



**City of Helen
Georgia's Alpine
Village**

25 Alpenrosen Strasse
PO Box 280
Helen, Georgia 30545
706-878-2733
706-878-1655 -fax
www.cityofhelen.org



The City of Helen is an equal
opportunity provider and employer

**CITY OF HELEN
COMMISSION MEETING
OCTOBER 20, 2026
10:00 A.M.
AGENDA**

Commissioners:

Lee Landress
Steve Fowler
Mervin Barbree
Cliff Hood
Helen Wilkins

1. CALL TO ORDER BY MAYOR LEE LANDRESS
2. ROLL CALL BY CITY CLERK MARILYN CHASTAIN
3. SALUTE TO THE FLAG

City Manager:

Darrell Westmoreland

4. APPROVAL OF AGENDA
5. APPROVAL OF MINUTES FROM SEPTEMBER 15, 2026

City Clerk:

Marilyn M. Chastain

6. PETITIONS AND COMMUNICATIONS FROM THE PUBLIC

Finance Director:

Mona Wood

7. ALPINE HELEN/WHITE COUNTY C.V.B. MONTHLY REPORT

Chief of Police:

Aletha Barrett

8. HELEN CHAMBER OF COMMERCE MONTHLY REPORT

Clerk of Court:

Jaclyn Burke

9. ADMINISTRATIVE

A. CITY MANAGER UPDATE

Building and Zoning

Administrator:

Jonah Casper

B. FINANCIAL REPORT

C. CONSIDERATION FOR APPROVAL OF ALCOHOL LICENSE FOR LINCOLN MATHIEU WRIGHT OF BLA TAP ROOM HELEN LLC, D/B/A CHATT STREET TAP ROOM & EATERY LOCATED AT 19 CHATTAHOOCHEE STRASSE FOR BEER ON PREMISES, WINE ON PREMISES, LIQUOR POURING AND SUNDAY SALES

D. CONSIDERATION FOR APPROVAL OF ALCOHOL LICENSE FOR CHRISTINA LYNN BRINKLEY OF ALPINE BREW LLC, D/B/A ALPINE BREW LLC, LOCATED AT 8265 S. MAIN STREET FOR BEER PACKAGE, WINE PACKAGE, LIQUOR PACKAGE

E. DISCUSSION OF DDA BOARD AND MEMBERS

F. DISCUSSION OF AGREEMENT WITH LEVI'S HOUSE

10. POLICE DEPARTMENT MONTHLY REPORT

11. FIRE DEPARTMENT MONTHLY REPORT

Public Works

Director:

Jack Morgan

Fire Department

Chief:

Jody Prickett

12. PUBLIC WORKS, WATER AND WASTE WATER MONTHLY REPORT
13. BUILDING AND ZONING DEPARTMENT MONTHLY REPORT
14. PURCHASES AND BIDS
15. ORDINANCES
16. RESOLUTIONS
17. EXECUTIVE SESSION FOR PERSONNEL AND PENDING/POTENTIAL LITIGATION
18. CITY COMMISSION COMMENTS
19. ADJOURNMENT

THIS AGENDA WAS POSTED OCTOBER 15, 2026 @ 11:00 A.M.

THE MEETING AGENDA IS SUBJECT TO CHANGE AND IS NOT FINAL UNTIL APPROVED BY THE CITY OF HELEN COMMISSION AT THE COMMISSION MEETING STATED HEREIN.



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**CITY OF HELEN
COMMISSION MEETING
SEPTEMBER 15, 2026
MINUTES OF MEETING**

Commissioners:

Lee Landress
Steve Fowler
Mervin Barbree
Cliff Hood
Helen Wilkins

The Helen City Commission met on Tuesday, September 15, 2026, in the commission chambers at Helen City Hall. Mayor Lee Landress called the meeting to order at 10:00 a.m. Deputy Clerk Mirinda Dispain called the roll. The following commissioners were present: Mayor Lee Landress, Commissioner Steve Fowler, Commissioner Cliff Hood, Commissioner Mervin Barbree, and Commissioner Helen Wilkins.

City Manager:

Darrell Westmoreland

Also in attendance were City Manager Darrell Westmoreland, Finance Director Mona Wood, City Attorney Carl Free, Deputy Clerk Mirinda Dispain, Police Chief Aletha Barrett, Fire Chief Jody Prickett, and Building & Zoning Director Jonah Casper. Public Works Director Jack Morgan was absent.

City Clerk:

Marilyn M. Chastain

Pledge of Allegiance to the Flag was recited.

Finance Director:

Mona Wood

APPROVAL OF AGENDA: Motion was made by Commissioner Mervin Barbree to approve the agenda. Second was made by Commissioner Cliff Hood. The motion was approved with a unanimous vote of the Commission.

Chief of Police:

Aletha Barrett

APPROVAL OF MINUTES FROM AUGUST 18, 2026, AND APPROVAL OF MINUTES FROM AUGUST 27, 2026, TO SET THE MILLAGE RATE: Motion was made by Commissioner Cliff Hood to approve the minutes from August 18, 2026. Second was made by Commissioner Mervin Barbree. The motion was approved with a unanimous vote of the Commission. Motion was made by Commissioner Steve Fowler to approve the minutes from August 27, 2026. Second was made by Commissioner Mervin Barbree. The motion approved with a unanimous vote of the Commission.

