PURSUANT TO A.R.S. § 38-431.01, THE GILA COUNTY BOARD OF SUPERVISORS WILL HOLD A MEETING AT THE GILA COUNTY COURTHOUSE, BOARD OF SUPERVISORS' HEARING ROOM, 1400 EAST ASH STREET, GLOBE, ARIZONA. ONE OR MORE BOARD MEMBERS MAY PARTICIPATE IN THE MEETING BY TELEPHONE CONFERENCE CALL OR BY INTERACTIVE TELEVISION VIDEO (ITV). THE MEETING IS ALSO TELEVISED TO THE GILA COUNTY TOMMIE CLINE MARTIN COMPLEX, BOARD OF SUPERVISORS' CONFERENCE ROOM, 707 S. COLCORD ROAD, PAYSON, ARIZONA.

Citizens may watch the Board meeting live-streamed at: https://www.youtube.com/channel/UCkCHWVgrI5AmJKbvYbO-k2A/live

Citizens may submit written comments related to the November 29th Special Meeting agenda by no later than 5 p.m. on Monday, November 28th, by emailing the Chief Deputy Clerk of the Board at mhenderson@gilacountyaz.gov or calling 928-402-4390. Citizens may also submit written comments during the meeting through YouTube. Please include the meeting date, agenda item number, your name, and your residence address in the email.

SPECIAL MEETING - TUESDAY, NOVEMBER 29, 2022 - 10:00 A.M.

1. CALL TO ORDER - PLEDGE OF ALLEGIANCE

2. **REGULAR AGENDA ITEMS:**

- A. Information/Discussion for an update of Discover Gila County the County's Tourism and Marketing Initiative.
- B. Information/Discussion/Action regarding the Roosevelt Lake Resort Stagecoach Trail Improvement Project and recommendation from the County Attorney's Office to go into executive session pursuant to A.R.S. § 38-431.03(A)(3) for discussions and consultation for legal advice regarding the potential legal options for the County. (Homero Vela)
- C. Information/Discussion on the current status of the One Arizona Settlement. (Josh Beck)
- D. Information/Discussion seeking guidance to best allocate the funds from the congressionally directed earmark award of \$609,000 to be used for maintaining water storage systems for wildfire protection in Gila County with the understanding that this funding comes with a 1:1 match of

\$609,000 for Gila County that can be in cash, in-kind activities, or a combination of both for the period of March 2022 through September 2025. (Joshua Beck)

- 3. **CALL TO THE PUBLIC:** A call to the public is held for public benefit to allow individuals to address the Board of Supervisors on any issue within the jurisdiction of the Board of Supervisors. Board members may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), at the conclusion of an open call to the public, individual members of the Board of Supervisors may respond to criticism made by those who have addressed the Board, may ask staff to review a matter or may ask that a matter be put on a future agenda for further discussion and decision at a future date.
- 4. At any time during this meeting pursuant to A.R.S. § 38-431.02(K), members of the Board of Supervisors and the County Manager may present a brief summary of current events. No action may be taken on the information presented.
- 5. EXECUTIVE SESSION ITEMS: (The Board of Supervisors may vote to go into executive session on one or all of the items listed in this section. No action will be taken by the Board while in executive session.)
 - A. Information/Discussion/Action to vote to go into executive session pursuant to A.R.S. § 38-431.03(A)(3) for discussions and consultation for legal advice regarding the potential legal options for the County and authorize its attorneys to proceed as discussed in executive session.(Jessica Scibelli)

IF SPECIAL ACCOMMODATIONS ARE NEEDED, PLEASE CONTACT THE RECEPTIONIST AT (928) 425-3231 AS EARLY AS POSSIBLE TO ARRANGE THE ACCOMMODATIONS. FOR TTY, PLEASE DIAL 7-1-1 TO REACH THE ARIZONA RELAY SERVICE AND ASK THE OPERATOR TO CONNECT YOU TO (928) 425-3231.

THE BOARD MAY VOTE TO HOLD AN EXECUTIVE SESSION FOR THE PURPOSE OF OBTAINING LEGAL ADVICE FROM THE BOARD'S ATTORNEY ON ANY MATTER LISTED ON THE AGENDA PURSUANT TO A.R.S. §38-431.03(A)(3).

THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING.

ARF-7714

Regular Agenda Item 2. A.

Special BOS Meeting

Meeting Date: 11/29/2022

<u>Submitted For:</u> Jacque Sanders, Deputy County Manager/Librarian <u>Submitted By:</u> Jacque Sanders, Deputy County Manager/Librarian

<u>Department:</u> Deputy County Mgr/Library District

Information

Request/Subject

Update on Discover Gila County (DGC) the County's Tourism and Marketing Initiative.

Background Information

Discover Gila County has promoted Gila County to the public since February 14, 2019. During the COVID-19 pandemic and during the fiscal year 2021-22 DGC has continued its highly successful economic development driver for small businesses in Gila County. Gila County Excise Tax revenues have also continued to have positive trends.

Evaluation

N/A

Conclusion

N/A

Recommendation

N/A

Suggested Motion

Information/Discussion for an update of Discover Gila County the County's Tourism and Marketing Initiative.

Attachments

DGC Marketing Report

Marketing Report

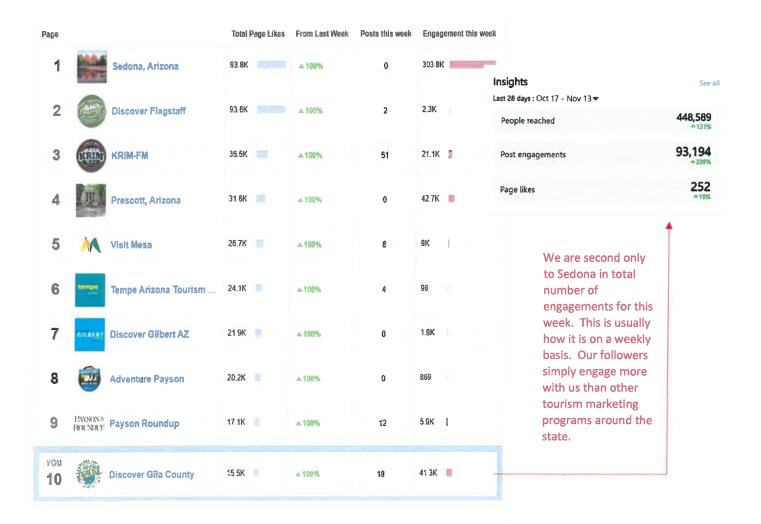
If you are ever asked what is Discover Gila County? The answer should be that it is much more than a website. It is a multimedia marketing program with many different strategies that utilizes and integrate multiple advertising mediums including digital advertising, video, social media, online search, re-marketing, branded content, print, email marketing, radio and television. This integrated marketing approach with its various touchpoints enables Discover Gila County to fully engage with its target audience on multiple levels and position itself as the information resource for the region.

A. Discover Gila County YouTube Channel

- (1) Our videos were watched over 4,200 time since January 2022. Up 46%.
- (2) People have spent over 89.6 hours watching our videos since Jan 2022. Up 33%
- (3) Typically, people spend 2.1 minutes per video watching
- (4) Traffic to our YouTube Channel is up 48% from this same time last year.

B. Social Media

- (1) Facebook
 - a. Total Followers 16,527
 - b. Total Reach for this year is 3.91
 - c. Total Engagements 783, 689
 - d. Over 7% Engagement Rate for 2022

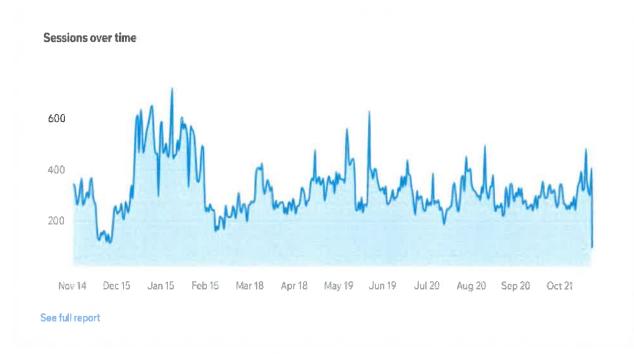


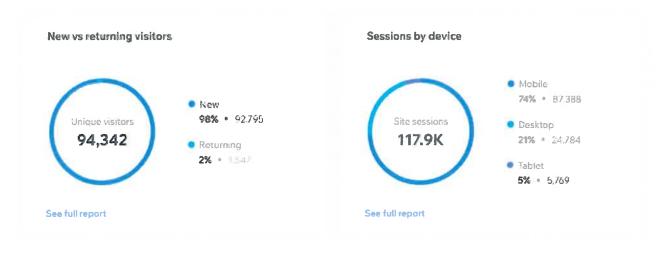
(2) Instagram

- a. Total Followers 6, 031. We recently passed #adventurepayson and we are increasing about 30 new followers a day.
- b. More tags are happening every month for #discovergilacounty

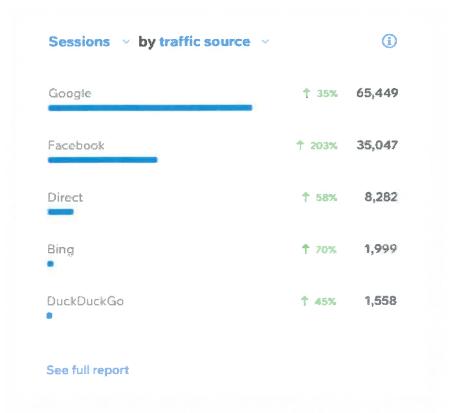
C. Website

a. Traffic from January through November is up 45% from this time last year.





- b. Total visitors: 159,023 through November 14, 2022 (last year total was 119,000). We are up 45% from this time last year.
- c. Traffic Sources



d. Backlinks

- 1. We have 35,353 External Backlinks (Other web-based entities that are linking to our content)
- 2. 1,200 referring domains
- 3. https://www.thehoth.com/backlinks-checker
- e. Google SEO Rank is increasing (https://www.thehoth.com/search-engine-rankings):

1.	Payson Indian Ruins	#1
2.	Payson Area Trails System	#1
3.	Roosevelt Arizona	#1
4.	Tonto Natural Bridge	#8
5.	Young, AZ	#2
6.	East Verde River	#1
7.	Pinal Mountains	#3
8.	San Carlos, AZ	#5
9.	Roosevelt Lake Fishing	#5
10.	Strawberry Arizona	#8
11.	Miami Arizona	#6
12.	Horton Creek trail	#10
13.	Haigler Creek	#1
14.	Salt River Wilderness	#5
15.	Payson Event Calendar	#4
16.	Globe AZ Event Calendar	#2
17.	Gila County Jobs	#6
18.	Gila County AZ	#4
19.	mountain biking pine az	#9



20.	Peridot Mesa	#1
21.	Globe Arizona Wineries	#5
22.	Globe, Arizona Parks	#3
23.	Globe, Arizona	#4
24.	Globe, Arizona Adventure	#3
25.	Tonto Basin, Arizona	#3
26.	Gila County Swimming Holes	#1
27.	Gila County Hiking Trails	#1
28.	Gila County Lakes	#1
29.	Roosevelt Lake Attractions	#2
30.	Mogollon Rim	#5
31.	Gila County History	#1
32.	Gila County Tourism	#1
33.	Gila County Shopping	#1
34.	Globe Arizona Shopping	#2
35.	Gila County Special Event Calendar	#1

I. Adjournment Meeting Adjourned

at:

Minutes submitted by: Minutes approved by:

ARF-7665

Regular Agenda Item 2. B.

Special BOS Meeting

Meeting Date: 11/29/2022

Submitted For: Thomas Goodman, County Engineer

Submitted By: Shannon Coons, Fiscal Services Manager

<u>Department:</u> Public Works <u>Division:</u> Engineering

Information

Request/Subject

Discussion on the Roosevelt Lake Resort - Stagecoach Trail Improvement Project

Background Information

This presentation presents legal and engineering options regarding the water lines in conflict with the project.

Evaluation

The presentation will show information from the historical perspective and high-level engineering alternatives since 2018 and the legal aspects of going forward.

Conclusion

n/a

Recommendation

There is no current preferred alternative. The work session will provide information to the Board of Supervisors for moving forward with the project.

Suggested Motion

Information/Discussion/Action regarding the Roosevelt Lake Resort - Stagecoach Trail Improvement Project and recommendation from the County Attorney's Office to go into executive session pursuant to A.R.S. § 38-431.03(A)(3) for discussions and consultation for legal advice regarding the potential legal options for the County. (Homero Vela)

Attachments

ARF-7702

Regular Agenda Item 2. C.

Special BOS Meeting

Meeting Date: 11/29/2022

<u>Submitted For:</u> Josh Beck, Director Submitted By: Josh Beck, Director

<u>Department:</u> Health & Emergency Management

Information

Request/Subject

Settlement Agreement in Multi-District Opioid Litigation

Background Information

After years of negotiations, there are two proposed opioid-litigation settlement agreements. The first settlement is with three opioid distributors: McKesson, AmerisourceBergen, and Cardinal. The second is with opioid manufacturer Johnson & Johnson. There is also a proposed binding distribution agreement regarding how the settlement funds will be distributed in Arizona. To participate in these settlements and the binding distribution agreement, Arizona counties, cities, and towns must sign both agreements and the *One Arizona Distribution of Opioid Agreement Funds Agreement*.

On November 16, 2021, the Gila County Board of Supervisors signed the binding distribution agreement, titled *One Arizona Distribution of Opioid Settlement Funds Agreement*, and authorize the Gila County Attorney to sign the two pending opioid litigation-settlement agreements.

Evaluation

The total amount of money that Arizonans receive is dependent upon the number of local governments that participate. The Gila County Board of Supervisors may participate in these settlements by signing the *One Arizona Distribution of Opioid Funds Agreement* and by authorizing the Gila County Attorney to sign the settlement agreements. If enough subdivisions, in Arizona and across the nation, participate in these settlement agreements, then both settlements will be finalized.

Conclusion

The One AZ Settlement funds will support the treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies. Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies. Provide connections to care for people who have, or are at risk of developing, OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies. Address the needs of persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are involved - or are at risk of becoming involved - in the criminal justice system through evidence-based, evidence-informed, or promising programs or strategies. Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies. Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies.

Recommendation

Information on the current status of the One Arizona Settlement.

Suggested Motion

Information/Discussion on the current status of the One Arizona Settlement. (Josh Beck)

Attachments

Final One AZ Distribution

One Arizona Distribution of Opioid Settlement Funds Agreement

ONE ARIZONA DISTRIBUTION OF OPIOID SETTLEMENT FUNDS AGREEMENT

General Principles

- The people of the State of Arizona and Arizona communities have been harmed by the opioid epidemic, which was caused by entities within the Pharmaceutical Supply Chain.
- The State of Arizona, *ex rel*. Mark Brnovich, Attorney General (the "State"), and certain Participating Local Governments are separately engaged in litigation seeking to hold the Pharmaceutical Supply Chain Participants accountable for the damage they caused.
- The State and the Participating Local Governments share a common desire to abate and alleviate the impacts of the Pharmaceutical Supply Chain Participants' misconduct throughout the State of Arizona.
- The State and the Participating Local Governments previously entered into the One Arizona Opioid Settlement Memorandum of Understanding for the purpose of jointly approaching Settlement negotiations with the Pharmaceutical Supply Chain Participants.
- The State and the Participating Local Governments now enter into this One Arizona Distribution of Opioid Settlement Funds Agreement ("Agreement") to establish binding terms for the distribution and spending of funds from Settlements with the Pharmaceutical Supply Chain Participants.

A. Definitions

As used in this Agreement:

- 1. "Approved Purpose(s)" shall mean those uses identified in the agreed Opioid Abatement Strategies attached as Exhibit A.
- 2. "Contingency Fee Fund" shall mean a sub fund established in a Settlement for the purpose of paying contingency fees, such as the Attorney Fee Fund described in Section I.V of the Settlement with the Settling Distributors and the sub fund of the Attorney Fee Fund described in Section II.D of the Settlement with J&J.¹
- 3. "J&J" shall mean Johnson & Johnson, Janssen Pharmaceuticals, Inc., OrthoMcNeil-Janssen Pharmaceuticals, Inc., and Janssen Pharmaceutica, Inc.
- 4. "Litigation" means existing or potential legal claims against Pharmaceutical Supply Chain Participants seeking to hold them accountable for the damage caused by their misfeasance, nonfeasance, and malfeasance relating to the unlawful manufacture, marketing, promotion, distribution, or dispensing of prescription opioids.

¹ Text of both settlements available at https://nationalopioidsettlement.com.

- 5. "Opioid Funds" shall mean monetary amounts obtained through a Settlement as defined in this Agreement.
- 6. "Participating Local Government(s)" shall mean all counties, cities, and towns within the geographic boundaries of the State that have chosen to sign on to this Agreement and each applicable Settlement. The Participating Local Governments may be referred to separately in this Agreement as "Participating Counties" and "Participating Cities and Towns" (or "Participating Cities or Towns," as appropriate).
- 7. "Parties" shall mean the State and the Participating Local Governments.
- 8. "Pharmaceutical Supply Chain" shall mean the process and channels through which licit opioids are manufactured, marketed, promoted, distributed, or dispensed.
- 9. "Pharmaceutical Supply Chain Participant" shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution, or dispensing of licit opioids.
- 10. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State and the Participating Local Government and approved as final by a court of competent jurisdiction.
- 11. "Settling Distributors" shall mean McKesson Corporation, Cardinal Health, Inc., and AmerisourceBergen Corporation.
- 12. "Trustee" shall mean either (1) an independent trustee who shall be responsible for the ministerial task of releasing the Opioid Funds that are in trust as authorized herein and accounting for all payments into or out of the trust, or (2) a settlement fund administrator, in the event that the Settlement includes a fund administrator. In either case, the Trustee will distribute funds in accordance with this Agreement.

B. Intrastate Regions

- 1. The State of Arizona will be divided into regions, each of which will be referred to as a "Region" and will consist of: (1) a single Participating County and all of its Participating Cities and Towns; or (2) all of the Participating Cities and Towns within a non-Participating County. If there is only one Participating City or Town within a non-Participating County, that single Participating City or Town will still constitute a Region. Two or more Regions may at their discretion form a group ("Multicounty Region"). Regions that do not choose to form a Multicounty Region will be their own Region. Participating Cities and Towns within a non-Participating County may not form a Region with Participating Cities and Towns in another county.
- 2. The LG Share funds described in Section C(1) will be distributed to each Region according to the percentages set forth in Exhibit B. The Regional allocation model uses three equally weighted factors: (1) the amount of opioids shipped to the Region; (2) the number of opioid deaths that occurred in that Region; and (3) the number of people who suffer opioid use disorder in that Region. In the event any county does not participate in this Agreement, that

- county's percentage share shall be reallocated proportionally amongst the Participating Counties by applying this same methodology to only the Participating Counties.
- 3. In single-county Regions, that county's health department will serve as the lead agency responsible for distributing the LG Share funds. That health department, acting as the lead agency, shall consult with the cities and towns in the county regarding distribution of the LG Share funds.
- 4. For each Multicounty Region, an advisory council shall be formed from the Participating Local Governments in the Multicounty Region to distribute the collective LG Share funds. Each advisory council shall include at least three Participating Local Government representatives, not all of whom may reside in the same county. Each advisory council shall consult with the Participating Local Governments in the Multicounty Region regarding distribution of the collective LG Share funds.
- 5. For each Region consisting of the Participating Cities and Towns within a non-Participating County, an advisory council shall be formed from the Participating Cities and Towns in the Region to distribute the LG Share funds. Each advisory council shall include at least three representatives from the Participating Cities and Towns in the Region, or a representative from each Participating City and Town if the Region consists of fewer than three Participating Cities and Towns. In no event may more than one individual represent the same city or town. To the extent any Participating Cities or Towns in the Region are not represented on the advisory council, the advisory council shall consult with the non-represented Participating Cities and Towns regarding distribution of the collective LG Share funds.

C. Allocation of Settlement Proceeds

- 1. All Opioid Funds shall be divided with 44% to the State ("State Share") and 56% to the Participating Local Governments ("LG Share").²
- 2. All Opioid Funds, except those allocated to payment of counsel and litigation expenses as set forth in Section E, shall be utilized in a manner consistent with the Approved Purposes definition. Compliance with this requirement shall be verified through reporting, as set out in Section F.
- 3. Each LG Share will be distributed to each Region or Multicounty Region as set forth in Section B(2). Participating Counties and their constituent Participating Cities and Towns may distribute the funds allocated to the Region or Multicounty Region amongst themselves in any manner they choose. If a county and its cities and towns cannot agree on how to allocate the funds, the default allocation in Exhibit C will apply. The default allocation formula uses historical federal data showing how each county and the cities and towns within it have made opioids-related expenditures in the past. If a county or any cities or towns within a Region or Multicounty Region do not sign on to this Agreement and each

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² This Agreement assumes that any opioid settlement for Native American Tribes and Third-Party Payors, including municipal insurance pools, will be dealt with separately.

Settlement, and if the Participating Local Governments in the Region or Multicounty Region cannot agree on how to allocate the funds from that Settlement amongst themselves, the funds shall be reallocated proportionally by applying this same methodology to only the Participating Local Governments in the Region or Multicounty Region.

