

Captioning Transcript of Public Safety Committee  
Meeting - November 16, 2022

"Fox, Mark"

Good afternoon and welcome to the November, 16th, 2022, regular meeting of the Louisville Metro Council's Public Safety committee. This meeting is being held in accordance with KRS 61.826 and council rule 5A I'm Mark Fox chairman of the committee were joined today by our committee Vice chair councilman James Peden, joining us virtually is councilwoman Angela Bowens, Councilwoman Paula McCraney and councilwoman Madonna Flood we will be joined later by Councilwoman Shanklin and Parker here very shortly. And I'll remind those attending virtually your cameras must be on and operational during the duration of this committee. Our 1st item is a resolution authorizing the mayor to make application for and on approval to enter into an agreement with the Kentucky office of Homeland security or codes to execute any documents, which are deemed necessary by codes to facilitate and administer the project and to act as the authorized corresponding for this project, in the amount of 178,000 dollars I'm sorry 178,716 dollars for the purchase and replacement of rifles for the SWAT team to be administered by the Louisville metro police department.

"Peden, Flood"

Moved Peden.

"Flood, Madonna"

Second, Flood.

"Fox, Mark"

Thank you moved by Peden and seconded by Flood. The item is now before us and I believe we have lieutenant Lauder to speak to this resolution lieutenant if you would, sir please introduce yourself for the record and you have the floor.

"Lauder, Jeff"

Thank you. I'm lieutenant Jeff Lauder with the SWAT team. We are obviously here to ask for your support and applying for this grant, from the Kentucky, office homeland security, it's called the law enforcement protection program it's mainly used to provide things like body armor, weapons, ammunition to law enforcement agencies throughout the state.

We are asking for 158,716 dollars which is the number that was on the highest quote that we received, we were required to get 3 quotes for this grant that's the highest price that we received so it could be less it could be 1 to 150,000 range, but we'll

see what they what guidance we get from them. Our rifles are the newest rifles we have are approaching 10 years old most of them are around 15 they've, they're at or exceeded already their recommended round count we put about 2 to 3000 rounds through these rifles every year which, at a conservative estimate means that they're at the 25 to 30,000 round count factory recommendations in the industry suggests that the, the barrel is replaced after 20,000 rounds the carrier group 10,000 rounds so, it's obviously like, we're already seeing our functions we replace parts on these rifles as we as they fail, and we're having to make more and more repairs all the time these rifles are obviously the industry standard for every SWAT team in the country and, or a basic weapon of also patrol officers. I'd be happy to answer any questions you have if there is any.

"Fox, Mark"

Thank you, Lieutenant we have nobody, in the queue. Let me check the virtual queue here for those let the record reflect we've been joined by Councilwoman Marilyn Parker as well, vice chair Peden.

"Peden, James"

Just out of curiosity, the rifles you said that are 10 years old. Will they get handed down or put away for parts or?

"Lauder, Jeff"

We're going to explore our options with those there's a couple of different things we do, we have about 69 of them and we will probably look at keeping the best 12 or so for, spares and parts and things like that. There is an option to trade these weapons into, a federally licensed firearms dealer that only works with police agencies and military for a credit to buy more parts or ammunition, or things like that. There are, there's also options those are the 2 main options we have and, you know, but we're going to explore all those options and see what works best for us and what honestly, what the you know what the city recommends we do.

"Fox, Mark"

Okay, we have no one else in the queue. Lieutenant sergeant, thank you. Thank you for your service to the city and to say it was my honor to serve with both of you, thank you. So, resolution calling for a voice vote all in favor say, aye. Opposed? The item passes and will go to consent. Item number 2 is a resolution authorizing the mayor to accept a donation of surplus furniture valued at 70,000 dollars from the United States Department of justice drug enforcement administration

Louisville division office for furniture use by the Louisville metro police department to be administered by the Department of facilities, fleet management.

"Peden, James"

Move approval Peden.