Clerk of Court:

Jaclyn Burke

**Building and Zoning
Administrator:**

Jonah Casper

**Public Works
Director:**

Jack Morgan

PETITIONS AND COMMUNICATIONS FROM THE PUBLIC: Linda McAllister addressed the commission. She requested that members of the Downtown Development Authority (DDA) be reviewed since some terms had expired, and training was not up to date. Mr. Free went over some of the rules for the DDA. It was requested for it to be on October's Commission meeting agenda.

**Fire Department
Chief:**

Jody Prickett

ALPINE HELEN/WHITE COUNTY C.V.B. MONTHLY REPORT: Report is included as an integral part of the minutes. Director Jerry Brown was present and gave a verbal report.

HELEN CHAMBER OF COMMERCE MONTHLY REPORT: Member Judy Holloway was present and gave a verbal report. She updated the Commission on the Oktoberfest activities.

City Manager Darrell Westmoreland told the Commission he would like to get ideas to update the city logo. Mr. Brown said he was getting new ideas as well.

**COMMISSION MEETING
SEPTEMBER 15, 2026
MINUTES OF MEETING
PAGE 2**

DAVID MURPHY TO DISCUSS THE HAZARD MITIGATION AGREEMENT 2025-2030: Mr. Murphy explained that FEMA requires the city and county to have a hazard mitigation agreement to be eligible for federal funds. He asked the city to adopt White County's 2025 Hazard Mitigation Plan. Resolution to be discussed later on in the Agenda.

EMI Fletcher Holliday updated the commission on various Helen water/wastewater projects. He explained that Well No. 11 was awaiting the engineer of the Overlook development to submit their plans before the city could go forward with the project. The commission asked Mr. Holliday to email the engineer and have him give an anticipated date to have the plans to the city or give him a deadline so the city's project can move forward.

FINANCIAL REPORT: Report is included as an integral part of the minutes. Finance Director Mona Wood gave a verbal report. Motion was made by Commissioner Mervin Barbree to accept the financial report. Second was made by Commissioner Cliff Hood. The motion was approved with a unanimous vote of the Commission.

CONSIDERATION OF PROPOSED CHARTER REVISION AND THE SUBMISSION OF SUCH AS A LOCAL ACT OF LEGISLATION TO 2027 LEGISLATIVE SESSION: Mr. Free discussed the proposed changes to the City of Helen Charter and gave a timeline to the Commission for the changes. Motion was made by Commissioner Cliff Hood to approve Carl Free to proceed with the revision of the city charter and prepare it for submission to the 2027 Georgia legislative session. Second was made by Commissioner Mervin Barbree. The motion was approved with a unanimous vote of the Commission.

CONSIDERATION OF OPIOID SERVICES ABATEMENT AGREEMENT BETWEEN CITY AND LEVI'S HOUSE, LLC: Levi's House director, Jessica Montgomery spoke to the Commission and answered questions regarding their program to help people overcome addictions and get their lives reestablished. She asked for help for several women in the program that were financially struggling. The funds would come from the Opioid Settlement Fund. Commissioner Mervin Barbree confirmed that the program was not a 501 (c)(3) organization. Motion was made by Commissioner Mervin Barbree to table the Opioid Services Abatement Agreement between the city and Levi's House, LLC until the next commission meeting to allow time for more research. Second was made by Commissioner Helen Wilkins. The motion was approved with a unanimous vote of the Commission.

POLICE DEPARTMENT MONTHLY REPORT: Report is included as an integral part of the minutes. Police Chief Aletha Barrett was present and gave a verbal report.

FIRE DEPARTMENT MONTHLY REPORT: Report is included as an integral part of the minutes. Fire Chief Jody Prickett was present and gave a verbal report. He told the Commission that the 9-1-1 walk had raised \$1500 for the Firefighters Foundation.

PUBLIC WORKS, WATER AND WASTEWATER MONTHLY REPORT: Report is included as an integral part of the minutes.

BUILDING AND ZONING DEPARTMENT MONTHLY REPORT: Report is included as an integral part of the minutes. Building & Zoning Director Jonah Casper was present and gave a verbal report.

PURCHASES AND BIDS: None

ORDINANCES: None

**COMMISSION MEETING
SEPTEMBER 15, 2026
MINUTES OF MEETING
PAGE 3**

RESOLUTIONS: Mr. Murphy discussed the resolution earlier. Motion was made by Commissioner Mervin Barbree to pass the resolution of the City of Helen, GA - White County Hazard Mitigation Plan 2025-2030. Second was made by Commissioner Helen Wilkins. The motion was approved with a unanimous vote of the Commission.

EXECUTIVE SESSION TO DISCUSS PERSONNEL: Motion was made by Commissioner Helen Wilkins at 10:45 a.m. to go into Executive Session. Second was made by Commissioner Cliff Hood. The motion was approved with a unanimous vote of the Commission. Motion was made at 11:30 a.m. by Commissioner Cliff Hood to come out of Executive Session. Second was made by Commissioner Steve Fowler. The motion was approved with a unanimous vote of the Commission. No action was taken.

CITY COMMISSION COMMENTS: None

ADJOURNMENT: Commissioner Steve Fowler made a motion to adjourn at 11:32 a.m. Commissioner Cliff Hood seconded the motion. The motion was approved with a unanimous vote of the Commission.