- 4. If the LG Share for a given Participating Local Government is less than \$500, then that amount will instead be distributed to the Region or Multicounty Region in which the Participating Local Government is located to allow practical application of the abatement remedy. If the county did not sign on to the Settlement as defined herein, the funds will be reallocated to the State Share.
- 5. The State Share shall be paid by check or wire transfer directly to the State through the Trustee, who shall hold the funds in trust, or as otherwise required by a Settlement for the benefit of the State, to be timely distributed as set forth in C(1) herein. The LG Share shall be paid by check or wire transfer directly to the Regions or Multicounty Regions through the Trustee, who shall hold the funds in trust, or as otherwise required by a Settlement for the benefit of the Participating Local Governments, to be timely distributed as set forth in B(2), C(1), C(3), and C(4) herein.
- 6. The State Share shall be used only for (1) Approved Purposes within the State or (2) grants to organizations for Approved Purposes within the State.
- 7. The LG Share shall be used only for (1) Approved Purposes by Participating Local Governments within a Region or Multicounty Region or (2) grants to organizations for Approved Purposes within a Region or Multicounty Region.
- 8. The State will endeavor to prioritize up to 30% of the State Share for opioid education and advertising related to awareness, addiction, or treatment; Department of Corrections and related prison and jail opioid uses; and opioid interdiction and abatement on Arizona's southern border, including grants to assist with the building, remodeling and/or operation of centers for treatment, drug testing, medication-assisted treatment services, probation, job training, and/or counseling services, among other programs.
- 9. If the federal Center for Medicare and Medicaid Services ("CMS") disallows any federal funding for the State's Medicaid programs pursuant to 42 U.S.C. § 1396b as a consequence of sums received pursuant to resolution of any Litigation with Pharmaceutical Supply Chain Participants, or otherwise seeks to recover sums it regards as the federal share of any Settlement, the amount recovered by CMS shall first be paid from the total amount of Opioid Funds available to the Parties under that Settlement and the distribution to the State and Participating Local Governments shall thereafter be made from the remaining funds.
- 10. The Parties acknowledge and agree that any Settlement may require Participating Local Governments to release all their claims against the settling Pharmaceutical Supply Chain Participants to receive Opioid Funds. The Parties further acknowledge and agree based on the terms of any such national Settlement, a Participating Local Government will not receive funds through this Agreement until it has complied with all requirements set forth

in that national Settlement to release its claims. This Agreement is not a promise by any Party that any Settlement (including any Settlement resolved through bankruptcy) will be finalized or executed.

D. Participation of Cities and Towns

- 1. By signing on to the Agreement and any Settlement, a Participating County will receive 60% of its available LG Share for that Settlement when distribution under that Settlement occurs. Any such Participating County will receive up to an additional 40% of its available LG Share for that Settlement by securing the participation of its constituent cities and towns as signatories to this Agreement and that Settlement when distribution under that Settlement occurs. The sliding scale attached as Exhibit D will determine the share of funds available to the Participating County.³
- 2. If a Participating County does not achieve 100% participation of its cities and towns within the period of time required in a Settlement document for subdivision participation, the remaining portions of the LG Share that were otherwise available to the Participating County will be reallocated to (i) the State Share and (ii) the LG Share for the Participating Counties which have achieved 100% participation of their cities and towns in accordance with the percentages described in Sections B(2), C(1), and C(3), and set forth in Exhibits B and C.

E. Payment of Counsel and Litigation Expenses

- 1. The Parties anticipate that any Settlement will provide for the payment of all or a portion of the fees and litigation expenses of certain state and local governments.
- 2. If the court in *In Re: National Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio) or if a Settlement establishes a common benefit fund or similar device to compensate attorneys for services rendered and expenses incurred that have benefited plaintiffs generally in the litigation (the "Common Benefit Fund"), and requires certain governmental plaintiffs to pay a share of their recoveries from defendants into the Common Benefit Fund as a "tax," then the Participating Local Governments shall first seek to have the settling defendants pay the "tax." If the settling defendants do not agree to pay the "tax," then the "tax" shall be paid from the LG Share prior to allocation and distribution of funds to the Participating Local Governments.⁴

³ Population allocation of cities and towns within counties will be derived from the population data included in any national Settlement. If such data is not included in the respective national Settlement, then population allocation will be determined from those cities and towns listed in Exhibit C. The data in Exhibit C is derived from the U.S. Census Estimate (July 1, 2019).

⁴ This paragraph shall not apply to the Settlement with the Settling Distributors or the Settlement with J&J.

- 3. Any governmental entity that seeks attorneys' fees and expenses from the Litigation shall seek those fees and expenses first from the national Settlement.⁵ In addition, the Parties agree that the Participating Local Governments will create a supplemental attorney's fees and costs fund (the "Backstop Fund").
- 4. In the event that any Settlement imposes additional limitations or obligations on the payment of counsel and litigation expenses, those limitations and obligations take precedence over this Agreement.
- 5. The Backstop Fund is to be used to compensate counsel for Participating Local Governments that filed opioid lawsuits by September 1, 2020 ("Litigating Participating Local Governments"). Payments out of the Backstop Fund shall be determined by a committee consisting of one representative from each of the Litigating Participating Local Governments (the "Opioid Fee and Expense Committee").
- 6. The amount of the Backstop Fund shall be determined as follows: From any national Settlement, the funds in the Backstop Fund shall equal 14.25% of the LG Share for that Settlement. No portion of the State Share shall be used for the Backstop Fund or in any other way to fund any Participating Local Government's attorney's fees and costs. If required to do so by any Settlement, Participating Local Governments must report to the national Settlement Fund Administrator regarding contributions to, or payments from, the Backstop Fund.
- 7. The maximum percentage of any contingency fee agreement permitted for compensation shall be 25% of the portion of the LG Share attributable to the Litigating Participating Local Government that is a party to the contingency fee agreement, plus expenses attributable to that Litigating Participating Local Government, unless a Settlement or other court order imposes a lower limitation on contingency fees. Under no circumstances may counsel collect more for its work on behalf of a Litigating Participating Local Government than it would under its contingency agreement with that Litigating Participating Local Government.
- 8. Payments to counsel for Participating Local Governments shall be made from the Backstop Fund in the same percentages and over the same period of time as the national Contingency Fee Fund for each settlement. The Attorneys' Fees and Costs schedule for the Settling Distributors is listed in Exhibit R §(II)(S)(1) of the Settlement with the Settling

Settlement, up to the agreed amount in the outside counsel contract, and the distribution to the State and Participating Local Governments shall thereafter be made from the remaining funds.

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⁵ The State retained outside counsel in the Purdue litigation and if it is unable to secure payment of attorneys' fees and expenses from the bankruptcy proceedings in an amount sufficient to compensate outside counsel consistent with the terms of the State's contract with that outside counsel, any remaining attorneys' fees and expenses related to the representation of the State will first be paid directly from the total amount of Opioid Funds available to the Parties under that

Distributors. ⁶ The Attorneys' Fees and Costs schedule for J&J is listed in Exhibit R §(II)(A)(1) of the Settlement with J&J. ⁷ For future Settlements with other defendants in the Pharmaceutical Supply Chain, any necessary payments to counsel for Participating Local Governments shall be made from the Backstop Fund in the same percentages and over the same periods of time as the fee funds for those Settlements, if applicable, subject to the limitations set forth in this Agreement set form in paragraph E(7) above.

9. Any funds remaining in the Backstop Fund in excess of the amounts needed to cover private counsel's representation agreements shall revert to the Participating Local Governments according to the percentages set forth in Exhibits B and C, to be used for Approved Purposes as set forth herein and in Exhibit A.

F. Compliance Reporting and Accountability

- 1. If the State and Participating Local Governments use a Trustee for purposes of distributing funds pursuant to any Settlement, the Trustee shall be requested to provide timely an upto-date accounting of payments into or out of any trust established to hold such funds and/or its subaccounts upon written request of the State or a Participating Local Government.
- 2. The State, Regions, and Participating Local Governments may object to an allocation or expenditure of Opioid Funds solely on the basis that the allocation or expenditure at issue (1) is inconsistent with provision C(1) hereof with respect to the amount of the State Share or LG Share; (2) is inconsistent with an agreed-upon allocation, or the default allocations in Exhibits B and C, as contemplated by Section C(3); or (3) violates the limitations set forth in F(3) with respect to compensation of the Trustee. The objector shall have the right to bring that objection within two years of the date of its discovery to a superior court in Maricopa County, Arizona.
- 3. In the event that the State and Participating Local Governments use a Trustee, compensation for Trustee's expenses of fund administration may be paid out of the Opioid Funds for reasonable expenses; provided that, reasonable expenses do not exceed the administrative expenses allowed under the terms of the relevant Settlement.
- 4. The Parties shall maintain, for a period of at least five years, records of abatement expenditures and documents underlying those expenditures, so that it can be verified that funds are being or have been utilized in a manner consistent with the Approved Purposes definition. This requirement supersedes any shorter period of time specified in any applicable document retention or destruction policy.
- 5. At least annually, by July 31 of each year, each Region or Multicounty Region shall provide to the State a report detailing for the preceding fiscal year (1) the amount of the LG Share received by each Participating Local Government within the Region or Multicounty Region, (2) the allocation of any awards approved (listing the recipient, the amount awarded, the program to be funded, and disbursement terms), and (3) the amounts

⁶ Text of settlement available at https://nationalopioidsettlement.com.

⁷ Text of settlement available at https://nationalopioidsettlement.com.

disbursed on approved allocations. In order to facilitate this reporting, each Participating Local Government within a Region or Multicounty Region shall provide information necessary to meet these reporting obligations to a delegate(s) selected by the Region or Multicounty Region to provide its annual report to the State. Any Participating Local Government shall also comply with any reporting requirements imposed by any Settlement.

- 6. No later than September 30 of each year, the State shall publish on its website a report detailing for the preceding fiscal year (1) the amount of the State Share received, (2) the allocation of any awards approved (listing the recipient, the amount awarded, the program to be funded, and disbursement terms), and (3) the amounts disbursed on approved allocations. In addition, the State shall publish on its website the reports described in F(5) above. The State shall also comply with any reporting requirements imposed by any Settlement.
- 7. If it appears to the State, a Region, or a Multicounty Region that the State or another Region or Multicounty Region is using or has used Settlement funds for non-Approved Purposes, the State, Region, or Multicounty Region may on written request seek and obtain the documentation underlying the report(s) described in F(5) or F(6), as applicable, including documentation described in F(4). The State, Region, or Multicounty Region receiving such request shall have 14 days to provide the requested information. The requesting party and the State, Region, or Multicounty Region receiving such request may extend the time period for compliance with the request only upon mutual agreement.
- 8. Following a request made pursuant to F(7) and when it appears that LG Share funds are being or have been spent on non-Approved Purposes, the State may seek and obtain in an action in a court of competent jurisdiction in Maricopa County, Arizona an injunction prohibiting the Region or Multicounty Region from spending LG Share funds on non-Approved Purposes and requiring the Region or Multicounty Region to return the monies that it spent on non-Approved Purposes after notice as is required by the rules of civil procedure. So long as the action is pending, distribution of LG Share funds to the Region or Multicounty Region temporarily will be suspended. Once the action is resolved, the suspended payments will resume, less any amounts that were ordered returned but have not been returned by the time the action is resolved.
- 9. Following a request made pursuant to F(7) and when it appears to at least eight Participating Counties that have signed on to this Agreement and a subsequent Settlement that the State Share funds are being or have been spent on non-Approved Purposes, the Participating Counties may seek and obtain in an action in a superior court of Maricopa County, Arizona an injunction prohibiting the State from spending State Share funds on non-Approved Purposes and requiring the State to return the monies it spent on non-Approved Purposes after notice as is required by the rules of civil procedure. So long as the action is pending, distribution of State Share funds to the State temporarily will be suspended. Once the action is resolved, the suspended payments will resume, less any monies that were ordered returned but have not been returned by the time the action is resolved.

10. In an action brought pursuant to F(8) or F(9), attorney's fees and costs shall not be recoverable.

G. Settlement Negotiations

- 1. The State and the Participating Local Governments agree to inform each other in advance of any negotiations relating to an Arizona-only settlement with a Pharmaceutical Supply Chain Participant that includes both the State and the Participating Local Governments and shall provide each other the opportunity to participate in all such negotiations.
- 2. The State and the Participating Local Governments further agree to keep each other reasonably informed of all other global settlement negotiations with Pharmaceutical Supply Chain Participants. Neither this provision, nor any other, shall be construed to state or imply that either the State or the Participating Local Governments (collectively, the "Arizona Parties") are unauthorized to engage in settlement negotiations with Pharmaceutical Supply Chain Participants without prior consent or contemporaneous participation of the other, or that either party is entitled to participate as an active or direct participant in settlement negotiations with the other. Rather, while the State's and the Participating Local Government's efforts to achieve worthwhile settlements are to be collaborative, incremental stages need not be so.
- 3. The State or any Participating Local Government may withdraw from coordinated Settlement discussions detailed in this Section upon 10 business days' written notice to the other Arizona Parties and counsel for any affected Pharmaceutical Supply Chain Participant. The withdrawal of any Arizona Party releases the remaining Arizona Parties from the restrictions and obligations in this Section.
- 4. The obligations in this Section shall not affect any Party's right to proceed with trial or, within 30 days of the date upon which a trial involving that Party's claims against a specific Pharmaceutical Supply Chain Participant is scheduled to begin, reach a case-specific resolution with that particular Pharmaceutical Supply Chain Participant.

H. Amendments

1. The Parties agree to make such amendments as necessary to implement the intent of this Agreement.

One Arizona Distribution of Opioid Settlement Funds Agreement ACCEPTED by the undersigned and executed this _______, 2022.

ARIZONA ATTORNEY GENERAL

Mark Brnovich

Exhibit A

OPIOID ABATEMENT STRATEGIES

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, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
- 2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to:
 - a. Medication-Assisted Treatment (MAT);
 - b. Abstinence-based treatment;
 - c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;
 - d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions, co-usage, and/or co-addiction; or
 - e. Evidence-informed residential services programs, as noted below.
- 3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, 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, evidence-informed, or promising practices such as adequate methadone dosing.
- 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, co-usage, and/or co-addiction and for persons who have experienced an opioid overdose.
- 6. Support treatment of mental health trauma resulting from the traumatic experiences of the opioid user (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.

- 7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including medical detox, referral to treatment, or connections to other services or supports.
- 8. Support training on MAT for health care providers, 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, co-usage, and/or co-addiction.
- 10. Provide fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
- 11. 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.
- 12. Support the dissemination of 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.
- 13. Support the development and dissemination of 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 treatment for and recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
- 2. 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, co-usage, and/or co-addiction.

- 3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.
- 4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 5. 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, co-usage, and/or co-addiction.
- 6. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 7. 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.
- 8. 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 manage the opioid user in the family.
- 9. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
- 10. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

C. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED</u> (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, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 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. Support Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
- 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. Support training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
- 6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.
- 7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or persons that have experienced an opioid overdose.
- 8. 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.
- 9. 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, co-usage, and/or co-addiction or to persons who have experienced an opioid overdose.
- 10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced on opioid overdose.
- 11. 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.
- 12. Develop and support best practices on addressing OUD in the workplace.
- 13. Support assistance programs for health care providers with OUD.
- 14. Engage non-profits and the faith community as a system to support outreach for treatment.
- 15. 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, co-usage, and/or co-addiction.
- 16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.

17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

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

- 1. Support pre-arrest or post-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. "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;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative;
 - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses; or
 - g. County prosecution diversion programs, including diversion officer salary, only for counties with a population of 50,000 or less. Any diversion services in matters involving opioids must include drug testing, monitoring, or treatment.
- 2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to evidence-informed treatment, including MAT, and related services.
- 3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, but only if these courts provide referrals to evidence-informed treatment, including MAT.

- 4. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are incarcerated in jail or prison.
- 5. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are leaving jail or prison 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, co-usage, and/or co-addiction to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, 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, co-usage, and/or co-addiction, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 1. Support evidence-based, evidence-informed, or promising 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, co-usage, and/or co-addiction, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
- 2. Provide training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 3. 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 Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
- 4. 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.

- 5. Offer enhanced family supports and home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to parent skills training.
- 6. 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, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
- 2. Academic counter-detailing to educate prescribers on appropriate opioid prescribing.
- 3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
- 4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
- 5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs or by improving the interface that prescribers use to access PDMP data, or both; or
 - c. 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.
- 6. Development and implementation of a national PDMP Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
 - a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.

- b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database.
- 7. Increase electronic prescribing to prevent diversion or forgery.
- 8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

- 1. Corrective advertising or affirmative public education campaigns based on evidence.
- 2. Public education relating to drug disposal.
- 3. Drug take-back disposal or destruction programs.
- 4. Fund community anti-drug coalitions that engage in drug prevention efforts.
- 5. Support 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).
- 6. Engage non-profits and faith-based communities as systems to support prevention.
- 7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
- 8. 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.
- 9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 10. 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.
- 11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to

address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS

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

- 1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.
- 2. Provision by public health entities of free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.
- 3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
- 4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
- 5. Expand, improve, or develop 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. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
- 9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
- 10. Support mobile units that offer or provide referrals to 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, co-usage, and/or co-addiction.
- 11. Provide training in treatment and recovery 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, co-usage, and/or co-addiction.
- 12. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. <u>FIRST RESPONDERS</u>

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

- 1. Current and future law enforcement expenditures relating to the opioid epidemic.
- 2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

J. <u>LEADERSHIP, PLANNING AND COORDINATION</u>

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

- 1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- 2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative 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, co-usage, and/or co-addiction, 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 in various items above, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

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. Invest in 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, co-usage, and/or co-addiction, 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. <u>RESEARC</u>H

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

- 1. Monitoring, surveillance, 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 innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
- 5. 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).
- 6. Research on expanded modalities such as prescription methadone that can expand access to MAT.

Exhibit B

Exhibit B				
Allocation to Arizona Counties/Regions				
County/Region	Percentage of LG Share			
APACHE	0.690%			
COCHISE	1.855%			
COCONINO	1.688%			
GILA	1.142%			
GRAHAM	0.719%			
GREENLEE	0.090%			
LA PAZ	0.301%			
MARICOPA	57.930%			
MOHAVE	4.898%			
NAVAJO	1.535%			
PIMA	18.647%			
PINAL	3.836%			
SANTA CRUZ	0.370%			
YAVAPAI	4.291%			
YUMA	2.008%			

Exhibit C

			Exhibit C		
Government Name	County Name	State Name	Government Type	Census ID	Intra-county Allocation (%) Based on Past Spending
		APA	CHE COUNTY		
APACHE COUNTY	Apache County	ARIZONA	County	3100100100000	56.63%
EAGAR TOWN	Apache County	ARIZONA	City	3200100100000	20.66%
SPRINGERVILLE TOWN	Apache County	ARIZONA	City	3200100300000	10.73%
ST JOHNS CITY	Apache County	ARIZONA	City	3200100200000	11.98%
		COC	CHISE COUNTY		
COCHISE COUNTY	Cochise County	ARIZONA	County	3100200200000	63.47%
BENSON CITY	Cochise County	ARIZONA	City	3200200100000	3.52%
BISBEE CITY	Cochise County	ARIZONA	City	3200200200000	3.47%
DOUGLAS CITY	Cochise County	ARIZONA	City	3200200300000	8.44%
HUACHUCA CITY TOWN	Cochise County	ARIZONA	City	3200250100000	0.91%
SIERRA VISTA CITY	Cochise County	ARIZONA	City	3200200400000	16.63%
TOMBSTONE CITY	Cochise County	ARIZONA	City	3200200500000	1.16%
WILLCOX CITY	Cochise County	ARIZONA	City	3200200600000	2.39%
		COCC	ONINO COUNTY		
COCONINO COUNTY	Coconino County	ARIZONA	County	3100300300000	71.16%
FLAGSTAFF CITY	Coconino County	ARIZONA	City	3200300100000	18.45%
FREDONIA TOWN	Coconino County	ARIZONA	City	3200300300000	0.31%
PAGE CITY	Coconino County	ARIZONA	City	3200390100000	3.41%
SEDONA CITY	Coconino County	ARIZONA	City	3201340200000	4.09%
TUSAYAN TOWN	Coconino County	ARIZONA	City	3200310100000	0.67%
WILLIAMS CITY	Coconino County	ARIZONA	City	3200300200000	1.92%
		GI	LA COUNTY		
GILA COUNTY	Gila County	ARIZONA	County	3100400400000	68.13%
GLOBE CITY	Gila County	ARIZONA	City	3200400100000	10.23%

