

# Meeting Minutes

## City Council Work Session

November 9, 2023 | 4:30 p.m.  
Council Chambers Conference Room  
88 E. Chicago St., Chandler, AZ



### Call to Order

The meeting was called to order by Mayor Kevin Hartke at 4:30 p.m.

### Roll Call

#### Council Attendance

Mayor Kevin Hartke  
\*Vice Mayor Matt Orlando  
\*Councilmember OD Harris  
\*Councilmember Mark Stewart  
Councilmember Christine Ellis  
Councilmember Jane Poston  
Councilmember Angel Encinas

#### Appointee Attendance

Josh Wright, City Manager  
Kelly Schwab, City Attorney  
Dana DeLong, City Clerk

\*Vice Mayor Orlando, Councilmember Harris and Councilmember Stewart attended telephonically.

#### Staff in Attendance

Tadd Wille, Assistant City Manager  
Dawn Lang, Deputy City Manager / Chief Financial Officer  
Andy Bass, Deputy City Manager  
Dawn Gingerich, Assistant City Attorney  
Thomas Dwiggin, Fire Chief  
Riann Balch, Community Resources Senior Manager  
Ryan Peters, Strategic Initiatives Director  
Bryan Cox, Assistant Police Chief  
Matthew Burdick, Communications and Public Affairs Director  
Leah Powell, Neighborhood Resources Director

## Discussion

### 1. Presentation on Proposed Strategic Plan Associated with the Use of Funds Received from the One Arizona Opioids Settlement Agreement

MAYOR HARTKE called for a staff presentation.

JOSHUA WRIGHT, City Manager, introduced the discussion item.

RYAN PETERS, Strategic Initiatives Director, presented the following presentation.

- Opioid Response Plan
- Opioid Settlement Agreement Overview
  - Entered into March 1, 2022
  - Allows the State and participating local governments to enter into an agreement with certain pharmaceutical supply chain participants to settle legal matters related to damages incurred through opioid dispensing
  - Settlement funds are shared 44% with the State and 56% with participating local governments based on population
  - Total settlement agreement funds have not been established as additional agreements with pharmaceutical supply chain participants continue to be entered into
- Opioid Settlement Agreement Funding Guidelines
  - Local Governments are allowed to use funds internally or can partner with community agencies and/or regional partners for many of the approved purposes given accountability and reporting obligations are met
  - 70% of funding received must be used for future opioid remediation
  - A maximum of 15% can be spent on opioid crisis-related reimbursement and administrative expenses
  - A maximum of 15% can be spent on non-opioid remediation expenses
  - An annual report is required to be filed by July 31
- Opioid Settlement Agreement Funding Guidelines
  - Funds can only be used for "Approved Purposes":
  - Treatment
    - Treat Opioid Use Disorder (OUD)
    - Support people in treatment and recovery
    - Connect people who need help to the help they need (connections to care)
    - Address the needs of criminal justice involved persons
    - Address the needs of pregnant/parenting women and families, including babies with neonatal abstinence syndrome
  - Prevention
    - Prevent over prescribing and ensure appropriate prescribing and dispensing of opioids

- Prevent misuse of opioids
  - Prevent overdose deaths and other harms
- Other Strategies
  - First responders
  - Leadership, planning and coordination
  - Training
  - Research
- Opioid Settlement Agreement Funding Received and Anticipated
  - As of October 25, 2023
- Council Subcommittee Feedback
  - August 7, 2023
  - Focus on a prevention-first strategy when allocating resources while providing supportive treatment and intervention when needed
  - 2. Prioritize leave-behind kits as a means of supporting a prevention first strategy
  - 3. Include funding/programming for inpatient rehabilitation services
  - 4. Preference for funds to be used for services versus equipment

RIANN BALCH, Community Resources Senior Manager, continued the presentation.

