

SUBRECIPIENT AGREEMENT FOR LARAMIE COUNTY OPIOID SETTLEMENT FUNDS BETWEEN LARAMIE COUNTY AND CHEYENNE HEALTH AND WELLNESS dba HEALTHWORKS.

Laramie County has received Opioid Remediation Funds from Settlement Agreements outlined in a Memorandum of Understanding (MOU) with the Wyoming Attorney General, copies of which are attached to this Agreement. This SUBRECIPIENT AGREEMENT ("Agreement") is made between Laramie County, State of Wyoming ("COUNTY"), whose address is 310 West 19th Street, Cheyenne, Wyoming 82001, and Cheyenne Health & Wellness Center, dba HealthWorks, (SUBRECIPIENT), whose address is 2508 E. Fox Farm Rd. 1A, Cheyenne, Wyoming 82007. In consideration of the promises and covenants set forth below, the parties agree as follows:

WHEREAS, the COUNTY opened opioid settlement funds to organizations serving Laramie County residents in a competitive application process; and

WHEREAS, the COUNTY wishes to provide monies to the SUBRECIPIENT for the purpose of expanding opioid abatement services.

NOW, THEREFORE, it is agreed between the parties hereto that;

- 1) **Purpose of Agreement.** The COUNTY shall provide Opioid Settlement Funds to SUBRECIPIENT in the amount set forth in Section 3, and SUBRECIPIENT shall undertake and complete materials, projects and/or services (collectively, the "Project") described in Attachment A attached hereto. Performance by SUBRECIPIENT of the requirements of this Agreement and compliance with all Attorney General's MOU is a condition to SUBRECIPIENT'S receipt of monies hereunder.
- 2) **Term of Agreement and Required Approvals.** This Agreement is not effective until all parties have executed it and all required approvals have been granted. The term of the Agreement is from June 17, 2025 through May 31, 2028 ("Term"); the Project shall be completed during the Term.
- 3) **Payment.** COUNTY agrees to grant monies to SUBRECIPIENT as requested with submitted invoices to the grants manager. The total payment to SUBRECIPIENT under this Agreement shall not exceed \$500,000 ("Award"). Payment will be made following SUBRECIPIENT'S delivery to COUNTY of monthly invoices detailing services performed in connection with the Project with a final reimbursement request submitted by June 30, 2028. Payments by County shall be in accordance with Wyo. Stat. W.S 16-6-602 (as amended)
- 4) **Responsibilities of SUBRECIPIENT Regarding the Project.** In undertaking and completing the Project, the SUBRECIPIENT further agrees as follows:
 - a) **Professional Services.** The SUBRECIPIENT agrees to perform all aspects of the Project in a professional manner and in accordance with the degree of care, competence and

skills that would be exercised by a SUBRECIPIENT under similar circumstances, to the satisfaction of the COUNTY.

- b) Procurement and Administrative Regulations, Compliance with Laws and Prohibitions. Subrecipient agrees to cooperate and comply at the request of County concerning any of the provisions and potential requirements (hereinafter “Requirements”) listed in Exhibit “B”. Please note that said Requirements are not exhaustive and may change upon reasonable notice from County. SUBRECIPIENT agrees to comply and cooperate with County for any procurement and administrative regulations imposed upon County which may include those as stated in 2 C.F.R. § 215, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Nonprofit Organizations: as enacted in regulations by the U.S. Department of Health and Human Services. SUBRECIPIENT also agrees to comply and cooperate with County as to the Contract Provisions for Non-Federal Entity Contracts under Federal Awards found in 2 C.F.R. § Appendix II to Part 200. [“Reasonable Notice” means: Notice reasonably calculated, under all the circumstances, to apprise SUBRECIPIENT of any change affording them an opportunity to respond. Notice shall be provided not less than ten days, not including weekends and holidays.]
 - c) Compliance with Laws. In the interpretation, execution, administration and enforcement of this Agreement, SUBRECIPIENT agrees to comply with all applicable state and federal laws, rules, and regulations, including but not limited to:
 - d) Monitor Activities. The COUNTY shall have the right to monitor all activities of the SUBRECIPIENT related to this Agreement. This shall include, but not be limited to, the right to make site inspections at any time, to bring experts and consultants on site to examine or evaluate completed work or work in progress, and to observe all SUBRECIPIENT personnel in every phase of performance of work related to this Agreement. COUNTY will conduct a risk assessment pre award and will conduct site visits as necessary for sub-recipient monitoring. COUNTY’s exercise of its rights under this provision shall not include access to or revelation of, any individually identifiable health information as defined pursuant to 42 USCA § 1320d(6)
 - e) Reporting. Within 15 calendar days at the conclusion of each calendar quarter during the Term of this Agreement, SUBRECIPIENT shall furnish COUNTY with a report (Attachment B), with a final report due on June 30, 2028.
 - f) Retention of Records. SUBRECIPIENT agrees to retain all records related to the Project, which are required to be retained pursuant to this Agreement for three (3) years following COUNTY’s date of notice to SUBRECIPIENT of administrative closeout of the Award.
- 5) Responsibilities of County. COUNTY will, at its discretion, assist in providing SUBRECIPIENT access to information, including without limitation providing SUBRECIPIENT with information concerning opioid settlement funds, and will cooperate with SUBRECIPIENT whenever possible. COUNTY shall have no obligations, other than

those specifically set forth herein, regarding the SUBRECIPIENT's processes or policies in carrying out its obligations under this Agreement.

6) Special Provisions.

- a) Limitation on Payments. The parties agree and understand that this Agreement and the obligations imposed by it are contingent upon availability of grant funds distributed to the County by the State of Wyoming. COUNTY's obligation to pay SUBRECIPIENT for Project activities rendered pursuant to this Agreement is conditioned upon the availability of the funds that are allocated to pay SUBRECIPIENT hereunder. If Agreement monies are not allocated and available for COUNTY to pay SUBRECIPIENT for the performance of the Project, COUNTY may terminate this Agreement at any time in its discretion without further liability or obligation hereunder.

COUNTY shall notify SUBRECIPIENT at the earliest possible time if this Agreement will or may be affected by a shortage or unavailability of funds. No liability shall accrue to COUNTY in the event termination of this Agreement occurs or this Agreement is affected in any other way by a lack of funds. COUNTY shall not be obligated or liable for any future payments due or promised hereunder or for any damages to SUBRECIPIENT or any other person or entity as a result of termination under this section.

- b) No Finder's Fees. No finder's fee, employment agency fee, broker fee or other such fee related to this Agreement shall be paid by either party.
- c) Office Space. SUBRECIPIENT will not include charges or seek reimbursement in any invoice submitted to COUNTY for office or building space of any kind obtained by SUBRECIPIENT for the performance of the Project. SUBRECIPIENT will make no charge for office or building space unless specific provisions are included for such in this Agreement. Under no circumstances will SUBRECIPIENT be allowed to purchase office equipment with funds received through this Agreement. The parties agree that computers reasonably needed and used for SUBRECIPIENT's obligations under this agreement are considered 'office supplies' not 'equipment.'
- d) Budget Transfer Limitation. SUBRECIPIENT agrees it will not exceed any of the line item totals listed on Attachment C by more than ten percent (10%) without prior approval from COUNTY. Such changes will not result in any change in the total Project costs, or a change in the amount. Request for such approval may be submitted by email to the Laramie County Grants Manager: Sandra.Bay@laramiecountywy.gov
- e) COUNTY'S Right to Clawback or Diminish Distributions: The COUNTY, at its sole discretion, shall have the right to Clawback or Diminish distributions made to SUBRECIPIENT during the period of this Agreement or during the Clawback period in the event that SUBRECIPIENT fails to comply with the terms and conditions of this Agreement, including but not limited to performance metrics, reporting requirements, adhering to the submitted timeline, submitting inaccurate or misleading reimbursement

requests, or the use of funds for unauthorized purposes, the COUNTY reserves the right to reclaim all or part of the awarded funds. The term “Diminish” in this Agreement means a reduction in the amount of money available, and is at the complete discretion of COUNTY. The term “Clawback” includes the power to Diminish as described in this Agreement. This provision shall survive the termination or expiration of this Agreement.