"Flood, Madonna"

Second Flood.

"Fox, Mark"

Moved by Peden, seconded by Flood, the item is now before us and let the record reflect, we've been joined by a council member Barbara Shanklin and Councilwoman Parker as well. Thank you. Believe we have a speaker to this. Mr. Dennis Arthur, if you would please introduce yourself for the record and floor is yours sir.

"Arthur, Dennis"

Good afternoon. My name is Dennis Arthur project manager for fleeting facilities the DEA is moving out of the Federal building over on Justin street, and getting new furniture and leaving behind all the furniture they have in the building and then graciously ask us if we wanted it and we reviewed it excellent furniture it's the same type of furniture LMPD is using now so it's a great match. You know, we had to mix pieces and parts, so it's a good donation to have be able to use it for LMPD.

"Fox, Mark"

Thank you, sir, let me see if we have anyone in the queue, we do not. Thank you Mr. Arthur this is a resolution calling for a voice vote all in favor. Say, aye. Opposed? The item passes and will go to the consent calendar. Our next item is a special discussion involving the opioids settlement and an update from Taylor Ingram of public health and wellness and miss Sarah Martin of the Jefferson County Attorney's office. So, ladies, if you would turn introduce yourself for the record and the floor is yours.

"Ingram, Taylor"

Sure, Taylor Ingram, and I'm the chief of staff for the Louisville Metro Department of public health and wellness.

"Fox, Mark"

Good afternoon floor is yours.

"Martin, Sarah"

Oh, sorry. Let me start over then Sarah Martin with the Jefferson County Attorney's office to Chair Fox. Thanks for the invitation to be here today and talk about the recent opioid settlement case. It is one of my proudest accomplishments of this time as a Jefferson county attorney, and we're very proud of the money, the revenue that it will bring to little mature government over the next 18 years. So, let me just give you a little background before missing groom. Goes into how Metro the proposal of how to spend these funds. So back in 2017, Mike O'Connell was spearheaded Local metro government is being one of the 1st cities in the country to file a lawsuit against the big 3, pharmaceutical distributors of prescription opioids. That lawsuit was filed here in federal district court, and later was combined with over 300 cities in a national multi district litigation out of northern Ohio. This lawsuit later joined along with the 3 big pharmaceutical distributor distributors, which are on the on the presentation there cardinal health, AmerisourceBergen, McKesson and later J&J joined in this massive settlement over after combining all of these different counties States and city lawsuits the parties engaged in significant settlement discussions and ultimately reached a decision to settle the case for about 26 Billion dollars. The funds from these 3 defendants will be paid over the course of 18 years about 42 States engaged in this settlement discussions and decisions to settle with these pharmaceutical distributors, and local metro government of this 26 Billion will receive about 30 Million dollars over 18 years the first 2 years of payments will be made, hopefully, in the near future, and that'll be in the amount of about 3.5 Million dollars and then thereafter the payments will be approximately 1.5Million dollars, but we'll decrease a little bit every year. There are obligations related to spending the settlement distribution funds there's a list of about 15 pages of approved uses, but they primarily go into categories of treatment and prevention and various other strategies on dealing with the opioid epidemic and how to help the, the folks in this community who are impacted by a the future opioid settlement discussions there ongoing many of you probably saw recent settlement announcement of Walmart, CVS and Walgreen's they will use a similar matrix that was established in this initial opioid settlement that involves a distribution of 50% of the funds will go to what's called the Kentucky opioid abatement fund and operated by the state and then the other 50 will go to municipalities and counties in Kentucky and Louisville will receive about 15% of that amount. So, this is a matrix that was determined as part of this initial settlement discussion, those factors included when they looked at all the

