# Meeting Minutes City Council Community Safety Subcommittee Meeting

August 7, 2023 | 1:00 p.m. City Hall 4<sup>th</sup> Floor Large Conference Room 175 S. Arizona Ave., Chandler, AZ



## **Call to Order**

The meeting was called to order at 1:11 p.m.

## **Roll Call**

#### **Subcommittee Attendance**

Councilmember Christine Ellis Councilmember Angel Encinas Councilmember OD Harris (Absent)

#### **Staff Attendance**

Ryan Peters
Dawn Lang
Brian Cox
Keith Hargis
Leah Powell
Riann Balch
Tawn Kao
Dawn Gingerich
Nancy Jackson
Sheri Passey

# **Discussion/Agenda**

1. Proposed Opioid Settlement Strategic Plan

**RYAN PETERS**, Strategic Initiatives Director, gave a presentation on the Opioids Response Plan as a follow-up from the April City Council briefing. The Settlement Agreement allowed for participating governments to settle legal matters related to opioid damages with certain pharmaceutical companies. The settlement funds were allocated based on population (44% to the State and 56% to participating local governments).

Council directed staff to develop a strategic plan for the settlement funds before spending any of the balance. The City Manager assembled an internal working group to develop a proposed plan for utilizing the settlement fund, aligning with Council's strategic framework.

Key points identified from the Council Strategic Framework guided the use of the settlement funds. Specifically, the categories of Community Safety and Neighborhoods with prevention initiatives, emergency response services, and seeking partnership with service providers who sustainably address behavioral health and homelessness.

The Settlement Agreement outlined funding guidelines, with 70% earmarked for future remediation, 15% for crisis-related reimbursement and administrative expenses, and 15% for non-opioid remediation expenses. The city is required to file an annual spending report on July 31 of each year. This past July the report filed indicated no spending.

The Opioid Settlement Agreement Funding Guidelines dictate that funds can only be used for "approved purposes" of treatment, prevention and other strategies. As of July 12, 2023, the city has received just over \$500,000, expecting a total of \$4.4 million over the life of all the agreements.

The proposed Opioid Response Plan will be divided into two phases to allow quick implementation of some strategies while allowing the development of a more complex collaboration with internal and external stakeholders.

#### Phase I:

- Purchase of 90 defibrillators for police vehicles (\$191,282).
- Purchase of 250 Leave Behind Kits containing testing strips, Narcan and educational pamphlets (\$36,000). Kits will be made available for the Police Department Mental Health Unit, community navigators and fire vehicles.
- Development of a Data Collection System (name list) to track individuals engaged in frequent interaction with city staff due to opioid addiction (\$10,000).

Are there any questions on Phase I?

**COUNCILMEMBER ENCINAS** inquired about the priority of purchasing the defibrillators and how did defibrillators become a priority?

**RYAN PETERS** responded the police department identified this need for their patrol vehicles and this resource was a way to spend the money quickly.

**COUNCILMEMBER ENCINAS** asked who are we purchasing these from and what is the cost breakdown?

**BRIAN COX,** Assistant Police Chief responded he did not have the breakdown at this time. This will equip all the patrol vehicles and every patrol officer with a defibrillator. I believe the manufacturer's name is Colt.

**DAWN LANG,** Deputy City Manager provided the breakdown of \$2,125.00 per defibrillator.

**COUNCILMEMBER ENCINAS** asked how many police vehicles are already equipped with defibrillators?

**BRIAN COX** responded 18 as it currently stands. One for each beat. That is six per precinct. This purchase will increase to thirty per precinct.

**COUNCILMEMBER ENCINAS** asked how often are defibrillators actually used? And used in a situation that is occurring with opioid usage or drug overdose?