HAYDEN TOWN	Gila County	ARIZONA	City	3200450100000	2.31%
MIAMI TOWN	Gila County	ARIZONA	City	3200400200000	2.71%
PAYSON TOWN	Gila County	ARIZONA	City	3200490100000	16.17%
STAR VALLEY TOWN	Gila County	ARIZONA	City	3200410100000	0.35%
WINKELMAN TOWN	Gila County	ARIZONA	City	3200400300000	0.10%
		GRA	AHAM COUNTY		
GRAHAM COUNTY	Graham County	ARIZONA	County	3100500500000	62.26%
PIMA TOWN	Graham County	ARIZONA	City	3200500100000	2.22%
SAFFORD CITY	Graham County	ARIZONA	City	3200500200000	26.83%
THATCHER TOWN	Graham County	ARIZONA	City	3200500300000	8.68%
		GRE	ENLEE COUNTY		
GREENLEE COUNTY	Greenlee County	ARIZONA	County	3100600600000	88.29%
CLIFTON TOWN	Greenlee County	ARIZONA	City	3200600100000	11.43%
DUNCAN TOWN	Greenlee County	ARIZONA	City	3200600200000	0.28%
LA PAZ COUNTY					
LA PAZ COUNTY	La Paz County	ARIZONA	County	3101501500000	88.71%
PARKER TOWN	La Paz County	ARIZONA	City	3201560100000	5.19%
QUARTZSITE TOWN	La Paz County	ARIZONA	City	3201540100000	6.11%
			ICOPA COUNTY		
MARICOPA COUNTY	Maricopa County	ARIZONA	County	3100700700000	51.53%
APACHE JUNCTION CITY	Maricopa County	ARIZONA	City	3201160100000	0.38%
AVONDALE CITY	Maricopa County	ARIZONA	City	3200700100000	0.98%
BUCKEYE TOWN	Maricopa County	ARIZONA	City	3200700200000	0.46%
CAREFREE TOWN	Maricopa County	ARIZONA	City	3200740100000	0.04%
CAVE CREEK TOWN	Maricopa County	ARIZONA	City	3200740200000	0.06%
CHANDLER CITY	Maricopa County	ARIZONA	City	3200700300000	2.86%
EL MIRAGE CITY	Maricopa County	ARIZONA	City	3200700400000	0.39%
FOUNTAIN HILLS TOWN	Maricopa County	ARIZONA	City	3200740400000	0.17%
GILA BEND TOWN	Maricopa County	ARIZONA	City	3200770100000	0.03%

GILBERT TOWN	Maricopa County	ARIZONA	City	3200700500000	1.71%
GLENDALE CITY	Maricopa County	ARIZONA	City	3200700600000	2.63%
GOODYEAR CITY	Maricopa County	ARIZONA	City	3200700700000	0.76%
GUADALUPE TOWN	Maricopa County	ARIZONA	City	3200790100000	0.00%
LITCHFIELD PARK CITY	Maricopa County	ARIZONA	City	3200740300000	0.04%
MESA CITY	Maricopa County	ARIZONA	City	3200700800000	6.06%
PARADISE VALLEY TOWN	Maricopa County	ARIZONA	City	3200750100000	0.34%
PEORIA CITY	Maricopa County	ARIZONA	City	3200700900000	1.51%
PHOENIX CITY	Maricopa County	ARIZONA	City	3200701000000	21.28%
QUEEN CREEK TOWN	Maricopa County	ARIZONA	City	3200740500000	0.11%
SCOTTSDALE CITY	Maricopa County	ARIZONA	City	3200701100000	3.99%
SURPRISE CITY	Maricopa County	ARIZONA	City	3200750200000	0.98%
TEMPE CITY	Maricopa County	ARIZONA	City	3200701200000	3.27%
TOLLESON CITY	Maricopa County	ARIZONA	City	3200701300000	0.27%
WICKENBURG TOWN	Maricopa County	ARIZONA	City	3200701400000	0.10%
YOUNGTOWN TOWN	Maricopa County	ARIZONA	City	3200750300000	0.05%
		MOI	HAVE COUNTY		
MOHAVE COUNTY	Mohave County	ARIZONA	County	3100800800000	62.51%
BULLHEAD CITY CITY	Mohave County	ARIZONA	City	3200840100000	13.10%
COLORADO CITY TOWN	Mohave County	ARIZONA	City	3200840200000	0.61%
KINGMAN CITY	Mohave County	ARIZONA	City	3200800100000	9.91%
LAKE HAVASU CITY CITY	Mohave County	ARIZONA	City	3200860100000	13.87%
		NAV	VAJO COUNTY		
NAVAJO COUNTY	Navajo County	ARIZONA	County	3100900900000	70.29%
HOLBROOK CITY	Navajo County	ARIZONA	City	3200900100000	3.75%
PINETOP-LAKESIDE TOWN	Navajo County	ARIZONA	City	3200940100000	4.75%
SHOW LOW CITY	Navajo County	ARIZONA	City	3200900200000	9.39%
SNOWFLAKE TOWN	Navajo County	ARIZONA	City	3200900300000	2.94%
TAYLOR TOWN	Navajo County	ARIZONA	City	3200980100000	2.68%

WINSLOW CITY	Navajo County	ARIZONA	City	3200900400000	6.19%
	PIMA COUNTY				
PIMA COUNTY	Pima County	ARIZONA	County	3101001000000	72.19%
MARANA TOWN	Pima County	ARIZONA	City	3201090200000	2.06%
ORO VALLEY TOWN	Pima County	ARIZONA	City	3201090100000	1.72%
SAHUARITA TOWN	Pima County	ARIZONA	City	3201020100000	0.81%
SOUTH TUCSON CITY	Pima County	ARIZONA	City	3201000100000	0.31%
TUCSON CITY	Pima County	ARIZONA	City	3201000200000	22.91%
		PI	NAL COUNTY		
PINAL COUNTY	Pinal County	ARIZONA	County	3101101100000	53.01%
CASA GRANDE CITY	Pinal County	ARIZONA	City	3201100100000	5.54%
COOLIDGE CITY	Pinal County	ARIZONA	City	3201100200000	1.68%
ELOY CITY	Pinal County	ARIZONA	City	3201100300000	34.98%
FLORENCE TOWN	Pinal County	ARIZONA	City	3201100400000	1.19%
KEARNY TOWN	Pinal County	ARIZONA	City	3201150100000	0.28%
MAMMOTH TOWN	Pinal County	ARIZONA	City	3201150200000	0.16%
MARICOPA CITY	Pinal County	ARIZONA	City	3201110100000	2.73%
SUPERIOR TOWN	Pinal County	ARIZONA	City	3201190100000	0.44%
		SANT	A CRUZ COUNTY		
SANTA CRUZ COUNTY	Santa Cruz County	ARIZONA	County	3101201200000	76.78%
NOGALES CITY	Santa Cruz County	ARIZONA	City	3201200100000	22.55%
PATAGONIA TOWN	Santa Cruz County	ARIZONA	City	3201200200000	0.67%
YAVAPAI COUNTY					
YAVAPAI COUNTY	Yavapai County	ARIZONA	County	3101301300000	69.31%
CAMP VERDE TOWN	Yavapai County	ARIZONA	City	3201340100000	0.97%
CHINO VALLEY TOWN	Yavapai County	ARIZONA	City	3201380100000	0.68%
CLARKDALE TOWN	Yavapai County	ARIZONA	City	3201350100000	0.72%
COTTONWOOD CITY	Yavapai County	ARIZONA	City	3201350200000	4.89%

DEWEY-HUMBOLDT TOWN	Yavapai County	ARIZONA	City	3201310100000	1.54%
JEROME TOWN	Yavapai County	ARIZONA	City	3201300100000	0.03%
PRESCOTT CITY	Yavapai County	ARIZONA	City	3201300200000	13.79%
PRESCOTT VALLEY TOWN	Yavapai County	ARIZONA	City	3201360100000	8.09%
		YUI	MA COUNTY		
YUMA COUNTY	Yuma County	ARIZONA	County	3101401400000	66.03%
SAN LUIS CITY	Yuma County	ARIZONA	City	3201460100000	4.80%
SOMERTON CITY	Yuma County	ARIZONA	City	3201400200000	2.24%
WELLTON TOWN	Yuma County	ARIZONA	City	3201480100000	0.61%
YUMA CITY	Yuma County	ARIZONA	City	3201400300000	26.32%

Exhibit D

Exhibit D	
Percent Participation of Cities	Award
0	0%
5	2%
10	4%
15	6%
20	8%
25	10%
30	12%
35	14%
40	16%
45	18%
50	20%
55	22%
60	24%
65	26%
70	28%
75	30%
80	32%
85	34%
90	36%
95	38%
100	40%

ONE ARIZONA DISTRIBUTION OF OPIOID SETTLEMENT FUNDS AGREEMENT

General Principles

- The people of the State of Arizona and Arizona communities have been harmed by the opioid epidemic, which was caused by entities within the Pharmaceutical Supply Chain.
- The State of Arizona, *ex rel*. Mark Brnovich, Attorney General (the "State"), and certain Participating Local Governments are separately engaged in litigation seeking to hold the Pharmaceutical Supply Chain Participants accountable for the damage they caused.
- The State and the Participating Local Governments share a common desire to abate and alleviate the impacts of the Pharmaceutical Supply Chain Participants' misconduct throughout the State of Arizona.
- The State and the Participating Local Governments previously entered into the One Arizona Opioid Settlement Memorandum of Understanding for the purpose of jointly approaching Settlement negotiations with the Pharmaceutical Supply Chain Participants.
- The State and the Participating Local Governments now enter into this One Arizona Distribution of Opioid Settlement Funds Agreement ("Agreement") to establish binding terms for the distribution and spending of funds from Settlements with the Pharmaceutical Supply Chain Participants.

A. Definitions

As used in this Agreement:

- 1. "Approved Purpose(s)" shall mean those uses identified in the agreed Opioid Abatement Strategies attached as Exhibit A.
- 2. "Contingency Fee Fund" shall mean a sub fund established in a Settlement for the purpose of paying contingency fees, such as the Attorney Fee Fund described in Section I.V of the Settlement with the Settling Distributors and the sub fund of the Attorney Fee Fund described in Section II.D of the Settlement with J&J.¹
- 3. "J&J" shall mean Johnson & Johnson, Janssen Pharmaceuticals, Inc., OrthoMcNeil-Janssen Pharmaceuticals, Inc., and Janssen Pharmaceutica, Inc.
- 4. "Litigation" means existing or potential legal claims against Pharmaceutical Supply Chain Participants seeking to hold them accountable for the damage caused by their misfeasance, nonfeasance, and malfeasance relating to the unlawful manufacture, marketing, promotion, distribution, or dispensing of prescription opioids.

¹ Text of both settlements available at https://nationalopioidsettlement.com.

- 5. "Opioid Funds" shall mean monetary amounts obtained through a Settlement as defined in this Agreement.
- 6. "Participating Local Government(s)" shall mean all counties, cities, and towns within the geographic boundaries of the State that have chosen to sign on to this Agreement and each applicable Settlement. The Participating Local Governments may be referred to separately in this Agreement as "Participating Counties" and "Participating Cities and Towns" (or "Participating Cities or Towns," as appropriate).
- 7. "Parties" shall mean the State and the Participating Local Governments.
- 8. "Pharmaceutical Supply Chain" shall mean the process and channels through which licit opioids are manufactured, marketed, promoted, distributed, or dispensed.
- 9. "Pharmaceutical Supply Chain Participant" shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution, or dispensing of licit opioids.
- 10. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State and the Participating Local Government and approved as final by a court of competent jurisdiction.
- 11. "Settling Distributors" shall mean McKesson Corporation, Cardinal Health, Inc., and AmerisourceBergen Corporation.
- 12. "Trustee" shall mean either (1) an independent trustee who shall be responsible for the ministerial task of releasing the Opioid Funds that are in trust as authorized herein and accounting for all payments into or out of the trust, or (2) a settlement fund administrator, in the event that the Settlement includes a fund administrator. In either case, the Trustee will distribute funds in accordance with this Agreement.

B. Intrastate Regions

- 1. The State of Arizona will be divided into regions, each of which will be referred to as a "Region" and will consist of: (1) a single Participating County and all of its Participating Cities and Towns; or (2) all of the Participating Cities and Towns within a non-Participating County. If there is only one Participating City or Town within a non-Participating County, that single Participating City or Town will still constitute a Region. Two or more Regions may at their discretion form a group ("Multicounty Region"). Regions that do not choose to form a Multicounty Region will be their own Region. Participating Cities and Towns within a non-Participating County may not form a Region with Participating Cities and Towns in another county.
- 2. The LG Share funds described in Section C(1) will be distributed to each Region according to the percentages set forth in Exhibit B. The Regional allocation model uses three equally weighted factors: (1) the amount of opioids shipped to the Region; (2) the number of opioid deaths that occurred in that Region; and (3) the number of people who suffer opioid use disorder in that Region. In the event any county does not participate in this Agreement, that

- county's percentage share shall be reallocated proportionally amongst the Participating Counties by applying this same methodology to only the Participating Counties.
- 3. In single-county Regions, that county's health department will serve as the lead agency responsible for distributing the LG Share funds. That health department, acting as the lead agency, shall consult with the cities and towns in the county regarding distribution of the LG Share funds.
- 4. For each Multicounty Region, an advisory council shall be formed from the Participating Local Governments in the Multicounty Region to distribute the collective LG Share funds. Each advisory council shall include at least three Participating Local Government representatives, not all of whom may reside in the same county. Each advisory council shall consult with the Participating Local Governments in the Multicounty Region regarding distribution of the collective LG Share funds.
- 5. For each Region consisting of the Participating Cities and Towns within a non-Participating County, an advisory council shall be formed from the Participating Cities and Towns in the Region to distribute the LG Share funds. Each advisory council shall include at least three representatives from the Participating Cities and Towns in the Region, or a representative from each Participating City and Town if the Region consists of fewer than three Participating Cities and Towns. In no event may more than one individual represent the same city or town. To the extent any Participating Cities or Towns in the Region are not represented on the advisory council, the advisory council shall consult with the non-represented Participating Cities and Towns regarding distribution of the collective LG Share funds.

C. Allocation of Settlement Proceeds

- 1. All Opioid Funds shall be divided with 44% to the State ("State Share") and 56% to the Participating Local Governments ("LG Share").²
- 2. All Opioid Funds, except those allocated to payment of counsel and litigation expenses as set forth in Section E, shall be utilized in a manner consistent with the Approved Purposes definition. Compliance with this requirement shall be verified through reporting, as set out in Section F.
- 3. Each LG Share will be distributed to each Region or Multicounty Region as set forth in Section B(2). Participating Counties and their constituent Participating Cities and Towns may distribute the funds allocated to the Region or Multicounty Region amongst themselves in any manner they choose. If a county and its cities and towns cannot agree on how to allocate the funds, the default allocation in Exhibit C will apply. The default allocation formula uses historical federal data showing how each county and the cities and towns within it have made opioids-related expenditures in the past. If a county or any cities or towns within a Region or Multicounty Region do not sign on to this Agreement and each

² This Agreement assumes that any opioid settlement for Native American Tribes and Third-Party Payors, including municipal insurance pools, will be dealt with separately.

Settlement, and if the Participating Local Governments in the Region or Multicounty Region cannot agree on how to allocate the funds from that Settlement amongst themselves, the funds shall be reallocated proportionally by applying this same methodology to only the Participating Local Governments in the Region or Multicounty Region.

- 4. If the LG Share for a given Participating Local Government is less than \$500, then that amount will instead be distributed to the Region or Multicounty Region in which the Participating Local Government is located to allow practical application of the abatement remedy. If the county did not sign on to the Settlement as defined herein, the funds will be reallocated to the State Share.
- 5. The State Share shall be paid by check or wire transfer directly to the State through the Trustee, who shall hold the funds in trust, or as otherwise required by a Settlement for the benefit of the State, to be timely distributed as set forth in C(1) herein. The LG Share shall be paid by check or wire transfer directly to the Regions or Multicounty Regions through the Trustee, who shall hold the funds in trust, or as otherwise required by a Settlement for the benefit of the Participating Local Governments, to be timely distributed as set forth in B(2), C(1), C(3), and C(4) herein.
- 6. The State Share shall be used only for (1) Approved Purposes within the State or (2) grants to organizations for Approved Purposes within the State.
- 7. The LG Share shall be used only for (1) Approved Purposes by Participating Local Governments within a Region or Multicounty Region or (2) grants to organizations for Approved Purposes within a Region or Multicounty Region.
- 8. The State will endeavor to prioritize up to 30% of the State Share for opioid education and advertising related to awareness, addiction, or treatment; Department of Corrections and related prison and jail opioid uses; and opioid interdiction and abatement on Arizona's southern border, including grants to assist with the building, remodeling and/or operation of centers for treatment, drug testing, medication-assisted treatment services, probation, job training, and/or counseling services, among other programs.
- 9. If the federal Center for Medicare and Medicaid Services ("CMS") disallows any federal funding for the State's Medicaid programs pursuant to 42 U.S.C. § 1396b as a consequence of sums received pursuant to resolution of any Litigation with Pharmaceutical Supply Chain Participants, or otherwise seeks to recover sums it regards as the federal share of any Settlement, the amount recovered by CMS shall first be paid from the total amount of Opioid Funds available to the Parties under that Settlement and the distribution to the State and Participating Local Governments shall thereafter be made from the remaining funds.
- 10. The Parties acknowledge and agree that any Settlement may require Participating Local Governments to release all their claims against the settling Pharmaceutical Supply Chain Participants to receive Opioid Funds. The Parties further acknowledge and agree based on the terms of any such national Settlement, a Participating Local Government will not receive funds through this Agreement until it has complied with all requirements set forth

in that national Settlement to release its claims. This Agreement is not a promise by any Party that any Settlement (including any Settlement resolved through bankruptcy) will be finalized or executed.

D. Participation of Cities and Towns

- 1. By signing on to the Agreement and any Settlement, a Participating County will receive 60% of its available LG Share for that Settlement when distribution under that Settlement occurs. Any such Participating County will receive up to an additional 40% of its available LG Share for that Settlement by securing the participation of its constituent cities and towns as signatories to this Agreement and that Settlement when distribution under that Settlement occurs. The sliding scale attached as Exhibit D will determine the share of funds available to the Participating County.³
- 2. If a Participating County does not achieve 100% participation of its cities and towns within the period of time required in a Settlement document for subdivision participation, the remaining portions of the LG Share that were otherwise available to the Participating County will be reallocated to (i) the State Share and (ii) the LG Share for the Participating Counties which have achieved 100% participation of their cities and towns in accordance with the percentages described in Sections B(2), C(1), and C(3), and set forth in Exhibits B and C.

E. Payment of Counsel and Litigation Expenses

- 1. The Parties anticipate that any Settlement will provide for the payment of all or a portion of the fees and litigation expenses of certain state and local governments.
- 2. If the court in *In Re: National Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio) or if a Settlement establishes a common benefit fund or similar device to compensate attorneys for services rendered and expenses incurred that have benefited plaintiffs generally in the litigation (the "Common Benefit Fund"), and requires certain governmental plaintiffs to pay a share of their recoveries from defendants into the Common Benefit Fund as a "tax," then the Participating Local Governments shall first seek to have the settling defendants pay the "tax." If the settling defendants do not agree to pay the "tax," then the "tax" shall be paid from the LG Share prior to allocation and distribution of funds to the Participating Local Governments.⁴

³ Population allocation of cities and towns within counties will be derived from the population data included in any national Settlement. If such data is not included in the respective national Settlement, then population allocation will be determined from those cities and towns listed in Exhibit C. The data in Exhibit C is derived from the U.S. Census Estimate (July 1, 2019).

⁴ This paragraph shall not apply to the Settlement with the Settling Distributors or the Settlement with J&J.

- 3. Any governmental entity that seeks attorneys' fees and expenses from the Litigation shall seek those fees and expenses first from the national Settlement.⁵ In addition, the Parties agree that the Participating Local Governments will create a supplemental attorney's fees and costs fund (the "Backstop Fund").
- 4. In the event that any Settlement imposes additional limitations or obligations on the payment of counsel and litigation expenses, those limitations and obligations take precedence over this Agreement.
- 5. The Backstop Fund is to be used to compensate counsel for Participating Local Governments that filed opioid lawsuits by September 1, 2020 ("Litigating Participating Local Governments"). Payments out of the Backstop Fund shall be determined by a committee consisting of one representative from each of the Litigating Participating Local Governments (the "Opioid Fee and Expense Committee").
- 6. The amount of the Backstop Fund shall be determined as follows: From any national Settlement, the funds in the Backstop Fund shall equal 14.25% of the LG Share for that Settlement. No portion of the State Share shall be used for the Backstop Fund or in any other way to fund any Participating Local Government's attorney's fees and costs. If required to do so by any Settlement, Participating Local Governments must report to the national Settlement Fund Administrator regarding contributions to, or payments from, the Backstop Fund.
- 7. The maximum percentage of any contingency fee agreement permitted for compensation shall be 25% of the portion of the LG Share attributable to the Litigating Participating Local Government that is a party to the contingency fee agreement, plus expenses attributable to that Litigating Participating Local Government, unless a Settlement or other court order imposes a lower limitation on contingency fees. Under no circumstances may counsel collect more for its work on behalf of a Litigating Participating Local Government than it would under its contingency agreement with that Litigating Participating Local Government.
- 8. Payments to counsel for Participating Local Governments shall be made from the Backstop Fund in the same percentages and over the same period of time as the national Contingency Fee Fund for each settlement. The Attorneys' Fees and Costs schedule for the Settling Distributors is listed in Exhibit R §(II)(S)(1) of the Settlement with the Settling

⁵ The State retained outside counsel in the Purdue litigation and if it is unable to secure payment of attorneys' fees and expenses from the bankruptcy proceedings in an amount sufficient to compensate outside counsel consistent with the terms of the State's contract with that outside counsel, any remaining attorneys' fees and expenses related to the representation of the State will first be paid directly from the total amount of Opioid Funds available to the Parties under that Settlement, up to the agreed amount in the outside counsel contract, and the distribution to the State and Participating Local Governments shall thereafter be made from the remaining funds.

Distributors.⁶ The Attorneys' Fees and Costs schedule for J&J is listed in Exhibit R §(II)(A)(1) of the Settlement with J&J.⁷ For future Settlements with other defendants in the Pharmaceutical Supply Chain, any necessary payments to counsel for Participating Local Governments shall be made from the Backstop Fund in the same percentages and over the same periods of time as the fee funds for those Settlements, if applicable, subject to the limitations set forth in this Agreement set form in paragraph E(7) above.