- i) Clawback Period: The Clawback Period shall commence on the effective date of this operating agreement and shall continue for a period of three (3) years after expiration of this Agreement, unless otherwise terminated or extended as per the provisions of this agreement.
 - ii) Clawback Process: In the event the COUNTY determines that a Clawback is warranted, written notice shall be provided to the affected Subrecipient the amount to be clawed back, the reasons for the Clawback, and the timeline for any repayment. SUBRECIPIENT shall be required to return the clawed-back distributions to the COUNTY within the timeline specified in the notice. Failure to return such funds may result in additional remedies, including but not limited to offset, suspension of future payments, or disqualification from future funding opportunities.
 - iii) Subrecipient Compliance: SUBRECIPIENT agrees to cooperate fully with any reviews or audits necessary to assess performance, reimbursement requests, or any other oversight by COUNTY.
 - iv) Repayment Options: The COUNTY may provide flexibility in the manner of repayment or funds that were previously allocated, allowing the affected members to return the clawed-back distributions in a lump sum or in installments, subject to mutually agreed-upon terms. In the event of a Clawback, the COUNTY shall immediately terminate any further payments under this Agreement to SUBRECIPIENT. SUBRECIPIENT agrees that they are solely responsible for all costs incurred that are not reimbursed due to a Clawback.
 - v) Subrecipient’s Rights: In the event of a Clawback, SUBRECIPIENT shall not be entitled to any interest, penalties, or damages arising from the Clawback, except as required by applicable law.
 - vi) Amendment or Termination: This provision may be amended or terminated by mutual written agreement of the COUNTY and Recipient, subject to compliance with any legal or regulatory requirements.
- 7) Default and Remedies. In the event SUBRECIPIENT defaults or is deficient in the performance of any term of this Agreement or any requirements of the opioid settlement program rules and regulations, then COUNTY shall have the right to exercise all remedies provided by law or in equity, including without limitation:
- a) Immediately terminating this Agreement without further liability or obligation of COUNTY;

- b) Issuing a letter of warning advising SUBRECIPIENT of the deficiency and putting the COUNTY on notice that additional action will be taken if the deficiency is not corrected or is repeated;
 - c) Recommending, or requesting SUBRECIPIENT to submit proposals for corrective actions, including the correction or removal of the causes of the deficiency;
 - d) Advising SUBRECIPIENT that a certification will no longer be acceptable and that additional assurances will be required in such form and detail as COUNTY and U.S. Department of Treasury may require.
 - e) Advising SUBRECIPIENT to suspend disbursement of funds for the deficient activity;
 - f) Advising SUBRECIPIENT to reimburse any amounts improperly expended and reprogram the use of the funds in accordance with applicable requirements;
 - g) Changing the method of payment to SUBRECIPIENT; and/or
 - h) Reduce, withdraw, adjust, Diminish, or Clawback any amount of the Award in accordance with this Agreement.
- 8) General Provisions.
- a) Amendments. Any changes, modifications, revisions or amendments to this Agreement, which are mutually agreed upon in writing by the parties hereto, shall be incorporated by written instrument, signed by all parties to this Agreement.
 - b) Applicable Law/Venue. The construction, interpretation and enforcement of this Agreement shall be governed by the laws of the State of Wyoming. The Courts of the State of Wyoming shall have jurisdiction over this Agreement and the parties, and exclusive venue for any action shall be in the First Judicial District, Laramie County, Wyoming.
 - c) Assignment. Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set forth in this Agreement without the prior written consent of the other party. In the event there is a sub-award(s) under this Agreement, SUBRECIPIENT shall include all of the provisions of this Agreement in every sub-Agreement awarded and shall make such provisions binding on each sub as if it were the SUBRECIPIENT hereunder. SUBRECIPIENT shall not use this Agreement, or any portion thereof, for collateral for any financial obligation, without the prior written permission of COUNTY.
 - d) Assumption of Risk. SUBRECIPIENT shall be responsible for any loss of state or federal funding, either administrative or program dollars, due to SUBRECIPIENT'S failure to comply with this Agreement and all state opioid settlement requirements. COUNTY shall notify SUBRECIPIENT of any state or federal determination of noncompliance.

- e) Attorneys' Fees. If COUNTY must enforce this Agreement as a result of a default in the performance of this Agreement, COUNTY shall be entitled to its reasonable attorneys' fees and costs incurred in such enforcement.

Confidentiality of Information: The SUBRECIPIENT acknowledges that information it may receive or have access to as a result of its performance under this agreement may be confidential. SUBRECIPIENT agrees that it shall comply with all applicable laws and regulations, whether state or federal, in the collection, maintenance and release of such information. COUNTY and its agents, or authorized representatives, shall have access to any confidential information as reasonably needed for carrying out its obligations herein. Said access by COUNTY shall be in accordance with the requirements of state and federal laws and regulations. Any other individual or entities seeking access to confidential information may do so only in compliance with the requirements of state and federal laws and regulations pertaining to such access. Nothing herein shall prohibit the disclosure of information in a "de-identified" form pursuant to 45 C.F.R. § 164.502(d)(2), 45 CFR 164.514(a) and (b) including the publishing of reports of services provided in this Agreement, so long as the identity of the client remains confidential and all other State & Federal laws and regulations are met. Conflict of Interest: The SUBRECIPIENT and COUNTY confirm that, to their knowledge, no employee of either party has or shall create any personal or beneficial interest whatsoever in the services described herein so as to create a conflict of interest.

- f) Entirety of Agreement: This Agreement (9 pages), Healthworks Application (39 pages), Exhibit "A" Wyoming Opioid Settlement Memorandum of Agreement with Opioid Abatement Strategies, (54 pages), Exhibit "B" (2 pages), and HealthWorks Revised Budget (2 pages) represent the entire and integrated Agreement between the parties and supersedes all prior negotiations, representations, and agreements, whether written or oral.

Indemnification: Each party to this Agreement shall assume the risk of any liability arising through this agreement shall assume the risk of any liability arising from its own conduct or those of its employees, administrators elected officials or agents. Neither party agrees to ensure, defend, or indemnify the other. Each party shall be solely liable and responsible for its own acts or omissions in connection with the performance of any obligations under this Agreement. This sole liability shall include, but not be limited to, any cause of action, losses, injuries, liabilities, damages, claims, demands or costs arising from or in connection with this Agreement, including attorneys' fees and/or arising out of all activities in connection with this Agreement, and for all acts or omissions in connection with the performance of this Agreement -including without limitation the acts, omissions or performance of the obligations imposed by this Agreement.

9)

- a) Independent Contractor: SUBRECIPIENT shall function as an independent contractor for the purposes of this Agreement, and shall not be considered an employee of COUNTY for any purpose. SUBRECIPIENT shall assume sole responsibility for any debts or liabilities that may be incurred by the SUBRECIPIENT in fulfilling the terms of this Agreement, and shall be solely responsible for the payment of all federal, state and local

taxes that may accrue because of this Agreement. Nothing in this Agreement shall be interpreted as authorizing SUBRECIPIENT or its agents and/or employees to act as an agent or representative for or on behalf of COUNTY, or to incur any obligation of any kind on the behalf of COUNTY. SUBRECIPIENT agrees that no health/hospitalization benefits, workers' compensation and/or similar benefits available to COUNTY employees will inure to the benefit of SUBRECIPIENT or SUBRECIPIENT'S agents and/or employees as a result of this Agreement.