**BRIAN COX** stated I will have to get back to you with those relevant stats.

**COUNCILMEMBER ELLIS** asked to go back to the Settlement Agreement Funding Guidelines. She suggested prevention should be prioritized over treatment, as the best prevention is early prevention. We need to shift it to prevention first, then treatment and then other strategies. As we go further, I have more questions concerning that shift. Where is the money being spent and how much of it is spent? I am fine with the defibrillators because that is treatment. We need to go back and start to figure out how do we get these opioid users to not to start that process. I didn't see that in this plan. What is the plan for prevention working with the Fire Department? Institute that into the plan being proposed before bringing it to concept.

**LEAH POWELL,** Neighborhood Services Director explained the Leave Behind Kits are a prevention measure and their role in preventing future overdoses.

**COUNCILMEMBER ELLIS** stated what I have not seen is the explanation of how we are going to get these kits into people's hands. Is it when we are on scene and leaving a kit or educating on site?

**LEAH POWELL** responded the idea is we are leaving them in situations where there is usage going on. Being able to leave the kit with family or a person for the future. She discussed identifying the most critical or high-risk situations and the potential distribution opportunities to give out kits, including seeing what other cities and organizations are doing (to distribute to the general public). Our navigators are seeing the same people over and over who are actively using. It is intended to prevent future overdoses. To distribute to the general public will require a lot of discussion and adoption of a policy if the city wants to get into that business.

**COUNCILMEMBER ELLIS** stated I would like to see that in the plan and it should be at the forefront of the prevention program. I would also like to see a mental health professional added. We should attach a specific person with this unit to help develop prevention and give support to the other three groups.

**LEAH POWELL** responded that is part of Phase II. Phase II involves a request for proposals for a behavioral health authority to come on board.

**COUNCILMEMBER ELLIS** stated bringing that person in with us we can determine the outcomes and have more control.

**LEAH POWELL** responded that is part of Phase II.

**RYAN PETERS** stated Maricopa County is also developing a strategic plan with a focus on prevention and education categories, with an emphasis on collaborations with external entities to maximize the prevention impact.

**COUNCILMEMBER ELLIS** said it comes down to relationships. Whether through Fire, Police or our Neighborhood Services we have to establish great relationships to be able to effectively address the crisis.

**COUNCILMEMBER ENCINAS** expressed support for equipping police with the defibrillators but feels the priority should be on prevention and treatment. These pharmaceutical companies pleaded for a settlement and provided the funds because they were in the wrong. He suggests flipping funding priorities and is looking for prevention, treatment, and recovery situations for how to help these people.

**RYAN PETERS** said this first iteration is going to be two-phased. The \$190,000 is a one-time capital cost. There will be on-going costs for the Leave Behind Kits. Time is required to develop the RFP in Phase II to provide the expert. We heard City Council state we need to start getting this money out there quickly.

**COUNCILMEMBER ELLIS** said it's not only those overdosing that can benefit. This equipment may save a person's life. It's an investment for the city.

**COUNCILMEMBER ENCINAS** added 100% that is why I asked for the statistics of the defibrillators. These funds are intended for the purposes of recovery, treatment and stopping people from using opioids. Making sure that we are doing this is a priority in directing the funds. For the Leave Behind Kits, the navigator teams identify people within the community. How else are we going identify people with a need in the community?

**LEAH POWELL** replied the kits will be with Fire (engine and paramedic units), the PD mental health unit and the navigation units. This is part of the Data Collection System ("by name list"). Each unit is dealing with the same individuals repeatedly, so a piece will come from that "by name list." It will be up to the discretion of each unit on the need during encounters with other individuals. It is uncertain how far the 250 kits will go. Fire has the ability to acquire another 100 kits, but it must be administered by Fire due to it being a State funded program. We will continue to evaluate it. Perhaps our partners or Maricopa County can assist with the distribution to the general public. We will start with the "by name list" and calls for service from the mental health unit and the Fire Department.

**COUNCILMEMBER ELLIS** asked can we add faith-based and non-faith-based organizations dealing in providing services to individuals experiencing homelessness? Can we look to partner with them? Do we have a process to monitor how many kits they distribute and to who so we can follow-up?