RESPECTFULLY PREPARED BY DEPUTY CLERK MIRINDA DISPAIN





Alpine Helen/White County Convention & Visitors Bureau

P.O. Box 730 • Helen, Georgia 30545 • 706-878-2181 • FAX 706-878-4032

CVB Report September, 2026

ADVERTISEMENTS:

- Digital Campaign reaching Birmingham, Nashville, Tampa-St. Pete, Orlando, Jacksonville, Miami, Atlanta and Charlotte continued.
- Oktoberfest inserts in the regional newspapers.
- Alabama EMC Magazine.
- Blue Ridge Country Magazine.
- Georgia EMC Magazine.
- South Carolina EMC Magazine.
- North Carolina EMC Magazine
- Southern Living Magazine.
- Blue Ridge Digest.
- LRC Travel media Press Room.
- Georgia's Great Places Magazine.
- Southbound Magazine.
- Atlanta Magazine.
- North Georgia Living Magazine.
- Mountain Traveler Magazine.
- Journey Magazine (State Travel addition).
- Yahoo.com – 9U.S. Towns are trending for their myths and legends – Helen (Bigfoot) – 2.4 million impressions, with an estimated value of \$22,396.

*Continued next page

- World Atlas.com – 7 Ideal Georgia destinations for a 3-day weekend – Helen. 7.4 million impressions, with an estimated value of \$68,727.
- Decorhint.com – 12 Funky Georgia Towns that are perfect for exploring on foot – Helen. 126,367 impressions, with an estimated value of \$2,109.
- MSN.com – What is “lore tripping” The quirky travel trend we can’t wait to try – Helen (German town in the southern U.S.) Helen. 81. Million Impressions, with an estimated value of \$757,187
- Mommypoppins.com – Find fall foliage near Atlanta – 7 pretty drives to find fall leaves – Helen (Richard Russell parkway). 695,196 impressions, with an estimated value of \$6,431
- World Atlas.com – 8 of the most overlooked towns in the southern U.S. – Helen. 7.4 million impressions, with an estimated value of \$68,727
- Savvy Mama lifestyles.com – 8 beginner family hiking tips for Anna Ruby Falls – Helen. 17,769 impressions, with an estimated value of \$1,124.
- Yahoo Life.com & The State.com – When do Oktoberfest start in Georgia? One has already tapped the Keg – Helen. 1.1 million impressions, with an estimated value of \$9,323

WELCOME CENTER:

- 2,863. (131 less than last year) Visitors stopped by the Welcome Center in September. With the majority of visitors from GA, FL, TN, NC and SC.
- Helen Travel Guides delivered over 381 Cases of the new guides. Mailed out an additional 500 (packets Tour Groups) Travel Guides by request in September. We had 214 Travel Guide downloads.
- Website visits for the month of September 123,000 (3,000 more than last year) with 119,000. Unique/new visitors 4.23 page visits with over 575,000. page views (180,000 more) with duration of 2.94 minutes per view. Bounce rate 49.21%.

TRAVEL SHOWS/MEETINGS:

- September 11th – Director Brown along with Mayor Landress and the Fasching group welcomed the mayor of our sister city Füssen Germany and his council to Helen to kick off the 57th Annual Oktoberfest and our Grand Marshall of the Parade.
- September 14th - Director Brown attended Explore Georgia's zoom meeting on becoming a Michelin State.
- September 17th – Director Brown did an interview on Fox 5 Atlanta's Good Morning Show on Oktoberfest in Helen.
- September 16th – Director Brown attended the City Commission meeting to give the CVB monthly report.
- September 20th – Director Brown gave the monthly CVB report to the City Commission.
- September 24th – Monthly CVB Board meeting.
- September 25th - Director Brown met with SOZO Bear productions concerning the video shorts and stills. We are changing some of the music on the shorts and cleaning up some of the stills before sending them to our marketing partners.
- September 27th – 30th – Director Brown attended the Annual Georgia Governors Tourism Conference in Jekyll Island.
- September – Director Brown attended weekly Rotary Meetings – when in town. Director Brown is the clubs Sargent at Arms and club Secretary.

10/26

Water/Wastewater - Infrastructure Projects Update - City of Helen

Groundwater Development:

The hydrogeologist retained by the City has identified four potential sites for groundwater exploration. The City recently received notification that its ARC grant application to support future groundwater well development has advanced to the federal review process, EMI has submitted all requested documentation.

Well No. 11 (Lenzen Property):

Design of the well and associated water line is underway, with the well design approximately 95% complete. Final design of the water line is dependent upon the proposed development located behind the Lenzen well property. EMI has completed its initial review of the submitted water and sewer infrastructure plans and has provided the requested information to the developer's engineer. EMI has also communicated the importance and urgency of moving this project forward to the developer's engineer.

Land Application System (LAS) Improvements:

Solids removal from the large pond has been delayed. Design of Spray Fields 4 and 5 is complete, and the plans and bid documents have been provided to the City and contractor. The City is currently coordinating the construction schedule with the contractor.

LAS Vegetation Plan:

The project is currently on hold and is anticipated to be rebid at a later date.

Telescopic Valve/Gypsum Feed System:

Plans have been submitted to Georgia EPD for review and permitting. The project is anticipated to be advertised for bids by year end, pending EPD approval.

Zone Meters:

Five meter zones have been surveyed and designed. EMI is working with City staff to obtain the necessary easements. The City has been offered grant funding through GEFA for the project, and EMI is proceeding with the required environmental review and full GEFA application process.



