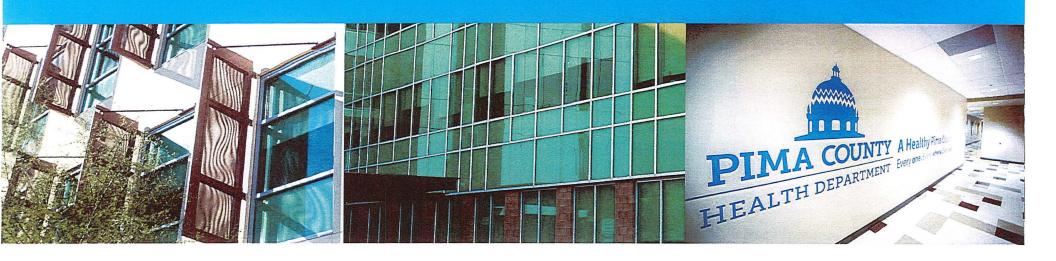
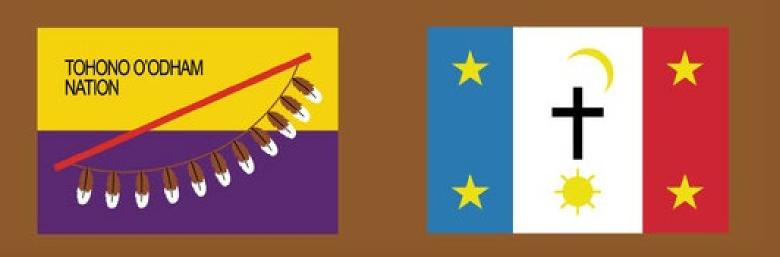


Regional Opioid Settlement Advisory Committee

April 15, 2025 | Dr. Theresa Cullen, MD, MS







On behalf of Pima County residents, we honor the tribal nations who have served as caretakers of this land from time immemorial and respectfully acknowledge the ancestral homelands of the Tohono O'odham Nation and the multi-millennial presence of the Pascua Yaqui tribe within Pima County. Consistent with Pima County's commitment to diversity and inclusion, we strive toward building equal-partner relationships with Arizona's tribal nations.

ROSAC

Regional Opioid Settlement Advisory Committee

- History of ROSAC
- Committee's process and activities
- Recommendations & next steps



- Opioid settlement funds in Arizona were divided among counties and cities according to the One Arizona Agreement.
- In Pima County, four jurisdictions including Pima County, the City of Tucson, the City of South Tucson and the Town of Marana are currently combining their funding.

- The Substance Misuse Advisory Committee, comprised of Board of Health members, was established and first met in October 2022 to recommend expenditures consistent with the opioid settlement guidance.
- The group solicited input from community experts through a series of community forums and a survey.
- In FY24, spending (\$180,000) was first directed toward Narcan medication and distribution. In FY25, funding (\$100,000) was spent to build capacity to serve pregnant and parenting women with substance use disorder, and provide medication assisted treatment in rural communities and to hard-to-reach populations (\$300,000).

 The Regional Opioid Settlement Committee (ROSAC) was created in July 2024 to bring together participating jurisdictions to decide how settlement dollars would be spent for FY26.

• The committee is comprised of six members. Two are from Pima County, two from the City of Tucson, one from the City of South Tucson, one from the Town of Marana.



Process

Criteria for Scoring Alternatives

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

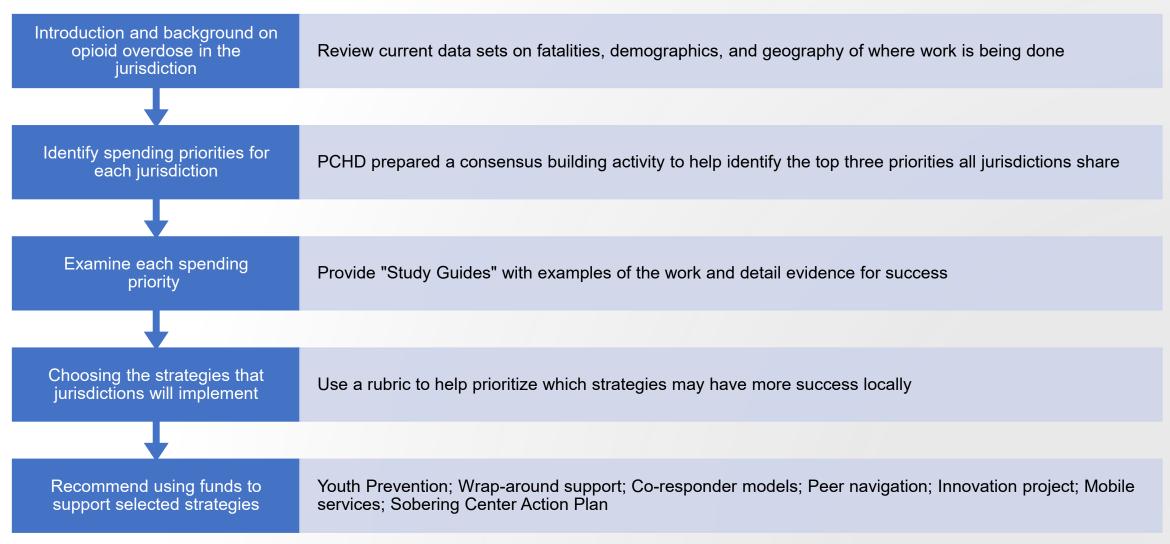
- Potential public health impact
- Jurisdictional priority
- Demonstrates community interest
- Addresses needs of underserved communities
- Exemplifies evidence-based practice
- Potential for sustainability or long-term impact

Where We Are

- The committee convened 11 times (July 2024 present), focusing on:
 - Current opioid misuse efforts
 - Identifying priorities for settlement fund use
 - Analysis of local opioid data points, including several assessments
 - Study guides on topics identified by the committee
 - Jurisdictional priorities
- The committee explored funding opportunities in areas including:
 - Youth prevention
 - Wrap-around support during transition to behavioral health services
 - Co-responder models for law enforcement
 - Peer navigation services for hospitals, incarcerated populations, and community settings

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Process





Recommendations & Next Steps

Recommendations for \$8 M Supplemental Request

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	\$755,000	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	\$330,000	

Next Steps

- PCHD staff will develop scopes of work for each strategy based on Committee input.
- PCHD will release a Request for Proposals (RFP) in June, seeking proposals by community organizations to implement prioritized strategies.
- PCHD will award contracts to community-based organizations by early FY26.
- 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