**LEAH POWELL** responded absolutely. Collecting that data will help us to determine the need on an on-going basis.

**KEITH HARGIS,** Assistant Fire Chief presented details on the EMS side working with our medical director Dr. Zyler. Dr. Zyler will develop an offline protocol for all paramedics to be trained on. State templates available right now will help to identify who specifically we are targeting and what risk factors we are looking for (elderly with opioid prescriptions, altered levels of awareness, difficulties recognizing prescriptions, etc.), which will be well documented. Working with him and Dignity Health will provide a very detailed structure and ensure we are running a seamless program. We will be able to track the program through our EMS systems (where we leave the kits). What will not be included is if the kits get utilized, unless we circle back. Our plan should be very comprehensive.

**COUNCILMEMBER ENCINAS** asked has the data system been created or do you have a plan or a model?

**LEAH POWELL** replied we each have different data systems. We use HMIS (Homeless Management Information System) for homelessness. We may take components of each system. With Fire we are dealing with HIPAA, and we will have to work through that with our legal department. Components from our current systems will give us a blueprint on how do to it. Circling back to Councilmember Ellis, with the population experiencing homelessness and our frequent interactions with that group, we will have an idea on whether those kits are being used. We have been successful in getting our most chronic homeless into substance abuse treatment using Change-up Funds and other federal funding (which just ran out) to pay for the first week or month of treatment until their insurance kicks in. We will be able to collect data.

**COUNCILMEMBER ELLIS** commented I would like to see this money be allocated to those things you just mentioned.

**COUNCILMEMBER ENCINAS** asked do we have a focus in this plan to use these funds to help in those situations you just mentioned?

**LEAH POWELL** responded we did not include that in the budget, but it is something we can take back and discuss as a team.

**COUNCILMEMBER ENCINAS** stated that is the main focus of what this should be going to.

**COUNCILMEMBER ELLIS** added please do. Are you thinking of putting less defibrillators? I would still want to put a lot of defibrillators out.

**COUNCILMEMBER ENCINAS** stated I support the purchase of one-third of the defibrillators and break the remaining out into treatment and prevention. I would like to see more funding in those areas.

**COUNCILMEMBER ELLIS** requested staff take that back and work on it. We have 18 years, maybe we divide the purchase of the defibrators and put the funds in other areas.

**RYAN PETERS** interjected putting the money where it works is what Phase II is about. We broke it into phases for two reasons. First, what we can do quickly? Second, the RFP piece will take time defining the scope of work, identifying the partners and working through a contract. We intend to work quickly on Phase II but wanted to achieve our objectives with some of the needs right now.

Phase II proposes creating a pilot Mobile Opioid Response Unit staffed by a City of Chandler community navigator and a contracted behavioral health professional. It will operate during peak times for calls for service, approximately 35 hours of service per week as a starting point. This pilot will assist first responders to move more quickly to address incidents and provide the patient access to the appropriate treatment. This will bring the resource to the need, free up police officers' time and provide patients access more quickly. The first year budget is \$190,000.

The second segment is education. The city will seek to allocate funds through an RFP process to a non-profit organization to provide Opioid Education services. Funding is recommended in the amount of \$10,000 for FY 23-24. The goal is to implement the Opioid Response Unit by January 2024 and the educational partnership in this fiscal year.

**COUNCILMEMBER ELLIS** asked will we have direct oversite over this non-profit organization?

**LEAH POWELL** replied yes. We will be contracting for a certified professional to be part of this team. We will have oversight. It will run out of the Neighborhood Resources Department with a navigator and the resources they bring to the table.

**COUNCILMEMBER ENCINAS** asked can I get a breakdown of the \$190,000? Is that purchasing a vehicle? Is it the employee for the year?

**RYAN PETERS** confirmed it is the vehicle as well as the employee and the relationship with the third party.

**COUNCILMEMBER ELLIS** stated she would like to re-evaluate after some of the numbers are available related to the budget and take a more in-depth look.