9. Any funds remaining in the Backstop Fund in excess of the amounts needed to cover private counsel's representation agreements shall revert to the Participating Local Governments according to the percentages set forth in Exhibits B and C, to be used for Approved Purposes as set forth herein and in Exhibit A.

F. Compliance Reporting and Accountability

- 1. If the State and Participating Local Governments use a Trustee for purposes of distributing funds pursuant to any Settlement, the Trustee shall be requested to provide timely an upto-date accounting of payments into or out of any trust established to hold such funds and/or its subaccounts upon written request of the State or a Participating Local Government.
- 2. The State, Regions, and Participating Local Governments may object to an allocation or expenditure of Opioid Funds solely on the basis that the allocation or expenditure at issue (1) is inconsistent with provision C(1) hereof with respect to the amount of the State Share or LG Share; (2) is inconsistent with an agreed-upon allocation, or the default allocations in Exhibits B and C, as contemplated by Section C(3); or (3) violates the limitations set forth in F(3) with respect to compensation of the Trustee. The objector shall have the right to bring that objection within two years of the date of its discovery to a superior court in Maricopa County, Arizona.
- 3. In the event that the State and Participating Local Governments use a Trustee, compensation for Trustee's expenses of fund administration may be paid out of the Opioid Funds for reasonable expenses; provided that, reasonable expenses do not exceed the administrative expenses allowed under the terms of the relevant Settlement.
- 4. The Parties shall maintain, for a period of at least five years, records of abatement expenditures and documents underlying those expenditures, so that it can be verified that funds are being or have been utilized in a manner consistent with the Approved Purposes definition. This requirement supersedes any shorter period of time specified in any applicable document retention or destruction policy.
- 5. At least annually, by July 31 of each year, each Region or Multicounty Region shall provide to the State a report detailing for the preceding fiscal year (1) the amount of the LG Share received by each Participating Local Government within the Region or Multicounty Region, (2) the allocation of any awards approved (listing the recipient, the amount awarded, the program to be funded, and disbursement terms), and (3) the amounts

⁶ Text of settlement available at https://nationalopioidsettlement.com.

⁷ Text of settlement available at https://nationalopioidsettlement.com.

disbursed on approved allocations. In order to facilitate this reporting, each Participating Local Government within a Region or Multicounty Region shall provide information necessary to meet these reporting obligations to a delegate(s) selected by the Region or Multicounty Region to provide its annual report to the State. Any Participating Local Government shall also comply with any reporting requirements imposed by any Settlement.

- 6. No later than September 30 of each year, the State shall publish on its website a report detailing for the preceding fiscal year (1) the amount of the State Share received, (2) the allocation of any awards approved (listing the recipient, the amount awarded, the program to be funded, and disbursement terms), and (3) the amounts disbursed on approved allocations. In addition, the State shall publish on its website the reports described in F(5) above. The State shall also comply with any reporting requirements imposed by any Settlement.
- 7. If it appears to the State, a Region, or a Multicounty Region that the State or another Region or Multicounty Region is using or has used Settlement funds for non-Approved Purposes, the State, Region, or Multicounty Region may on written request seek and obtain the documentation underlying the report(s) described in F(5) or F(6), as applicable, including documentation described in F(4). The State, Region, or Multicounty Region receiving such request shall have 14 days to provide the requested information. The requesting party and the State, Region, or Multicounty Region receiving such request may extend the time period for compliance with the request only upon mutual agreement.
- 8. Following a request made pursuant to F(7) and when it appears that LG Share funds are being or have been spent on non-Approved Purposes, the State may seek and obtain in an action in a court of competent jurisdiction in Maricopa County, Arizona an injunction prohibiting the Region or Multicounty Region from spending LG Share funds on non-Approved Purposes and requiring the Region or Multicounty Region to return the monies that it spent on non-Approved Purposes after notice as is required by the rules of civil procedure. So long as the action is pending, distribution of LG Share funds to the Region or Multicounty Region temporarily will be suspended. Once the action is resolved, the suspended payments will resume, less any amounts that were ordered returned but have not been returned by the time the action is resolved.
- 9. Following a request made pursuant to F(7) and when it appears to at least eight Participating Counties that have signed on to this Agreement and a subsequent Settlement that the State Share funds are being or have been spent on non-Approved Purposes, the Participating Counties may seek and obtain in an action in a superior court of Maricopa County, Arizona an injunction prohibiting the State from spending State Share funds on non-Approved Purposes and requiring the State to return the monies it spent on non-Approved Purposes after notice as is required by the rules of civil procedure. So long as the action is pending, distribution of State Share funds to the State temporarily will be suspended. Once the action is resolved, the suspended payments will resume, less any monies that were ordered returned but have not been returned by the time the action is resolved.

10. In an action brought pursuant to F(8) or F(9), attorney's fees and costs shall not be recoverable.

G. Settlement Negotiations

- 1. The State and the Participating Local Governments agree to inform each other in advance of any negotiations relating to an Arizona-only settlement with a Pharmaceutical Supply Chain Participant that includes both the State and the Participating Local Governments and shall provide each other the opportunity to participate in all such negotiations.
- 2. The State and the Participating Local Governments further agree to keep each other reasonably informed of all other global settlement negotiations with Pharmaceutical Supply Chain Participants. Neither this provision, nor any other, shall be construed to state or imply that either the State or the Participating Local Governments (collectively, the "Arizona Parties") are unauthorized to engage in settlement negotiations with Pharmaceutical Supply Chain Participants without prior consent or contemporaneous participation of the other, or that either party is entitled to participate as an active or direct participant in settlement negotiations with the other. Rather, while the State's and the Participating Local Government's efforts to achieve worthwhile settlements are to be collaborative, incremental stages need not be so.
- 3. The State or any Participating Local Government may withdraw from coordinated Settlement discussions detailed in this Section upon 10 business days' written notice to the other Arizona Parties and counsel for any affected Pharmaceutical Supply Chain Participant. The withdrawal of any Arizona Party releases the remaining Arizona Parties from the restrictions and obligations in this Section.
- 4. The obligations in this Section shall not affect any Party's right to proceed with trial or, within 30 days of the date upon which a trial involving that Party's claims against a specific Pharmaceutical Supply Chain Participant is scheduled to begin, reach a case-specific resolution with that particular Pharmaceutical Supply Chain Participant.

H. Amendments

 The Parties agree to make such amendant Agreement. 	ments as necessary to implement the intent of this
One Arizona Distribution of Opioid Settlement and executed this day of	Funds Agreement ACCEPTED by the undersigned, 2021.
	ARIZONA ATTORNEY GENERAL
	Mark Brnovich

APACHE COUNTY

APACHE COUNTY	EAGER TOWN
Ву:	By:
Its:	Its:
SPRINGERVILLE TOWN	ST JOHNS CITY
Ву:	By:
Its:	Its:

COCHISE COUNTY

COCHISE COUNTY	BENSON CITY
By:	By:
Its:	Its:
BISBEE CITY	DOUGLAS CITY
Due	D
By:	By:
HUACHUCA CITY TOWN	SIERRA VISTA CITY
By:	Ву:
Its:	Its:
TOMBSTONE CITY	WILLCOX CITY
By:	By:
Its:	Its:

COCONINO COUNTY

COCONINO COUNTY	FLAGSTAFF CITY
By:	
Its:	
FREDONIA TOWN	PAGE CITY
By:	
Its:SEDONA CITY	Its: TUSAYAN TOWN
SEDONA CITT	TUSAYAN TOWN
Ву:	
Its:	Its:
WILLIAMS CITY	
Ву:	
Its:	

GILA COUNTY

GILA COUNTY	GLOBE CITY
Ву:	Ву:
Its:	Its:
HAYDEN CITY	MIAMI TOWN
By:	By:
Its:	Its:
PAYSON TOWN	STAR VALLEY TOWN
By:	By:
Its:	Its:
WINKELMAN TOWN	
Ву:	
Its:	

GRAHAM COUNTY

GRAHAM COUNTY	PIMA TOWN
By:	By:
Its:	Its:
SAFFORD CITY	THATCHER TOWN
By:	Pw.
By:	By: Its:

GREENLEE COUNTY

GREENLEE COUNTY	CLIFTON TOWN	
By:	By:	
Its:	Its:	
DUNCAN TOWN		
Ву:		
Its		

LA PAZ COUNTY

LA PAZ COUNTY	PARKER TOWN
By:	Ву:
Its:	Its:
QUARTZITE TOWN	
Ву:	
Its:	

MARICOPA COUNTY

MARICOPA COUNTY	APACHE JUNCTION CITY
By:	By:
Its:	Its:
AVONDALE CITY	BUCKEYE TOWN
By:	By:
Its:	Its:
CAREFREE TOWN	CAVE CREEK TOWN
By:	By:
Its:CHANDLER CITY	EL MIRAGE CITY
By:	By:
Its:	Its:
FOUNTAIN HILLS TOWN	GILA BEND TOWN
By:	By:
Its:	Ya

MARICOPA COUNTY

GILBERT TOWN	GLENDALE CITY
By:	
Its:	
GOODYEAR CITY	GUADALUPE TOWN
Ву:	
Its:	Its:
LITCHFIELD PARK CITY	MESA CITY
By:	
Its:	Its:
PARADISE VALLEY TOWN	PEORIA CITY
By:	By:
Its:	Its:
PHOENIX CITY	QUEEN CREEK TOWN
By:	By:
Its:	Its:

MARICOPA COUNTY

SCOTTSDALE CITY	SURPRISE CITY
By:	By:
Its:	Its:
TEMPE CITY	TOLLESON CITY
By:	By:
WICKENBURG TOWN	YOUNGTOWN TOWN
By:	Rv.
By:	By:

MOHAVE COUNTY

MOHAVE COUNTY	BULLHEAD CITY
By:	Ву:
Its:	Its:
COLORADO CITY TOWN	KINGMAN CITY
By:	By:
Its:	Its:
LAKE HAVASU CITY	
Ву:	
Its:	

NAVAJO COUNTY

NAVAJO COUNTY	HOLBROOK CITY
By:	
Its:	
PINETOP-LAKESIDE TOWN	SHOW LOW CITY
By:	By:
Its:	Its:
SNOWFLAKE TOWN	TAYLOR TOWN
By:	
Its:	Its:
WINSLOW CITY	
By:	
Its:	

PIMA COUNTY

PIMA COUNTY	MARANA TOWN
By:	By:
ORO VALLEY TOWN	SAHUARITA TOWN
By:	By:
SOUTH TUCSON CITY	TUCSON CITY
By:	By:
Its:	Its:

PINAL COUNTY

PINAL COUNTY	CASA GRANDE CITY
By:	
Its:	Its:
COOLIDGE CITY	ELOY CITY
By:	By:
Its:	Its:
FLORENCE TOWN	KEARNY TOWN
By:	
Its:	Its:
MAMMOTH TOWN	MARICOPA CITY
Ву:	By:
Its:	Its:
SUPERIOR TOWN	
Ву:	
Its:	

SANTA CRUZ COUNTY

SANTA CRUZ COUNTY	NOGALES CITY
By:	Ву:
Its:	Its:
PATAGONIA TOWN	
Ву:	
Its:	

YAVAPAI COUNTY

YAVAPAI COUNTY	CAMP VERDE TOWN
By:	
Its:	
CHINO VALLEY TOWN	CLARKDALE TOWN
By:	
Its:	
COTTONWOOD CITY	DEWEY-HUMBOLDT TOWN
By:	
Its:	Its:
JEROME TOWN	PRESCOTT CITY
Ву:	By:
Its:	Its:
PRESCOTT VALLEY TOWN	
Ву:	
Its:	

YUMA COUNTY

YUMA COUNTY	SAN LUIS CITY
By:	
SOMERTON CITY	WELLTON TOWN
By:	By:
YUMA CITY	Its:
By:	

Exhibit A

OPIOID ABATEMENT STRATEGIES

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, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
- 2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to:
 - a. Medication-Assisted Treatment (MAT);
 - b. Abstinence-based treatment;
 - c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;
 - d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions, co-usage, and/or co-addiction; or
 - e. Evidence-informed residential services programs, as noted below.
- 3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, 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, evidence-informed, or promising practices such as adequate methadone dosing.
- 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, co-usage, and/or co-addiction and for persons who have experienced an opioid overdose.
- 6. Support treatment of mental health trauma resulting from the traumatic experiences of the opioid user (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.

- Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including medical detox, referral to treatment, or connections to other services or supports.
- 8. Support training on MAT for health care providers, 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, co-usage, and/or co-addiction.
- 10. Provide fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
- 11. 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.
- 12. Support the dissemination of 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.
- 13. Support the development and dissemination of 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 treatment for and recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
- 2. 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, co-usage, and/or co-addiction.

- 3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.
- 4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 5. 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, co-usage, and/or co-addiction.
- 6. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 7. 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.
- 8. 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 manage the opioid user in the family.
- 9. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
- 10. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

C. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED</u> (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, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 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. Support Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
- 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. Support training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
- 6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.
- 7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or persons that have experienced an opioid overdose.
- 8. 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.
- 9. 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, co-usage, and/or co-addiction or to persons who have experienced an opioid overdose.
- 10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced on opioid overdose.
- 11. 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.
- 12. Develop and support best practices on addressing OUD in the workplace.
- 13. Support assistance programs for health care providers with OUD.
- 14. Engage non-profits and the faith community as a system to support outreach for treatment.
- 15. 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, co-usage, and/or co-addiction.
- 16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.

17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

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

- 1. Support pre-arrest or post-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. "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;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative;
 - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses; or
 - g. County prosecution diversion programs, including diversion officer salary, only for counties with a population of 50,000 or less. Any diversion services in matters involving opioids must include drug testing, monitoring, or treatment.
- 2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to evidence-informed treatment, including MAT, and related services.
- 3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, but only if these courts provide referrals to evidence-informed treatment, including MAT.

- 4. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are incarcerated in jail or prison.
- 5. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are leaving jail or prison 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, co-usage, and/or co-addiction to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, case management, or other services offered in connection with any of the strategies described in this section.

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

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

- 1. Support evidence-based, evidence-informed, or promising 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, co-usage, and/or co-addiction, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
- 2. Provide training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 3. 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 Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
- 4. 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.

- 5. Offer enhanced family supports and home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to parent skills training.
- 6. 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, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
- 2. Academic counter-detailing to educate prescribers on appropriate opioid prescribing.
- 3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
- 4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
- 5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs or by improving the interface that prescribers use to access PDMP data, or both; or
 - c. 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.
- 6. Development and implementation of a national PDMP Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
 - a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.

- b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database.
- 7. Increase electronic prescribing to prevent diversion or forgery.
- 8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

- 1. Corrective advertising or affirmative public education campaigns based on evidence.
- 2. Public education relating to drug disposal.
- 3. Drug take-back disposal or destruction programs.
- 4. Fund community anti-drug coalitions that engage in drug prevention efforts.
- 5. Support 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).
- 6. Engage non-profits and faith-based communities as systems to support prevention.
- 7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
- 8. 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.
- 9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 10. 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.
- 11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to

address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS

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

- 1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.
- 2. Provision by public health entities of free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.
- 3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
- 4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
- 5. Expand, improve, or develop 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. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
- 9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
- 10. Support mobile units that offer or provide referrals to 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, co-usage, and/or co-addiction.
- 11. Provide training in treatment and recovery 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, co-usage, and/or co-addiction.
- 12. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

- 1. Current and future law enforcement expenditures relating to the opioid epidemic.
- 2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

J. <u>LEADERSHIP, PLANNING AND COORDINATION</u>

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

- 1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- 2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative 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, co-usage, and/or co-addiction, 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 in various items above, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

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. Invest in infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring SUD/MH conditions, co-usage, and/or co-addiction, 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, 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 innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
- 5. 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).
- 6. Research on expanded modalities such as prescription methadone that can expand access to MAT.

Exhibit B

Exhibit B		
Allocation to A	Arizona Counties/Regions	
County/Region	Percentage of LG Share	
APACHE	0.690%	
COCHISE	1.855%	
COCONINO	1.688%	
GILA	1.142%	
GRAHAM	0.719%	
GREENLEE	0.090%	
LA PAZ	0.301%	
MARICOPA	57.930%	
MOHAVE	4.898%	
NAVAJO	1.535%	
PIMA	18.647%	
PINAL	3.836%	
SANTA CRUZ	0.370%	
YAVAPAI	4.291%	
YUMA	2.008%	

Exhibit C

			EXHIBIT		
Government Name	County Name	State Name	Government Type	Census ID	Intra-county Allocation (%) Based on Past Spending
		APA	APACHE COUNTY		
APACHE COUNTY	Apache County	ARIZONA	County	3100100100000	56.63%
EAGAR TOWN	Apache County	ARIZONA	City	3200100100000	20.66%
SPRINGERVILLE TOWN	Apache County	ARIZONA	City	3200100300000	10.73%
ST JOHNS CITY	Apache County	ARIZONA	City	3200100200000	11.98%
		202	COCHISE COUNTY		
COCHISE COUNTY	Cochise County	ARIZONA	County	3100200200000	63.47%
BENSON CITY	Cochise County	ARIZONA	City	3200200100000	3.52%
BISBEE CITY	Cochise County	ARIZONA	City	3200200200000	3.47%
DOUGLAS CITY	Cochise County	ARIZONA	City	3200200300000	8.44%
HUACHUCA CITY TOWN	Cochise County	ARIZONA	City	3200250100000	%16.0
SIERRA VISTA CITY	Cochise County	ARIZONA	City	3200200400000	16.63%
TOMBSTONE CITY	Cochise County	ARIZONA	City	3200200500000	1.16%
WILLCOX CITY	Cochise County	ARIZONA	City	3200200600000	2.39%
)))))	COCONINO COUNTY		
COCONINO COUNTY	Coconino County	ARIZONA	County	3100300300000	71.16%
FLAGSTAFF CITY	Coconino County	ARIZONA	City	3200300100000	18,45%
FREDONIA TOWN	Coconino County	ARIZONA	City	3200300300000	0.31%
PAGE CITY	Coconino County	ARIZONA	City	3200390100000	3,41%
SEDONA CITY	Coconino County	ARIZONA	City	3201340200000	4.09%
TUSAYAN TOWN	Coconino County	ARIZONA	City	3200310100000	0.67%
WILLIAMS CITY	Coconino County	ARIZONA	City	3200300200000	1.92%
		5	GILA COUNTY		
GILA COUNTY	Gila County	ARIZONA	County	3100400400000	68.13%
GLORF CITY	Gila County	ARIZONA	City	3200400100000	/00001

HAYDEN TOWN	Gila County	ARIZONA	City	3200450100000	2.31%
MIAMI TOWN	Gila County	ARIZONA	City	3200400200000	2.71%
PAYSON TOWN	Gila County	ARIZONA	City	3200490100000	16.17%
STAR VALLEY TOWN	Gila County	ARIZONA	City	3200410100000	0.35%
WINKELMAN TOWN	Gila County	ARIZONA	City	3200400300000	0.10%
		GR/	GRAHAM COUNTY		
GRAHAM COUNTY	Graham County	ARIZONA	County	3100500500000	62.26%
PIMA TOWN	Graham County	ARIZONA	City	3200500100000	2.22%
SAFFORD CITY	Graham County	ARIZONA	City	3200500200000	26.83%
THATCHER TOWN	Graham County	ARIZONA	City	3200500300000	8.68%
		GRE	GREENLEE COUNTY		
GREENLEE COUNTY	Greenlee County	ARIZONA	County	3100600600000	88.29%
CLIFTON TOWN	Greenlee County	ARIZONA	City	3200600100000	11.43%
DUNCAN TOWN	Greenlee County	ARIZONA	City	3200600200000	0.28%
		LA	LA PAZ COUNTY		
LA PAZ COUNTY	La Paz County	ARIZONA	County	3101501500000	88.71%
PARKER TOWN	La Paz County	ARIZONA	City	3201560100000	5.19%
QUARTZSITE TOWN	La Paz County	ARIZONA	City	3201540100000	6.11%
	,	MAR	MARICOPA COUNTY		
MARICOPA COUNTY	Maricopa County	ARIZONA	County	3100700700000	51.53%
APACHE JUNCTION CITY	Maricopa County	ARIZONA	City	3201160100000	0.38%
AVONDALE CITY	Maricopa County	ARIZONA	City	3200700100000	%86.0
BUCKEYE TOWN	Maricopa County	ARIZONA	City	3200700200000	0.46%
CAREFREE TOWN	Maricopa County	ARIZONA	City	3200740100000	0.04%
CAVE CREEK TOWN	Maricopa County	ARIZONA	City	3200740200000	%90.0
CHANDLER CITY	Maricopa County	ARIZONA	City	3200700300000	2.86%
EL MIRAGE CITY	Maricopa County	ARIZONA	City	3200700400000	0.39%
FOUNTAIN HILLS TOWN	Maricopa County	ARIZONA	City	3200740400000	0.17%
GILA BEND TOWN	Maricopa County	ARIZONA	City	3200770100000	0.03%