CITY OF HELEN
FINANCIAL REPORT SUMMARY
PRELIMINARY THREE MONTHS ENDED SEPTEMBER 30, 2026
TAX REVENUES SUMMARY COMPARISON

TAX REVENUES

HOTEL/MOTEL TAX FUND

<u>Monthly Comparison</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
247,440	255,367	7,927	3.20%
	0		
	255,367		

<u>Fiscal YTD Comparison - Three Months Ended 9/30/26</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
833,278	916,996	83,718	10.05%
		* Prior Periods Adjs	
	916,996		

SALES TAX

<u>Monthly Comparison</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
144,899	145,701	802	0.55%

<u>Fiscal YTD Comparison - Three Months Ended 9/30/26</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
446,818	461,606	14,788	3.31%

BEER/WINE/LIQUOR EXCISE TAX

<u>Monthly Comparison</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
14,172	12,253	-1,919	-13.54%

<u>Fiscal YTD Comparison - Three Months Ended 9/30/26</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
43,555	39,311	-4,244	-9.74%

MIXED DRINK TAX

<u>Monthly Comparison</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
10,836	8,913	-1,923	-17.75%

<u>Fiscal YTD Comparison - Three Months Ended 9/30/26</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
30,570	29,628	-942	-3.08%

2020 SPLOST

<u>Monthly Comparison</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
143,464	144,276	812	0.57%

<u>Fiscal YTD Comparison - Three Months Ended 9/30/26</u>			
Sep-25	Sep-26	Difference	% Inc(Dec)
442,389	457,054	14,665	3.31%

Fiscal YTD Comparison - Three Months Ended 8/31/26

Budget	Actual	Difference	% Inc(Dec)
1,734,000	457,054	-1,276,946	-73.64%

Cumulative #70	Estimated 2020	Difference	% of Estimate
9,006,269	5,600,000	-3,406,269	160.83%



Unaudited Draft

2021 Construction Fund

Account Summary

Date Range: 08/01/2021 - 9/30/2026

	Original Budget	To Date 9/30/26	Available @ 9/30/26 After Budget Reallocation
HEX STRASSE WELL (Complete)	250,000	80,471	0
LENZEN PROPERTY WELL #11	495,000	232,587	266,207
MAIN LIFT STATION (Complete)	1,450,000	1,295,230	0
SSES IMPROVEMENTS (Complete)	1,500,000	1,090,277	125,063
CHATTAHOOCHEE RIVER SEWER LINE (Complete)	375,000	239,360	0
GROUND WATER DEVELOPMENT	25,000	37,569	106,052
METER REPLACEMENT (Complete)	595,000	409,286	0
WWTF SOLIDS REMOVAL (Complete)	425,000	558,379	0
LAS IMPROVEMENTS	875,000	1,765,833	-216,314
	<u>5,990,000</u>	<u>5,708,992</u>	<u>281,008</u>



Unaudited Draft

**CITY OF HELEN AVAILABLE 2020 SPLOST FUNDS
AS OF SEPTEMBER 30, 2026**

<u>2020 SPLOST (20%)</u>	<u>ROADS, STREETS, BRIDGES, SIDEWALKS (23.21%)</u>	<u>WATER/WASTEWATER IMPROVEMENTS (33.93%)</u>	<u>PUBLIC BUILDINGS AND GROUNDS (37.5%)</u>	<u>ADMIN EQUIP, FACILITIES & VEHICLES (5.36%)</u>	<u>2020 SPLOST REVENUE</u>
TOTALS FOR					
6 YEAR PERIOD					
CURRENT ESTIMATE	1,300,000.00	1,900,000.00	2,100,000.00	300,000.00	5,600,000.00
REVENUE					
ACTUAL RECEIVED	2,090,378.70	3,055,861.67	3,377,389.11	482,741.48	9,006,370.97
INTEREST EARNED	138,568.03	202,568.43	223,882.00	32,000.20	597,018.67
EXPENSES					
PRIOR YEARS TOTALS	1,385,592.58	731,827.97	2,483,690.24	132,307.52	4,733,418.31
CURRENT YEAR TOTALS	105,833.00	67,700.00	0.00	0.00	173,533.00
BANK FEES	0.00	0.00	0.00	0.00	0.00
2020 SPLOST AVAILABLE	737,521.16	2,458,902.13	1,117,580.88	382,434.16	4,696,438.33



City of Helen Debt Service as of September 30, 2026

Lender	Collateral	Loan Amount	Rate	Pmt. Amount	Due	Balance	Matures
BB&T	HME Ahrens Fire Truck	406,802	3.060	46,304	January*	46,304	Jan-27
GEFA CWSRF 14-018 (Final Payment 10/26)	Willow Pond Sewer Rehab	281,000	0.500	2,401	Monthly	2,400	Oct-26
GEFA DWSRG 13-012	Hamby St Bridge Crossing	309,041	0.660	2,662	Monthly	15,941	Mar-27
				51,367		64,645	
Debt Service 2021 Construction Bond (Principal + Interest)		\$ 7,325,248		changes	Semi-Annual	4,910,500	Aug-36
February 2026 Interest Only		\$ 73,200					
August 2026 Principal + Interest		\$ 418,200					

OPIOID ABATEMENT SERVICES AGREEMENT

BETWEEN THE City of Helen, Georgia and Levi's House, LLC, a Georgia Limited Liability Company.

This Opioid Abatement Services Agreement (the "Agreement") is entered into as of September 15, 2026 (the "Effective Date"), by and between the City of Helen, Georgia, a municipal corporation of the State of Georgia (the "City"), and Levi's House, LLC, a Georgia limited liability company (Hereinafter "Levi's House") operating a private residential rehabilitation and recovery facility ("Levi's House").