- b) Kickbacks: SUBRECIPIENT warrants that no gratuities, kickbacks or contingency fees were paid in connection with this Agreement, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Agreement.
- c) Notices: All notices arising out of, or from, the provisions of this Agreement shall be in writing and given to the parties at the address provided under this Agreement, either by regular U.S. mail or delivery in person. Delivery shall be deemed to have occurred 3 days following deposit in the U.S. mail or upon delivery in person.
- d) Subrecipient to Keep Informed: The SUBRECIPIENT shall keep fully informed of all federal and state laws, local laws, regulations and all other orders and decrees of bodies or tribunals having any jurisdiction or authority, which may, in any manner, affect the duties and responsibilities to be performed by SUBRECIPIENT under the terms and conditions of this Agreement.
- e) Patent or Copyright Protection. SUBRECIPIENT recognizes that certain proprietary matters, techniques or information may be subject to patent, trademark, copyright, license or other similar restrictions, and warrants that no work performed by the SUBRECIPIENT or its sub-recipient hereunder in connection with the Project will infringe any such rights of any person or entity nor will it violate any restriction. SUBRECIPIENT shall defend, indemnify and hold harmless COUNTY from any infringement, violation or alleged infringement or violation of any such patent, trademark, copyright, license or other restrictions.
- f) Prior Approval: This Agreement shall not be binding upon either party, no services shall be performed under the terms of this Agreement, and no funds will be disbursed hereunder until all necessary approvals and actions have occurred as determined by COUNTY in its discretion and this Agreement has been reduced to writing and signed by both parties.
- g) Severability: Should any portion of this Agreement be judicially determined to be illegal or unenforceable, the remainder of the Agreement shall continue in full force and effect as if the illegal or unenforceable term was omitted.
- h) Governmental Immunity: Except as provided in this subsection (h), COUNTY does not waive its governmental immunity, as provided by any applicable law including W.S. 1-39-101 *et seq.*, by entering into this Agreement. Further, COUNTY fully retains all immunities and defenses provided by law with regard to any action, whether in tort,

contract or any other theory of law, based on this Agreement. Notwithstanding the foregoing, the County explicitly waives such immunity (but not non-immunity defenses) to the extent necessary to allow Subrecipient to fully enforce County's duties and obligations to Subrecipient under this Agreement.

- i) Force Majeure. The performance of this Agreement by the parties shall be subject to force majeure including, but not limited to, acts of God, fire, flood, natural disaster, war or threat of war, acts or threats of terrorism, civil disorder, unauthorized strikes, government regulations or advisory, recognized health threats as determined by the World Health Organizations, the Centers for Disease Control, or local government authority or health agencies (including, but not limited to, the health threats of COVID-19, H1N1, or similar infectious diseases), curtailment of transportation facilities, or other similar occurrence beyond the control of the parties, where any of those factors, circumstances, situations, or conditions or similar ones present, dissuade, or unreasonably delay the performance required by this Agreement. This Agreement may be canceled by any party, without liability, damages, fees, or penalty and any unused deposits or amounts paid shall be refunded, for any one or more of the above reasons, by written notice to the other party.
- j) Taxes: SUBRECIPIENT shall pay all taxes and other such amounts required by federal, state and local law, including but not limited to social security taxes, workers' compensation, unemployment insurance and sales taxes in connection with performance of the Project and this Agreement.
- k) Time is of the Essence: Time is of the essence in the performance by SUBRECIPIENT of all provisions of the Agreement.
- l) Waiver: The waiver of any breach of any term or condition in this Agreement shall not be deemed a waiver of any prior or subsequent breach.
- m) Titles Not Controlling Titles of sections are for reference only and shall not be used to construe the language in this Agreement.
- n) Third Party Beneficiary Rights: The parties do not intend to create in any other individual or entity the status of third-party beneficiary, and this Agreement shall not be construed so as to create such status. The rights, duties and obligations contained in this Agreement shall operate only between and for the benefit of the parties to this Agreement.

[THE REST OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

**SUBRECIPIENT AGREEMENT FOR LARAMIE COUNTY OPIOID SETTLEMENT
FUNDS BETWEEN LARAMIE COUNTY AND CHEYENNE HEALTH AND
WELLNESS dba HEALTHWORKS.**

Signatures. By signing this Agreement, the parties represent and warrant that they have read and understood it, that they agree to be bound by the terms of the Agreement, that they have the authority to sign it, and that they have received a signed and dated copy of the Agreement.

The effective date of this Agreement is the date of the signature last affixed to this page.

LARAMIE COUNTY, WYOMING


By: _____
Chairman
Laramie County Commissioners

Date:

By: _____
Debra Lee, Laramie County Clerk

Date:

CHEYENNE HEALTH AND WELLNESS CENTER dba HEALTHWORKS

By:  _____
Tracy Brosius, CEO

9/15/2025

Date:

REVIEWED AND APPROVED AS TO FORM ONLY

By:  _____
Laramie County Attorney's Office

9/16/25

Date:



Budget Narrative for Cheyenne Health and Wellness dba HealthWorks

1. (Personnel) Salaries and Wages

Position Title	Full-Time Equivalent (FTE)	Level of Effort	Annual Salary/Rate	Year 1	Year 2	Year 3	3 year Total Amount Requested
Licensed Mental Health Provider	1 FTEs	50%	\$75,920	\$37,960.00	\$39,098.80	\$40,271.76	\$117,330.56
Registered Nurse (RN)	1.0 FTE	35%	\$64,480	\$22,568.00	\$23,245.04	\$23,942.39	\$69,755.43
Clinical Case Manager	1.0 FTE	90%	\$54,080	\$48,672.00	\$50,132.16	\$51,636.12	\$150,440.28
Community Coordinator/Admin	1.0 FTE	5%	\$54,080	\$2,704.00	\$2,785.12	\$2,868.67	\$8,357.79
Direct Personnel Cost Total				\$111,904	\$115,261	\$118,719	\$345,884

Staffing Plan and Personnel: The following positions will be new-hired positions. Base salary increase of 3% in year 2 & 3.

Justification:

HealthWorks Licensed Mental Health Providers: Provide services to expanded patient population targets in Laramie County. This individual will provide evidence-based practice in accordance with HealthWorks required standards as well as work directly with the medical team to employ the quality of care according to the American Academy of Addiction Psychiatry with the Provider Clinical Support System. This individual will be devoted to serving patients and their families impacted by MAT, opioid use disorder and any co-occurring substance use or mental health issue. Behavioral health services include individual and family therapy, parenting and family issues, depression, and anxiety, healing from trauma and abuse, grief and loss issues, stress and anger management, mood disorders, substance use issues, and medication-assisted treatment (MAT).

HealthWorks Registered Nurse: FTE. The Registered Nurse (RN) will take direction from the medical provider, provide assessments and appropriate patient care within the scope of their training and licensure, and work collaboratively with the mental health providers.

