OPIOID SETTLEMENT FUND 2024 FISCAL YEAR FINANCIAL REPORT

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

NAME OF ENTITY: Twin Falls County

NAME & TITLE OF PERSON FILLING OUT REPORT: Kristina Glascock

EMAIL: kglascoc@tfco.org

PHONE NUMBER: 208-736-4004

Should all future opioid-related correspondence go to you? Yes

No O

NAME & TITLE: Kristina Glascock, County Clerk

EMAIL: kglascoc@tfco.org

INFORMATION ABOUT PAYMENTS THE SUBDIVISION RECEIVED (All information required)

Funds balance at end of FY 2023 (July 1, 2022-June 30, 2023):	\$312,107.51
	\$347,001.38
Settlement funds expended in FY 2024 (July 1, 2023-June 30 2024):	\$3,246.22
Settlement funds balance at end of FY 2024 (June 30, 2024):	\$655,862.67

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

Payment Date	Payment Amount	Source of Payment
08/03/2023	\$52,161.26	Distributors YR 3
11/14/2023	\$11,724.68	Mallinckrodt
03/01/2024	\$59,746.01	Walmart
03/01/2024	\$24,034.35	Walgreens YR 1 & 2
03/01/2024	\$15,864.28	Walgreens YR 1 & 2
03/01/2024	\$16,133.90	Teva
03/01/2024	\$20,643.22	CVS
03/01/2024	\$17,852.09	Allergan

Total Amount Received: \$218,159.79

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
В		11	\$775.00
В		11	\$1,514.04
В	•	11	\$188.00
В		11	\$669.18
В	-	11	\$100.00
			\$
			\$

Total Amount Expended: \$3,246.22

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

Payment Date	Payment Amount	Source of Payment	
03/15/2024	\$28,736.01	Distributors YR 7	Z
04/15/2025	\$97,480.33	Walmart	$\overline{\Omega}$
05/07/2024	\$148.34	Musters Pharma	Y
05/07/2024	\$2,476.91	Musters Pharma masters Pharma	
	\$		
	\$		
	\$		T
	\$		

Total Amount Received: \$128,841.59

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 O

Add Attachments, one at a time: ADD ATTA



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 AFFAGHME



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:

DATE:

SUBMIT

RESOLUTION NO. 2024-007

A RESOLUTION AUTHORIZING EXPENDITURE OF OPIOID FUNDS

WHEREAS, in November of 2021, Twin Falls County entered into an Idaho Opioid Settlement Allocation Agreement; and

WHEREAS, the Board of County Commissioners is the governing body authorized to approve the use of Opioid Funds; and

WHEREAS, Idaho Opioid Settlement Allocation Agreement Exhibit A, which is incorporated herein by reference: Approved Opioid Abatement Strategies, sets forth the manner in which the opioid funds may be allocated; and

WHEREAS, as part of the Settlement Agreement and in accordance with the Allocation Memorandum of Understand, Twin Falls County established an account separate and distinct from the County's general fund, entitled "Opioid Abatement Account" to deposit all proceeds from the Settlement; and

WHEREAS, the Board of County Commissioners has reviewed the request of to use Opioid Funds for registration, hotel, and travel to attend training on April 1-4 2024 in the amount of \$3,993.00, and determined the request meets the requirements of the Settlement Agreement's Approved Opioid Abatement Strategies;

NOW, THEREFORE BE IT RESOLVED that the Twin Falls County Board of Commissioners hereby authorizes the expenditure of Opioid Funds from the Opioid Abatement Account not to exceed \$5,000.00 for the approved purpose registration, hotel, and travel to attend training on April 1-4, 2024.

Dated this 23rd day of October 2023

TWIN FALLS COUNTY BOARD OF COMMISSIONERS

Don Hall, Chairman

Jack Johnson, Commissioner

Brent Reinke Commissioner

ATTEST:

Kristina Glascock, Clerk

Opioid Fund Expenditure Request

Date: 10/16/2023

Department: Treatment and Recovery Clinic

Amount of Funds Requested: \$3,993 (estimate)

Registration: \$775

Hotel: Estimate \$365 per night March 31-April 4= \$1,460

Airplane Ticket: \$1,300

Uber: \$125 (to/from airport)

Per Diem: 3/31=\$55.50, 4/1=\$74, 4/2=\$74, 4/3=\$74, 4/4=\$55.50= Total \$333

Purpose and Specific Period of Time for Expenditure:

Rx and Illicit Drug Summit 2024, Atlanta Georgia April 1-4, 2024. Funding used for registration, hotel, travel, and per diem to attend training. Training information will directly support our community in implementing opiate intervention strategies.