RECITALS

WHEREAS, the City has received funds pursuant to opioid settlement agreements ("Opioid Settlement Funds") that are restricted to opioid remediation purposes;

WHEREAS, the Georgia Attorney General has issued guidance regarding the use of Opioid Settlement Funds, including the requirement that such funds be used for "Approved Purposes" identified in Exhibit E, the "List of Opioid Remediation Uses," of the applicable settlement agreement;

WHEREAS, Levi's House operates a residential rehabilitation and recovery facility specializing in drug and alcohol treatment, substance use disorder treatment, opioid use disorder ("OUD") treatment, recovery services, and related therapeutic services;

WHEREAS, Levi's House represents that its programs adhere to applicable standards of the American Society of Addiction Medicine ("ASAM"), the Georgia Association of Recovery Residences ("GARR"), and the National Alliance for Recovery Residences ("NARR"), and that it is a certified GARR program;

WHEREAS, Levi's House provides or facilitates medication-assisted treatment ("MAT") through private medical professionals and provides therapeutic counseling and other recovery support services;

WHEREAS, Levi's House receives referrals, including mandated individuals from the criminal justice system, and Levi's House is under the supervision of the Georgia Department of Community Supervision;

WHEREAS, Levi's House represents that approximately eighty-five percent (85%) of individuals entering its program do not have insurance sufficient to cover the cost of treatment;

WHEREAS, numerous individuals receiving services from Levi's House are current or former residents of the City or current or former employees of businesses located within the City;

WHEREAS, the City has determined that funding qualifying OUD treatment, MAT, residential

OUD treatment;
 MAT and MAT-related services;
 residential or inpatient treatment;
 outpatient therapy and counseling;
 recovery housing;
 recovery support services; and
 treatment and recovery services for individuals involved with or transitioning through the

criminal justice system,

but only to the extent the particular service constitutes an Approved Purpose under the applicable "Exhibit E" attached hereto and incorporated herein by reference.

Levi's House shall not be required to accept any individual who does not satisfy its clinical, safety, legal, or programmatic requirements.

3. APPROVED USE OF FUNDS

Levi's House shall use the \$19935.00 solely for services and other expenditures that constitute Approved Purposes under the applicable opioid settlement agreement and Exhibit E – List of Opioid Remediation Uses, which is attached to and incorporated into this Agreement.

Permitted expenditures may include reasonable costs directly attributable to providing Services to Eligible Individuals, including treatment, MAT-related services, counseling, residential services, recovery housing, and recovery support services.

The funds shall not be used for general corporate expenses, unrestricted operating expenses, owner or member distributions, unrelated debt or capital expenditures, lobbying or political activities, or any service or expenditure that is not an Approved Purpose.

If Levi's House is uncertain whether a proposed expenditure is an Approved Purpose, it shall obtain written approval from the City before making the expenditure.

4. SEGREGATED ACCOUNTING AND RECORDS

Levi's House shall establish and maintain a separate accounting ledger, cost center, or other separately identifiable accounting system for the City's \$19935.00.

Levi's House shall maintain records sufficient to identify:

- (a) the amount received;
- (b) each expenditure and its date;
- (c) the purpose and amount of each expenditure;
- (d) the Services provided; and
- (e) the remaining balance.

Levi's House shall maintain supporting documentation, including receipts, invoices, payroll or professional-service records, treatment or service logs, payment records, or other applicable documentation reasonably necessary to demonstrate compliance with this Agreement.

All such records shall be maintained by Levi's House for at least five (5) years following the date of this Agreement, or longer if required by law or the applicable opioid settlement agreement.

5. REPORTING AND AUDIT

Upon reasonable request, Levi's House shall provide the City with a written accounting of the use of the funds and documentation reasonably necessary to demonstrate compliance.

Reports may include, on an aggregate and de-identified basis:

- (a) the number of Eligible Individuals served;
- (b) the number of treatment days or treatment slots provided;
- (c) the number of individuals receiving MAT-related Services;
- (d) the number of uninsured or under insured individuals served;
- (e) the types and amounts of Services provided;
- (f) the amount expended and remaining balance; and
- (g) other information reasonably necessary to demonstrate that the funds were used for Approved Purposes.

6. HIPAA AND CONFIDENTIALITY

Levi's House shall comply with all applicable federal and state laws governing patient privacy and confidentiality, including HIPAA and applicable federal confidentiality requirements concerning substance use disorder treatment records.

Levi's House may satisfy the City's reporting requirements through aggregate, coded, or de-identified information, including participant identification numbers, treatment counts, treatment days, service units, and eligibility certifications. The City shall not require disclosure of protected health information when reasonably sufficient non-identifying documentation is available to establish compliance.

7. REPRESENTATIONS AND COMPLIANCE

Levi's House represents that it:

- (a) is authorized to enter into this Agreement;
- (b) will maintain all licenses, permits, certifications, and approvals required by law;
- (c) will use appropriately qualified personnel for professional and clinical Services;
- (d) will comply with applicable federal, state, and local laws; and
- (e) will comply with applicable requirements governing Opioid Settlement Funds;

8. REPAYMENT OF FUNDS

Levi's House shall reimburse the City for any Restricted Funds determined to have been used for an unauthorized purpose.

9. INDEPENDENT CONTRACTOR; NO PRIVATE GIFT; PUBLIC BENEFIT

Levi's House is an independent contractor and private service provider.

The Parties expressly acknowledge that the City's payment is made in exchange for the Services and the direct public benefit contemplated by this Agreement. It is not intended to constitute a gift, gratuity, donation, or unrestricted financial assistance to a private entity. Any incidental benefit to Levi's House is secondary to the public purpose and contractual Services required by this Agreement.