HealthWorks Clinical Case Manager: FTE. Provide support services in conjunction with the Nurse Practitioners and Licensed Mental Health Providers. The case manager will be available to provide support at time of need regardless of the visit type, medical or behavioral to extend the capacity for the primary care provider or therapist to address needs including but not limited to factors that impact healthy outcomes such as food insecurity, application submissions for services, and navigating other community benefit resource processes. The clinical case manager will provide wrap-around services for clients. This individual will support resources such as food pantry access, clergy access, homeless shelter resources, and insurance resources. In addition, with the appropriate educational skill set, such as a social worker, this position may function as a peer support specialist and group lead to allow Providers to treat more patients on individual treatment plans while allowing more total patients to receive ongoing support.

2. Fringe Benefits

Fringe for Direct Personnel Costs	Rate	Multiplied by annual salary amount	Year 1	Year 2	Year 3	3 year Total Amount Requested
Retirement	4.00%		\$4,476	\$4,610	\$4,750	\$13,836
FICA	7.65%		\$8,561	\$8,817	\$9,082	\$26,460
Insurance	7.00%		\$7,833	\$8,068	\$8,310	\$24,211
Social Security	6.20%		\$6,938	\$7,146	\$7,361	\$21,445
Total	24.85%		\$27,808.00	\$28,641.00	\$29,503.00	\$85,952

Justification:

HealthWorks fringe benefit rates for all employees is calculated at 24.85% of base salary.

3. Travel

Purpose of Travel	Location	Year 1	Year 2	Year 3	3 year Total Amount Requested
n/a					\$ -
Direct Travel Cost Total		\$ -	\$ -	\$ -	\$ -

Justification:

none

5. Supplies

Supply Descriptions	Rate	Qty	Year 1	Year 2	Year 3	3 year Total Amount Requested
Computers	\$ 1,500.00	3	\$4,500	\$0		\$4,500
Portable Blanket Warmer	\$ 400.00	1	\$400	\$0		\$400
Patient Comfort Items (e.g blankets, pillows)	\$ 100.00	12	\$1,200	\$64		\$1,264
Medication Expenses			\$5,000	\$5,000		\$10,000
Supply Cost Total			\$11,100.00	\$5,064.00	\$0.00	\$16,164.00

Justification:

Laptops are requested for the new employees. General office supplies are requested to assist patients and families with program activities (e.g. Induction supplies, patient comfort items)

Patients may qualify for Prescription Assistance Programs from drug companies but they generally still require some kind of patient contribution. The cost of medications can fluctuate making it a barrier for patients to remain on the appropriate medication for long-term treatment. The cost of medication is a known barrier to continuity of MAT care.

8. Other Costs

Other Costs		Year 1	Year 2	Year 3	3 year Total Amount Requested
Community Education campaign	Developing print and social media campaign	\$20,000.00	\$12,000.00		\$32,000.00
Staff Training for Competency	Induction and treatment staff training - all disciplines	\$20,000.00			\$20,000.00
					\$0.00
Total Other Costs		\$40,000.00	\$12,000.00		\$52,000.00

9. Total Direct Costs

	Year 1	Year 2	Year 3	3 year Total Amount Requested
Personnel (salaries)	\$111,904	\$115,261	\$118,719	\$345,884
Fringe Benefits	\$27,808	\$28,641	\$29,503	\$85,952
Travel	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0
Supplies	\$11,100	\$5,064	\$0	\$16,164
Contractual	\$0	\$0	\$0	\$0
Other cost	\$40,000	\$12,000	\$0	\$52,000
Total Direct Costs	Total Direct Costs			\$500,000.00

10. Indirect Costs

Indirect	Year 1	Year 2	Year 3	3 year Total Amount Requested
De Minimis 10%				\$0
Total Other Costs	\$ -	\$ -		\$ -

12. Total Costs

Year 1	Year 2	Year 3	3 year Total Amount Requested
\$0	\$0	\$0	\$0

Opioid Settlement Fund Application

Please use this Budget

Template: <https://docs.google.com/spreadsheets/d/1R3TQqmmfqgX3R4Fb2K6l7KjKCgTwQhXtKKYgoWeWRN0/edit?usp=sharing> to attach later in the application

Background and General Information

The Laramie

County Commissioners have received settlement dollars resulting from a 2021-2022 lawsuit alleging major opioid manufactures and distributors were responsible for aiding the opioid epidemic.

In 2021 and 2023, the state of Wyoming and local governments signed a memorandum of agreement to establish the State's share and the participating local government share.

Available Funding

The Laramie

County Commissioners currently have **\$2,536,860.12** to allocate.

Max amount \$500,000 per applicant

Eligible Organizations

Open to any public or nonprofit organization that works within Laramie County, Wyoming.

Eligible Costs

The Wyoming

MOAs require that all settlement funds be used "in a present and forward-looking manner to actively abate and alleviate the impacts of the opioid crisis and co-occurring substance abuse in Wyoming." See Exhibit A for an approved use list.

Ineligible Costs (incomplete list)

- Projects or expenses that are not related to 70% opioid specific prevention or treatment.
- Cannot be used for restitution for past expenditures.
- No capital construction projects.
- Cannot be used to supplant other funding streams.

Grant Period and Reimbursement**Please note**

all expenditures will be reimbursed by Laramie County. Organizations must provide a monthly detailed invoice to request funds.

Grant Reporting Requirements

Funded

organizations will be required to provide quarterly reports to include details on compliance and measurable activities.

These reports will monitor the timeliness of completion.

How to Apply

The application

will be available through the county's website at <https://www.laramiecountywy.gov/> from February 18, 2025, through

March 31, 2025. Applications must be submitted electronically; hard copies will not be accepted.

Staff are

available to answer questions about application requirements, eligible activities, or the funding process once the application is posted by the deadline. Please contact Sandra Bay at 307-633-4201 or Sandra.Bay@laramiecountywy.gov with questions.

Applicants

will be required to submit the following information:

- Organization Overview

- o

- Signed

- W-9 Form

- o

- Sam.gov

- registration

- **Grant Request**

- o

- Amount**

- requested with itemized budget-including line-item expenses to include contingency plan for treating people with other use disorders.

- o

- Requests**

- for existing projects/activities

§ Description of how requested funding will relate to the opioid epidemic in terms of prevention, mitigation and treatment.

- o

- Requests**

- for new project/activities

§ Description of how project/activities(s) respond to needs created by the opioid epidemic.

§ Target beneficiaries

§ Description of proposed outcomes (e.g., people served)

§ Timeline for fund expenditures for the following period of June 1, 2025-May 31, 2028

- **Project timeline**

- o

Detailed

project timeline by year, showing all measurable activities with a start and end date.

Application Review Process

The Opioid

Committee and Laramie County Grant Staff will review grant applications for completeness and eligibility. Applicants may be asked to revise proposals or provide additional information, and this must be done within five business days of request.

The Opioid

Committee will meet to discuss the applications and make recommendations for funding to the Laramie County Commissioners.

The Laramie County Board of Commissioners will consider the committee recommendations and make final award determinations in April 2025. The panel will be utilizing a scoring matrix that can be found on the county website along with the guidance and application.

Application Review Criteria

Award

allocations will be based on the total number of applicants, completeness of applications, expense eligibility, organizational need, and community impact. Commissioners will examine

the efficiency,
cost, cost effectiveness and time of delivery of the proposal in line with
rules and regulations put forth by the Wyoming Opioid Settlement MOA using the
referenced evaluating matrix.

Application Timeline

The County
anticipates the following schedule for reviewing submitted applications and
determining funding awards:

February 18, 2025	Release of application
March 31, 2025	Applications are due by 12noon
April 1-15th, 2025	Review process
May 6, 2025 determinations)	Board of Commissioners Meeting (award
May 6-13th, 2025	County staff to begin drafting grant agreements
May 20, 2025	Awarded applicants to have contracts

Public Record

Unless

otherwise exempt under applicable law, applications and application materials are public records. All information received from an applicant, whether received in connection with a grant application or in connection with grant funded activities performed, is subject to disclosure pursuant to the Wyoming Public Records Act.