- Opioid Response Plan
  - 1. Education Approved funding purpose: "prevent misuse of opioids" and "prevent overdose deaths and other harms"
  - 2. Leave Behind Kits Approved funding purpose: "connections to care," "prevent misuse of opioids," and prevent overdose deaths and other harms"
  - 3. Opioid Response Unit Approved funding purpose: "support people in treatment and recovery" and "connections to care"
  - 4. Sober Living Services Approved funding purpose: "support people in treatment and recovery"
  - 5. Data Collection Approved funding purpose: "leadership, planning and coordination" and "research"
- Opioid Response Plan
  - Education:
    - For FY23/24 the city will allocate funds to a nonprofit organization to provide Opioid Education services.
    - Staff will design a scope of work and release an RFP for Opioid Education services to be contracted through the annual Human Services
    - Allocations process for future years.
    - The city will contract for these services beginning in FY 24/25 (funding source and amount TBD).
    - Timeline: FY24/25 contract for Opioid Education
    - Budget: FY23/24: \$50,000; FY24/25: To be determined
  - Leave Behind Kits:

- “Leave Behind Kits” will be made available for the PD Mental Health Unit, community navigators and on fire vehicles.
- The kits are comprised of testing strips for Fentanyl and Xylazine, Narcan, and addiction resources and education materials.
- The kits will be distributed when responders encounter a situation with opioid usage or suspected usage.
- The purpose of the kits is to educate and potentially prevent future overdosing of opioids.
- Timeline: January 2024 implementation
- Budget: \$19,455 (250 kits)
- Opioid Response Unit:
  - A pilot Opioid Response Unit will be created and staffed with a contracted trained behavioral health organization and a City of Chandler community navigator.
  - A van will be identified and equipped for mobile response.
  - The unit will operate during peak times for calls for service and will facilitate transfer of residents in crisis to appropriate care facilities.
  - The pilot will begin with 40 hours of service a week.
  - Timeline: January 2024 implementation
  - Budget: \$313,605 (for one calendar year at 40hr/wk)

MAYOR HARTKE asked if peak hours have been identified.

MS. BALCH said that other behavioral health corporations have not been able to identify peak hours in other communities, it is very community specific. We would start with a 40-hour daytime model and work from there.

MAYOR HARTKE asked if it would be a second shift, from noon to eight pm.

MS. BALCH said we would work with behavioral health providers to get their input on hours of operation.

MAYOR HARTKE asked if the behavioral health provider would work with our public safety to accept those calls.

MS. BALCH said the van would be a community navigator and a representative from the behavioral health provider, we would accept pointers from the public safety team, but in work in other communities so far they have found that daytime hours are hours of need.

COUNCILMEMBER POSTON asked if the organization providing education services and participating in the opioid response unit would be the same organization.

MS. BALCH said it is likely they would be separate as they have separate audiences typically.

COUNCILMEMBER POSTON asked about the funding source determination.

MS. BALCH said it would be from the opioid settlement.

MR. PETERS added that it would be in a future fiscal year. The amount is to be determined.

VICE MAYOR ORLANDO asked how many opioid cases we see a day.

MS. BALCH said in Community Services, of homeless populations they interact with, 28% report up front that they face a struggle with opioids. This number is likely a low estimate due to the self-report aspect of the data.

MR. PETERS added that the fire department keeps track of opioid related cases and estimate about 507 opioid related incidents per year on average.

VICE MAYOR ORLANDO asked what the current procedure in an opioid related case is.

CHIEF DWIGGINS said that when the fire department is called out, it is for an overdose. We provide patients with Narcan. Fentanyl is powerful, so patients are transported to the ER. Other cases who do not have overdose levels can be referred to services, but overdose cases are transported.

VICE MAYOR ORLANDO asked if they get a patient who has overdosed, they send them to the emergency room.

CHIEF DWIGGINS said that is correct.

VICE MAYOR ORLANDO asked what happens after that.

CHIEF DWIGGINS said they are treated at the emergency room, they are monitored, then the emergency room has an in-house team to provide services.

VICE MAYOR ORLANDO asked if we have this system in place, why do we not strengthen the system that we have.

MR. PETERS said this data is specific to the fire department. There are more instances that the Community Resources and Police departments face in the field. The benefit of the opioid response unit would allow officers to triage the situation and allow the crisis response team to hand off to services and treatment with public safety folks returning to service.

VICE MAYOR ORLANDO asked what the difference would be between this and supporting our local hospitals.

MR. PETERS said the hospitals do not transfer patients to rehab facilities, they call the city to do this.

VICE MAYOR ORLANDO asked what happens after that.

