

**OPIOID SETTLEMENT FUND
2024 FISCAL YEAR FINANCIAL REPORT**

NOTE: PLEASE FIRST REVIEW THE ANNUAL REPORT'S INSTRUCTION SHEET, DOWNLOAD AND SAVE THE FORM, THEN COMPLETE THIS FORM USING EITHER ADOBE ACROBAT PRO OR READER

NAME OF ENTITY: Adams County

NAME & TITLE OF PERSON FILLING OUT REPORT: Charissa Branson

EMAIL: cbranson@co.adams.id.us

PHONE NUMBER: 208 253-4101

Should all future opioid-related correspondence go to you? Yes ☐ No ☒

NAME & TITLE: Sherry Ward Clerk

EMAIL: sward@co.adams.id.us

INFORMATION ABOUT PAYMENTS THE SUBDIVISION RECEIVED *(All information required)*

Funds balance at end of FY 2023 (July 1, 2022-June 30, 2023):	\$11,471.55
Settlement funds received in FY 2024 (July 1, 2023-June 30, 2024):	\$15,051.04
Settlement funds expended in FY 2024 (July 1, 2023-June 30 2024):	\$1,200.00
Settlement funds balance at end of FY 2024 (June 30, 2024):	\$25,322.59

DETAILS ABOUT FUNDS RECEIVED DURING THE FISCAL YEAR *(All information required)*

Payment Date	Payment Amount	Source of Payment
08/03/2023	\$2,279.72	Distributors YR 3 <input type="button" value="v"/>
11/13/2023	\$512.43	Mallinckrodt <input type="button" value="v"/>
03/08/2024	\$6,742.58	
03/18/2024	\$1,255.91	Distributors YR 7 <input type="button" value="v"/>
04/15/2024	\$4,260.40	Walmart <input type="button" value="v"/>
	\$	
	\$	
	\$	

Total Amount Received: \$15,051.04

INFORMATION ABOUT FUNDS EXPENDED ON APPROVED USES (EXHIBIT A) *(All information required) (Please attach additional pages if needed)*

Approved Use Section	Approved Use Subsection	Payment Amount
a	8	\$1,200.00
		\$
		\$
		\$
		\$
		\$
		\$

Total Amount Expended: \$1,200.00

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NAME OF ENTITY: _____
NAME & TITLE OF PERSON FILLING OUT REPORT: _____
EMAIL: _____
PHONE NUMBER: _____

Should all future opioid-related correspondence go to you? Yes ☐ No ☐

NAME & TITLE: _____
EMAIL: _____

INFORMATION ABOUT PAYMENTS THE SUBDIVISION RECEIVED (All information required)

Funds balance at end of FY 2023 (July 1, 2022-June 30, 2023):	\$
Settlement funds received in FY 2024 (July 1, 2023-June 30, 2024):	\$
Settlement funds expended in FY 2024 (July 1, 2023-June 30 2024):	\$
Settlement funds balance at end of FY 2024 (June 30, 2024):	\$

DETAILS ABOUT FUNDS RECEIVED DURING THE FISCAL YEAR (All information required)

Payment Date	Payment Amount	Source of Payment
03/08/2024	\$780.23	Allergan
03/08/2024	\$705.14	Teva
03/08/2024	\$902.22	CVS
03/08/2024	\$1,050.43	Walgreens YR 1 & 2
03/08/2024	\$693.35	Walgreens YR 1 & 2
03/08/2024	\$2,611.21	Walmart
	\$	
	\$	

Total Amount Received: \$6,742.58

INFORMATION ABOUT FUNDS EXPENDED ON APPROVED USES (**EXHIBIT A**) (All information required) (Please attach additional pages if needed)

Approved Use Section	Approved Use Subsection	Payment Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Amount Expended: \$0.00

I uploaded copies of the subdivision's budget sections or resolution(s) that support the subdivision's disbursements. Yes ☒ No ☐

Add Attachments, *one at a time*:

ADD ATTACHMENT

If "No," explain why the required documents are not attached:

I uploaded copies of other supporting records that the subdivision wants the Attorney General's Office and public to review. Yes ☐ No ☒

Add Attachments, *one at a time*:

ADD ATTACHMENT

PUBLIC RECORDS ACT NOTICE

This report and all uploaded documents are public records and will be published on the Attorney General's website at ag.idaho.gov. The Attorney General also will provide a copy of the report and all uploaded documents to the opioid settlement administrator and anyone who submits a public record request.