If Selected for Funding

Grant awards

will be made in the form of a sub-recipient agreement executed between the applicant and the County. The grant period, scope, allowable budget, and reporting requirements will be outlined in the contract between the applicant organization and the County. All awarded funds for the project and activities must be expended no later than May 31, 2028, with a final reimbursement and report - due on **June 30, 2028**.

Please check below to certify that you have read the statement above in full and are ready to proceed with the application.

*



Yes, I have read the above


General Information

Tell us about your organization

Name of Organization and Legal Name *


Cheyenne Health and Wellness dba HealthWorks

Attach W-9 Here *

 W9 for 2025 - Mo...

 Add file

Attach SAM registration here *

 SAMS Updated - ...

 Add file

The total requested funds broke out by Year 1-3 *

Year 1: \$190,812 Year 2: \$160,978 Year 3: \$148,220

Owner/Authorized Official's *

Margaret Cox, Chief Financial Officer

Federal Tax Identification Number *

870718984

Unique Entity Identifier Number (UEI) *

JARUL7F8GNM3

Physical Address of Organization *

2508 E Fox Farm Road Suite 1A Cheyenne, WY 82007

Primary Contact Person (Name and Title, Email, Phone Number) *

Monica Jennings Woodard, Operations Director and Compliance Officer, mjwoodard@wyhealthworks.org
307-635-3618 extension 1038

Mission statement/purpose or your organization *

HealthWorks delivers high quality, culturally sensitive, comprehensive primary care. Our patients and their families are at the center of everything we do. We work to promote health in body and mind.

- HealthWorks is building the health of our community by serving everyone, regardless of their ability to pay. We partner with other community services to meet the long-term needs of our patients.
- HealthWorks employees are engaged, caring and empathetic.

We seek to bring our best to our patients and our community every day.

What populations do you serve? (check all that apply) *

- ☐ Incarcerated Populations
- ☒ Populations involved in the criminal justice system
- ☒ Patients with Opioid Use Disorder
- ☒ Patients in recovery from Opioid Use Disorder
- ☒ Patients at risk for Opioid Use Disorder
- ☒ Unhoused Populations
- ☒ High Risk Youth
- ☒ Other: Families of patients with all of the above.

Is your organization facing any pending litigation or legal action? If yes, please explain *

No

Is your organization a member of the Laramie County Opioid Committee? If yes, then your organization may still apply, however **your committee member will not be able to evaluate submitted request.** *

☒ Yes

☐ No

Project

What will your project look like?

Describe the scope of the project that you are requesting funds for *

HealthWorks will be expanding its existing opioid abatement initiatives to:

- * increase awareness of available treatment at no to low cost for people with opioid use disorder and their families who have been adversely affected by their use disorder
- * improve the care setting to make it more conducive to and comfortable for the patient during the multi-hour induction process on site
- * remove financial barriers to obtaining the medication needed for successful and continued treatment
- * increase staffing to include a dedicated mental health practitioner who is available to serve the patient and the family through the MAT process
- * develop a workflow between Cheyenne Regional Medical Center's emergency department MAT clinic and HealthWorks for continuity of care for induced patients who need to continue MAT treatment via a primary care provider
- * develop a workflow between Recover Wyoming and HealthWorks to work directly with peer support specialists for patients undergoing opioid use disorder treatment
- * streamline the re-entry process for people released from the correctional facility so that they can receive MAT treatment immediately upon release via our mobile clinic services and/or on site at the brick-and-mortar location

Is this a new, existing or expanded project? *

☐

New

☐

Existing

☒

Expanded

Please provide an estimated number of individuals/families that will be served by this project? *

Given the financial capacity afforded by this grant to widely market the availability of opioid use disorder treatment including MAT treatment in our facility, the proximity of HealthWorks' new home across the street from the Laramie County Detention Center with move in date September 2025, the availability of our mobile unit to be able to serve people in need including individuals reentering the community from the criminal justice system, our partnership with Cheyenne Regional Medical Center to continue care of individuals induced in the emergency department, and our partnership with Recover Wyoming to provide induction services, mental health therapy, primary care, medication assistance, and more for their clients, we expect to serve a minimum of 25% more individuals in the first year of program expansion. In 2024, we served 43 individuals, the majority of which self-referred for treatment of opioid use disorders. Historically, during the consultation process with the individuals with the medical practitioners, screening regarding potential family support did not take place as a standard practice. We plan to standardize the screening process inclusive of familial needs and will market to the community that family support is available to families of individuals with opioid use disorder. This will also increase the number of individuals served. Given that we do not have a baseline, we are unsure of the expected number of families that will be served. HealthWorks do know that our mental health providers screen for substance use disorders which is inclusive of opioid use disorders with each intake assessment. We also know that in 2024, we had a 33% increase in patient visits, totaling 462 visits for people with other substance-related disorders (excluding alcohol and tobacco use disorders) serving 151 patients. We had a 16% increase in patient visits for depression and mood disorders, totaling 2,886 visits serving 758 patients. We had a 17% increase in patient visits for anxiety disorders, including post-traumatic stress disorder (PTSD) with 3,658 visits serving 817 patients. We know from both medical practice and via mental health practice, that people with substance use disorders including opioid use disorder, often have a co-occurring mental health condition as defined as having both a mental health disorder inclusive of those highlighted above and a substance use disorder. "According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2022 National Survey on Drug Use and Health, approximately, 21.5 million adults in the United States have a co-occurring disorder. People with mental illness are at a higher risk of developing an SUD compared to those without mental illness," SAMHSA Co-Occurring Disorders and Other Health Conditions, 2024. HealthWorks currently has a process to screen for this, yet with the expansion opportunity via marketing and partnerships, we expect that our mental health patient panel will increase, and we will have more opportunities to identify patients who are not referred with our medical and mental health teams.

Please provide a detailed description of what is needed to carry out the project. (Staff, space, equipment, supplies, MAT etc.) *

To effectively expand, we will need to do the following:

1. Increase staff and allocate some of the existing staff to support the project in either indirect and/or direct service to patients
 - o Add 1.0 FTE with grant funding providing .5 FTE for this position for Licensed Mental Health Provider: Provide services to expanded patient population targets in Laramie County. This individual will provide evidence-based practice in accordance with HealthWorks required standards as well as work directly with the medical team to employ the quality of care according to the American Academy of Addiction Psychiatry with the Provider Clinical Support System. This individual will be devoted to serving patients and their families impacted by MAT, opioid use disorder and any co-occurring substance use or mental health issue. Behavioral health services include but are not limited to individual and family therapy, parenting and family issues, depression, and anxiety, healing from trauma and abuse, grief and loss issues, stress and anger management, mood disorders, substance use issues, and medication-assisted treatment (MAT).
 - Add 1.0 FTE with grant funding providing .90 FTE for this position for Clinical Case Manager: Provide support services in conjunction with the Nurse Practitioners and Licensed Mental Health Providers. The case manager will be available to provide support at time of need regardless of the visit type, medical or behavioral, to extend the capacity for the primary care provider or therapist to address needs including but not limited to factors that impact healthy outcomes such as food insecurity, housing insecurity, insurance resources and application submissions for services, and navigating other community benefit resource processes. The clinical case manager will provide wrap-around services for clients. In addition, with the appropriate educational skill set, such as a social worker, this position may function as a peer support specialist and group lead to allow providers to treat more patients on individual treatment plans while allowing more total patients to receive ongoing support.
 - o Allocate 1.0 FTE with grant funding providing .35 FTE for this position for Registered Nursing Staff who is directly involved in monitoring and assisting with the induction process in clinic.
 - o Allocate .5 FTE with grant funding providing .05 FTE for this position for Administrative Staff to oversee quality of care and project process and implementation. Administrative staff will be responsible for maintaining consistent communication with community partners for developing interagency workflows, referral management and scheduling, working directly with patients and providers to ensure desired project outcomes.
2. Improve the existing space for induction by adding a television for the patient to utilize, purchasing pillows for the patient to utilize, and hiring a linen service to supply clean blankets and wash blankets used during the induction process. We would also purchase a blanket warmer to store blankets for comfortability of the patient. The induction process lasts for multiple hours, with some patients present on average 6 to 8 hours on the first induction. We aim to make the clinical setting as comfortable as possible during this process. These few adjustments will be a significant improvement for the patient's experience.
3. Purchase medication utilized during the induction period as well as purchase medication that the patient will be prescribed to continue taking. We have noted that patients, even while on the sliding fee scale program or the 340 B program receiving discounted medication, continue to have a financial barrier to continuing with their treatment plan. Further due to the frequency of clinic and therapy visits required, even when on a discount program, \$4 and \$10 per visit adds up for someone who is financially insecure. With funding from the grant to be able to offset costs of clinical support staff time providing direct care, the cost of the medication in clinic and the cost of the patient's prescribed medication, HealthWorks will be able to offer MAT at a nominal cost to the patient and a nominal cost of the needed medication for those who

qualify for the sliding fee scale.

4. Purchase IV materials to complete the inductions.

Please identify any other organizations within Laramie County that address this need. How is your organization adding or improving capacity within the community? *

HealthWorks is the only Federally Qualified Health Center in our community that offers MAT treatment to the uninsured population at low cost without limitations of housing status, insurance status, specific condition required, etc. Hopefully with this grant funding, we will be able to offer MAT at more of a nominal cost in the future. Crossroads healthcare clinic refers patients to our clinic for MAT. Other facilities require insurance coverage for treatment. Our organization would continue to improve the community capacity as we can serve both insured and uninsured population and patients can qualify for our sliding fee scale regardless of insurance status. This makes our facility the ideal primary care provider for care and a resource for multiple facilities. Further, our organization serves patients as part of our primary care, care management, case management, and mental health practice regardless of the specific type of physical or mental health condition.

Please describe your contingency plan to treat and serve the population with other use disorders if they do not fit within the opioid use category. *

Our contingency plan to treat and serve the population with other use disorders that do not fit within the opioid use category is to continue care as usual. We will serve patients as they come regardless of the categorized need.

Please explain any partnerships or collaborations with this project. (Both existing and new.) Are all partners committed to an ongoing partnership?

See email-cannot fit response. Approval received from Sandra Bay

Please describe what strategy will be addressed with these funds? *

Per approval of Sandra Bay at 10:55am 3-31-2025, emailed grant to her given the other people who have difficulty with this form. I could not get all of my response to fit and there is no character limit guidance provided.

Project Outcomes

How will you measure success?

If this is a continuing activity, please describe the measurable outcomes of your previous work regardless of funding source and your plans for improvement? *

Per Sandra Bay, submitted via email.

If this is a new project, please describe anticipated measurable outcomes for your proposed project. *

Expanded project-not applicable.

Please provide details on evidence-based deliverables that will be used to guide and evaluate your success. *

The above referenced clinical quality measures will be used to guide and evaluate success as well as the office induction clinical protocol regarding the phases of induction that SAMHSA has resources for:
<https://chpscc.org/wp-content/uploads/2019/09/4.OfficeInductionProtocolforPractice.pdf>

Email contains the full write up.

Organization's Auditing and Fiscal Controls

Financial Overview of your organization

Briefly describe your organization's financial oversight/internal controls to minimize opportunities for fraud, waste and mismanagement. *

HealthWorks has policies and procedures in place for financial oversight. We also have policies in place that address fraud, waste and mismanagement.

HealthWorks engages an auditor each year to conduct an annual financial audit as well as the single audit.

Has your organization had any audit findings in the past five years? If yes, please explain. *

no

How does your organization plan to segregate opioid funds from other organization funds for purposes of identification, tracking, reporting and audit? *

HealthWorks will segregate the APRA funds from other agency funds in our accounting system, MIP Fund Accounting. The ARPA funds will have a designated grant code and expenses will be coded to that grant code. Separate tracking spreadsheets will be maintained to ensure expenses are allocated as outlined in the ARPA grant budget.

Is your organization receiving any other grant funding in relation to opioid prevention, treatment or mitigation or similar work? If yes, please explain *

no

Budget: Use this Template - Please download into excel and fill this out to attach below. There are already formulas built into this sheet for your use.

What is the budget for the project?

What total amount are you requesting from Laramie County Opioid Settlement funds? This must * be broken out by year, please use the budget template provided.

repeated answer-see attachment

Please upload the budget in the provided template. If your budget is not uploaded in the template provided you will be asked to re-submit

 Add file

Can you complete this project with partial funding or is the full amount needed? Please * explain.

The full amount requested is preferred to fully execute this project. If awarded partial funding, HealthWorks would have to reduce the scope of the project, yet we would complete as much as funding would allow.

Timeline

How long will the project take? What measures your success on a quarterly basis?

Please provide a detailed timeline for your project with a start and completion date. The * timeline should also include milestones throughout the project period with dates for **quarterly** deliverables.

emailed

Sustainability

We want projects we fund to be sustainable after funding is exhausted. How will you make sure this project will continue after the grant period?

What is your plan for sustainment of the project after funding has been exhausted? *

emailed

Application Certification

By signing this application, you are certifying that the information provided herein is true and accurate to the best of your knowledge.

Print Name *

Monica Jennings Woodard

Title *

Operations Director and Compliance Officer

By checking this box, I certify this as a representation of my electronic signature *



Sign

Date *

MM DD YYYY

03 / 31 / 2025

This form was created inside of Laramie County Community Partnership .

Google Forms

This is to supplement what was presented via the Google Form.

HealthWorks will be expanding its existing opioid abatement initiatives to:

- increase awareness of available treatment at no to low cost for people with opioid use disorder and their families who have been adversely affected by their use disorder
- improve the care setting to make it more conducive to and comfortable for the patient during the multi-hour induction process on site
- remove financial barriers to obtaining the medication needed for successful and continued treatment
- increase staffing to include a dedicated mental health practitioner who is available to serve the patient and the family through the MAT process
- develop a workflow between Cheyenne Regional Medical Center's emergency department MAT clinic and HealthWorks for continuity of care for induced patients who need to continue MAT treatment via a primary care provider
- develop a workflow between Recover Wyoming and HealthWorks to work directly with peer support specialists for patients undergoing opioid use disorder treatment
- streamline the re-entry process for people released from the correctional facility so that they can receive MAT treatment immediately upon release via our mobile clinic services and/or on site at the brick-and-mortar location

Given the financial capacity afforded by this grant to widely market the availability of opioid use disorder treatment including MAT treatment in our facility, the proximity of HealthWorks' new home across the street from the Laramie County Detention Center with move in date September 2025, the availability of our mobile unit to be able to serve people in need including individuals reentering the community from the criminal justice system, our partnership with Cheyenne Regional Medical Center to continue care of individuals induced in the emergency department, and our partnership with Recover Wyoming to provide induction services, mental health therapy, primary care, medication assistance, and more for their clients, we expect to serve a minimum of 25% more individuals in the first year of program expansion. In 2024, we served 43 individuals, the majority of which self-referred for treatment of opioid use disorders.