10. GENERAL PROVISIONS

This Agreement, together with its exhibits, constitutes the entire agreement between the Parties concerning the Restricted Funds. No amendment shall be effective unless in writing and executed by authorized representatives of both Parties.

The undersigned Signatory for Levi's House, LLC avers has full legal authority under the governing documents of Levi's House, a Georgia Limited Liability Company to transact business on it's behalf; and further acknowledges that Levi's House may not assign or transfer this Agreement without the City's prior written consent.

This Agreement shall be governed by the laws of the State of Georgia.

If any provision is determined to be invalid or unenforceable, the remaining provisions shall remain in effect, and the Parties shall modify the affected provision to the minimum extent necessary to maintain compliance with applicable law and the opioid settlement requirements.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of September 15, 2026. *OCTOBER 20TH, 2026* *mm*
ym

City of Helen, Georgia (SEAL)

By: *Lee Landress*
Mayor: Lee Landress

Attest: *Marilyn Chastain*
City Clerk: Marilyn Chastain

Levi's House, LLC

By: *Jessica Montgomery*
Name: Jessica Montgomery, Manager

Exhibit E
List of Opioid Remediation Uses

Schedule A
Core Strategies

Settling States and Exhibit G Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies (“Core Strategies”).¹

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

¹ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SB/RT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“*NAS*”)

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Schedule B
Approved Uses

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

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:²

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

² As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

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

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

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARF*”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

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

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

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

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

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

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), including, but not limited to, improvements that:
 1. Increase the number of prescribers using PDMPs;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).

7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

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

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

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

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

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and

to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

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

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.



Levi's House Women's Ministry

Christian Based Recovery Home For Women

"Recovery Through Christ"

Monthly Budget Report Levi's House

- Rent - \$2800, \$1200 = \$4000 (All 3 buildings)
- Power - \$1800, \$800, \$200 = \$2800
- Gas - \$120 (Only used in 1 building)
- Water - \$155 (All 3 buildings)
- WIFI - \$125
- Your Pest Control Company - \$150 per month
- Trash Disposal - \$180 per month
- Books/Materials - \$100 per new intake (Typically 1 per month This includes a \$50 Bible and \$20 12 step book and \$30 workbook)
- Cleaning Supplies - \$150 per week \$600 per month (This includes toilet paper, paper towels and all cleaning supplies for all houses)
- Food for new Intakes - \$100 each (Typically 1 per month)
- New Intake Supplies - \$150 (Includes 1 bed in a bag, 2 pillows, 2 towels, 2 washcloths, personal hygiene bag and feminine supplies – typically 1 per month)
- New Intake Dr Visit plus meds - \$150 (Typically 1 per month)
- Payroll for RA Tina Munson - \$400 per week = \$1200 per month
- Transportation Expenses - \$500 per month
- Insurance - \$425 per month

TOTAL: \$10,755 Per Month



Levi's House is a GARR approved facility, and we will abide by all rules and regulations of GARR. We are under the DCS supervision of the Clarkesville Habersham office of Mountain Judicial.

Owner / Director: Jessica & Cody Montgomery 706-490-0322



Helen Police Department

Monthly Report

September 2026

<u>Sept. 2026</u> <u>Arrests - 12</u> Felony - 0 Misdemeanor - 12 FVA - 0 VGCSA - 0	<u>Sept. 2025</u> <u>Arrests - 12</u> Felony - 2 Misdemeanor - 9 FVA - 0 VGCSA - 1	<u>Sept. 2026</u> <u>Citations</u> 195	<u>Sept. 2025</u> <u>Citations</u> 232
<u>Sept. 2026</u> <u>Security Checks</u> 116	<u>Sept. 2025</u> <u>Security Checks</u> Not Available	<u>Sept. 2026</u> <u>Calls for Service</u> 609	<u>Sept. 2025</u> <u>Calls for Service</u> 706
<u>Sept. 2026</u> <u>Criminal Trespass</u> 0	<u>Sept. 2025</u> <u>Criminal Trespass</u> 1	<u>Sept. 2026</u> <u>Accident Reports</u> 10	<u>Sept. 2025</u> <u>Accident Reports</u> 1
<u>2026 Totals</u> Arrests – 91 Security Checks – 2,062 Criminal Trespass – 7 Citations – 1,743 Calls for Service – 6,541 Accidents – 78 Open Records Filled – 18 Not Filled – 5 Starting Sept		<u>2025 Totals</u> Arrests – 133 Security Checks – 11,184 Criminal Trespass – 33 Citations – 3,451 Calls for Service – 10,048 Accidents – 77 Open Records totals were not tallied in 2025	