ACKNOWLEDGEMENTS

By typing my name below, I warrant that: (a) all information provided in this report is true and correct, (b) all opioid settlement funds expended by the subdivision were expended on approved uses as provided in [Exhibit A](#), and (c) I have the necessary authority to sign and submit this report on behalf of the subdivision.

SIGNATURE - *type name here*: Charissa Branson

DATE: 08/20/2024

SUBMIT

ADAMS COUNTY CLAIM FORM

P.O. BOX 48
COUNCIL, ID 83612
(208) 253-4133 FAX (208) 253-4880

PAY TO:

NAME: Adams County Health Center VENDOR #: 1539

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ DATE PAID: JAN 05 2024

DEPUTY: Teressa Moore

ACCT/INV #: Opiod Training DATE: 12/27/2023

DEPARTMENT:	FUND	DEPT.	ACCT.	SUB.	AMOUNT	NOTES:
Opiod	70	00	559	00	\$1,200.00	Training Reimbursement

TOTAL: \$1,200.00

The county Commissioners meet on the 2nd, 3rd, 4th Monday of each month. All bills against the County must be properly verified and have the okay of the person ordering the merchandise furnished or services rendered and filed with the Clerk on or before Wednesday at 5:00pm preceding the meeting.

DATE: _____

SIGNATURE _____

I CERTIFY that the above account is correct; that the services and/or merchandise was furnished as stated, and the same is justly due and unpaid.

COMMISSIONER MEETING NOTES:



Rosenzweig Center for Rapid Recovery, LLC
12472 Lake Underhill Road #398
Orlando, FL 32828
877-675-7153
AcceleratedResolutionTherapy.com

SALES RECEIPT

12/20/2023
10:44 AM

Customer: Heather Bergstrom
Payment method: VISA
Clerk: Online
Card holder: Heather Bergstrom
Card number: xxxxxxxxxxxx9811
Approval code: 900244

Subtotal: 1500.00 **Tax:** 0.00 **Total:** 1500.00 **Owed:** 1500.00 **Paid:** 1500.00 **Balance Due:** 0.00

Type	Name	Price	Discount	Tax	Total	Owed	Paid
Course	Basic 01/11/24 NFID	1500.00	0.00	0.00	1500.00	1500.00	1500.00 USD

12-19-2023

See attached

Please post to: 70-0-559-0000

Pay: ACTIC - Reimbursement for training

Registration/Refund Policy

When registering for any training with RCRR, you are agreeing to abide by these policies. Please contact us if you have any questions or concerns about the following policies. If requested, a full or partial refund of any payment will be considered only if stated, in writing, at least 72 hours prior to the start date of the seminar. RCRR reserves the right to access a cancellation fee of \$100. Registrants requesting a transfer of funds to a future training date will be assessed a \$50 transfer fee and be eligible to attend for a period of 6 months from date of original payment. If for any reason, RCRR cancels or reschedules a seminar after receipt of your payment, you may transfer your funds to a future seminar or request a refund and such request will not be unreasonably denied.

Registration indicates understanding and acceptance of this policy.

Initial here: _____

Thank You For Your Business



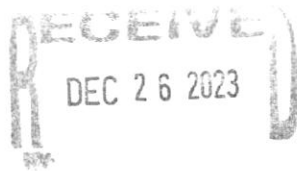
Rosenzweig Center for Rapid Recovery, LLC
12472 Lake Underhill Road #398
Orlando, FL 32828
877-675-7153
AcceleratedResolutionTherapy.com

SALES RECEIPT

12/21/2023
4:50 PM

Customer:	Adams County Health Center
Payment method:	Previous Payment
Clerk:	robin
Card holder:	Heather Bergstrom
Card number:	xxxxxxxxxxxx9811
Approval code:	511205

Subtotal:	300.00	Tax:	0.00	Total:	300.00	Owed:	300.00	Paid:	-300.00	Balance Due:	0.00
Type	Name	Price	Discount	Tax	Total	Owed	Paid				
Refund	Bergstrom, Heather - Refund for Basic 01/002400 FID	0.00	0.00	0.00	-300.00	-300.00	300.00 USD				



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Registration indicates understanding and acceptance of this policy.