Applicable Section and Subsection of Exhibit A - Approved Opioid Abatement Strategies: #A9; #A11; #B11#B15; and #K.

Opioid Advisory Committee Approval Date: 10 - 23

Opioid Advisory Committee Chairman Signature

RESOLUTION NO. 2024-028

A RESOLUTION AUTHORIZING EXPENDITURE OF OPIOID FUNDS

WHEREAS, in November of 2021, Twin Falls County entered into an Idaho Opioid Settlement Allocation Agreement; and

WHEREAS, the Board of County Commissioners is the governing body authorized to approve the use of Opioid Funds; and

WHEREAS, Idaho Opioid Settlement Allocation Agreement Exhibit A: Approved Opioid Abatement Strategies, sets forth the manner in which the opioid funds may be allocated; and

WHEREAS, as part of the Settlement Agreement and in accordance with the Allocation Memorandum of Understand, Twin Falls County established an account separate and distinct from the County's general fund, entitled "Opioid Abatement Account" to deposit all proceeds from the Settlement; and

WHEREAS, the Board of County Commissioners has reviewed the request to use Opioid Funds to treat opioid use disorder (OUD). Category A2 - support and reimburse evidence-based services that adhere to American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH condition for FY 2024 in the amount of \$25,000.00, and determined the request meets the requirements of the Settlement Agreement's Approved Opioid Abatement Strategies; and

WHEREAS, the Board of County Commissioners has reviewed the request to use Opioid Funds to support people in treatment and recovery. Category B1 - provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training or childcare for FY 2024 in the amount of \$75,000.00, and determined the request meets the requirements of the Settlement Agreement's Approved Opioid Abatement Strategies; and

WHEREAS, the Board of County Commissioners has reviewed the request to use Opioid Funds to support people in treatment and recovery. Category B11 – training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma for FY 2024 in the amount of \$102,000.00, and determined the request meets the requirements of the Settlement Agreement's Approved Opioid Abatement Strategies; and

WHEREAS, the Board of County Commissioners has reviewed the request to use Opioid Funds to address the needs of criminal-justice-involved persons. Category D4 – provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison for FY 2024 in the amount of \$85,000.00, and determined the request meets the requirements of the Settlement Agreement's Approved Opioid Abatement Strategies; and

WHEREAS, the Board of County Commissioners has reviewed the request to use Opioid Funds to prevent misuse of opioids. Category G10 – create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions for FY 2024 in the amount of \$15,000.00, and determined the request meets the requirements of the Settlement Agreement's Approved Opioid Abatement Strategies;

NOW, THEREFORE BE IT RESOLVED that the Twin Falls County Board of Commissioners hereby authorizes the expenditure of Opioid Funds from the Opioid Abatement Account in the amount of \$302,000.00 for the approved purpose stated above for FY 2024.

Dated this day of	, 20
TWIN FALLS COUNTY BOARD OF COMMI	SSIONERS
Don Hall, Chairman	Attested by:
Jack Johnson, Commissioner	Kristina Glascock, Clerk
Brent Reinke commissioner	

To receive any services, clients must be actively participating in Substance Use Disorder treatment, meet with Probation Officer, Case Manager or Treatment Court Coordinator a minimum of monthly, and provide updated income/budget information monthly. Must have exhausted all other resources, prior to application. Client requested more than 3 services to be funded must be reviewed by Commissioners, prior to approval.

Transportation (B1): Taxi/Uber Cards used for treatment services, work, Court, and Probation meetings. Clients must complete financial form and service request form, work with CM/Tx Coordinator on budget and schedule. Based on the budget and schedule, CM/Tx Coordinator will authorize and distribute appropriate cards for approved trips/mileage to not exceed a 30 day period at a time. Max of \$150 per month and 3 month cap.

Housing (B1): Safe/Sober Housing, Transitional Housing, rent and overdue utilities. Clients must complete financial form and service request form, provide copies of rent and/or utility bills, and work with CM/Tx Coordinator on budget. Based on request and budget, CM/Tx Coordinator will authorize and distribute approved funds for service. All funding will be submitted directly to housing authority or utility company. Bills will be paid on a monthly basis, nothing ahead of time. Safe/Sober and Transitional Housing cap of \$550 per month for 3 months. Rent cap of \$1,000 per month for 2 months. Utility cap of \$500 per month for 3 months.