Historically, during the consultation process with the individuals with the medical practitioners, screening regarding potential family support did not take place as a standard practice. We plan to standardize the screening process inclusive of familial needs and will market to the community that family support is available to families of individuals with opioid use disorder. This will also increase the number of individuals served. Given that we do not have a baseline, we are unsure of the expected number of families that will be served.

HealthWorks do know that our mental health providers screen for substance use disorders which is inclusive of opioid use disorders with each intake assessment. We also know that in 2024, we had a 33% increase in patient visits, totaling 462 visits for people with other substance-related disorders (excluding alcohol and tobacco use disorders) serving 151 patients. We had a 16% increase in patient visits for depression and mood disorders, totaling 2,886 visits serving 758 patients. We had a 17% increase in

patient visits for anxiety disorders, including post-traumatic stress disorder (PTSD) with 3,658 visits serving 817 patients. We know from both medical practice and via mental health practice, that people with substance use disorders including opioid use disorder, often have a co-occurring mental health condition as defined as having both a mental health disorder inclusive of those highlighted above and a substance use disorder. “According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2022 National Survey on Drug Use and Health, approximately, 21.5 million adults in the United States have a co-occurring disorder. People with mental illness are at a higher risk of developing an SUD compared to those without mental illness,” SAMHSA Co-Occurring Disorders and Other Health Conditions, 2024. HealthWorks currently has a process to screen for this, yet with the expansion opportunity via marketing and partnerships, we expect that our mental health patient panel will increase, and we will have more opportunities to identify patients who are not referred with our medical and mental health teams.

To effectively expand, we will need to do the following:

1. Increase staff and allocate some of the existing staff to support the project in either indirect and/or direct service to patients
 - Add 1.0 FTE with grant funding providing .5 FTE for this position for Licensed Mental Health Provider: Provide services to expanded patient population targets in Laramie County. This individual will provide evidence-based practice in accordance with HealthWorks required standards as well as work directly with the medical team to employ the quality of care according to the American Academy of Addiction Psychiatry with the Provider Clinical Support System. This individual will be devoted to serving patients and their families impacted by MAT, opioid use disorder and any co-occurring substance use or mental health issue. Behavioral health services include but are not limited to individual and family therapy, parenting and family issues, depression, and anxiety, healing from trauma and abuse, grief and loss issues, stress and anger management, mood disorders, substance use issues, and medication-assisted treatment (MAT).
 - Add 1.0 FTE with grant funding providing .90 FTE for this position for Clinical Case Manager: Provide support services in conjunction with the Nurse Practitioners and Licensed Mental Health Providers. The case manager will be available to provide support at time of need regardless of the visit type, medical or behavioral, to extend the capacity for the primary care provider or therapist to address needs including but not limited to factors that impact healthy outcomes such as food insecurity, housing insecurity, insurance resources and application submissions for services, and navigating other community benefit resource processes. The clinical case manager will provide wrap-around services for clients. In addition, with the appropriate educational skill set, such as a social worker, this position may function as a peer support specialist and group lead to allow providers to treat more patients on individual treatment plans while allowing more total patients to receive ongoing support.
 - Allocate 1.0 FTE with grant funding providing .35 FTE for this position for Registered Nursing Staff who is directly involved in monitoring and assisting with the induction process in clinic.

- Allocate .5 FTE with grant funding providing .05 FTE for this position for Administrative Staff to oversee quality of care and project process and implementation. Administrative staff will be responsible for maintaining consistent communication with community partners for developing interagency workflows, referral management and scheduling, working directly with patients and providers to ensure desired project outcomes.
- 2. Improve the existing space for induction by adding a television for the patient to utilize, purchasing pillows for the patient to utilize, and hiring a linen service to supply clean blankets and wash blankets used during the induction process. We would also purchase a blanket warmer to store blankets for comfortability of the patient. The induction process lasts for multiple hours, with some patients present on average 6 to 8 hours on the first induction. We aim to make the clinical setting as comfortable as possible during this process. These few adjustments will be a significant improvement for the patient's experience.
- 3. Purchase medication utilized during the induction period as well as purchase medication that the patient will be prescribed to continue taking. We have noted that patients, even while on the sliding fee scale program or the 340 B program receiving discounted medication, continue to have a financial barrier to continuing with their treatment plan. Further due to the frequency of clinic and therapy visits required, even when on a discount program, \$4 and \$10 per visit adds up for someone who is financially insecure. With funding from the grant to be able to offset costs of clinical support staff time providing direct care, the cost of the medication in clinic and the cost of the patient's prescribed medication, HealthWorks will be able to offer MAT at a nominal cost to the patient and a nominal cost of the needed medication for those who qualify for the sliding fee scale.
- 4. Purchase IV materials to complete the inductions.

We are the only Federally Qualified Health Center in our community that offers MAT treatment to the uninsured population at low cost without limitations of housing status, insurance status, specific condition required, etc. Hopefully with this grant funding, we will be able to offer MAT at more of a nominal cost in the future. Crossroads healthcare clinic refers patients to our clinic for MAT. Other facilities require insurance coverage for treatment. Our organization would continue to improve the community capacity as we can serve both insured and uninsured population and patients can qualify for our sliding fee scale regardless of insurance status. This makes our facility the ideal primary care provider for care and a resource for multiple facilities. Further, our organization serves patients as part of our primary care, care management, case management, and mental health practice regardless of the specific type of physical or mental health condition. Our contingency plan to treat and serve the population with other use disorders that do not fit within the opioid use category is to continue care as usual. We will serve patients as they come regardless of the categorized need.

HealthWorks is lead agency in a local United Way Health Collaborative with the goal to "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all." Health Collaborative Partners include HealthWorks, Meals on Wheels, Recover Wyoming, CASA, Safe Harbor, and Wyoming 211. This Collaborative enables HealthWorks to extend our reach into the community via agencies that serve the same or similar population as ours. The Collaborative agencies provide awareness and access to health care services including mental health and individual and family support services with case management and wrap around services. The quality-of-life conditions we

want for our community members of Laramie County is overall wellness. We serve during times of need and increase knowledge of these services/care so that residents are aware prior to need or moments of crisis. The Collaborative is using a wholistic approach to health based on the Dimensions of Wellness, developed by SAMHSA, Substance Abuse and Mental Health Services Administration.

As a collaborative we are engaged in how we can develop a habit of always looking upstream by screening for the SDOH which often cause or contribute to poor overall health. By focusing efforts on interventions, we seek to increase equitable access to health and social services, reducing risk by promoting healthy behaviors and identifying circumstances we can influence by engaging our target populations in a holistic manner.

Each organization within the collaborative refers their clients in need for services that we provide including MAT. As a collaborative, we employ the no wrong door approach. All the Collaborative partners have an established relationship with Wyoming 2-1-1. Under this structure, Wyoming 2-1-1 is our virtual “No Wrong Door” entry point for any Laramie County consumer. We leverage the system cohesion by working closely with Wyoming 2-1-1 using their call center infrastructure to ensure ongoing coverage and to connect consumers with Collaborative partner staff. Recognizing the need many patients have for non-health care services and supports, we maintain a close working relationship with Wyoming 211, which partners with community-based organizations, state and local government, local communities, and businesses to identify, prepare, and respond to emergencies and look at opportunities to create innovation to address complex issues. The partnership between HealthWorks and Wyoming 211 ensures that our patients are provided with comprehensive information and community referrals regarding accessible health and social services.