Initial here: _____

Thank You For Your Business

E X P E N D I T U R E A C T I V I T Y D E T A I L

FISCAL YEAR 2024 FROM 10/01/2023 TO 09/30/2024 FUND 0070

FUND 0070 NATIONAL OPIOID SETTLEMENT
-00 NATIONAL OPIOID SETTLEMENT

				----- PAYMENT -----		
Acct No.	Acct Description / Vendor Name	Payment For	Invoice No.	Check No.	Date	Amount
0559-0000	MISCELLANEOUS EXPENSE					
	ADAMS COUNTY HEALTH CENTER INC	OPIOID SETTLEMENT	OPIOID TRAINING DEC 2	2024-0000355	12/21/2023	1,500.00
		* Check # 2024-355 VOIDED			12/28/2023	(1,500.00)
	ADAMS COUNTY HEALTH CENTER INC	OPIOID	OPOID TRAINING REIMB	2024-0000403	01/05/2024	1,200.00
						1,200.00 *
					Acct Total:	1,200.00 **
	Total 'B' Expenses -- (Other Expenses):			1,200.00		
	DEPARTMENT TOTALS :				Dept Total:	1,200.00
	Total 'A' Expenses -- Salaries:					
	Total 'D' Expenses -- Benefits:					
	Total 'B' Expenses -- Expenses:		1,200.00			
	Total 'C' Expenses -- Capital Outlay:					
			1,200.00			
	FUND TOTALS:				Fund Total:	1,200.00
	Total 'A' Expenses -- Salaries:					
	Total 'D' Expenses -- Benefits:					
	Total 'B' Expenses -- Expenses:		1,200.00			
	Total 'C' Expenses -- Capital Outlay:					
			1,200.00			
	GRAND TOTALS:				Grand Total:	1,200.00
	Total 'A' Expenses -- Salaries:					
	Total 'D' Expenses -- Benefits:					
	Total 'B' Expenses -- Expenses:		1,200.00			
	Total 'C' Expenses -- Capital Outlay:					
			1,200.00			

*****END OF REPORT*****

A / C - J / E L I S T I N G -- D E T A I L**FROM 10/01/2023 TO 09/30/2024**

Type	Number	Date	Transaction Description AC Purpose	Account No.	Account Name	Debit	Credit
A/C	2024-0000180	11/13/2023	ADAMS COUNTY TREASURER NATIONAL OPIOID SETTLEMENT	0070-00-0400-0014	NATIONAL OPIOID SETTLEMENT		512.43
						0.00	512.43
A/C	2024-0000723	03/08/2024	ADAMS COUNTY TREASURER NATIONAL OPIOID SETTLEMENT 02/29/2024	0070-00-0400-0014	NATIONAL OPIOID SETTLEMENT		6,742.58
						0.00	6,742.58
A/C	2024-0000772	03/18/2024	ADAMS COUNTY TREASURER NATIONAL OPIOID SETTLEMENT 3-15-2024	0070-00-0400-0014	NATIONAL OPIOID SETTLEMENT		1,255.91
						0.00	1,255.91
A/C	2024-0000924	04/15/2024	ADAMS COUNTY TREASURER NATIONAL OPIOID SETTLEMENT WALMART 4-15-2024	0070-00-0400-0014	NATIONAL OPIOID SETTLEMENT		4,260.40
						0.00	4,260.40

Count: 4**Total Auditor's Certificates: 12,771.32****Net Journal Entries: 0.00****Adjusted Total: 12,771.32**