911 Accidental / Open Line / Hang	19	Fight	5	Road Block	
Abandoned Vehicle	1	Fire Calls	1	Road Rage	
Active Shooter		Flag Down		Security / Business Check	62
Alarm Calls	5	Follow up Report	9	Sexual Assault Reported	
Amber / Levi / Matties Call / Alert		Foot Patrol	54	Shots Fired	
Animal Call	7	For Your Information	5	Special Detail	12
Apparent Death	1	Forgery		Speeding Vehicle	
Armed Robbery		Fraud	1	Stalking	
Assault		Harassment	1	Subject Screaming	1
Assist Fire / LEO		Hit & Run	3	Suicide (attempt or threat)	1
Assist Motorist	5	Hostage Situation		Suspicious Person or Vehicle	34
Assistance Needed		Improperly Parked Vehicle	9	Taking Report	4
Attempting to Stop		In the Area	3	Temporary Protection Order	
BOLO	1	Intoxicated Driver / Ped.	6	Test Call	
Bomb Threat		Indecent Exposure		Theft Report	2
Bond	9	Juvenile Problem	1	Threats	
Burglary	1	Kidnapping		Traffic Accident	10
Call by Phone	4	Lines Down	3	Traffic Hazard	
Car Jacking		Loitering		Traffic Stop	195
Chase in Progress		Lost / Found Item or Person	8	Tree Down / Across Roadway	1
Child Abuse / DFCS		Mechanical Breakdown	2	Trespassing	
City / County Ordinance Violation	12	Medical Calls	18	Vandalism	
Court Detail		Meet in Person	7	Vehicle Lock Out	1
Criminal Trespass		Mental Subject		Vehicle Registration Info.	6
Damage to Property	1	Misc		Vehicle Taken without Permission	
Debris in Roadway	1	Missing Person		Vin Verification	1
Deliver Message		Noise Complaint	1	Walk Thru	32
Direct Traffic	1	Not Otherwise Specified	3	Wanted Person / Warrant	2
Dispute	10	Open Door	2	Wanted / Stolen Indicated	
Disturbance		Overdue Motorist	3	Weather	
Domestic	2	Pandering		Welfare Check	7
Driver / Criminal History Requested		Pick up Prisoner / Subject	1	School Crossing / Traffic	
Driver's License Information	1	Possible Dam Failure		Subject in Custody	
Drug Suspect	1	Prowler		Wrecker needed	
Emergency Road Repair		Public Assist		Civil Process	
Entering Auto		Reckless Driving	1	Illegal Dumping	
Escort	5	Refusing to Leave	1	Unknown Problem	1
Extra Patrol		River Patrol		Calls for Water Dept Problems	1
				Walk In Report	

Total calls for service: 609

City of Helen Fire & Rescue

Monthly Report for September 2026

Total "911 Responses" = 78 / Year to Date = 645

Major Incident Type(s) Breakdown

Major Incident Type	# Of Incidents Current Month	% Of Total Current Month
Fire (Structure, Wildland, Outside, Transportation, Special)	2	2.56%
Medical (Injury, Illness, Other)	40	51.28%
Hazardous Situation (Non-Chemical, HazMat, Overpressure, Investigation)	4	5.13%
Rescue (Outside, Structure, Transportation, Water)	4	5.13%
Public Service (Assistance, Non-Medical Alarms, Weather, Other)	13	16.67%
No Emergency (Cancelled, False Alarm, Good Intent)	15	19.23%
Assisting Law Enforcement	0	0.00%
TOTAL	78	

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TTL
2025	65	50	47	52	79	87	102	77	67	77	66	75	844
2026	55	47	69	72	58	88	101	77	78				645
Difference	-10	-3	+22	+20	-21	+1	-1	0	+11				

Count of Aid Given and Received for Incidents for Date Range			# Of Incidents by Day of the Week for Date Range						
AID TYPE	TOTAL	% Of TOTAL	MON	TUE	WED	THU	FRI	SAT	SUN
Aid Given	35	44.87%	10	7	13	7	9	20	12
Aid Received	5	6.41%	Busiest Hours for Date Range						
None	38	48.72%	1200-1759 / 43.59%						

Average Response Time for Non-Aid Incidents for Date Range		
AGENCY	AVERAGE RESPONSE TIME (Dispatched to Arrival)	NUMBER OF INCIDENTS
City of Helen Fire & Rescue	5:03	27

Apparatus Responses: This chart identifies our busiest apparatus for the Month

Apparatus Call Sign	Type of Vehicle	Number of Responses for Apparatus
Engine 31	2017 HME "Ahrens Fox"	25
Engine 32	1997 Ferrara "Spartan"	7
Truck 31	2025 Spartan "Gladiator"	6
Rescue 31	2000 Ford "F-650"	6
Utility 31	2016 Ford "F-150"	39
301	2025 Ford "F-150"	19
ATV 31	2016 Polaris "Ranger"	0

Training

Fire Department completed a total of **72 hours** of classroom and practical training.