Child Care (B1): Assistance for child care at a licensed facility while the client attends treatment, Court, probation, and work. Clients must complete financial form and service request form, work with CM/Tx Coordinator on budget and schedule. Based on the budget and schedule, CM/Tx Coordinator will authorize approved amount, with evidence of bills or some type of invoice, not to exceed a 30 day approval period at a time. All funding will be submitted directly to facility. Cap of \$750 per month for 3 months.

Job Training/Certification/Job materials (B1): Assist in enrolling in a Trade program/class (CDL, HVAC, Welding, Mechanic, Cosmetology, etc.) Assistance may include tuition, purchasing required tools, purchasing appropriate clothing, and books/materials for program. Clients must complete financial form and service request form, work with CM/Tx Coordinator on budget and schedule. Based on the budget and schedule, CM/Tx Coordinator will authorize approved amount, with evidence of bills or some type of invoice. All funding will be submitted directly to the program. Tuition not to exceed \$2,000, all other items/services not to exceed \$500. This is a onetime approval.

Treatment (A2): Pay for evidence-based services that adhere to ASAM for OUD and any co-occurring SUD/MH conditions. This includes, but is not limited to: Screenings, Assessments, Treatment Plans, Individuals, Groups, Drug Screening, Case Management, Transportation, Medication Assisted Treatment, Mental Health Services, and any other identified EB services. Client must complete an assessment that identifies they meet criteria for SUD or MH treatment. Clients must complete financial form and service request form, work with CM/Tx Coordinator

on budget and schedule. Based on the budget and schedule, CM/Tx Coordinator will authorize approved amount, with evidence of invoice, and distribute directly to the treatment provider.

Create community-based education or intervention services for families, youth, and adolescents at risk of OUD and any co-occurring SUD/MH condition (G10): Provide drug screening to youth/adolescents at risk of OUD and any co-occurring SUD/MH condition. Clients/Parents must complete financial form and service request form, work with Juvenile Probation Officer on budget. Based on the budget JPO will authorize approved amount and refer to TARC for screenings. TARC will bill Opioid funds directly each month.

Training and Development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma (B11): Treatment Court and County employees that work directly with or that need to develop skills and procedures to work with individuals/families with OUD and/or any co-occurring SUD/MH conditions may request funds for training. Employee should complete a Training Request Form and

Provide evidence-informed tx, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison (D4): **Need info from Doug.

Budget Breakdown: \$302,000

B1 Activities: \$75,000

A2 Activities: \$25,000

G10 Activities: \$15,000

B11 Training: \$102,000 (approximately \$5,000 spent) \$97,141

D4 Activities: \$85,000

RESOLUTION NO. 2024 - 032.

A Resolution Amending Resolution No. 2024-028

WHEREAS, on or about May 14, 2024, the Board passed Resolution No. 2024-028 authorizing expenditure of Opioid Funds on certain services listed on Twin Falls County Resolution 2024-028's Exhibit A "Use of Opioid Funds;" and

WHEREAS, a category of expenditure (gas cards to be used for client transportation to treatment services, work, court, and/or probation meetings) was omitted from Exhibit A; and

WHEREAS, purchase of gas cards to be used for client transportation to treatment services, work, court, and/or probation meetings is an appropriate use of Opioid Funds as described in Resolution 2024-028:

NOW, THEREFORE, BE IT RESOLVED by the Twin Falls County Board of Commissioners that Resolution 2024-028 remains in effect, and its Exhibit A "Use of Opioid Funds" is hereby amended to include the words "gas cards" in the category Transportation (B1). The amended Exhibit A is attached hereto.

DATED this _______, 2024.

TWIN FALLS COUNTY BOARD OF COMMISSIONERS

Jack Johnson, Commissioner

Don Hall, Chairman

Brent Reinke, Commissioner

ATTEST:

Kristina Glascock Clerk

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Transportation (B1): Taxi/Uber Cards and Gas Cards used for treatment services, work, Court, and Probation meetings. Clients must complete financial form and service request form, work with CM/Tx Coordinator on budget and schedule. Based on the budget and schedule, CM/Tx Coordinator will authorize and distribute appropriate cards for approved trips/mileage to not exceed a 30 day period at a time. Max of \$150 per month and 3 month cap.

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Exhibit (A)

on budget and schedule. Based on the budget and schedule, CM/Tx Coordinator will authorize approved amount, with evidence of invoice, and distribute directly to the treatment provider.

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