MS. BALCH said the homeless population using opioids are not overdosing, but this program would be a way to intervene and then prevent overdose by engaging them in services. When people complete the hospital treatment, the hospital will engage a community navigator and ask for help. Our job is to address the unhoused issue and substance use issue. Part of the solution is to place individuals in detox, sober living, or continue to meet them where they're at.

VICE MAYOR ORLANDO asked for more information on the process of how this is addressed today. Vice Mayor Orlando commented that there may be value in more of a focus on the prevention.

MAYOR HARTKE said staff and professionals can give us a better estimate of scope.

COUNCILMEMBER ELLIS added that this is a revolving door issue, once a person enters the system, they are engaged in the community. The hospital is for emergency treatment only. The reason we get called as a city is because we have some programs in place, and it is known that the city can help. Councilmember Ellis asked how we will ensure safety in transport vans.

MS. BALCH said the reason for partnering with a licensed behavioral health agency is because they have experience with patient transport.

COUNCILMEMBER ELLIS emphasized safety and differing levels of behavioral issues.

MS. BALCH agreed and said that in certain crisis situations, we would defer to public safety, most situations would likely be an individual ready to go get help. Community navigators already interact with people using opioids every day. This opioid response unit would allow us access into service with the behavioral health agency.

COUNCILMEMBER ELLIS asked about how the educational programming will reach unhoused youth audiences.

MS. BALCH said that education would focus on students at schools and community events.

MS. POWELL said that there are a number of organizations working at different levels – we are aware of the work they are doing in opioid education. We have some meetings to explore some of the options.

MAYOR HARTKE asked that any specific feedback would be reported back. There will be more details to come on building this program.

COUNCILMEMBER STEWART asked what initial direction was received to pursue the funding.

MR. PETERS said the settlement agreement itself provided guidelines as to how the funds should be spent. It is overseen by the Attorney General.

COUNCILMEMBER STEWART asked if our community navigators are trained in this area.

MS. BALCH said community navigators are trained, this response plan grants access into these services. The idea is that the navigators are familiar with the community and community members. The city does not have access to the kinds of services a licensed behavioral health agency would. Partnering with an agency that has direct access and knows how to engage gives us an option to intervene early before overdose and into treatment services. The agency would help get individuals insurance to utilize the services. An aspect of sober living services is part of the plan for the city to pay for.

COUNCILMEMBER STEWART asked for more information on the flow of the process.

MS. BALCH said that the plan would utilize a navigator who is already employed. We would transition their position funding from COVID funds to opioid settlement funds. It would not be a new hire. Four of our positions are funded through COVID ARPA funds already and will need transitions of funding at some point.

COUNCILMEMBER STEWART said he would like to discuss this more.

MR. WRIGHT said most of the funding will be going to external partners as the city does not have the access or capacity to provide certain resources. The navigator is one piece of it, the rest of this would rely on outside partners to develop the process. There is not a vendor selected, tonight is to discuss at a high level and get direction.

COUNCILMEMBER STEWART asked to find out what staffing is like at our partners that work in addiction treatment.

COUNCILMEMBER ENCINAS said that the input from the council subcommittee was to use funds for immediate use in treatment and recovery. Councilmember Encinas asked if we currently have any leave behind kits in use.

MS. POWELL answered that the fire department can acquire kits currently. We do not promote these as a city yet, it would be a goal of the response plan to activate this.

CHIEF DWIGGINS mentioned that the medical director of Chandler Regional Hospital would provide Narcan to the Fire Department at the rate that EMS uses it.

COUNCILMEMBER ENCINAS said that this opioid response unit and their services would get individuals in line with services they need.

MS. BALCH said the opioid response unit would connect individuals with the services they need, state insurance would provide for detox, in-patient and out-patient services. Once complete, patients are released, often back to the street. People need stable housed environments to get through treatment plans without returning to using drugs.

MS. BALCH continued the presentation.

- Opioid Response Plan
  - Sober Living Services:
    - The city would pay for sober living following in-patient treatment via contracts with multiple vendors.
    - The average length of time the city pays before a client can pick up the cost is 4 weeks.
    - Timeline: January 2024 implementation
    - Budget: \$57,000 (75 clients)
  - Data Collection:
    - Staff will develop a system to collect information on frequent interaction with city staff due to opioid addiction.
    - Proposed performance metrics will be measured and reported to the Mayor/Council and city management.
    - Timeline: January 2024 implementation
    - Budget: \$0.00

COUNCILMEMBER ENCINAS said this is great to give this additional service. Councilmember Encinas asked if this enough funding to be able to serve 75 people for 4 weeks.

