work plans and the allocation of project resources, and coordinate the communication of project results. **Program coordinators.** The Program Coordinator for OSC will be the position's incumbent, [redacted] has been employed with NOHD for two years and is a Licensed Master of Social Work and is actively pursuing the LCSW credential. Her duties will include interfacing with staff at UMC-ED, interviewing people referred to the program, connecting them to MAT and other resources, following up with program participants, staying connected with treatment providers. [redacted]'s resume and position description is attached. The position description for the CO&E is also attached. Duties will include coordinating and conducting Bystander Response trainings, coordinating outreach and education efforts, distributing naloxone and tourniquets, interfacing with EMS regarding recent overdoses, and coordinating the purchase and placement of sharps collection containers. **Program partners.** 1) NOHD is currently partnered with UMC-ED with regard to the OSC and will continue that partnership. This partnership is formalized through a Memorandum of Understanding. UMC-ED sees the largest number of opioid overdose cases in New Orleans of any ED or inpatient facility: 20-25 per month. UMC has provided office space for the program's staff. 2) NOHD has worked with New Orleans Public Library (NOPL) over the years to

coordinate naloxone and Bystander Response trainings. Trainings are hosted by NOPL at their various locations, which is a huge asset, allowing NOHD to connect with a diverse audience throughout the city. 3) NOHD will also work with its sister agency, New Orleans Emergency Medical Service (NOEMS), to better coordinate distribution of naloxone and treatment information to citizens following overdoses treated in the field. This is because many people who receive naloxone administered in the field decline to go to the emergency department and we want to ensure that those individuals have the information that they need to connect to treatment. 4) NOHD will also make use of one of its existing programs, Cure Violence, to facilitate outreach efforts of the CO&E component. Cure Violence is a violence interrupter program that conducts outreach and education around street violence and we plan to collaborate with that program to facilitate engagement with small businesses and community leaders. 5) The New Orleans Opioid Task Force (OTF) is a cross-sector coalition which meets regularly to discuss local trends and developments regarding opioids. This task force is convened by NOHD and includes law enforcement, treatment providers, first responders, researchers, policy makers, and medical practitioners. The OTF is an excellent source of experiences and insights that NOHD can tap into as needed. 6) NOHD has existing partnerships with the Mayor's Office of Neighborhood Engagement and local syringe service programs, with whom we will continue to work to advance the goals of this project. 7) Xavier University College of Pharmacy is available to assist us in engaging with pharmacists and students of pharmacy. **Letters of support.** NOHD has attached letters from its project partner, UMC-ED, as well as the Memorandum of Understanding between NOHD and UMC-ED. NOHD also has a letter of support from the following: New Orleans Public Libraries, who has partnered with NOHD to host Bystander Response trainings; Odyssey House Louisiana, one of the city's primary providers of detox and

rehabilitation services and a frequent partner of NOHD on other projects; and the US Drug Enforcement Agency’s New Orleans Field Division, which has been a participant in the Opioid Task Force that NOHD convenes. **Capability to implement the project successfully.** NOHD has a track record of successfully implementing innovative ideas to address public health issues. It has an existing leadership structure that includes people who have experience navigating the challenges of program planning and implementation, relationship building and grants management. NOHD has been the recipient of numerous grants, including awards from BJA (JAG and JMHCP), SAMHSA, CDC, and the Robert Wood Johnson, Kellogg and Kresge Foundations. Position descriptions for the members of the project team are attached.

Project objectives. Goal: Reduce opioid misuse and overdose fatalities in New Orleans.

Project Objective	Activity – Year One	Expected Completion Date	Responsible person
OBJ 1 – Provide rapid linkage to MAT for recent overdose survivors or persons at risk of overdose	Receive 200 referrals of persons who have recently survived an opioid overdose or are otherwise identified as a habitual opioid user at risk of overdose	12/31/2020	OSC Program Coordinator
	Provide a MAT referral to all patients referred and who have maintained contact with program (anticipated 30% connection rate)	12/31/2020	OSC Program Coordinator
	Maintain contact with referred persons for one month following referral	12/31/2020	OSC Program Coordinator
	Serve as a conduit for New Orleans Municipal Court to link defendants to treatment	12/31/2020	OSC Program Coordinator
OBJ 2: Prevent opioid overdoses through community education	Year one: Conduct 35 Bystander Response trainings	12/31/2020	CO&E Program Coordinator

	Conduct pharmacist education at 50 pharmacies	12/31/2020	CO&E Program Coordinator
	Distribute 500 doses of naloxone	12/31/2020	CO&E Program Coordinator
OBJ 3: Increase public safety	Distribute 200 tourniquets	12/31/2020	CO&E Program Coordinator
	Purchase and maintain sixteen 1.5 gallon sharps collection containers and four 30 gallon sharps collection containers	12/31/2020	CO&E Program Coordinator
Project Objective	Activity – Year Two	Expected Completion Date	Responsible person
OBJ 1 – Provide rapid linkage to MAT for recent overdose survivors or persons at risk of overdose	Receive 200 referrals of persons who have recently survived an opioid overdose or are otherwise identified as a habitual opioid user at risk of overdose	12/31/2021	OSC Program Coordinator
	Provide a MAT referral to all patients referred and who have maintained contact with program (anticipated 30% connection rate)	12/31/2021	OSC Program Coordinator
	Maintain contact with referred persons for one month following referral	12/31/2021	OSC Program Coordinator
	Serve as a conduit for New Orleans Municipal Court to link defendants to treatment	12/31/2021	OSC Program Coordinator
OBJ 2: Prevent opioid overdoses through community education	Conduct 35 Bystander Response trainings	12/31/2021	CO&E Program Coordinator
	Conduct pharmacist education at 50 pharmacies	12/31/2021	CO&E Program Coordinator
	Distribute 500 doses of naloxone per year	12/31/2021	CO&E Program Coordinator
OBJ 3: Increase public safety	Distribute 200 tourniquets	12/31/2021	CO&E Program Coordinator
	Maintain sixteen 1.5 gallon sharps collection containers and four 30	12/31/2021	CO&E Program Coordinator

