



# Regional Opioid Settlement Advisory Committee Updates

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# Regional Opioid Settlement Advisory Committee

- 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
- 15 Meetings from July '24 – June '25
- ROSAC:
  - Created a functional structure; appointed a chair and co-chair
  - Performed an in-depth study of approved funding categories
  - Identified areas for projects to be funded

# Regional Opioid Settlement Advisory Committee Attendance

- Members
  - Dr. Christina Andrews-Bell, Pima County
  - Dr. Lisa Soltani, Pima County
  - Lee Hopkins, City of Tucson
  - Jesse Losoya, City of Tucson
  - Chief Roberto Jimenez, Town of Marana
  - Brian Flagg, City of South Tucson
- Staffed by Pima County Health Department
- Efforts informed by people with lived experience

# ROSAC Spending Priorities

1. Address the continuum of care of recovery services for Opioid Use Disorder and any co-occurring Substance Use Disorder/ Mental Health conditions to include (but not necessarily limited to) supportive housing.
2. Identify and implement strategies to support schools and families in preventing opioid/substance misuse among at-risk young people. Connect families and staff to needed resources. Connect people with Opioid Use Disorder leaving jail or incarceration with needed resources and supports.
3. Support pre-arrest and post-arrest diversion and deflection strategies for persons with Opioid Use Disorder and any co-occurring Substance Use Disorder/ Mental Health conditions, co-usage and/or co-addiction.
4. Convene a wide array of community stakeholders to develop a regional plan for addressing Opioid Use Disorder, Substance Use Disorder, and Mental Health. Identify goals for reducing harms, identify greatest needs for treatment, and determine other strategies including community wide education and linkages to care.



# Identified Strategies

Points were awarded by committee member to each alternative based on the following criteria:

- Potential public health impact
- Jurisdictional priority
- Demonstrates community interest
- Addresses needs of underserved communities
- Exemplifies evidence-based practice
- Potential for sustainability or long-term impact

Criteria (0-3)	Description	Score (0-3)
Public Health Impact	Reducing opioid misuse, overdose deaths, improving access to treatment, addressing SDOH, ability to scale, level of innovation (in short, does it add value?)	
Equity and Accessibility	Priority given to underserved or high-risk communities	
Jurisdictional Need	Demonstrates alignment with regional data and community needs	
Evidence-Based Practice	Data-informed decision making, aligning with research-based interventions and providing support where local data shows the highest need	
Community-Driven	Aligns with recommendations from those with lived experience, community-level best practices, and shows potential for cross-sector collaboration	
Sustainability	Ability to leverage current funding and sustain beyond the funding period, opportunity to secure other funding sources	

Score Key:

0 = Insufficient/No Evidence

1 = Needs Improvement

2 = Adequate



# Original Recommendations for \$8 Million

Supplemental Request made to BOS on April 15th, 2025

Project Name	Suggested Amount	Tentative Prioritization/Comments
Youth Prevention	\$1,500,000	Top priority
Peer Navigation Support	\$1,500,000	Second highest priority
Transitional Wrap-Around Support	\$1,500,000 – \$2,000,000	Third highest priority
Law Enforcement Co-Response	\$1,000,000 – \$1,500,000	Fourth highest priority
Mobile MAT Services Continuation	\$300,000 (contingent)	Continuation of current contract contingent on evaluation
Innovation Project	\$800,000	Support for innovation
Sobering Center Implementation Plan Development	\$100,000 – \$250,000	Priority among all jurisdictions
Continued PCHD Staffing to Support Contracting and Overdose Prevention	\$285,000	

# Changes to Recommendations

- Feedback was received from the Board of Supervisors and Mayor and Council in April.
- Based on this feedback, ROSAC continued deliberation in April and May and made the following modifications:
  - The number of funding categories was reduced from 8 to 7
  - Evaluation plans were added as required component in the RFP
  - Strategies were integrated where priorities overlapped
    - > Law-Enforcement co-response had significant overlap with SAFR center when examining intent.



## Recommended Allocations for \$8M Supplemental Request

Project Name	Suggested Amount	Tentative Prioritization/Comments
Youth Prevention	\$1,250,000	Top priority
Peer Navigation Support	\$1,250,000	Second highest priority
Transitional Wrap-Around Support	\$2,000,000	Third highest priority
Law Enforcement Co-Response	\$600,000	Fourth highest priority
Mobile MAT Services	\$300,000	New Contract award
SAFR Implementation Plan Development	\$2,200,000	Priority among all jurisdictions
Continued PCHD Staffing to Support Contracting and Overdose Prevention	\$400,000	



# Next Steps

- PCHD is seeking approval from the Board of Supervisors to implement ROSAC recommendations
- PCHD will release a Request for Proposals (RFP) in July, seeking proposals by community organizations to implement prioritized strategies
- PCHD will award contracts to community-based organizations by fall 2026
- Additional challenges and opportunities for the Committee to potentially address:
  - Medicaid funding cuts and implications for behavioral health
  - Funding of substance use treatment for 120+ days
  - Coordination of care through data sharing across systems
  - Evaluation of funding allocations



# Questions