GLENDALE CITY GOODYEAR CITY GUADALUPE TOWN	marropa county	ARIZONA	City	3200/00200000	1.71%
GOODYEAR CITY GUADALUPE TOWN	Maricopa County	ARIZONA	City	3200700600000	2.63%
GUADALUPE TOWN	Maricopa County	ARIZONA	City	3200700700000	0.76%
	Maricopa County	ARIZONA	City	3200790100000	%00.0
LITCHFIELD PARK CITY	Maricopa County	ARIZONA	City	3200740300000	0.04%
MESA CITY	Maricopa County	ARIZONA	City	3200700800000	%90'9
PARADISE VALLEY TOWN	Maricopa County	ARIZONA	City	3200750100000	0.34%
PEORIA CITY	Maricopa County	ARIZONA	City	3200700900000	1.51%
PHOENIX CITY	Maricopa County	ARIZONA	City	3200701000000	21.28%
QUEEN CREEK TOWN	Maricopa County	ARIZONA	City	3200740500000	0.11%
SCOTTSDALE CITY	Maricopa County	ARIZONA	City	3200701100000	3.99%
SURPRISE CITY	Maricopa County	ARIZONA	City	3200750200000	%86.0
TEMPE CITY	Maricopa County	ARIZONA	City	3200701200000	3.27%
TOLLESON CITY	Maricopa County	ARIZONA	City	3200701300000	0.27%
WICKENBURG TOWN	Maricopa County	ARIZONA	City	3200701400000	0.10%
YOUNGTOWN TOWN	Maricopa County	ARIZONA	City	3200750300000	0.05%
		MO	MOHAVE COUNTY		
MOHAVE COUNTY	Mohave County	ARIZONA	County	3100800800000	62.51%
BULLHEAD CITY CITY	Mohave County	ARIZONA	City	3200840100000	13.10%
COLORADO CITY TOWN	Mohave County	ARIZONA	City	3200840200000	0.61%
KINGMAN CITY	Mohave County	ARIZONA	City	3200800100000	9.91%
LAKE HAVASU CITY CITY	Mohave County	ARIZONA	City	3200860100000	13.87%
		NA	NAVAJO COUNTY		
NAVAJO COUNTY	Navajo County	ARIZONA	County	3100900900000	70.29%
HOLBROOK CITY	Navajo County	ARIZONA	City	3200900100000	3.75%
PINETOP-LAKESIDE TOWN	Navajo County	ARIZONA	City	3200940100000	4.75%
SHOW LOW CITY	Navajo County	ARIZONA	City	3200900200000	9.39%
SNOWFLAKE TOWN	Navajo County	ARIZONA	City	3200900300000	2.94%
TAYLOR TOWN	Navajo County	ARIZONA	City	3200980100000	2.68%

WINSLOW CITY	Navajo County	ARIZONA	City	3200900400000	6.19%
		PI	PIMA COUNTY		
PIMA COUNTY	Pima County	ARIZONA	County	3101001000000	72.19%
MARANA TOWN	Pima County	ARIZONA	City	3201090200000	2.06%
ORO VALLEY TOWN	Pima County	ARIZONA	City	3201090100000	1.72%
SAHUARITA TOWN	Pima County	ARIZONA	City	3201020100000	0.81%
SOUTH TUCSON CITY	Pima County	ARIZONA	City	3201000100000	0.31%
TUCSON CITY	Pima County	ARIZONA	City	3201000200000	22.91%
		PII	PINAL COUNTY		
PINAL COUNTY	Pinal County	ARIZONA	County	3101101100000	53.01%
CASA GRANDE CITY	Pinal County	ARIZONA	City	3201100100000	5.54%
COOLIDGE CITY	Pinal County	ARIZONA	City	3201100200000	1.68%
ELOY CITY	Pinal County	ARIZONA	City	3201100300000	34.98%
FLORENCE TOWN	Pinal County	ARIZONA	City	3201100400000	1.19%
KEARNY TOWN	Pinal County	ARIZONA	City	3201150100000	0.28%
MAMMOTH TOWN	Pinal County	ARIZONA	City	3201150200000	0.16%
MARICOPA CITY	Pinal County	ARIZONA	City	3201110100000	2.73%
SUPERIOR TOWN	Pinal County	ARIZONA	City	3201190100000	0,44%
		SANTA	A CRUZ COUNTY		
SANTA CRUZ COUNTY	Santa Cruz County	ARIZONA	County	3101201200000	76.78%
NOGALES CITY	Santa Cruz County	ARIZONA	City	3201200100000	22.55%
PATAGONIA TOWN	Santa Cruz County	ARIZONA	City	3201200200000	0.67%
		YAV	YAVAPAI COUNTY		
YAVAPAI COUNTY	Yavapai County	ARIZONA	County	3101301300000	69.31%
CAMP VERDE TOWN	Yavapai County	ARIZONA	City	3201340100000	0.97%
CHINO VALLEY TOWN	Yavapai County	ARIZONA	City	3201380100000	%89.0
CLARKDALE TOWN	Yavapai County	ARIZONA	City	3201350100000	0.72%
COTTONWOOD CITY	Yavapai County	ARIZONA	City	3201350200000	4.89%

DEWEY-HUMBOLDT TOWN	Yavapai County	ARIZONA	City	3201310100000	1.54%
JEROME TOWN	Yavapai County	ARIZONA	City	3201300100000	0.03%
PRESCOTT CITY	Yavapai County	ARIZONA	City	3201300200000	13.79%
PRESCOTT VALLEY TOWN Yavapai County	Yavapai County	ARIZONA	City	3201360100000	%60.8
		VU	YUMA COUNTY		
YUMA COUNTY	Yuma County	ARIZONA	County	3101401400000	66.03%
SAN LUIS CITY	Yuma County	ARIZONA	City	3201460100000	4.80%
SOMERTON CITY	Yuma County	ARIZONA	City	3201400200000	2.24%
WELLTON TOWN	Yuma County	ARIZONA	City	3201480100000	0.61%
YUMA CITY	Yuma County	ARIZONA	City	3201400300000	26.32%

Exhibit D

Exhibit D	
Percent Participation of Cities	Award
0	0%
5	2%
10	4%
15	6%
20	8%
25	10%
30	12%
35	14%
40	16%
45	18%
50	20%
55	22%
60	24%
65	26%
70	28%
75	30%
80	32%
85	34%
90	36%
95	38%
100	40%

ARF-7699

Regular Agenda Item 2. D.

Special BOS Meeting

Meeting Date: 11/29/2022

Submitted For: Josh Beck, Director

Submitted By: Michael O'Driscoll, Assistant County Manager

<u>Department:</u> Health & Emergency Management

<u>Division:</u> Emergency Management

<u>Fiscal Year:</u> 2022 <u>Budgeted?:</u> No <u>Contract Dates</u> March 15, 2022 - September <u>Grant?:</u> Yes

Begin & End: 30, 2025

Matching Yes Fund?: New

Requirement?:

Information

Request/Subject

Discussion on guidance to allocate funding from the research that Emergency Management has conducted on our current water bladders site locations, and how the water bladder project team has concluded would be the best path forward for maintaining water storage systems for wildfire protection in Gila County.

Background Information

On March 15, 2022, through Senator Mark Kelly's office, Gila County was awarded \$609,000 in Congressionally directed earmark monies to be used for maintaining water storage systems for wildfire protection in Gila County. The award expires in September 2025.

When the \$609,000 was awarded, the funds went directly to the USFS for disbursement to Gila County. In our discussions with the USFS, it was discovered that since the \$609,000 was sent directly to USFS any disbursements of these funds must follow their grant application process. In further discussion with the USFS, we were informed that this funding has a 1:1 match requirement attached to it. This match can be financial, in-kind activities, or a combination of both. The in-kind match can be contributions consisting of donated time and effort, real nonexpendable personal property, and goods and services directly benefiting and specifically identifiable to the supported activity or project.

The breakdown of this Congressionally directed earmark award would be \$609,000 from the USFS with a \$609,000 match from Gila County (financial, in-kind activities, or a combination) for a total of \$1,218,000.

On 8/30/2022, the Gila County Board of Supervisors authorized a grant application to the United States Forest Service (USFS) to accept a congressionally directed earmark award of \$609,000 to be used for maintaining water storage systems for wildfire protection in Gila County.

Evaluation

Increasing the capability of fire suppression efforts is vital to the protection of Gila County residents' life and property in areas prone to wildfires. This funding will assist in fighting fires early, saving on response and recovery costs. This award will allow Gila County to update and maintain the current water tanks and storage facilities systems that are strategically placed in high-risk wildfire areas.

Currently, Gila County has 14 high-priority water tanks and storage systems locations throughout high-risk wildfire areas. Many of these 14 sites have old water bladders with deteriorating water storage tanks. This funding will provide the opportunity for the evaluation and purchase of new water tank storage systems to replace the dilapidated tanks and old bladders.

Conclusion

Due to the age and condition of our current water tanks and storage systems that the USFS uses for quick wildfire suppression and response in high-risk areas of Gila County, this project will greatly assist in upgrading those systems throughout the county.

Recommendation

Gila County Health & Emergency Management is seeking the Board of Supervisors guidance in how to best allocate the funds from the congressionally directed earmark award of \$609,000 to be used for maintaining water storage systems for wildfire protection in Gila County with the understanding that this funding comes with a 1:1 match of \$609,000 for Gila County that can be in cash, in-kind activities, or a combination of both for the period of March 2022 through September 2025.

Suggested Motion

Information/Discussion seeking guidance to best allocate the funds from the congressionally directed earmark award of \$609,000 to be used for maintaining water storage systems for wildfire protection in Gila County with the understanding that this funding comes with a 1:1 match of \$609,000 for Gila County that can be in cash, in-kind activities, or a combination of both for the period of March 2022 through September 2025. (**Joshua Beck**)

Attachments

SF424-Application for Federal Assistance

USFS Financial Capability Form

USFS Civil Rights Form

USFS Certificate Lobbying Form

Preliminary Budget Proposal

Felony Tax Delinquent Form

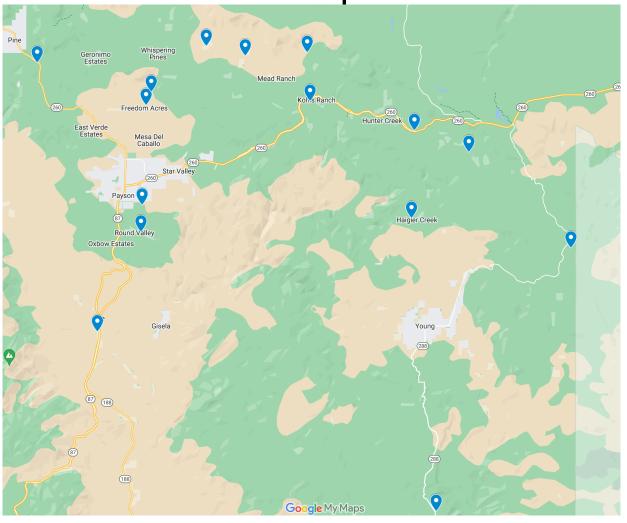
Budget Information Summary

Additional Grant Application Detail

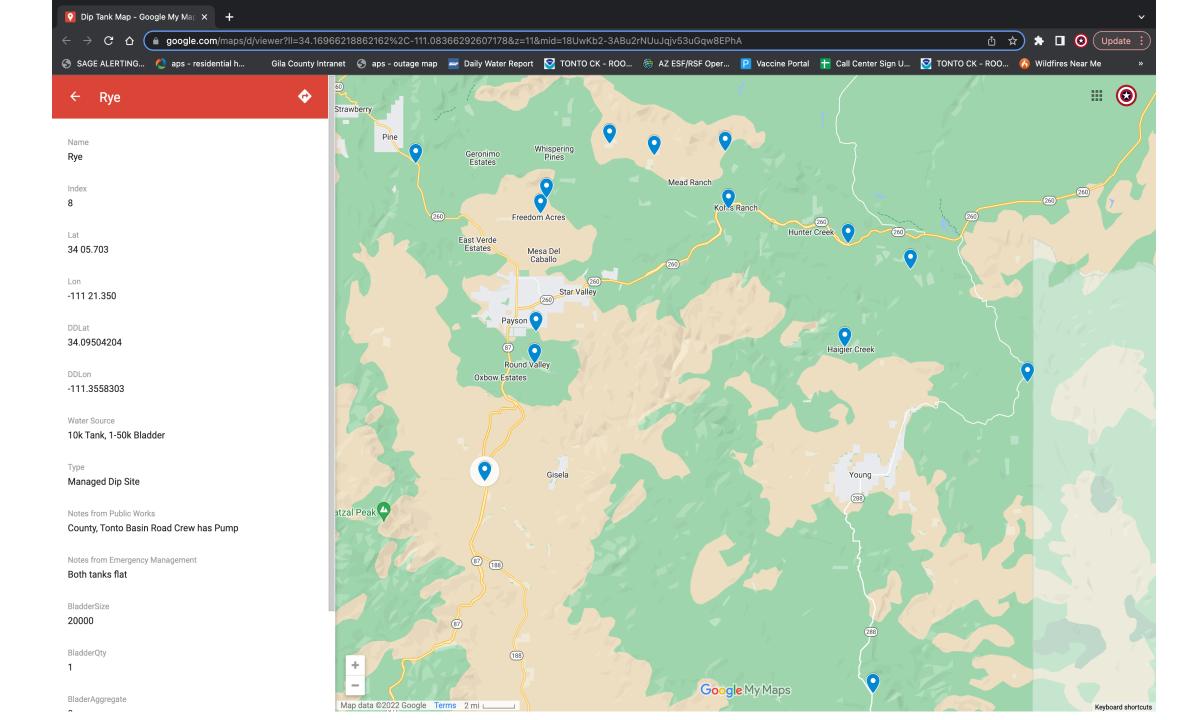
Northern Gila County Water Bladders

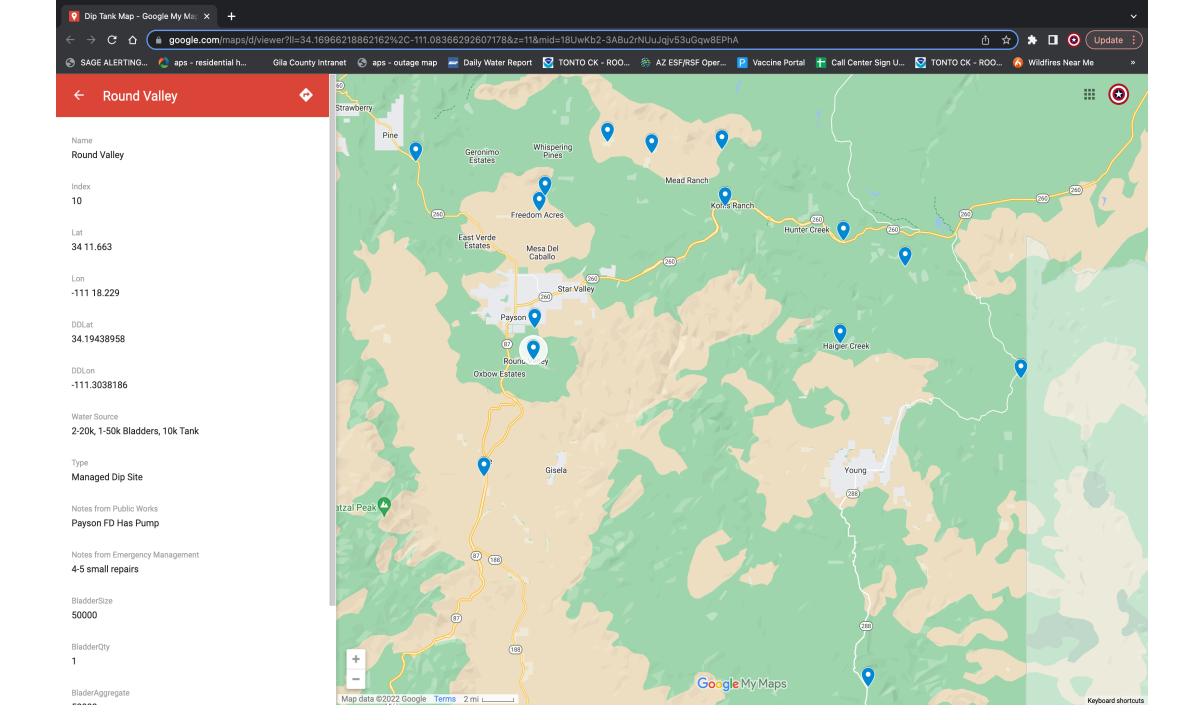
Carl Melford, Gila County Emergency Manager