opioid epidemic across the country, those, the percentage of people who suffered from opioid use disorder, opioid related deaths and the amount of opioids that were distributed in a particular area. And so, Kentucky, unfortunately, with its population, had a higher, was higher in all 3 of those categories, and many other states and while it's population, if you look straight, strictly its population receive much lower amount, but because Kentucky really suffered during the opioid epidemic, we have a higher distribution under these settlements. And we expect there'll be future settlements numbers stakeholders in the healthcare system as I mentioned, this initial settlement is the distributors they're also the pharmacies and other drugmakers that are in settlement discussions and so we anticipate Louisville will receive additional funds over the years as these ongoing discussions of how the parties who led to the opioid epidemic can assist in the with the communities and paying for the, you know, the destruction and lives lost in Louisville and other communities. And I think I'll turn the program over to Ms. Ingram unless others have questions for about the case and settlement.

"Fox, Mark"

A councilman Peden.

"Peden, James"

I just have one and that would be Louisville Metro will receive approximately 30 Million dollars 4th bullet my question is, will that be soon, so that perhaps at the midyear budget adjustment we can work with that is that next year is fiscal year is it already in the bank and we already budgeted last July?

"Martin, Sarah"

Well, I wish I had a date certain I could share with you counseling, but they keep assuring us that we will receive information any day about the money being distributed. It's our understanding that the defendants have appropriated the money to Kentucky and that we should here soon as to when Louisville metro government will receive those funds but we expect it to be soon.

"Peden, James"

But I guess this probably is not a question for you, but for the budget committee. I mean, it wasn't something that we spent before we got it, which is a very government thing to do.

"Martin, Sarah"

I believe no.

"Peden, James"

Okay. Yeah. All right.

"Fox, Mark"

Thank you. Ms. Ingram.

"Ingram, Taylor"

Thank you for the opportunity to present today, at the request of the administration the Department of public health and wellness developed a proposal to improve the city's response to substance use disorders by investing through the settlement and evidence based solutions. We started by reviewing the settlement guidance that Sarah just shared related to approved uses and working with departments across the Louisville metro government enterprise to compile ideas based on our unique work related to substance use and the partnerships that we have in the community that included the Department of resiliency in community services, including the homeless service division, develop Louisville, and the Department of corrections. To ensure the dollars are used most effectively the was refined using the principles for the use of funds from the opioid litigation and this was developed by a national coalition of over 50 leading public health groups and published by the Johns Hopkins Bloomberg School of public health. By following the 5 core principles States and localities. Can proceed with evidence, inclusion and transparency and save many lives. The guidance states that jurisdictions should spend money to save lives by using the funds to supplement rather than replace existing spending. Also, at this point in the opioid epidemic, researchers and clinicians have built a substantial body of evidence, demonstrating what works and what does not it's recommended that states and locality should use this information to make funding decisions. States and locality should also support children, families and youth by making long term investments in effective programs and strategies for community change. States and localities are also recommended to direct funds to communities affected by years of discriminatory policies and who are now experiencing substantial increases in overdoses. And finally, jurisdictions are recommended to develop a fair and transparent process for deciding where the fund should be spent and this process should be guided by people and families with lived experience clinicians as well as well as other key groups. The final step in our process was to speak directly with people working to address the needs of people with substance use disorder and preventing future drug misuse to discuss their priorities. This built on previous work by the