MS. BALCH answered that we are not sure how many clients we can handle due to the follow up and follow through work. She said 75 is a best estimate for Year 1.

COUNCILMEMBER ELLIS asked if we will be paying the shared cost in the sober living services.

MS. BALCH said yes.

COUNCILMEMBER ELLIS asked if there is a requirement for employment.



MS. BALCH said most of the sober living facilities we work with do have a work requirement after the first week or two.

COUNCILMEMBER ELLIS commented that we would pay for the first couple weeks so the individual can stabilize and receive the help they need and start the pathway to employment.

COUNCILMEMBER HARRIS said we already do a lot and would like to see the partnership of organizations that provide data and do the work.

MR. PETERS noted that our staff is already involved in these cases. This direct relationship would give us priority access to services that are actively available for the people that need them. While our staff is doing this work, they know the community better than outside organization, and the outside partners know the services better. This is to enhance what we are already doing in the community.

COUNCILMEMBER HARRIS asked is there any way of transferring responsibility to community partners.

MAYOR HARTKE asked if the city is limited to the 75 clients because of our own limits, and wondered if funds could be better suited to an organization who may be able to serve more than 75 clients. We must start somewhere and choose great partners.

VICE MAYOR ORLANDO inquired about state and county opioid related programs.

MR. PETERS said the county exercise has been in data collection and a community needs assessment, they have recommendations for county correctional facilities as well as communities in the county and recommend standing up crisis response units as an effective means to get access to care. Consultant is collecting community needs that the county is equipped to address with the health department and healthcare system.

MS. BALCH said this is where the gap was found between patients leaving treatment and housing. The idea to pair navigators with service providers is to have someone familiar with the community to provide more effective resources and service.

MAYOR HARTKE encouraged council to attend a ride along with a community navigator to see the connections they make and their ability to have a relationship with the community.

MS. BALCH continued the presentation.

- Opioid Response Plan Proposed Budget

COUNCILMEMBER ELLIS asked how much funding is currently available from the state.

MR. PETERS said around \$700,000 is available.

MAYOR HARTKE said we could use the other amount later in the year or develop the programs further.

MR. PETERS said it can serve as a contingency or used at later opportunity or a cushion for later years.

MAYOR HARTKE said as need arises, we can adapt that into the plan.

MR. PETERS said that was correct, there will be more funding over time, we will continue to receive funding and allocate it to where it is needed to make the most positive impact.

COUNCILMEMBER ELLIS asked if the whole amount would roll over from year to year if the total was not used.

MR. PETERS said any remaining amount year to year would roll over.

COUNCILMEMBER ENCINAS asked what is included in the amount of the opioid response unit.

MS. BALCH answered that it would include a vehicle, supplies, employee hours, for the first year.

COUNCILMEMBER ENCINAS asked if it would be possible if the service provider has a vehicle already.

MS. BALCH answered then we would not need to spend as much and it would depend on what they would be able to provide. The estimate is from service providers' best estimate.

COUNCILMEMBER ENCINAS commented that the more we can put towards actual treatment will serve the community best and may be used in the sober living services.

MAYOR HARTKE agreed and mentioned that we can perhaps use more of the total amount of the funds once the project gets going.

COUNCILMEMBER POSTON asked about the population that may go through the medical system for an overdose, is treated, but is not homeless.

CHIEF DWIGGINS said the majority of the overdose patients who go to the hospital for treatment are not homeless. There are also still opioids involved in other calls the fire department receives, they are just not categorized the same way as an overdose is.

COUNCILMEMBER POSTON asked to address this gap of care in future planning for the opioid response plan.

CHIEF DWIGGINS said the goal of leave behind kits is to leave behind the kit in these situations that are not overdoses.

COUNCILMEMBER STEWART said the amount of funding for this issue will not solve the entire problem, but we should focus on where the most impact can be made in treatment.

VICE MAYOR ORLANDO said the focus discussed has been education, kits, and active treatment. We have a way of identifying those in need, what do we do to help these people.

MAYOR HARTKE asked if there is a resource to follow up on patients leaving care.

