



MEMORANDUM

Date: June 13, 2025

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: Jan Leshner 
County Administrator

Re: Regional Opioid Advisory Committee Update

The attached Memorandum from our Health Department Director, Dr. Cullen, summarizes the progress made related to opioid misuse in Pima County and the efforts of the Regional Opioid Advisory Committee (ROSAC). ROSAC was created in response to the Intergovernmental Agreement with the City of Tucson that was approved by the Board of Supervisors on May 7, 2024. ROSAC built on the prior work of the Board of Health Substance Misuse Advisory Committee. The Committee is made up of designated representatives from opt-in jurisdictions and includes two representatives from the City of Tucson, two from Pima County and one each from the City of South Tucson and the Town of Marana. This group, supported by the Health Department, has met fifteen times since the initial meeting in July 2024.

The Memorandum includes an update on the history and actions related to ROSAC, as well as priorities and recommendations for use of the opioid settlement monies for the Board of Supervisors' review and consideration and potential approval. These updated recommendations have been modified based on recent feedback from both the Board of Supervisors and the City of Tucson Mayor and Council.

JKL/dym

Attachment


c: Carmine DeBonis, Jr., Deputy County Administrator
Steve Holmes, Deputy County Administrator
Terry Cullen, MD, MS, Public Health Director, Health Department

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Date: June 13, 2025

To: Jan Leshar
County Administrator

From: Theresa Cullen, MD, MS 
Health Department Director

Re: **Regional Opioid Settlement Advisory Council Update and Recommendations
June 17, 2025**

This memo provides history and current status of the opioid settlement dollars including the current recommendations of the Regional Opioid Settlement Advisory Council (ROSAC). These recommendations include the incorporation of the Board of Supervisors' feedback to recommendations made by the ROSAC at the April 15th Board of Supervisor's meeting.

Background

The Pima County Health Department (PCHD) developed an action plan for addressing opioid use in Pima County that was presented to and approved by the Board of Supervisors in December 2023. An update to the Board of Supervisors was provided on December 27th, 2024.

This action plan was developed by the Substance Misuse Advisory Committee (SMAC) which convened from 2022 to the 2nd quarter of 2024. This committee was made up of 5 members of the Board of Health, one from each district, who held monthly meetings, reviewed data and best practices, and identified 20 community advisors. The SMAC conducted five 90-minute focus groups with 17 community organizations and surveyed 1,000 community members and made recommendations for initial staffing, Narcan funding, and RFPs for Mobile MOUD as well as Services for Pregnant & Parenting Women.

In partnership with the SMAC, PCHD identified five priorities and six strategies to address opioid use in Pima County:

Priorities

1. Increase Naloxone Access and Training
2. Expand Peer Support and Harm Reduction Services
3. Strengthen Coordination and Referral Systems Across Healthcare and Justice Systems
4. Enhance Education and Awareness Campaigns
5. Address Social Determinants of Health for At-Risk Individuals

Strategies

1. Improve Linkage to & Retention to Care
2. Improve Access to Harm Reduction
3. Reduce Stigma Experienced by PWUD
4. Improve Clinician Best Practices with PWUD
5. Improve and Support Health Information Technology Enhancements
6. Epidemiological Surveillance Infrastructure Building Addressing Substance Use

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In 2024, the advisory of settlement spending shifted from the Board of Health to the Regional Opioid Settlement Advisory Committee (ROSAC). ROSAC is responsible for the selection and recommendation of funding for One Arizona approved expenditures. ROSAC has met 15 times between July 2024 and June 2025 to examine evidence-based practices that funding from One Arizona Agreement could support. Since their formation, ROSAC has created a functional structure, appointed a chair and co-chair, performed an in-depth study of approved funding categories, and identified areas for projects to be funded. Any recommendations for use of funding must be approved by the Board of Supervisors and allowed under the parameters set forth in the One Arizona Settlement.

Requested Revisions

Initial recommendations were presented on behalf of ROSAC at the April 15th Board of Supervisor's meeting and on April 22nd in a Study Session with the City of Tucson's Mayor & Council.

When presented to the Board at the April 15th Board of Supervisor's meeting, the following requests were made:

- Focus our efforts more narrowly, rather than taking a broad strokes approach
- Build in an evaluation plan
- Provide a greater level of detail for prevention-related activities

When presented to Mayor and Council at the April 22nd Study Session, the following feedback was obtained:

- Prioritization for the funding of a pilot SAFR center (also called a Sobering Center) as an alternative to jail. The center would include medical supervision and wraparound services.