department that we've done to bring the community together, and in developing our community wide substance disorder plan and other spaces that we regularly collaborate with the community. The community's feedback aligned with themes from both the settlement guidance and the National principles. And then the proposal that follows represents the culmination of these efforts to ensure that the funds are invested in evidence based solutions and are reflective of our community's current priorities and needs. The proposal that we were asked to prepare is only for the 1<sup>st</sup> 2 initial disbursements, this strategy also allows us to be most responsive to current needs and based on availability of resources, which we know will change over time and especially with the investments that these funds will allow us to make in the community. On the screen, you'll see a goal statement that was drafted to summarize priorities based on the approved uses and the settlement, the National guidance and community feedback. How we accomplish this goal is outlined here in the following slide. As you'll see, there are 3 overarching activities that are supported by cumulative actions that build on each other and work to create an even stronger foundation for increasing the opportunities for everyone to live their healthiest life. The 1st area being recovery, and to promote long term recovery, we have to increase the supports and reduce the barriers to people starting treatment and staying and treatment. The 1st, key to that is transportation, which continues to be one of the most commonly cited reasons that people do not begin treatment and who are not able to continue with treatment. The proposal seeks to reduce transportation by 2 different means the 1st, is expanding mobile outreach through programs, like rolling recovery and new lease and creating transportation vouchers. Numerous studies have found that those who have easier access to health care facilities, have better health outcomes and can more easily access care and these proposals extend to seek to extend these outcomes to medication assisted treatment. Home is another key pillar of recovery and feed Louisville's hotel model is an important addition to the local service landscape. Data shows that people with stable housing have decreased rates of incarceration and are also more likely to have increased rates of employment. The next area is transfers of care, which are frequent and both a challenge for people with substance use disorders. Someone leaving a correctional facility and re-entering the community may be linked to nearby treatment services and other community-based supports having a dedicated re-entry specialist that's community-based insurance treatment will continue after these individuals are released into the community and they have all the support needed to continue in the recovery and that

extensive things like mental health care and job placement. Studies have shown that individuals who receive additional supports in conjunction with medication for treatment are more likely to continue their treatment and it contribute to long term recovery and reduce recidivism. Finally starting treatment with methadone or buprenorphine, while people are still incarcerated has been shown to reduce overdose deaths and illicit opioid use. Supporting the more programs expansion within the Louisville Metro department for corrections supports those who experience the greatest barriers to treatment and who can be at risk for some of the poorest health outcomes. The next section here is around prevention to save lives we have to decrease overdose deaths and prevent future substance misuse. Numerous studies have found that increasing the distribution of naloxone in the community is associated with fewer overdose deaths. However, out of pocket costs can range anywhere from 30 to over a 100 dollars, which can be a barrier to its use. Working with existing partners, like the Kentucky harm reduction coalition, and identifying additional community sites where people go for trusted services can increase the availability of naloxone among those who use drugs and the community as a whole and has the potential to dramatically decrease the number of opioid deaths. Storage services programs are an evidence-based program and proven to increase the likelihood for people to both intro treatment and to stop using drugs. The program that the health department runs, the harm reduction services program has demonstrated this effectiveness here in Louisville. Partnerships with the Kentucky harm reduction coalition and UK target for have allowed us to expand the number of locations where we operate from 1 fixed location to 11 sites across the community, but the community has asked for more sites and for services to be provided by community-based organizations, this funding could help get this important expansion off the ground. And then finally any comprehensive effort to reduce the toll of substance use and curve the opioid epidemic must invest in youth prevention programs, which are designed to stop use before, ever starts and can interrupt the pathways to addiction and overdose. There are many partners working in this space, like the YMCA and young people in recovery and we can work with them to develop and expand evidence-based school and community based programs to reduce the risk of substance use reducing the risk also lessons, other negative impacts such as unemployment, low educational status and increased risk for death of variety of other causes, I'll end that by saying that youth prevention programs are shown to have a very positive return on investment for every dollar that are invested into these evidence-based programs. They can yield up to 18 dollars. And then, finally, the last area here is



around transformational, change the final priority for investments we feel is in building a community focus process for identifying priorities for future, opioid, use, disbursements and insuring there's ongoing coordination among organizations who are providing these supportive services. We also feel that having accurate and timely data on health outcomes is essential to evaluating the effectiveness of strategies that we've invested in it will help inform future decisions about service planning and allocations and working towards addressing the root causes of substance misuse. So, in closing, this is an unprecedented opportunity for our community to be able to invest in solutions that address the needs of people who drugs and prevent future drug misuse, if these funds are, in fact, invested in evidence based solutions and are aligned with the community identified priorities we feel that this can help turn the tide of the opioid use epidemic and we really appreciate the opportunity to be able to correlate these findings and present our recommendations to the committee.