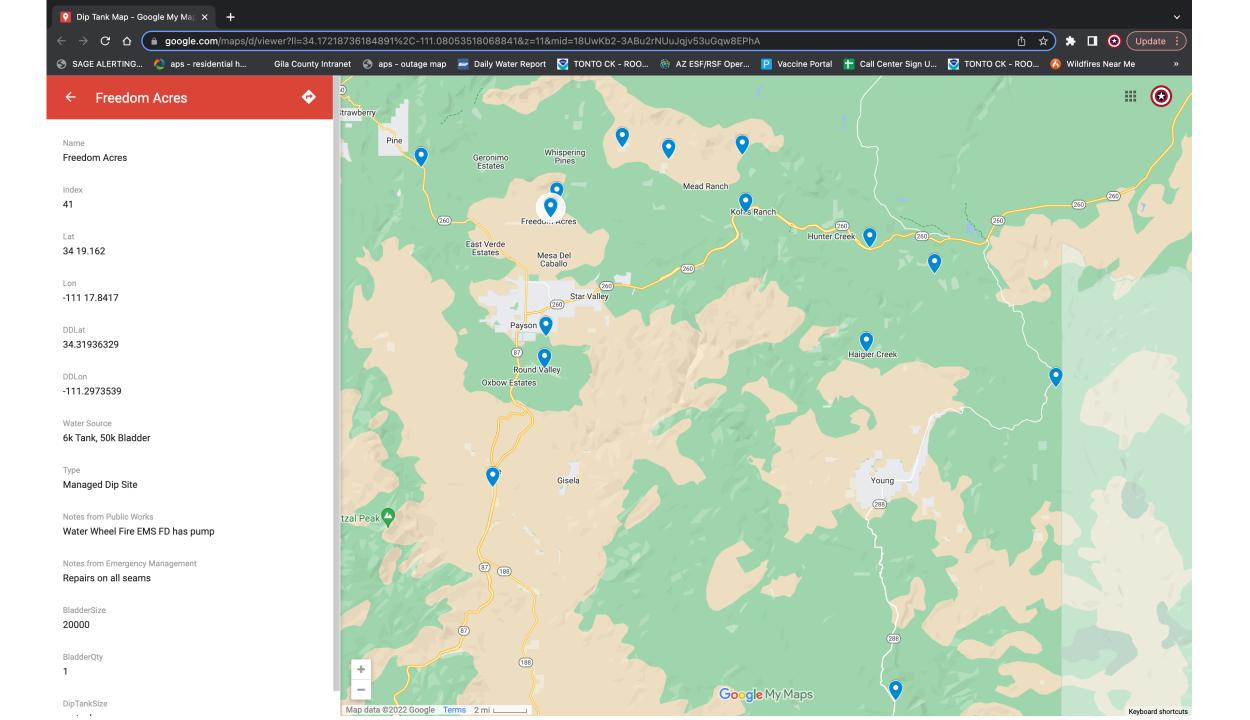
14 Current Dip Sites

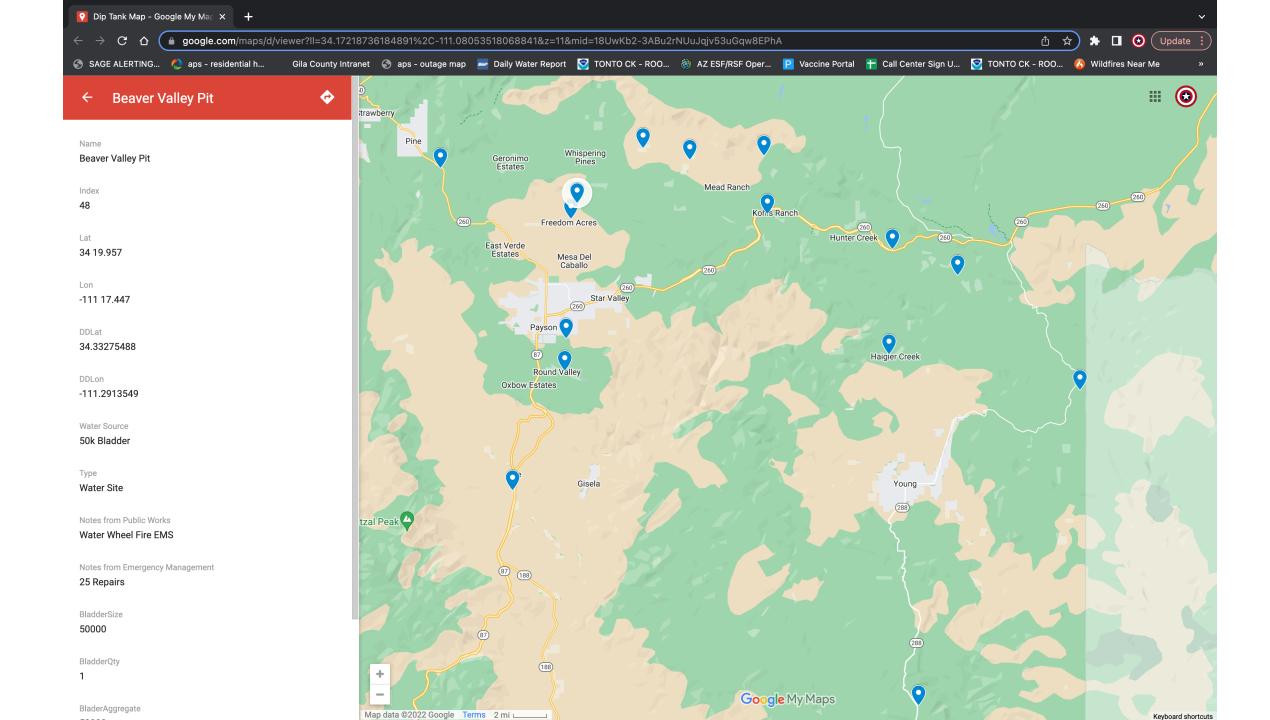


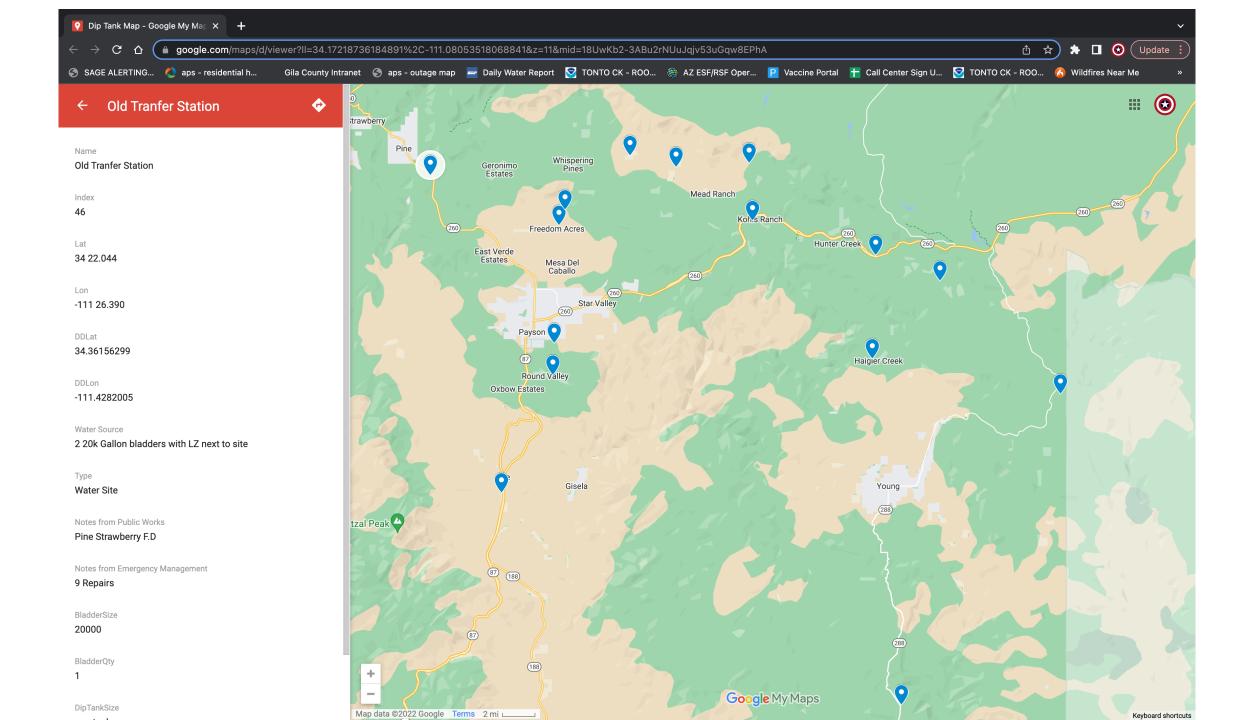
- -Rye Tank
- -Round Valley Tank
- -Old Transfer Station Tank
- -Beaver Valley Pit Tank
- -Freedom Acres Tank
- -Bonita Creek Tank
- -La Cienga Tank
- -Zane Dip Tank
- -Indian Gardens Tank
- -ADOT Yard Tank
- -Colcord Road Tank
- -Haigler Dip Tank
- -Red Lake Tank
- -Cagles Cabin Tank