Project Objective	Activity – Year Three	Expected Completion Date	Responsible person
	gallon sharps collection containers		
OBJ 1 – Provide rapid linkage to MAT for recent overdose survivors or persons at risk of overdose	Receive 200 referrals of persons who have recently survived an opioid overdose or are otherwise identified as a habitual opioid user at risk of overdose	12/31/2022	OSC Program Coordinator
	Provide a MAT referral to all patients referred and who have maintained contact with program (anticipated 30% connection rate)	12/31/2022	OSC Program Coordinator
	Maintain contact with referred persons for one month following referral	12/31/2022	OSC Program Coordinator
	Serve as a conduit for New Orleans Municipal Court to link defendants to treatment	12/31/2022	OSC Program Coordinator
OBJ 2: Prevent opioid overdoses through community education	Conduct 35 Bystander Response trainings	12/31/2022	CO&E Program Coordinator
	Conduct pharmacist education at 50 pharmacies	12/31/2022	CO&E Program Coordinator
	Distribute 500 doses of naloxone per year	12/31/2022	CO&E Program Coordinator
OBJ 3: Increase public safety	Distribute 200 tourniquets	12/31/2022	CO&E Program Coordinator
	Maintain sixteen 1.5 gallon sharps collection containers, and four 30 gallon sharps collection containers	12/31/2022	CO&E Program Coordinator

Potential Barriers: With regard to the OSC component, we have encountered a variety of barriers and have been able to work through most of them. One obstacle that we experienced was building awareness about our program so that staff at the partnering hospital could make

referrals. This type of barrier seems to be typical of any new program and solutions include making the program as visible as possible, engaging champions for your program within the partner organization, maintaining regular communications, and, when possible, a feedback loop to the referring partner. With regard to the CO&E component, one potential barrier is engaging with community members, small businesses, or other stakeholders. We plan to work with Cure Violence, another NOHD program, which is already engaged in doing community outreach and has many established community relationships. We will also continue our partnership with local syringe service programs to assist us in engaging target communities. Another potential barrier will be engaging with pharmacists. As necessary, we plan to work with head offices for chain pharmacies to get store level pharmacists on board. We have already engaged the Xavier University College of Pharmacy and they have expressed an interest in working with us in these efforts.

4. Plan for Collecting the Data Required for this Solicitation's Performance Measures

Program coordinators will be responsible for collecting data related to project activity. For the OSC piece of the program, we will track the number of patients referred to us, where they were referred, whether we are able to link those patients to treatment, and how long they stay connected to treatment. For the CO&E component, the program coordinator will track numbers of trainings conducted (including numbers of attendees), numbers of naloxone and tourniquets distributed, and outreach efforts to pharmacists. The CO&E coordinator will be responsible for maintaining the inventory of the training materials and supplies, and transporting them to and from training events. In addition to data collected by program coordinators, data sources would include ODMAP, EMS data regarding naloxone administration in the field, Orleans Coroner's Office, and the Louisiana Department of Health. NOHD maintains a good relationship with all

of the organizations mentioned and anticipates that the sharing of information not present problems. NOHD will be a secondary user of ODMAP once it becomes active in New Orleans and therefore will have access to data provided by ODMAP.

5. Impact/Outcomes, Evaluation, and Sustainment

Expected impact of the proposed projects. At the end of the three-year project, NOHD expects: 1) Fewer opioid-related ED visits, hospitalizations, and fatalities in New Orleans; 2) fewer calls to police and EMS to respond to drug overdose events; 3) increased utilization of recovery services by overdose survivors; 4) increased ability of citizens to respond to opioid overdoses and other medical emergencies; 5) increased naloxone availability, understanding, and use by citizens; 6) improved understanding of naloxone protocols by pharmacists, and 7) increased public safety. **Documenting, monitoring, and evaluation of project performance.**

Program staff will maintain rigorous records of all grant related activity for PMT purposes. This data will be collected by NOHD staff, and will be kept and maintained by NOHD. Any confidential information will receive appropriate safeguards with regard to how the information is stored and shared. The data collected will also be used to evaluate program success.

Additionally, surveys will be used to evaluate trainings conducted by NOHD and where improvements are needed. We will create a report that will provide BJA with an overview of project outcomes at the end of the three-year period. We are not proposing to work with a research partner. We are currently working with a third party evaluator and plan to use the evaluation report to help guide our future efforts. We will conduct further evaluation efforts through internal analysis of data. It is our intention to use this project as proof of how the planned strategies are effective at reducing opioid related deaths to encourage community stakeholders to invest local funds accordingly. In addition to encouraging increased local

funding, we may need to push for changes in policies and practices at the level of local government, within local hospitals, or within the pharmacist community. Project staff will meet with their NOHD supervisor at least every two weeks to exchange information. Project staff will also participate in the bi-monthly meetings of the New Orleans Opioid Task Force. Successes that are derived from this project may be shared with other municipalities or governments in an effort to disseminate viable solutions to the opioid crisis.