*****END OF REPORT*****

O P E R A T I O N I N F U N D S D E T A I L

FUND 0070 FROM 10/01/2023 TO 09/30/2024

Date	Type	Bank	Number	Description	A/C	Checks	J/E Increases	J/E Decreases	Ending Balance
FUND 0070 - 00 NATIONAL OPIOID SETTLEMENT									
11/13/2023	A		2024-0000180	ADAMS COUNTY TREASURER	512.43				
03/08/2024	A		2024-0000723	ADAMS COUNTY TREASURER	6,742.58				
03/18/2024	A		2024-0000772	ADAMS COUNTY TREASURER	1,255.91				
04/15/2024	A		2024-0000924	ADAMS COUNTY TREASURER	4,260.40				
12/21/2023	C		2024-0000355	OPIOD SETTLEMENT		1,500.00			
01/05/2024	C		2024-0000403	OPIOD		1,200.00			
12/28/2023	J W		2024-0000107	* Check # 2024-355 VOIDED		(1,500.00)			
			BEGINNING BALANCE --->		13,751.27	12,771.32	1,200.00	0.00	25,322.59
			TOTALS AS OF 09/30/2024		13,751.27	12,771.32	1,200.00	0.00	25,322.59

No Direct Deposit Records Exist

TOTAL AMOUNT DISBURSED - DIRECT DEPOSIT 1,200.00

*****END OF REPORT*****

O P E R A T I O N I N F U N D S D E T A I L

FUND 0070 FROM 10/01/2022 TO 06/30/2023

Date	Type	Bank	Number	Description	A/C	Checks	J/E Increases	J/E Decreases	Ending Balance
FUND 0070 - 00 NATIONAL OPIOID SETTLEMENT									
10/03/2022	A		2023-0000004	NATIONAL OPIOIDS SETTLEMENT FU	2,279.72				
10/20/2022	A		2023-0000063	ADAMS COUNTY TREASURER	8,756.26				
02/01/2023	A		2023-0000564	ADAMS COUNTY TREASURER	435.57				
11/18/2022	C		2023-0000252	NATIONAL OPIOID SETTLEMENT		2,169.20			
				BEGINNING BALANCE -->	2,169.20	11,471.55	2,169.20	0.00	0.00
				TOTALS AS OF 06/30/2023	2,169.20	11,471.55	2,169.20	0.00	0.00

No Direct Deposit Records Exist

TOTAL AMOUNT DISBURSED - DIRECT DEPOSIT 2,169.20

*****END OF REPORT*****

OPERATION IN FUNDS DETAIL

FUND 0070 FROM 07/01/2022 TO 09/30/2022

Date	Type	Bank	Number	Description	A/C	Checks	J/E Increases	J/E Decreases	Ending Balance
FUND 0070 - 00 NATIONAL OPIOID SETTLEMENT									
08/04/2022	A		2022-0001581	ADAMS COUNTY TREASURER		2,169.20			
				BEGINNING BALANCE -->	0.00	2,169.20	0.00	0.00	2,169.20
				TOTALS AS OF 09/30/2022	0.00	2,169.20	0.00	0.00	2,169.20

No Direct Deposit Records Exist

TOTAL AMOUNT DISBURSED - DIRECT DEPOSIT 0.00

*****END OF REPORT*****

V
E
N
D
O
R

NAME: Ryan J Hulbert, Ph.D. VENDER # 104476 FILED: NOV 21 2022

ADDRESS: _____

CITY/STATE: _____ ZIP: _____ Beverly Clagg

DEPUTY

STATEMENT/ACCT/BILLING # <u>inv 1110221</u>		BILLING DATE: <u>11/16/2022</u>	
DEPARTMENT	FUND/DEPT/ACCT/SUB	AMOUNT	NOTES
National Opioid Settlement	70-00-559-00	\$ 2,169.20	6 mo service
Total		\$ 2,169.20	

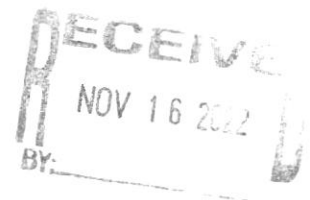
The County Commissioners meet on the second Monday of each month. All bills against the County must be properly verified and have the okay of the person ordering the merchandise furnished or services rendered and filed with the Clerk on or before Wednesday at 5:00 p.m. preceding the meeting.