"Fox, Mark"

Thank you miss Ingram, councilwoman Parker.

"Parker, Marilyn"

Yes, thank you. First off, I just wanted to say, kudos to all of the parties involved that, um, got the settlement from big pharma, if you've ever read the book Dreamland I would highly suggest if you have some free time to delve into that it's very interesting it reads, like a novel, but it's really more a chronological biography of how starting in a tiny town in Mexico and all the parties involved how the drug epidemic became so widespread, but anyway, my question was, I wanted to clarify what the amount that Louisville got and the settlement was it 30 Million over 18 years?

"Martin, Sarah"

Council and Parker Sarah Martin with the county Attorney's office yes, ma'am it's approximately, it's just over 30 Million dollars. The distribution of the 1st and 2nd years the 3.5 Million then following that the 4th year or the 3rd year, it'll be 1.9 Million the next year it'll be 2.5. it's and then by the 18th year, it will be 1.4 million. then by the

"Parker, Marilyn"

And who decided on that distribution?

"Martin, Sarah"

Well, the overall settlement distribution was a matrix of certain factors nationwide as to how to distribute this 26 Billion dollars and then so, Kentucky was allocated a little over 2% and then and then there was a law passed by the general assembly in 2021 that established what the distribution would be among Kentucky so that's what, when the creation of the Kentucky opioid abatement fund was created, and that's where 50% of opioid settlement distribution will go to this opiate abatement fund and then the remaining 50% will be distributed among distributed among the local jurisdictions in Kentucky and the state law established the distribution from this initial settlement, it's actually codified in KRS I forget what the number is 18 something or other and that is based on the same metrics of opioid death use and the amount of prescription flooded a particular jurisdiction.

"Parker, Marilyn"

Okay, thank you. Thank you sir.

"Fox, Mark"

Thank you council and let me check my queue very quickly, no one else in here, but I too want to commend our county attorney, Michael O'Connell for his vision, and the hardworking lawyers of that office too I might add for his vision in identifying what would become after he started this fight a national crisis of public health more than in this committee you all often hear me say, you know, we need to get tough on crime this is not a crime issue in my mind. This is a public health issue and the council woman mentioned the book Dreamland, she kind of stole my thunder I, to have read Dreamland by Sam Quinones and also another book called San Fransicko by Michael Shellenberger, two great reads and in both of those, the common themes throughout is that being easy and not putting pressure on folks with addiction is not the right move you have to be tough it's a matter of tough love and getting those folks into treatment and, and just being tenacious in your methodology, because 1 study in San Fransicko referenced an average of 8 to 9 times in and out of treatment before treatment was successful also in Dreamland I believe it was in councilman Parker can correct me 1 of the leading positives for getting folks out of a life of addiction was incarceration because you have a captive audience and you mentioned your work at Louisville Metro corrections department. I think that's key you have a captive audience there where hopefully we're making it harder and harder to get drugs into the jail but give these folks that really want to get out of that lifestyle, some options that they currently don't already have and for this

community of a little over 800,000 people opioid addiction has touched all our lives in some fashion if it's not in your family, it's on the street corner and I said the other day in a separate committee meeting the problem we have in Louisville in my mind is not as much of a housing crisis problem as it is an addiction, mental illness problem and the, the book by Michael Shellenberger references that in San Francisco, large amounts of people interviewed for his research head homes had jobs had families and they lost all this, based on their addictions, most of the time that came out of legitimate prescription pad to be quite honest folks were being treated for back injuries, neck injuries, stuff like that and at the end of the road when the M. D cut them off, they turned a street drugs, and they started in a downhill spiral that resulted in them living in a tent under an overpass. So again kudos for your work in that and there is no one else in the queue, one final check here and I will, thank you on behalf of this committee and without objection, we stand adjourned.