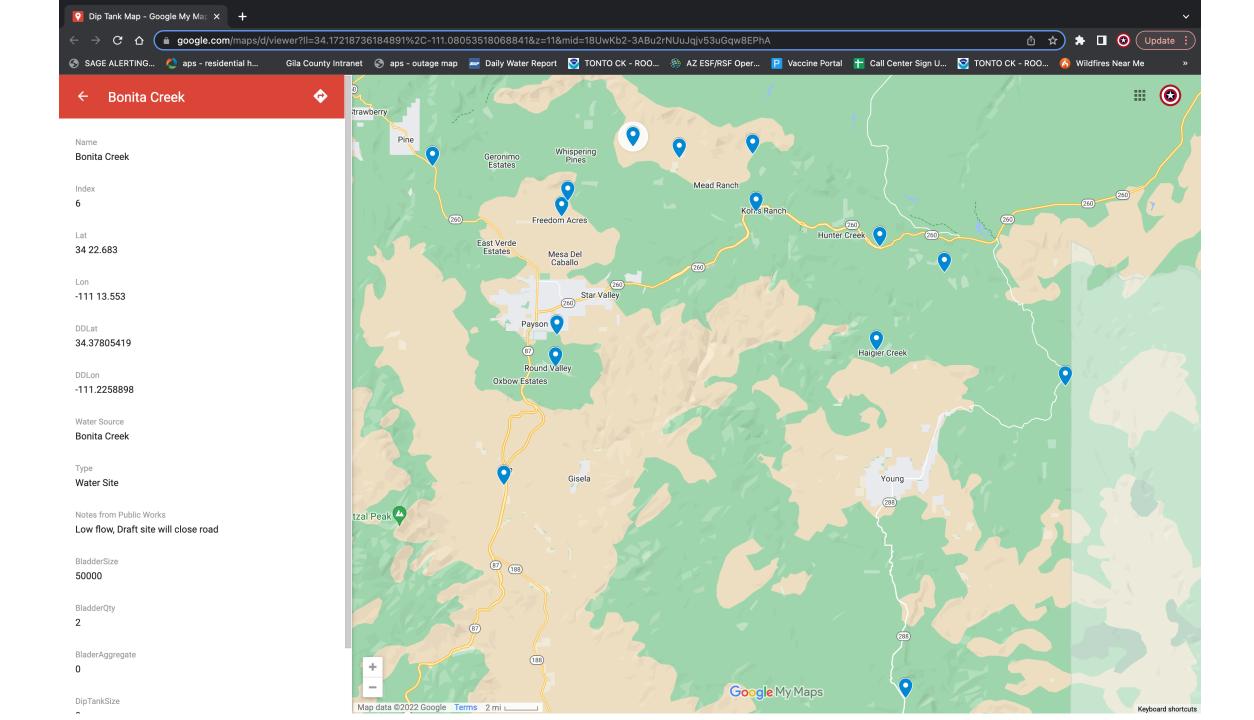


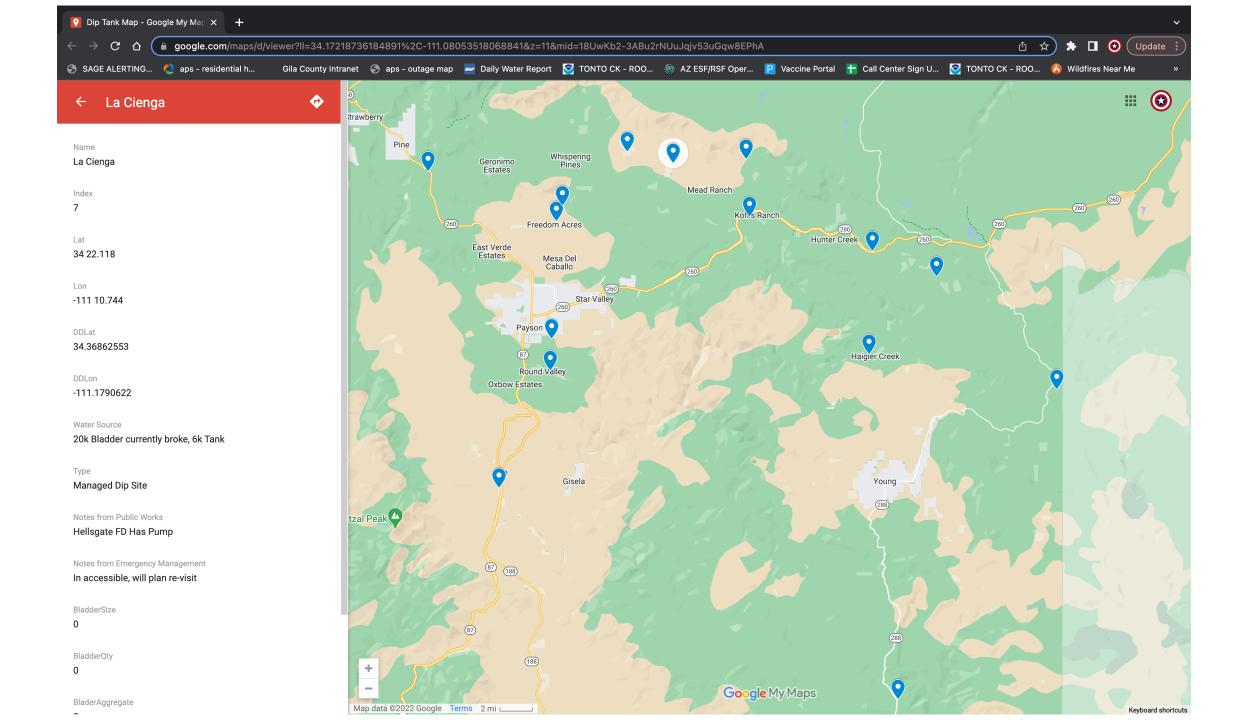


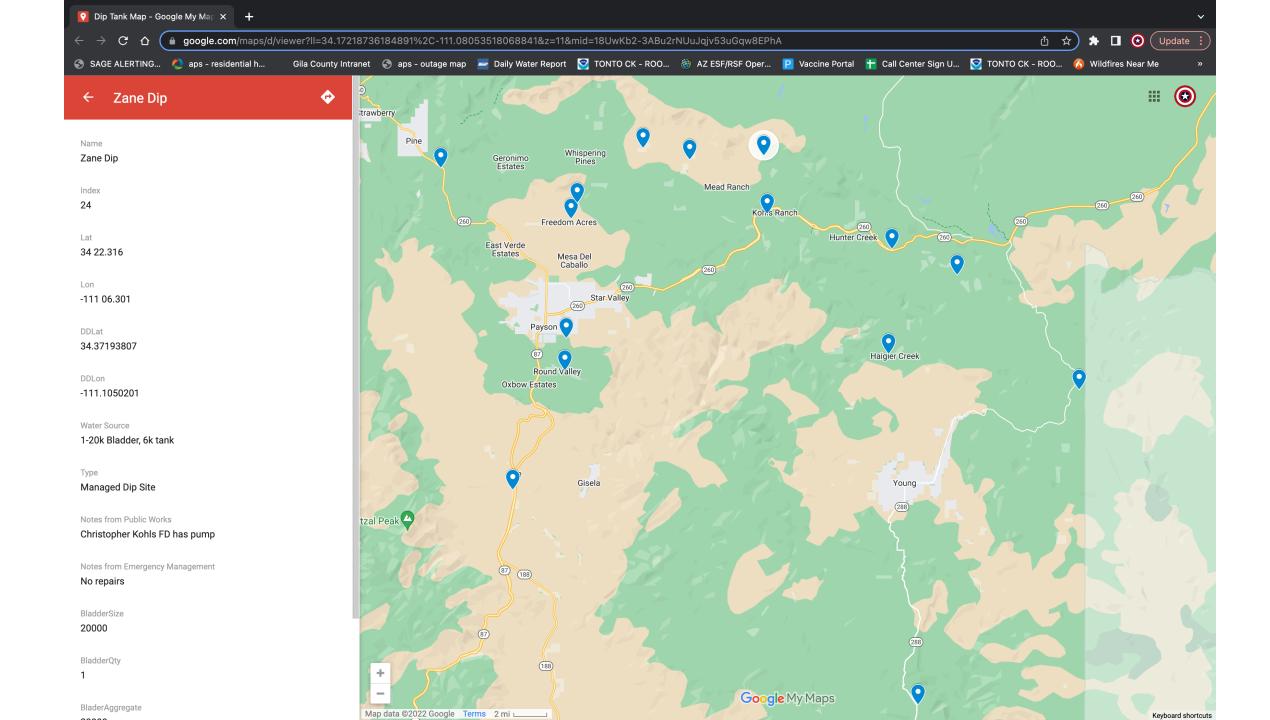


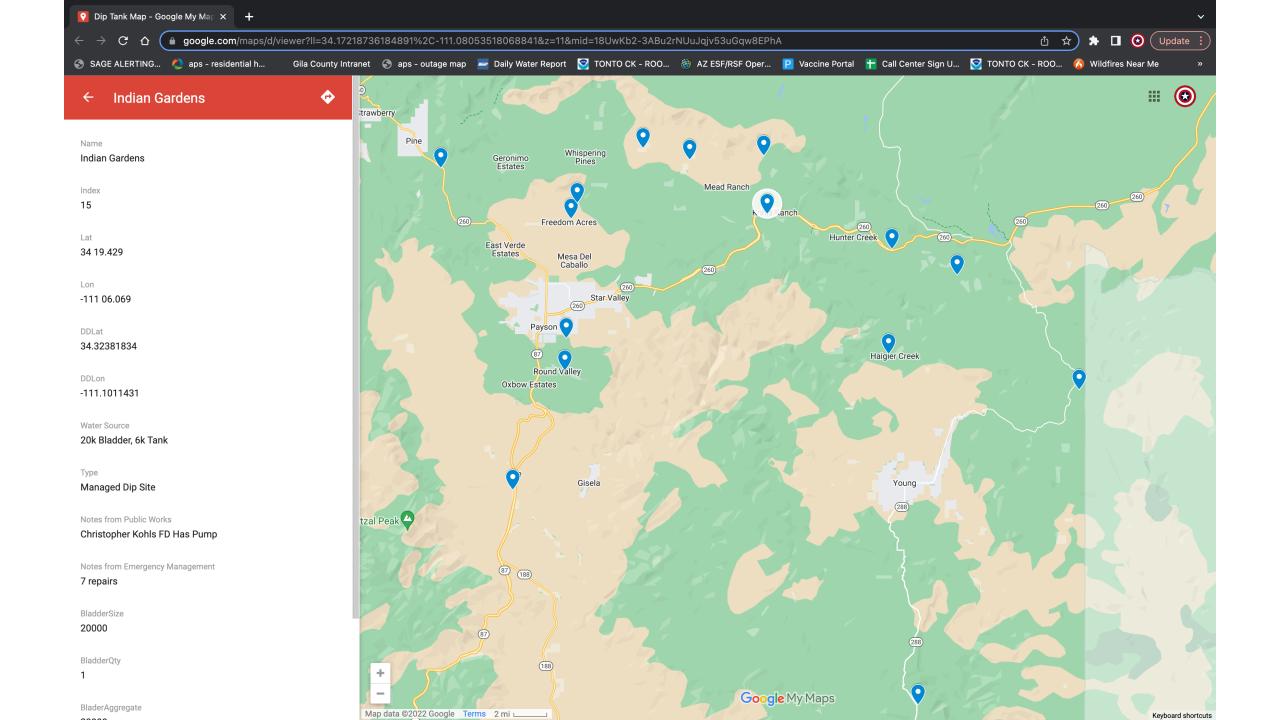


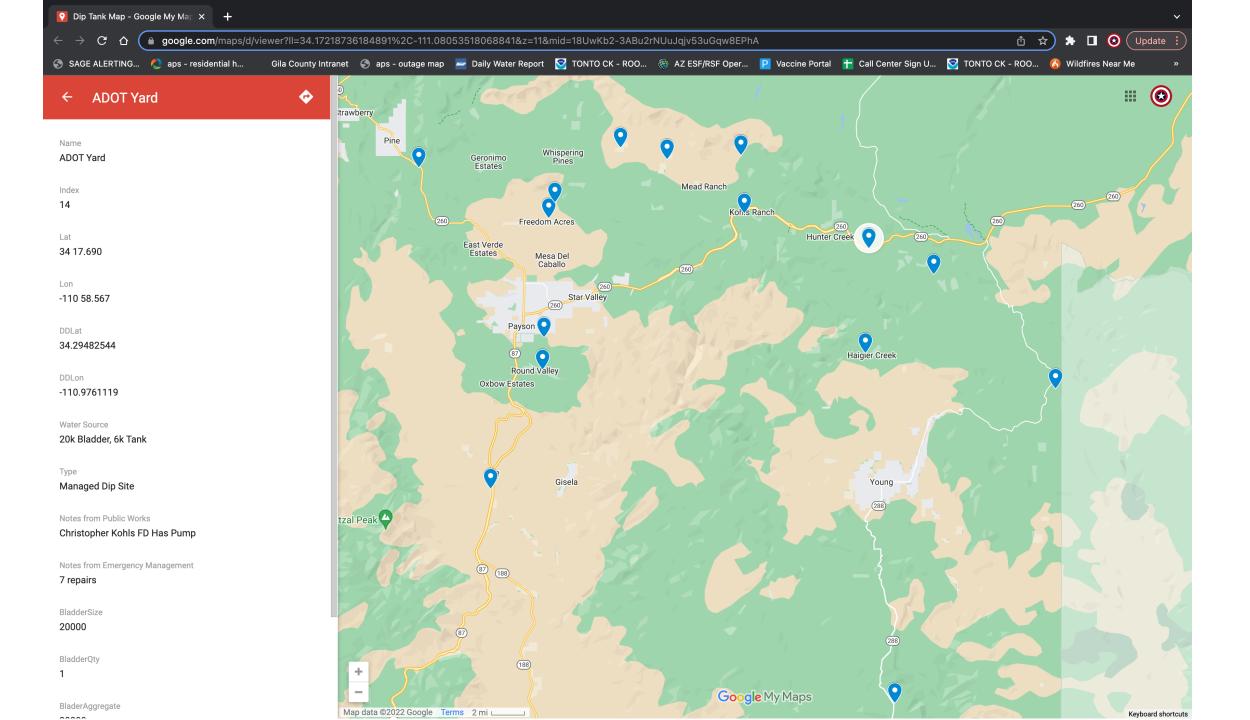


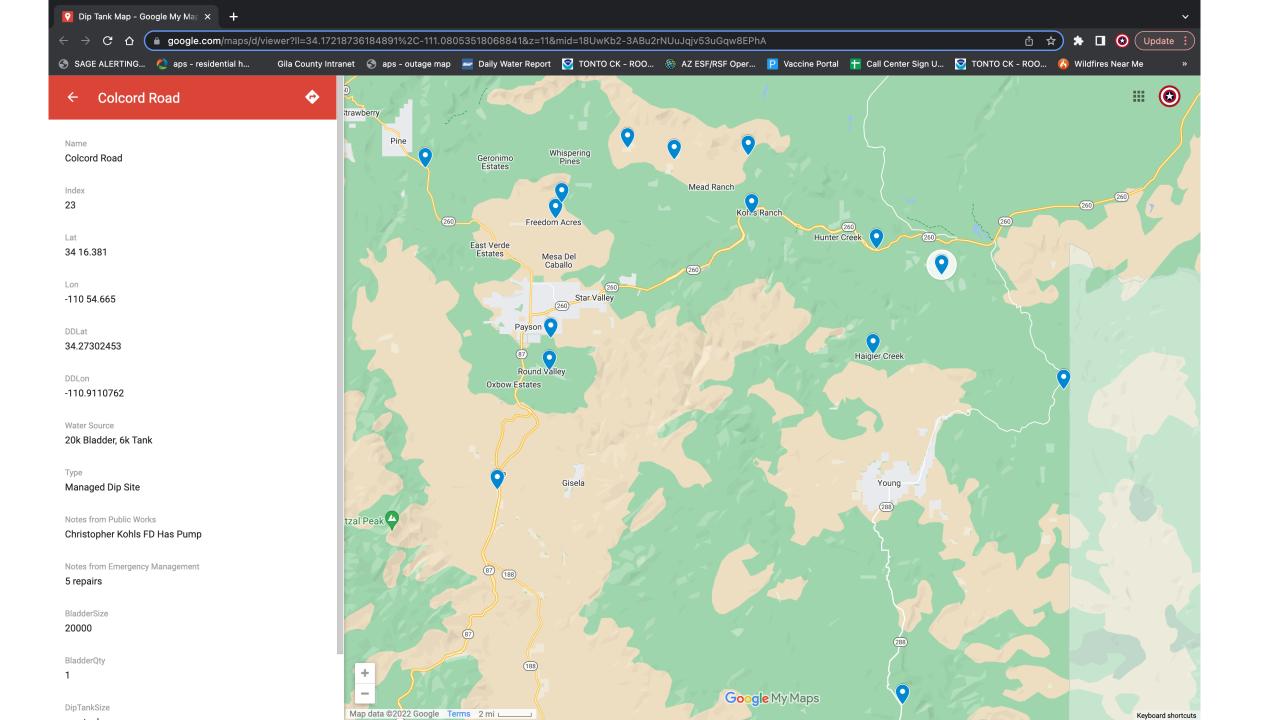


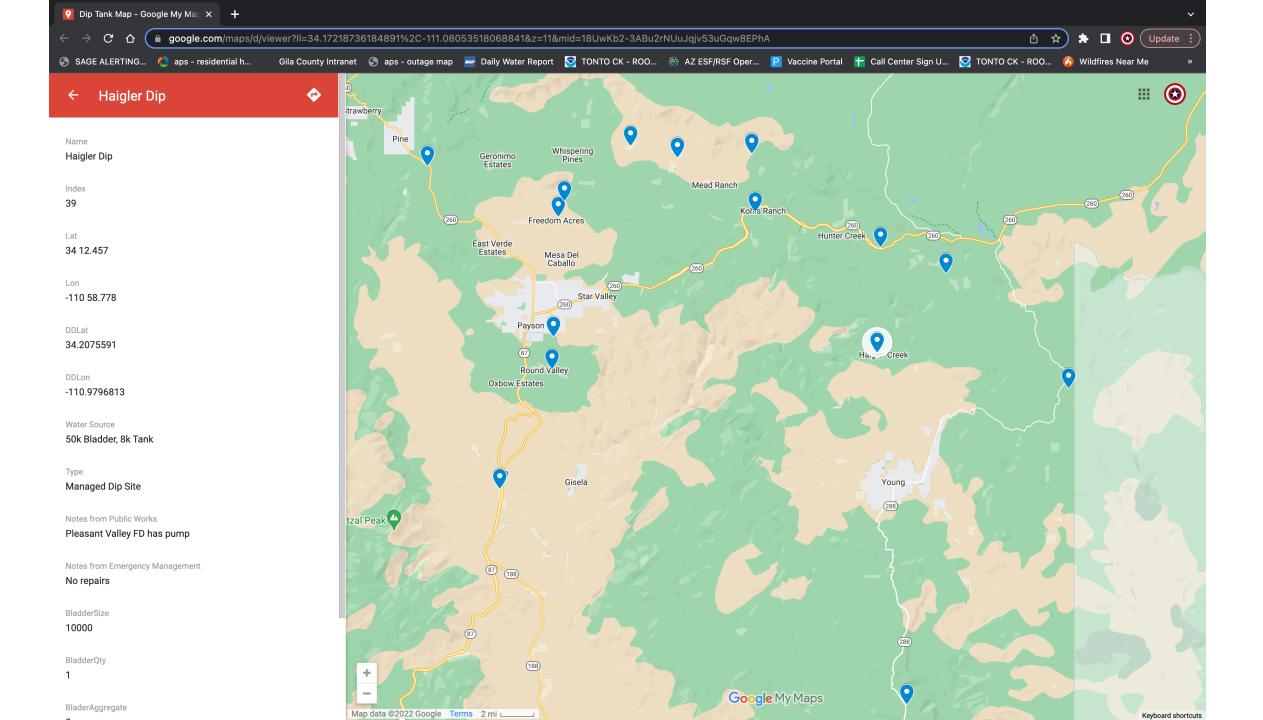


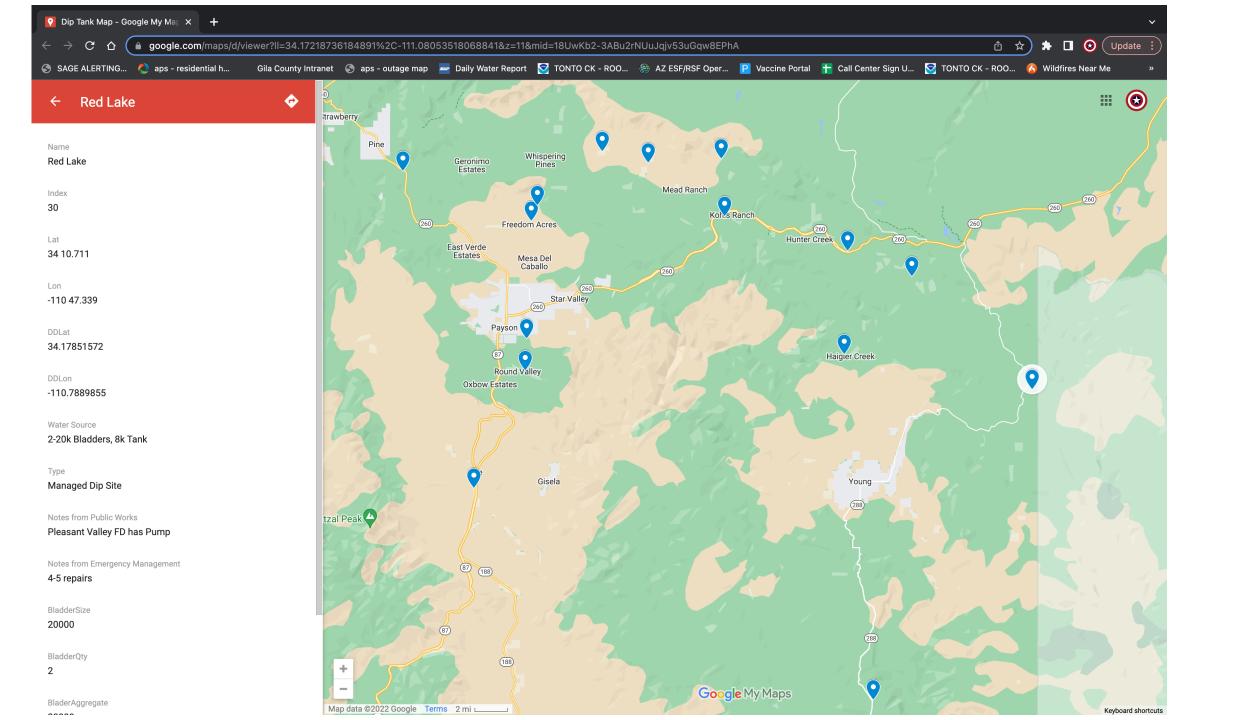


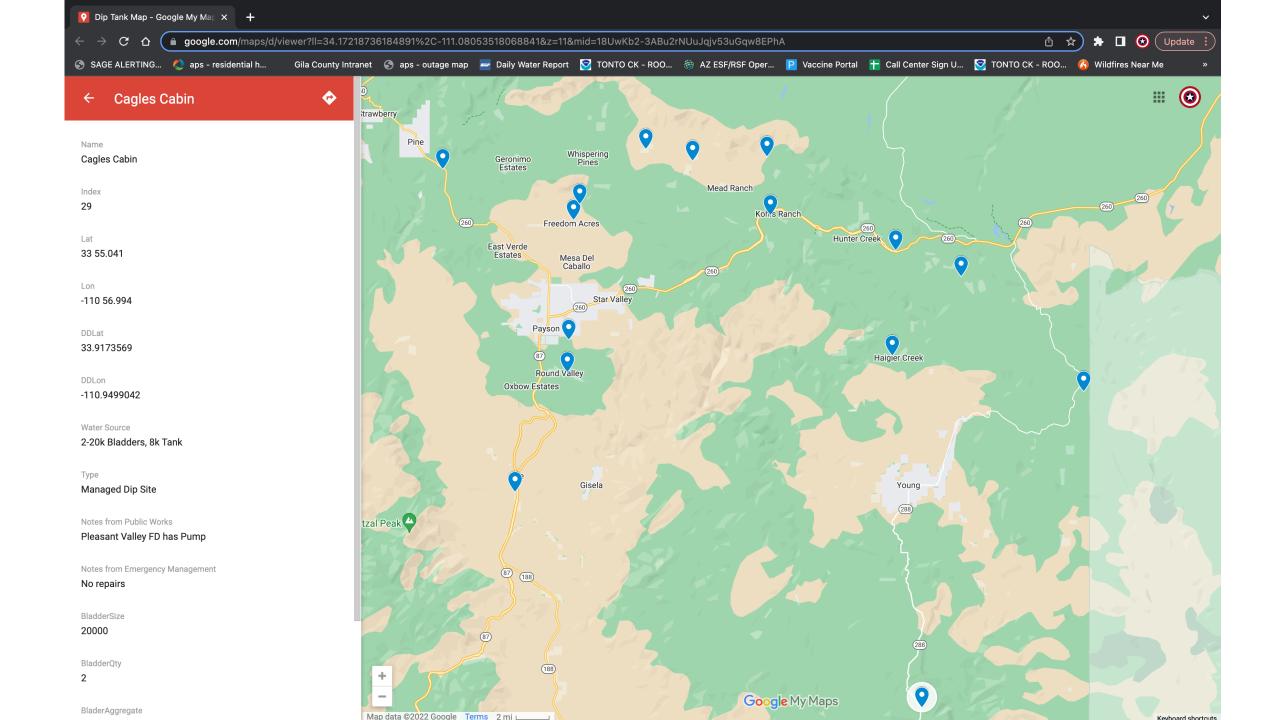


















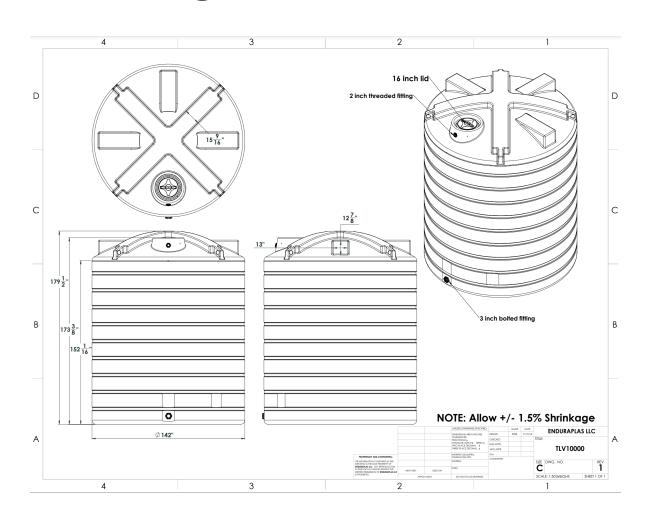








10,000 Gallon Norwesco Plastic Water Storage Tank





OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424					
* 1. Type of Submiss Preapplication Application Changed/Corre		New	* If Revision, select appropriate letter(s): * Other (Specify):		
* 3. Date Received:		Applicant Identifier:			
5a. Federal Entity Ide	entifier:		5b. Federal Award Identifier:		
State Use Only:			2		
6. Date Received by	State:	7. State Application	Identifier:		
8. APPLICANT INFO	ORMATION:				
* a. Legal Name: G	ila, County of				
* b. Employer/Taxpay	yer Identification Nur	mber (EIN/TIN):	* c. Organizational DUNS:		
d. Address:					
* Street1: Street2:	1400 E Ash St				
* City:					
County/Parish: * State:	AZ: Arizona				
* Country:	Province: *Country: USA: UNITED STATES				
* Zip / Postal Code:	85501-1493				
e. Organizational U	Init:				
Department Name:			Division Name:		
Health and Eme:	rgency Managem	en	Emergency Management		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr. Middle Name:		* First Name	Michael		
	riscoll				
Suffix:	1150011				
Title: Director, Health and Emergency Services					
Organizational Affiliation:					
* Telephone Number:	* Telephone Number: 928-402-8767 Fax Number:				
*Email: O'Driscoll, Michael <modriscoll@gilacountyaz.gov></modriscoll@gilacountyaz.gov>					

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
USDA - Forest Service
11. Catalog of Federal Domestic Assistance Number:
10.723
CFDA Title:
CFDA 10.723 Community Project Funds - Congressionally Directed Spending
* 12. Funding Opportunity Number:
* Title:
13. Competition Identification Number:
Title:
Wild fire protection - maintain water storage systems for wild fire protection in Gila County.
14. Areas Affected by Project (Cities, Counties, States, etc.):
Dip Tanks 2022.pdf Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Maintain water storage systems for wild fire protection in Gila County.
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application	for Federal Assistanc	e SF-424					
16. Congressi	onal Districts Of:						
* a. Applicant	1, 4			* b. Program/P	Project 1, 4		
Attach an additi	onal list of Program/Project (Congressional Distric	cts if needed.				
			Add Attachmen	t Delete Attach	nment View	w Attachment	
17. Proposed	Project:						
* a. Start Date:	03/15/2022			* b. End	d Date: 09/30	/2025	
18. Estimated	Funding (\$):						
* a. Federal		609,000.00					
* b. Applicant	l line	609,000.00					
* c. State							
* d. Local							
* e. Other							
* f. Program Inc	come						
* g. TOTAL		1,218,000.00					
* 19. Is Applica	ation Subject to Review B	y State Under Exe	cutive Order 1237	2 Process?			
a. This app	olication was made availab	le to the State und	er the Executive O	rder 12372 Process f	for review on		
	is subject to E.O. 12372	but has not been s	elected by the Stat	e for review.			
c. Program	is not covered by E.O. 12	2372.					
* 20. Is the Ap	olicant Delinquent On Any	Federal Debt? (II	f "Yes," provide ex	planation in attachm	nent.)		
☐ Yes ☐ No							
If "Yes", provide explanation and attach							
			Add Attachmen	t Delete Attach	ment Viev	w Attachment	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
** I AGREE	Ē.						
** The list of ce specific instructi	ertifications and assurances, ons.	or an internet site	where you may ob	tain this list, is contain	ned in the anno	uncement or agency	
Authorized Representative:							
Prefix:	Mr.	* Fir	st Name: Woody				
Middle Name:							
* Last Name:	Cline						
Suffix:							
* Title: Ch	airman						
* Telephone Nu	mber: 928-402-4401			Fax Number: 928-	425-7056		
* Email: wcline@gilacountyaz.gov							
* Signature of Authorized Representative:							



FINANCIAL CAPABILITY QUESTIONNAIRE FISCAL YEAR: 2021

Adequate accounting systems should meet the following criteria as outlined in the Office of Management and Budget's (OMB) Circular of Uniform Administrative Requirements, Cost Principles, and Audit Requirements found in 2 CFR Part 200, as implemented by USDA regulations 2 CFR Part 400.

(1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant.

(2) Entries in accounting records should refer to subsidiary records and/or documentation which support the entry and which can be readily located.

(3) The accounting system should provide accurate and current financial reporting information.

(4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

APPLICANT ORGANIZATIONAL INFORMATION Name of Organization and Address: Gila County, 1400 E Ash Street, Globe, Arizona 85501 2. Authorized Representative's Name and Title: Woody Cline, Chairman 3. Phone: 928 - 402 - 4401 ext. 4. Fax: 928 - 402 - 8755 5. Email: wcline@gilacountyaz.gov 6. Year Established: 7. Employer Identification Number (EIN): 8. DUNS Number: 1881 86 - 6000444 074 - 46 - 2102 9. Type of Organization: Local Government 10. Approximate Number of Employees: 556 Full Time (Paid): 500 Part Time (Paid): 56 Full Time (Volunteer): 12 Part Time (Volunteer): 6 **FEDERAL AUDIT DATA** 11. Have you been audited by a Federal agency?: ☐ Yes ☐ No If yes, please indicate the type: OMB A-133 Single Audit (required of institutions that annually expend over \$750,000 in federal ☐ Incurred Cost ☐ Accounting System ☐ Timekeeping Audit Agency/Firm: 12. Date of Last Federal Audit/Review (m/d/yyyy): 8/30/2021 Arizona Auditor General If findings are reported, explain: Finding 2020-101 County did not accurately compile SEFA, thus producing errors that required correction. FINANCIAL STATEMENT AUDIT DATA Fiscal Period Audited:2021 13. Date of Last Financial Statement Audit: 5/18/2022 Audit Firm: Arizona Auditor General Qualified, Disclaimer □ Unqualified Opinion Auditor's Opinion on Financial Statement: or Adverse Opinions If other than unqualified, state reason:



If you have not had an audit completed in the last two years, please subtax forms (990 for non-profits). If you do not have a current tax form, p					
ACCOUNTING SYSTEM					
14. Has any Government Agency rendered an official written opinion concerning the adequacy of the accounting system for the collection, identification and allocation of costs under Federal contracts/grants? ☐ Yes ☑ No					
15. If yes, provide name and address of Agency performing review: Attach a copy of the la review and any subsection correspondence, clear documents, etc.					
16. Which of the following best describes your accounting system: ☐ Manual ☐ Automated ☐ Combination					
17. Does the accounting system identify the receipt and expenditure of program funds separately for each grant?	⊠ Yes ☐ No ☐ Not Sure				
18. Does the accounting system provide for the recording of expenditures for each grant/contract by budget cost categories shown in the approved budget?	☑ Yes ☐ No ☐ Not Sure				
19. Does the accounting system provide for the recording of cost sharing or match for each grant? Can you ensure that documentation is available to support recorded match or cost share?	☑ Yes ☐ No ☐ Not Sure				
20. Are time distribution records maintained for each employee that specifically identify effort charged to a particular grant or cost objective?	☑ Yes ☐ No ☐ Not Sure				
21. Does the accounting/financial system include budgetary controls to preclude incurring obligations or costs in excess of total funds available for a grant?	☑ Yes ☐ No ☐ Not Sure				
22. Does the accounting/financial system include budgetary controls to preclude incurring obligations or costs in excess of total funds available for a budget cost category (e.g. Personnel, Travel, etc.)?	☑ Yes ☐ No ☐ Not Sure				
23. Is your organization generally familiar with the existing regulation and guidelines containing the Cost Principles and procedures for the determination and allowance of costs in connection with Federal grants?	☑ Yes ☐ No ☐ Not Sure				
FUNDS MANAGEMENT					
24. Is a separate bank account maintained for Federal grant funds?	☐ Yes ☐ No				
25. If a separate bank account is not maintained, can the Federal grant funds and related expenses be readily identified?	⊠ Yes □ No				
PROPERTY STANDARDS, PROCUREMENT ST AND TRAVEL POLICIES	ANDARDS,				
PROPERTY STANDARDS					
26. Does your property management system(s) provide for maintaining: (1) a description of the equipment; (2) an identification number; (3) source of the property, including the award number; (4) where title vests; (5) acquisition date; (6) federal share of property cost; (7) location and condition of the property; (8) acquisition cost; & (9) ultimate disposition information?	☑ Yes ☐ No ☐ Not Sure				

OMB 0596-0217 FS-1500-22

27. Does your property management system(s) provide for a physical inventory and reconciliation of property at least every two years?	⊠ Yes	☐ No	☐ Not Sure		
28. Does your property management system(s) provide controls to insure safeguards against loss, damage or theft of the property?	Yes	☐ No	☐ Not Sure		
PROCUREMENT STANDARDS					
29. Does your organization maintain written procurement procedures which (1) avoid unnecessary purchases; (2) provide an analysis of lease and purchase alternatives; and (3) provide a process for soliciting goods and services?	⊠ Yes	□ No	☐ Not Sure		
30. Does your procurement system provide for the conduct to ensure selection on a competitive basis and documentation of cost or price analysis for each procurement action?	⊠ Yes	□No	☐ Not Sure		
31. Does your procurement system include provisions for checking the "Excluded Parties List" system for suspended or debarred subgrantees and contractors, prior to award? www.sam.gov	⊠ Yes	□No	☐ Not Sure		
TRAVEL POLICY					
32. Does your organization maintain a standard travel policy or, if no policy exists, does your organization adhere to rates and amounts established under 5 U.S.C. 5701–11, ("Travel and Subsistence Expenses; Mileage Allowances"), and policies under the Federal Acquisition Regulations at 48 CFR 31.205–46(a)?	⊠ Yes	□No	☐ Not Sure		
SUBRECIPIENT MANAGEMENT					
33. (For Pass-through entities only). Does your organization have controls in place to monitor activities of subrecipients, as necessary, to ensure that Federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of the award and that performance goals are achieved.	⊠ Yes	□No	☐ Not Sure		
INDIRECT COSTS					
34. My organization has an established indirect cost rate	Yes	☐ No	☐ Not Sure		
35. If my organization chooses to charge indirect costs to the Federal award or use indirect costs as a match, you understand that you must prepare an indirect cost rate proposal and submit it to your cognizant Federal agency for approval. Alternatively, you may use a de minimus rate of 10% of modified total direct costs (MTDC).	⊠ Yes	□No	☐ Not Sure		
STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS AND APPLICANT CERTIFICATION					
I certify that the above information is complete and correct to the best of	f my know	vledge.			
Signature: Wayor **					
Signature: Wayor	, , ,				
Name: Mary Jane Springer					



Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.



Civil Rights Compliance Review Record - Federally Assisted Programs

(Ref. FSH 1709.11) Internal Use Only

FS-1700-0006A (REV. 07/2019) OMB 0596-0215 (EXP. 11/2018)

This form is for recording reviews of recipients of Federal Financial Assistance. Response is mandatory to retain or obtain benefits. This form provides the requirements for conducting a Civil Rights Compliance Review and is for INTERNAL use only. The purpose is to record: (a) the Reviewer's observations and information concerning a recipient's program or activity, and (b) the responses to questions listed in this review to gauge the recipient's level of compliance with Civil Rights laws, rules, and regulations, and policies while verifying the recipient's assurance certification to comply with Department Regulation 4330-2 and 7 CFR Subtitle A, Part 15 - Nondiscrimination, Subparts A and B.

Compliance in Equal Opportunity Program Delivery includes ensuring that no one is denied an equal opportunity to participate in, receive benefits from, and receive access to any program or service receiving financial assistance from the Federal government. Program delivery nondiscrimination compliance applies to both federally conducted programs (i.e. conducted directly by Federal agencies) and federally assisted programs (i.e., administered through a recipient/Special Use Permit holder). Program delivery compliance for federally assisted programs and activities falls under the following Civil Rights Acts: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1973; and the Age Discrimination Act of 1975, as amended.