O
A
T
H

I CERTIFY that the above account is correct; that the services and/or merchandise was furnished as stated, and the same is justly due and unpaid.

Signature

updated: 2/2022



Ryan J. Hulbert, Ph.D.

24108 Ten Davis Road

Parma, ID 83660-7212

STATEMENT FOR PROFESSIONAL SERVICES

BILL TO:

Adams County Idaho

Board of Commissioners

Date of Signed Agreement: 9/14/2022 (See attached Notice of Agreement)

PSCHOLOGIST: Ryan J. Hulbert, Ph.D.

Tax ID # 82-0465747

Invoice # - 1110221

County-wide access to the online Community Enhancement Institute, and related services.

TOTAL \$2,169.20

Thank you for the opportunity!

Please pay post to Fund #70-559

**Link on website 11-16-2022*

Notice of Agreement

Between Epic Psychological Services and Adams County.

Ryan J. Hulbert, Ph.D., president of Epic Psychological Services, agrees to provide Adams County, Idaho unlimited access to the on-line resources contained in the Community Enhancement Institute. He also agrees to provide the County Commissioners of Adams County a summary of the resources accessed by citizens in Adams County on a six-month basis for the next two years. He also agrees to provide a promotional flyer to help publicize the availability of the resources, and to present a community presentation to further promote interest in utilizing the resources.

Adams County agrees to pay a one-time fee of Two Thousand One Hundred Sixty Nine Dollars and Twenty Cents (\$2,169.20) Some of those funds will be devoted to increasing the resources available and the number of translations of those resources in the Community Enhancement Institute.

Signature: Ryan J. Hulbert, Ph.D. Date: 9/14/22
Dr. Ryan Hulbert

ADAMS COUNTY COMMISSIONERS

By: Joe Iveson
Joe Iveson, Chairman of the Board

ATTEST:

Michael H. Jones

OPERATION IN FUNDS DETAIL

FUND 0070 FROM 10/01/2023 TO 06/30/2024

Date	Type	Bank	Number	Description	A/C	Checks	J/E Increases	J/E Decreases	Ending Balance
FUND 0070 - 00 NATIONAL OPIOID SETTLEMENT									
11/13/2023	A		2024-0000180	ADAMS COUNTY TREASURER		512.43			
03/08/2024	A		2024-0000723	ADAMS COUNTY TREASURER		6,742.58			
03/18/2024	A		2024-0000772	ADAMS COUNTY TREASURER		1,255.91			
04/15/2024	A		2024-0000924	ADAMS COUNTY TREASURER		4,260.40			
12/21/2023	C		2024-0000355	OPIOD SETTLEMENT			1,500.00		
01/05/2024	C		2024-0000403	OPIOD			1,200.00		
12/28/2023	J W		2024-0000107	* Check # 2024-355 VOIDED			(1,500.00)		
BEGINNING BALANCE -->					13,751.27	12,771.32	1,200.00	0.00	0.00
TOTALS AS OF 06/30/2024					13,751.27	12,771.32	1,200.00	0.00	0.00

25,322.59

No Direct Deposit Records Exist

TOTAL AMOUNT DISBURSED - DIRECT DEPOSIT 1,200.00

*****END OF REPORT*****

OPERATION IN FUNDS DETAIL

FUND 0070 FROM 07/01/2023 TO 09/30/2023

Date	Type	Bank	Number	Description	A/C	Checks	J/E Increases	J/E Decreases	Ending Balance
FUND 0070 - 00 NATIONAL OPIOID SETTLEMENT									
08/03/2023	A		2023-0001507	ADAMS COUNTY TREASURER	2,279.72				
				BEGINNING BALANCE - - ->	11,471.55	2,279.72	0.00	0.00	13,751.27
				TOTALS AS OF 09/30/2023	11,471.55	2,279.72	0.00	0.00	13,751.27

No Direct Deposit Records Exist

TOTAL AMOUNT DISBURSED - DIRECT DEPOSIT 0.00

*****END OF REPORT*****