**RYAN PETERS** asked if there were any other questions, then proceeded to explain the Opioid Response Plan Proposed Budget:

- Phase I Defibrillators \$191,282, Leave Behind Kits \$36,000 = \$227,282
  - o First year contingency \$77,144.21
- Phase II Response Unit \$190,000, Education \$10,000 = \$200,000 Total proposed budget \$504,426.21.

**COUNCILMEMBER ELLIS** asked if that is how much they are giving us and are the numbers even?

**RYAN PETERS** replied yes and reminded councilmembers we are still awaiting some settlements to be completed. Figures are estimates as this point.

**COUNCILMEMBER ELLIS** stated the only thing remaining is to go back and discuss the defibrillators and work that out.

**COUNCILMEMBER ENCINAS** asked if staff reached out or met with Maricopa County to see what their proposals are and what they are working on?

**RYAN PETERS** stated he met with Maricopa County about a month ago. They are still in their initial learning phase. They have an event on August 14 at the Chandler Library. They will hear from stakeholders, present their strategic plan and ultimately go to the Board of Supervisors. Their focuses are education, partnerships with school districts and looking for opportunities to combine resources to maximize resources. It was a high-level meeting.

**COUNCILMEMBER ENCINAS** commented I would like to see what they present and see if there is anything we can incorporate here.

**LEAH POWELL** asked to clarify on the response unit. We do not have the purchase of the vehicle as part of that. We would like for the partner to provide the vehicle or an old van within the city fleet. We did not want to purchase the vehicle since it is a pilot program. We do have operations money as well as salaries.

**COUNCILMEMBER ELLIS** asked if we get a van from somewhere we will be able to support that van?

**LEAH POWELL** responded yes. We have operations funding shown for the vehicle, but not the purchase of vehicle.

**DAWN LANG** clarified the allocation supports four people at 35 hours per week, correct?

**LEAH POWELL** replied yes, to cover 35 hours per week and seven days per week.

**RIANN BALCH,** Community Resources Senior Manager added there is always a team of two people working together, so it takes four people.

**COUNCILMEMBER ELLIS** stated we do not want them working by themselves for safety purposes.

**RYAN PETERS** continued his presentation with a timeline. Council entered into the One Arizona MOU on December 10, 2020. Settlement payments started in October 2022. In April 2023, the Opioid Settlement Guidance was released and presented to City Council. Also in April 2023, the internal working group formed.

The next steps are Council subcommittee input on the draft Phases I and II. He expressed appreciation for all the feedback provided today. Phase I could initiate quickly and will be presented in the future to Council as a procurement agenda item. Phase II will take more time to develop the scope of work and undergo the procurement process with providers. Our objective is to put these funds to use quickly and respond to the needs of the community as soon as possible.

**COUNCILMEMBER ELLIS** stated she would like us to develop our own system and not wait for Maricopa County to finalize their plan. Let's start thinking about our own resources and establish our own guidelines.

**COUNCILMEMBER ENCINAS** commented I think you all know where I stand. I'm not sure we are in a rush to spend the funds since we have had the funding since 2022. I want to use it effectively. Looking down at this Proposed Budget Plan Phase I, the Leave Behind Kits is the only

immediate action I see right now and that is only \$36,000. Staff should take back all our comments and see where we go from there to get some more immediate action.

**COUNCILMEMBER ELLIS** added we can probably delete some of those defibrillators and add some more into getting people into treatment. In the next allocation of money, we can put it toward the remaining defibrillators. Will that work, Chief Cox?

**BRIAN COX** replied it will work. I will get the data requested and reply through Ryan Peters.

**COUNCILMEMBER ELLIS** stated we want you to be equipped, but for those who cannot afford to get into treatment, if we can help, that is really doing something positive.

# **Adjourn**

The meeting was adjourned at 1:59 p.m.

Recording Secretary