Based on the thoughtful feedback received from the Board and the City of Tucson's Mayor and Council to initial recommendations, ROSAC continued deliberation and made the following modifications to their recommended spend plan and priority areas for the opioid settlement funds:

- The number of funding categories was reduced from 8 to 7.
 - The category designated for innovation was removed
- Areas were integrated where priorities overlapped
 - Law-Enforcement co-response had significant overlap with SAFR center when examining intent.
- Additional details were added, specifically with regard to SAFR centers and prevention recommendations.
- Recommendations were made for the Request for Proposals (RFP) to include program evaluation plans and metrics.
- Funding amounts were updated to accommodate above-mentioned changes. See table

Jan Leshner, County Administrator

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below:

Project Name	Initial Recommendation (April 2025)	Updated Recommendation (June 2025)
Youth Prevention	\$1,500,000	\$1,250,000
Peer Navigation Support	\$1,500,000	\$1,250,000
Transitional Wrap-Around Support	\$1,500,000 – \$2,000,000	\$2,000,000
Law Enforcement Co-Response	\$1,000,000 – \$1,500,000	\$600,000
Mobile MAT Services	\$300,000 (contingent)	\$300,000
SAFR Implementation Plan Development	\$100,000 – \$250,000	\$2,200,000
Continued PCHD Staffing to Support Contracting and Overdose Prevention	\$285,000	\$400,000

Further information about the rationale as well as examples for each of these projects are included as appendices.

TC/cr

c: Steve Holmes, Deputy County Administrator

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Appendix A

Youth Prevention - \$1,250,000

Rationale:

- Designated as a high priority by ROSAC.
- Early intervention is critical for preventing long-term use.
- Roughly 1 in 5 adolescents report experiencing anxiety or depression, which is connected to substance use.

Example Activities:

- Increase accessibility to out-of-school activities for youth in areas of high need.
- Connect families with resources.
- Identify and implement K-12 curriculum focused on substance use prevention.
- Implement *You Are Not Alone* campaign.
- Reinforce opportunities for pro-social connection at an early age.

Appendix B

Peer Navigation Support \$1,250,000

Rationale:

- Peer navigators connect with folks effectively and efficiently due to shared lived experiences.
- Currently, there are not enough peer navigators to meet the needs.
- Peer navigation guides and supports access to services.

Example Activities:

- Place peer navigators in healthcare settings including Emergency Departments to help guide services when folks present with SUD or overdose.
- Criminal justice and transition center peer navigation services.
- Peer navigation outreach to people experiencing homelessness.

Appendix C

Transitional Wrap-Around Support - \$2,000,000

Rationale:

- People with lived experience identified transitional assistance as a key issue for this population with support during engagement in outpatient treatment.
- Currently, there is limited support for people re-entering society following addiction.

Example Activities:

- Support and extend recovery support centers for rebuilding lives, including tools for employment assistance and housing.
- Assist with transportation, childcare, and other support services.

Appendix D

Law Enforcement Co-Response - \$600,000

Rationale:

- National cross-site evidence-based practice.

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- Currently working well for TPD

Example Activities

- Behavioral health support specialist deployed for cases involving substance use.
- Peer navigators deployed with law enforcement for cases involving substance use.
- Behavioral health follow-up with cases 1-2 hours post interaction with law enforcement.

Appendix E

Mobile MAT Services Continuation - \$300,000 (Anticipate New Contract)

Rationale:

- Medication for Opioid Use Disorder may not be available due to clinic locations.
- Access to transportation can be a challenge for people who use drugs.

Example Activities

- Mobile clinic van.
- Delivery of medications in hard to access areas.
- Transportation assistance for people who need it.
- Increased access in rural areas.

Appendix F

SAFR Center Implementation Plan Development - \$2,200,000

Rationale:

- SAFR- Sobering Alternative for Recovery is designed to provide a 24/7 low barrier facility to provide safe stabilization for individuals in crisis due to substance use.

Example Activities

- Award contract to an organization that results in the implementation and evaluation of a sobering center.

Appendix G

Continued PCHD Staffing to Support Contracting and Overdose Prevention - \$400,000

Rationale:

- Need for sustainability and robust evaluation across all activities.
- Positions needed to support RFP development and award as well as coordination of ROSAC.

Example Activities

- Continued cross-systems organizational capacity building.
- Coordination with other PCHD grants, including Overdose Data to Action and State Opioid Response.
- Conduct evaluation of activities and data analysis.