Incident Types by Month Breakdown

Incident Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%
Building fire	1	1	0	1	0	0	1	1	1	0	0	0	6	0.93
Cooking fire, confined to container	0	0	0	0	0	0	1	0	1	0	0	0	2	0.31
Chimney or flue fire, confined to chimney or flue	0	0	0	1	0	0	0	0	0	0	0	0	1	0.16
Passenger vehicle fire	0	0	0	0	1	0	0	1	0	0	0	0	2	0.31
Forest, woods or wildland fire	0	0	0	1	0	0	0	0	0	0	0	0	1	0.16
Dumpster or other outside trash receptacle fire	0	1	0	0	0	0	1	0	0	0	0	0	2	0.31
Special outside fire, other	0	1	0	0	0	0	1	1	0	0	0	0	3	0.47
Rescue, EMS Incident, other	0	1	0	0	3	4	9	3	3	0	0	0	23	3.57
Emergency medical service incident, other	13	16	29	24	24	37	26	17	14	0	0	0	200	31.01
EMS call, excluding vehicle accident with injury	9	5	8	8	8	14	18	15	18	0	0	0	103	15.97
Motor vehicle accident with injuries	1	1	2	0	4	3	5	6	5	0	0	0	27	4.19
Extrication, rescue, other	1	0	0	1	0	0	0	0	3	0	0	0	5	0.78
Confined space rescue	0	0	0	1	0	0	0	1	0	0	0	0	2	0.31
Swift water rescue	0	0	0	0	0	0	0	0	1	0	0	0	1	0.16
Combustible/flammable gas/liquid condition, other	0	0	0	0	0	0	0	1	0	0	0	0	1	0.16
Gas Leak (natural gas or LPG)	0	3	0	0	0	0	0	0	0	0	0	0	3	0.47
Power line down	2	0	0	1	2	0	1	1	3	0	0	0	10	1.55
Accident, potential accident, other	3	0	2	1	1	0	2	0	1	0	0	0	10	1.55
Vehicle accident, general cleanup	1	0	0	0	0	0	0	0	0	0	0	0	1	0.18
Service Call, other	10	8	12	14	5	13	18	12	10	0	0	0	102	15.81
Person in distress, other	0	0	0	0	1	2	0	0	2	0	0	0	5	0.78
Assist police or other governmental agency	0	0	0	0	0	0	0	2	0	0	0	0	2	0.31
Cover assignment, general cleanup	0	0	1	0	0	0	0	0	0	0	0	0	1	0.16
Severe weather or natural disaster, other	4	0	0	1	0	0	0	0	1	0	0	0	6	0.93
Dispatched & Cancelled enroute	5	3	7	8	3	2	6	8	5	0	0	0	47	7.29
No incident found on arrival at dispatch address	0	1	3	2	3	5	7	2	3	0	0	0	26	4.03
Authorized controlled burning	0	1	1	0	0	0	0	0	0	0	0	0	2	0.31
Vicinity alarm (incident in other location)	5	3	1	3	2	2	0	0	0	0	0	0	16	2.48
Smoke scare, odor of smoke	0	0	0	0	0	0	1	0	0	0	0	0	1	0.16
HazMat release investigation w/no HazMat	0	1	0	0	0	0	0	0	1	0	0	0	2	0.31
Malicious, mischievous false call, other	0	0	0	1	0	0	0	0	0	0	0	0	1	0.16
System malfunction, other	0	0	2	2	0	4	1	1	0	0	0	0	10	1.55
Unintentional transmission of alarm, other	0	1	1	2	1	2	3	5	6	0	0	0	21	3.26
Total Runs by Month	55	47	69	72	58	88	101	77	78	0	0	0	645	100



Helen, GA

Service Order Statistics

Group Summary

Group	Issued	Completed	Voided	New
1ST AVAILABLE	69	65	0	3
CHIPPING	2	2	0	0
TRASH	2	2	0	0
WATER	8	6	0	2
Grand Totals	81	75	0	5

Staff Summary

Staff	Issued	Completed	Voided	New
CHRIS ESTES	3	3	0	0
edward	41	37	0	4
EDWARD	26	26	0	0
JARED TURNER	1	1	0	0
PW TEAM	7	5	0	1
SUSIE SANDERS	3	3	0	0
Grand Totals	81	75	0	5

Job Code Summary

Job Code	Issued	Completed	Voided	New
CHIPPING - CHIPPING	5	3	0	1
CONNECT - CONNECT	3	3	0	0
DELIVER CAN - DELIVER CAN	5	5	0	0
DISCONNECT & READ - DISCONNECT & READ	4	2	0	2
INACTIVATE - INACTIVATE	3	3	0	0
LEAK CK - LEAK CHECK	1	1	0	0
LOCK NON PAYMENT - LOCK NON PAYMENT	10	10	0	0
MISC - MISC	6	5	0	1
PICK UP TRASH - PICK UP TRASH	3	3	0	0
PULL DATA - PULL METER DATA	12	11	0	1
READ - READ	2	2	0	0
READ TO TRANSFER - READ TO TRANSFER	7	7	0	0
REINSTATE - REINSTATE	1	1	0	0
RE-READ IN BILLING - RE-READ IN BILLING	7	7	0	0
SET METER - SET METER	2	2	0	0
TURN OFF & LOCK - TURN OFF & LOCK	1	1	0	0
UNLOCK - UNLOCK	2	2	0	0
UNLOCK - BILL PAID - UNLOCK - BILL & RECONNECT PAI	7	7	0	0
Grand Totals	81	75	0	5

Action Summary

Action	Issued	Completed	Voided	New
Connect	3	3	0	0
Disconnect	4	2	0	2
Re-Read	7	7	0	0
Occupant Change	7	7	0	0
Inactivate	3	3	0	0
Miscellaneous	31	27	0	3
Cutoff	10	10	0	0
Reinstate	8	8	0	0
Service Action	7	7	0	0
Begin Suspend	1	1	0	0
Grand Totals	81	75	0	5



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The City of Helen is an equal
opportunity provider and employer

Commissioners:

Steve Fowler
Helen Wilkins
Cliff Hood
Mervin Barbree
Lee Landress

City Manager:

Darrell Westmoreland

City Clerk:

Marilyn M. Chastain

Clerk of Court:

Jaclyn Burke

City Finance Director:

Mona Wood

Chief of Police:

Aletha Barrett

Building and Zoning

Director:

Jonah Casper

Fire Chief:

Jody Prickett

Public Works

Director:

Jack Morgan

BUILDING AND ZONING MONTHLY REPORT

September 2026

PERMITS

Building: 0
Electrical: 3
Mechanical: 0
Plumbing: 0
Demo: 1
Sign: 2
Special Event: 1

INSPECTIONS

Permitted: 15
Builder and Architect consultations: 5

CERTIFICATES ISSUED

Residential: 2
Commercial: 0