MS. BALCH said there are some community organizations that focus on hospital after care for seniors to follow up on their health.

MR. PETERS said that we are working on a strategic plan based on the capacity of being able to make a difference, this is a work in progress that we will see after the results come in. Some ideas are best practices from other communities and robust studies based on access to care, transportation challenges, and lived experience.

MS. BALCH continued the presentation.

- Proposed Performance Goals and Metrics
  - Number of people receiving preventative education as measured by attendance. (ex in-person or virtual education sessions) Goal is 2,000 individuals for year 1.
  - Number of leave behind kits distributed as measured by distribution records. (ex each distributing entity will be reporting number of kits distributed) Goal is 250 kits for year 1.
  - Number of persons connected to behavioral health services as measured by participant intake. (ex detox, clinic or rehab) Goal is 200 per year.
  - Number of people connected to medical services as measured by participant referral. (ex A1C screenings, immunizations, blood pressure screenings, or medication consultation) Goal is 200 per year.
  - Number of persons enrolled in city services as measured by participant intake. (ex, Chandler Connect or Operation Open Door) Goal is 50 per year.
  - Number of persons enrolling in sober living as measured by participant intake. (Coordinated by city staff) Goal is 75 people per year.

MR. PETERS continued the presentation.

- Timeline
  - March 1, 2022 Opioid Settlement Agreement Entered Into

- October 2022 Chandler starts receiving settlement payments
- April 2023 Opioid Settlement Guidance Released and City Council Presentation
- April 2023 Internal Working Group Formed
- August 2023 Council Subcommittee Meets
- November 9, 2023 Council Work Session
- Early 2024 Opioid Response Plan Implementation
- Next Steps
  - Council Input on Draft Opioid Response Plan
  - Staff acquires materials and works with vendors to implement Council approved Opioid Response Plan
  - Continued learning and adjustments to plan

MAYOR HARTKE surmised that the opinion is to look for a strong partner and how to improve capacity to ensure we are focused on success.

COUNCILMEMBER ELLIS asked if there will be another subcommittee meeting.

MR. PETERS said the RFP would be complete based off the opinions gathered at this meeting, then the next time it would come up would be on a council agenda as an item for approval.

COUNCILMEMBER HARRIS said maybe we can revisit this together and have a further conversation. Councilmember Harris emphasized the funds should get to the people who need it most.

MR. WRIGHT said we will revisit this.

MAYOR HARTKE said there has been research into other municipalities to see how they are using the funds, and asked if there were any similarities.

MR. PETERS answered that some are choosing to put this into equipment, some choosing to give back to the county, others are putting out Narcan and opioid response unit, depending on the amount of money received based on the municipality population.

VICE MAYOR ORLANDO requested more time spent on the plan and wanted to see a well-researched plan come back to council again.

COUNCILMEMBER HARRIS restated that we should revisit this again.

COUNCILMEMBER ENCINAS said the mobile unit was the point of vagueness.

COUNCILMEMBER ELLIS said the mobile unit plays into the continuum of care after patients are rereleased in the community. We looked at what everyone else is doing and how to formulate the

pathway to success for recovery. Funding the mobile response unit would allow us to provide care at multiple points of treatment.

COUNCILMEMBER POSTON wanted more information on the mobile opioid response unit. We need to use the funds to address all areas of the community.

MR. PETERS said that there is a special need for access for care for the unhoused population in the opioid crisis but must address the problem for all affected.

MS. BALCH reassured that the city would not want to acquire a fleet vehicle – the city involvement would be the community navigator to lead the service. The service provider would be asked to purchase the vehicle in the RFP.

MAYOR HARTKE asked for more information to come back to the subcommittee while we study this information more.

## Adjourn

The meeting was adjourned at 5:47 p.m.

ATTEST: *Dana R. D'Long*  
City Clerk

*Kevin Hartke*  
Mayor

Approval Date of Minutes: December 4, 2023

## Certification

I hereby certify that the foregoing minutes are a true and correct copy of the minutes of the Work Session of the City Council of Chandler, Arizona, held on the 9th day of November 2023. I further certify that the meeting was duly called and held and that a quorum was present.

DATED this 4<sup>th</sup> day of December, 2023.

*Dana R. D'Long*  
City Clerk