The Forest Service reviewer should complete the Civil Rights Compliance Record by working with each individual applicant or recipient whose program or activity has been designated for review to determine the level of compliance with Civil Rights laws, as well as Federal regulations and policy. File the completed form in the applicant or recipient's case file. Give only a copy of Part V to the applicant and/or recipient, as a documented record of the Self-Assessment of Accessibility. It is necessary for the Forest Service to separate the CR Compliance Review form to protect the privacy of any individuals who agree to be interviewed during the post-award review. If the recipient requests a copy of the full review record, only the FS-1700-0006A record will be provided.

For purposes of this form, an "applicant" refers to a person, organization, or other entity applying for a permit, domestic grant, or cooperative agreement for Federal financial assistance. A "recipient" refers to any recipient of Federal financial assistance or funding, i.e. a partner receiving a grant or agreement, or holder of a Special Use Authorization (specifically a public service provider).

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. Response to this information collection is mandatory to retain or obtain benefits The valid OMB control number for this information collection is 0596-0215. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

PART I - FOREST SERVICE RECIPIENT INFORMATION

It is necessary for the Forest Service to separate the CR Compliance Review form to ensure the privacy of any individuals who agree to be interviewed for the review. Form FS-1700-0006A serves as a comprehensive pre-award and post-award review record for recipients. The CR Review Forms will be kept with the recipient's file. However, if the recipient requests a copy of the full review record, only the FS-1700-0006A record will be provided.

٠,	1700-0000/Tecold will be plovided.						
1.	FS Unit Name: Tonto (e.g., Region/Station/Area/Forest/District/Laboratory						
2.	Program or Activity Title: Wild fire protection - maintain water	storage systems for wild fire pr	otection in Gila County.				
3.	Special Uses Code: OR Grant Number:						
4.	Business / Organization Name: Gila County						
	Business / Organization Phone Number: (928) 402-4401						
	AND / OR Applicant / Recipient Last Name: Cline						
	Applicant / Recipient First Name: Woody	Phone Number:					
5.	Applicant or Recipient Address Line 1: 1400 E Ash Street						
	Applicant or Recipient Address Line 2:						
	Applicant or Recipient City: Globe	State: AZ	Zip Code: 85501				
	Applicant or Recipient EMail: wcline@gilacountyaz.gov						
6.	Today's Review Date: 7. Previous Review D	ate:					

PART II - PRE AWARD AND POST-AWARD CHECKLIST					
Indicate by checking one Pre-Award Review Post-Award Review					
			REVIEWER RESPONSES		
Yes	No	N/A	If explanations are provided, enter in Part III.		
•	0	0	Has the Forest Service explained the civil rights responsibilities for nondiscrimination in federally assisted program delivery to the recipient and provided the program delivery brochure, required nondiscrimination poster, and information on the program complaint process?		
•	0	0	2. Does the recipient's permit, agreement, or grant contain the appropriate clause assuring compliance with civil rights laws and statutes under program delivery (Title VI and related EO laws)?		
			APPLICANT/RECIPIENT RESPONSES		
Yes	No	N/A	If explanations are provided, enter in Part III.		
•	0	0	3. Will / Do your applicable publications, informational materials (including computer-based) and signs contain a statement of affiliation with the FS?		
•	0	0	4. Will / Do the publications (e.g., brochures, advertisements) and other informational materials (including computer-based) you use contain the USDA nondiscrimination statement?		
•	0	0	5. Will / Do you communicate to customers how to file a complaint with USDA? (Describe in Part III – Additional Information, below)		
•	0	0	6. Will / Do promotional illustrations depict individuals representing diversity, i.e., race, color, national origin, sex, age, persons with disabilities?		
•	0	0	7. Will / Is the And Justice for All poster (Form AD-475A) (be) in a visible location for program participants/customers and employees?		
•	0	0	8. a. Are any of your program/project informational materials needed by your customers in languages other than English? If so, what actions have you taken to address this?		
•	0	0	b. Do you take reasonable steps to ensure that persons with limited English proficiency receive the language assistance necessary (free of charge) for your programs and activities?		
0	0	•	9. Do you gather voluntary information regarding the race, color, national origin, sex, age, and disability on the proposed and present membership of planning or advisory boards/councils to ensure diversity representation?		
0	0	•	10. a. Before conducting outreach activities for your program or project, do you refer to census data or other information to identify the population (by race, color, national origin, sex, age, and disability) eligible to be served?		
0	0	•	b. Do you then use this information in planning your outreach strategies?		
0	•	0	11. Have any customers raised issues alleging discrimination or filed discrimination complaints against your program(s) in the past 2 years? If yes, describe in Part III – Additional Information		
•	0	0	12. a. Have you explained the civil rights and nondiscrimination responsibilities to your employees?		
•	0	0	b. Have you explained the above responsibilities to your sub-recipients?		
•	0	0	13. Is (Are) your program(s) fully accessible to persons with disabilities? If no, explain in Part III – Additional Information		
0	•	0	14. a. Are there any architectural barriers to your facilities preventing full accessibility to your program(s) by participants?		
0	0	0	 b. If yes, was an action/transition plan created to remove barrier(s) and maintained in your files? Describe progress in Part III, Additional Information. 		

Filecode: 1770 Page 2 of 5

FS-1700-0006A (REV. 07/2019) OMB 0596-0215 (EXP. 11/2018)

PART III - SUMMARIES							
Use	ADDITIONAL INFORMATION Use this section to describe or explain in more detail your answers to specific questions in Part II or Part IV.						
Identify	any deficiencies and/or barriers. Below, indicate actions to be taken by the Holder or Recipient/Applicant and the Forest Service to correct any deficiencies and/or barriers identified as a result of this review.						
Reviewers	_ast Name: Reviewer First Name: Signature: Title:						

Filecode: 1770 Page 3 of 5

PART IV - RECORD OF SELF EVALUATION FOR ACCESSIBILITY Note: The applicant and recipient should retain a copy of the following section. The Forest Service will retain the original in the applicant's and/or recipient's case file or record. Special Uses Code: Grant Number: Business Name: Gila County Cline Applicant/Recipient Last Name: Phone Number: (928) 402-4401 Applicant/Recipient First Name: Woody Yes No N/A QUESTIONS: 1. Did you conduct a "Self-Evaluation of Accessibility" according to Section 504 of the Rehabilitation Act of 1973, within one year after receiving a permit, agreement, or If you answered NO to this guestion, answer the guestions below to determine your level of compliance with accessibility requirements for your program or activity. 2. Do you review policies, practices, and procedures to ensure that none contains language that excludes qualified persons with disabilities from services?? 3. Do you offer assistance, when appropriate, in filling out forms to qualified $oldsymbol{igo}$ persons with disabilities? 4. Do you notify associations of/persons with disabilities of your services through public (• outreach efforts? 5. Do you allow persons with disabilities to take an application home (upon request) to be completed, because the person's disability precludes completion on site? 6. Do you ensure access to persons with mobility limitations or other impairments, if (transportation services provided? 7. Do you provide auxiliary aids and services to qualified persons with disabilities, e.g., large print menus or material, pen and paper at ticket sales offices? 8.a. Do you provide qualified sign-language interpreter services, if such services are (• requested? 8.b. Are audio-visual presentations and multimedia captioned? Are computer-based products, produced as a result of this project/partnership, accessible? 9. Do you ensure that all new and newly renovated buildings and facilities comply with appropriate accessibility standards or have waivers to requirements? (• 10. Do you ensure that facilities for services have an emergency egress plan? Reviewer Last Name: ______ Reviewer First Name: _____ Reviewer's Signature Title:

INSTRUCTIONS

Part I - FS and Recipient Information

Complete:

- Provide the Forest Service Unit name, e.g. Region/Forest/Ranger District/Station/Laboratory
- 2. List the type of program or activity being reviewed
- 3. Provide the Use Code (if this review involves a Special Uses authorization) or provide the grant number (if this review involves an applicant/recipient of a grant or agreement)
- 4. Provide the business/organization name: provide the recipient/applicant's (owner/manager) name, telephone number,
- 5. Provide the full address and e-mail.
- 6. Provide the current compliance review date
- 7. If the Forest Service previously reviewed the program or activity, provide the date.

Part II - Pre-Award and Post-Award Checklist

- Answer the first two questions under the "Reviewer Response"
- Questions 3-14: Ask the applicant/recipient questions 3-14 in Part II (note question 9 does not apply to Special Use permits), record answer to each question (include additional narratives as indicated).
- Use "Part III Summaries" to record the recipient/applicant's explanation and narrative description and/or describe the rationale for a negative response and as a supplement to a response to any question asked in "Part II."

Part III - Summaries for Pre-Award and Post-Award Review

Use this section to describe or explain the applicant/recipient's answers to questions in Parts I, II, and IV, and to summarize any deficiencies and/or barriers, and plans for corrective actions.

Part IV - Self-Evaluation for Accessibility

Answer question 1

- Ask the recipient if they have conducted the self-evaluation (Section 504 of the Rehabilitation Act of 1973), which certifies the completion of a self-evaluation of their policies and practices for accessibility to persons with disabilities, within one year after receiving a permit, cooperative agreement or domestic grant. 7CFR15b.8(C) Verify the date and describe in Section III Additional Information.
- If the answer is no, then ask questions 2-10 in this section and evaluate responses to determine if level of accessibility compliance is acceptable.
- For question 8a. Verify if partners are aware of and will use qualified American Sign Language Interpreter Services if requested.
- For question 8b. If the recipient is developing multimedia and computer based products (websites, databases) as a result of the project/partnership, require accessibility (captioning) and compliance with the Rehabilitation Act of 1973, as amended.

File the record (with original signature) along with FS-1700-0006B and FS-1700-0006C in the Forest Service recipient's case file. If the Recipient requests a copy of the full review record in FS-1700-0006, only the recipient response FS-1700-0006A will be provided.

Filecode: 1770 Page 5 of 5

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION Gila County	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE Prefix: Mr. * First Name: Michael * Last Name: O'Driscoll * Title: Director, Health and Emergency Management	Middle Name: Suffix:
* SIGNATURE: Manuel Guicole	* DATE: 8/12/23

"Gila County for Gila County Wildfire Protection" Community Project Grant

Budget Proposal

Maintenance of current water storage systems (up to 14 sites) for wildfire protection

• Site maintenance consists of a combination of replacement 8,000- and 5,000-gallon dip tanks

\$60,000 new tanks per site	14 highest priority sites	\$840,000 equipment cost
-----------------------------	---------------------------	--------------------------

• Contract labor, site work, to set and plumb tanks

\$25,000 labor per site 14 highest priority sites	\$350,000 labor cost
---	----------------------

• Project management, coordination and planning

\$28,000 project management

• Total Projected budget for up to 14 sites updated with new water storage

\$1,218,000 Total Cost

Representations Regarding Felony Conviction and Tax Delinquent Status for Corporate Applicants

OMB No. 0505-0025 Expiration Date: 06/30/2022

AD-3030

Note: You only need to complete this form if you are a corporation. A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) agencies and staff offices is in \$ 744 and 745 of the Consolidated Approxi-

116-6 as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.						
information unless it displays a valid OMB control complete this information collection is estimated	95 an agency may not conduct or sponsor, and a person is not requoil number. The valid OMB control number for this information collecto average 15 minutes per response, including the time for reviewing the ded, and completing and reviewing the collection of information. The able to the information provided.	ction is 0505-0025. The time required to ng instructions, searching existing data				
PART A - APPLICANT						
1. APPLICANT'S NAME	2. APPLICANT'S ADDRESS (Including Zip Code)	3. TAX ID NO. (Last 4 digits)				
Gila County	1400 E Ash Street, Globe, AZ 85501	0444				
12 to 1						
4A. Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application? YES NO						
4B. Does the Applicant have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability? YES NO						
Providing the requested information is voluntary. However, failure to furnish the requested information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan, loan guarantee, or cooperative agreement with USDA.						
PART B - SIGNATURE						
5A. APPLICANT'S SIGNATURE (BY)	5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	5C. DATE SIGNED (MM-DD-YYYY)				

PART B - SIGNATURE					
5A. APPLICANT'S SIGNATURE (BY)	5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	5C. DATE SIGNED (MM-DD-YYYY)			
	Chairman of the Board of Supervisors				

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint (https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006 Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

SECTION A - BUDGET SUMMARY											
	Grant Program Function or	Catalog of Federal Domestic Assistance	Estimated Unob	ligated Funds	New or Revised Budget						
	Activity (a)	Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)				
1	Community Project Funds - Congressionally Directed Spending; Maintain water storage systems for wildfire protection	10.723	\$	\$	\$ 609,000.00	\$ 609,000.00	\$ 1,218,000.00				
2.											
3.											
4.											
5.	Totals		\$	\$	\$ 609,000.00	\$ 609,000.00	\$ 1,218,000.00				

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SECTION B - BUDGET CATEGORIES

SECTION B - BUDGET CATEGORIES										
6. Object Class Categories	\Box	GRANT PROGRAM, FUNCTION OR ACTIVITY						Total		
		Community Project Funds - Congressionally Directed Spending; Maintain water storage systems for wildfire protection	(2		(3)		(4	3)		(5)
a. Personnel	\$ [100,000.00	\$		\$		\$		\$	100,000.00
b. Fringe Benefits] [15,000.00								15,000.00
c. Travel] [5,000.00								5,000.00
d. Equipment] [810,000.00								810,000.00
e. Supplies] [5,000.00								5,000.00
f. Contractual	1	278,000.00								278,000.00
g. Construction	[l	
h. Other	[5,000.00								5,000.00
i. Total Direct Charges (sum of 6a-6h)	[1,218,000.00							\$	1,218,000.00
j. Indirect Charges	[0.00							\$	0.00
k. TOTALS (sum of 6i and 6j)	\$ [1,218,000.00	\$		\$		\$		\$	1,218,000.00
7. Program Income	\$ [0.00	\$		\$		\$		\$	0.00

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SECTION C - NON-FEDERAL RESOURCES												
(a) Grant Program				(b) Applicant		(c) State		(d) Other Sources		Т	(e)TOTALS	
_				t		 	(c) Cuite	Н	(d) Calai Coarces	1.		
	Maintain water storage systems for wildfire protection			\$	609,000.00	\$		\$		\$	609,000.00	
9.										i	<u> </u>	
										"		
10.										Ī		
					<u> </u>			l		1		
11.				Γ								
12.	OTAL (sum of lines 8-11)			\$	609,000.00	\$		\$		\$	609,000.00	
			SECTION	D.	FORECASTED CASH	NEI	EDS					
			Total for 1st Year		1st Quarter		2nd Quarter		3rd Quarter	Γ	4th Quarter	
13.	Federal	\$	203,000.00	\$	50,750.00	\$	50,750.00	\$	50,750.00	\$	50,750.00	
14. 1	ion-Federal	\$[203,000.00		50,750.00		50,750.00		50,750.00		50,750.00	
15. 1	OTAL (sum of lines 13 and 14)	\$[406,000.00	\$	101,500.00	\$[101,500.00	\$[101,500.00	\$	101,500.00	
	SECTION E - BUD	GE	T ESTIMATES OF FE	DE	RAL FUNDS NEEDED	FO	R BALANCE OF THE	PR	OJECT			
	(a) Grant Program			FUTURE FUNDING PERIODS (YEARS)								
					(b)First	<u> </u>	(c) Second	L	(d) Third	╀	(e) Fourth	
	6. Community Project Funds - Congressionally Directed Spending; Maintain water storage systems for wildfire protection			\$	406,000.00	\$[406,000.00	\$[406,000.00] \$		
17.		_		-		-		۱,		╁		
•••						L		L		1		
18.				Г		Г		Ī		i		
						-				"		
19.						Γ		Ī		1		
								ľ				
20. TOTAL (sum of lines 16 - 19)					406,000.00	\$[406,000.00	\$[406,000.00	\$		
SECTION F - OTHER BUDGET INFORMATION												
21. Direct Charges: 1218000				22. Indirect Charges: 0								
23. F	Remarks: County portion of match is expect	od	to be partial in-kind							=		

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Standard Form 424A (Rev. 7-97) Prescribed by OMB (Circular A -102) Page 2 "Gila County was formed from parts of Maricopa and Pinal counties on February 8, 1881, and was extended eastward to the San Carlos River by petition in 1889. It contains 3,040,000 acres of which only 4,748 acres are private lands. The county seat was established at what was originally called Globe City, now called Globe which is an important copper mining center. Silver first attracted people to Gila County and after it was depleted copper emerged as a source of great mineral wealth.

There are 6 incorporated cities/towns located within the boundaries of Gila County. Globe was the first to incorporate in 1907, followed by Miami in 1918, and then Hayden incorporated in 1956, with Winkleman re-incorporating in 1959. The newest incorporated towns are Payson in 1973 and Star Valley in 2005. Gila County's total population is 53,846 (2020 Census).

Gila County is centrally located in Arizona and the topography is comprised of high desert and range land in the south, and mountainous pine forests in the north. The U.S. Forest Service owns 56 percent of the land in Gila County; 38 percent belongs to the Apache Tribe; 2 percent is owned by individuals and corporations; 2 percent is owned by the U.S. Bureau of Land Management; the State of Arizona owns 1 percent, and the remaining 1 percent is comprised of other public lands.

Statement of Need

In 2008/2009, several surplus fuel bladders were acquired by Gila County from the US military after they were returned from Afghanistan and converted to wildfire water storage that was strategically located throughout Gila County for initial attack on wildfire starts. Since the placement of these water storage units, they have been an instrumental resource for first responders in stopping the spread of wildfire starts. Due to the age and deteriorating condition of the water storage units, Gila County is requesting Federal funding in the amount of \$609,000 with a 1:1 County match of \$609,000 to begin to replace eighteen aging water storage units.

Project Goals/Objectives

On-going maintenance of the water storage units require replacement of the aging water bladders. It is the intention to replace the bladders with a more permanent longer lifespan water storage unit. An assessment has been conducted of the water bladders and a replacement prioritization plan has been prepared so that the units that are non-functional or end of useful life are the top priority to be replaced with the funding available.

Timeline

Month 1-3 - Staff prioritized list of replacement water storage system (bladders)

Month 3-9 – Procure bids for tanks and installation

Years 1-3 procure and install new water storage tanks replacing the obsolete water bladders at 18 remote sites.

ARF-7722

Executive Session Item 5. A.

Special BOS Meeting

Meeting Date: 11/29/2022

Submitted For: Jessica Scibelli, Deputy County Attorney

Submitted By: Jefferson Dalton, Deputy County Attorney, Civil Bureau

Chief

<u>Department:</u> County Attorney

Information

Request/Subject

To go into Executive Session to discuss the legal options regarding the Forest Service 203 Road located in the Sierra Ancha Wilderness, which was closed as a result of the Tonto National Forest Travel Management Plan.

Background Information

The Forest Service 203 Road provides the only motorized roadway access to many historic, privately-owned, occupied homesteads entering the area from Hwy 288, a few miles from the Salt River Diversion and north at Board Tree Saddle. It is also a public roadway used for motorized travel by thousands of visitors seeking to explore the Sierra Ancha Wilderness and surrounding area, such as hunters, hikers, wildland firefighters, first responders, OHV enthusiasts, livestock grazing permittees, and families who live in Young and surrounding communities.

According to the legal description and map submitted to Congress in 1965, several sections of Forest Road 203 are well within the boundary of the Sierra Ancha Wilderness and there are no administrative use needs associated with this road. Without a legislated boundary adjustment, the Forest Service is legally required to decommission this road to comply with the Wilderness Act and can no longer provide any motorized use where it is within the Wilderness Boundary.

In a letter dated April 10, 2016, to Senator John McCain from Neil Bosworth, Tonto National Forest Supervisor, "There are 10.5 miles of Forest Road 203 inside and 30.2 miles outside the Sierra Ancha Wilderness. If Forest Road 203 did not intersect the Sierra Ancha Wilderness, the Forest Service would designate Forest Road 203, in its entirety, as a motorized trail open to all motor vehicles."

Because the 10.5 miles in question lies within the Sierra Ancha Wilderness, the Tonto National Forest is legally required to comply with the Wilderness Act.

In the Travel Management Plan on the Tonto National Forest Draft Record of Decision, Implementation Section, page 33, dated October 2019 it states:

"Forest Service Road 203, also known as Cherry Creek Road, will be closed to all motor vehicle use until such time as this route is no longer within the designated boundary of the Sierra Ancha Wilderness. When this route is no longer within the Wilderness Area or as otherwise authorized by Congressional Action, it will be opened and designated as a full-sized motorized trail. The effects of both of these actions have been described in chapter 2 and analyzed by resource area in chapter 3 in the final environmental impact statement."

Cherry Creek Road is now closed and the Board of Supervisors needs to decide how to legally proceed.

Evaluation

The Board of Supervisors needs to be presented with the most recent information pertaining to the legal options that the County has and provide direction to its attorneys, so an executive session is appropriate.

Conclusion

It is appropriate that the Gila County Board of Supervisors hold an executive session under A.R.S. § 38-431.03(A)(3) to discuss the most recent information pertaining to the Forest Service Road 203 closure and the legal options for the County.

Recommendation

The Gila County Attorney's Office recommends that the Gila County Board of Supervisors vote to go into executive session, under A.R.S. § 38-431.03(A)(3), to discuss and consult with its attorneys regarding the legal options for the County.

Suggested Motion

Information/Discussion/Action to vote to go into executive session pursuant to A.R.S. § 38-431.03(A)(3) for discussions and consultation for legal advice regarding the potential legal options for the County and authorize its attorneys to proceed as discussed in executive session(Jessica Scibelli)

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No file(s) attached.