HealthWorks is also a founding partner in the Laramie County Law Enforcement Assisted Diversion (LEAD) Program. As a member of the Operational Work Group, HealthWorks is one of the direct service providers in the community that plays a crucial role in providing strategic guidance and facilitating communication between the project team and various stakeholder groups. HealthWorks has contributed to the initial success by offering diverse perspectives of our patients and continues to provide input to inform decision-making.

This funding would expand HealthWorks behavioral health staffing and allow HealthWorks to continue accepting and expanding treatment for the LEAD participants. The program is recognized as a Wyoming Innovative Solution by Governor Gordon’s Mental Health Challenge program.

To reduce recidivism, a community-based MOU is crucial to divert from the criminal justice system to proper community mental health facilities, treatment, and recovery resources. The long-term goal of diversion is to help defendants break the cycle of repeated contact with the justice system by being guided toward a path of sustainable wellness through support services. LEAD recognizes the following: Defendants that are arrested sometimes exhibit signs of an underlying mental illness or substance use disorder that contributed to the alleged crime for which the defendant has been arrested. Defendants with mental illness or substance use disorders are often experiencing chronic homelessness which further exacerbates their behavior to commit low-level offenses. Such defendants are charged with low-level, non-violent, drug-related offenses and are detained in the county jail for extended periods of time. Our current justice system does not allow for such defendants with low-level offenses to receive treatment in connection to their criminal charge and are shortly re-arrested on similar charges.

The community partnership is governed by a Memorandum of Understanding between the following partners:

- MEMORIAL HOSPITAL OF LARAMIE COUNTY D/B/A CHEYENNE REGIONAL MEDICAL CENTER,
- VOLUNTEERS OF AMERICA, (local Community Mental Health Center)
- HEALTHWORKS,
- COMMUNITY ACTION OF LARAMIE COUNTY, (including FQHC clinic for the homeless)
- WYOMING DEPARTMENT OF CORRECTIONS,
- CHEYENNE POLICE DEPARTMENT,
- LARAMIE COUNTY SHERIFF'S OFFICE,
- LARAMIE COUNTY DISTRICT ATTORNEY,
- LARAMIE COUNTY DRUG COURT,
- LARAMIE COUNTY TREATMENT COURT PROGRAMS,
- OFFICE OF THE STATE PUBLIC DEFENDER,
- CITY OF CHEYENNE,
- AND LARAMIE COUNTY

The LEAD partners believe the arresting, booking, processing, and jailing of defendants committing offenses related to mental illness, drug involvement, chronic homelessness, poverty, and other health and wellness issues has had limited effectiveness in improving either public safety or public order. LEAD Laramie County builds on existing efforts to address the needs of repeat drug offenders through an initiative based on shared planning, decision-making, data sharing, and evaluation that will 1) expand outreach to eligible individuals within the county, 2) enhance coordination of service delivery through the existing social service network, 3) increase referrals to substance use and mental health treatment centers; and 4) improve collaboration and communication among law enforcement agencies and social services providers. From the perspective of the Sequential Intercept Model, LEAD intercepts the individual and diverts the behavioral problem at the point of law enforcement response (Intercept I), to channel drug involved individuals into a community-based intervention whenever possible and appropriate and as a result HealthWorks currently provides care for multiple LEAD participants.

In addition to the UW Collaborative and LEAD operational work group, HealthWorks maintains numerous collaborations throughout the service area to enhance our ability to provide patients with access to comprehensive, high quality physical and mental health care and supportive services. Through our relationships with hospitals, specialty care providers, community providers and other health and community services, we ensure our patients have access to a full continuum of services to assist our patient population.

Cheyenne Regional Medical Center (CRMC). We have a long-term close relationship with CRMC to ensure patients have access to emergency department and hospital services. CRMC provides hospitalist services for our patients, and the two entities (as well as other area medical providers) share an electronic medical record system (Epic) through Community Connect. Community Connect enables our providers to be notified in real-time of patients being seen in the emergency department, as well as when patients are admitted and discharged from CRMC. Epic allows patient documentation, diagnostics, labs, and consult notes to be shared with HealthWorks to facilitate follow-up and complete patient records.

Through a formal referral agreement, CRMC provides diagnostic lab, radiology, and other testing services for our patients. Aside from documentation, CRMC currently refers patients who have an emergency department visit to our facility who do not have an identified primary care provider. Our care manager outreaches to the patient to follow up on their emergency department visit and works with our scheduling team to schedule follow up and establish care. Cheyenne Regional utilizes HealthWorks to assist with patients utilizing care lines appropriately, including but not limited to not accessing the ED for primary care needs. Cheyenne Regional discharge planners and Transition Across Community Team (TACT) providers also work with HealthWorks to secure primary care for patients admitted as well as ensure follow up post hospital admit. While inpatient these teams utilize HealthWorks providers and case management team to support a safe discharge plan.

For opioid use abatement, Cheyenne Regional has committed to developing a workflow for making direct referrals for continued care for patients induced in the emergency department who need a thorough MAT treatment plan. HealthWorks is working with Angela Ferrand, CRMC's Community Health Project Director and Megan Shifflett, RN and Practice Administrator for the ED providers, who have both committed to partnering in this effort. HealthWorks has already met with the Regional Medical Director, Dr. Adam Crilly, D.O. and his team at the emergency department to discuss this initiative in hopes that the implementation can start as soon as grant funds are awarded. This agreement affords for multiple areas of health to be met, mental, physical, chronic care management and more and allows this to be achieved more cost effectively. The cost of care for HealthWorks to treat one patient for a full year is less than the cost to treat one patient for one encounter at the emergency department. To further support the expected increase in patients, we have also committed to working with Recover Wyoming to utilize their free peer support specialist program. They will continue to refer patients to our facility which will include MAT treatment referrals and we will refer patients to them for peer support.

Wyoming Medication Donation Program. HealthWorks serves as the largest dispensing site for the Wyoming Medication Donation Program. The Wyoming Department of Health, Division of Healthcare Financing coordinates this program. As such, we receive donated medicine stock to fill prescriptions for qualified patients. The program has been recognized by the Ash Center for Democratic Governance and Innovation at Harvard Kennedy School as a Bright Idea initiative recognizing creative government programs and partnerships.

Volunteers of America Northern Rockies (VOA). HealthWorks serves as a primary referral for VOA patients to receive primary care, dental, and pharmacy services. VOA receives state block grant funds from the Substance and Mental Health Services Administration (SAMHSA) including the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG) to serve Laramie County. We refer individuals with severe and persistent mental illness and those that may need residential treatment to VOA as needed. Harmony House is a residential treatment center that offers intensive substance abuse treatment to men. While at Harmony House, clients are involved in various therapeutic, recreational and community, recovery-oriented activities. During treatment, men receive 30 hours per week of intensive, structured, staff-facilitated group activities, which focus on all aspects of chemical dependency.

VOA is also the current grantee for Supportive Services for Veteran Families (SSVF). HealthWorks often refers patients to SSVF to assist with housing stability for Veterans experiencing a housing crisis. Participants may be eligible to receive short-term financial assistance for the purpose of securing or

maintaining permanent housing. The SSVF Program provides eligible Veteran families with outreach, case management, assistance obtaining VA benefits, other supportive services, and financial assistance.

Wyoming Roundtable on Behavioral Health is a collaboration among health care leaders and stakeholders, including HealthWorks. The group meets quarterly to discuss challenges and opportunities to address gaps in accessing behavioral health services for the underserved. Discussions include legislative changes and ongoing grant opportunities in the state's public health and safety net environments. HealthWorks staff also participates on the Laramie County overdose fatality review and the suicide fatality review committees.

Laramie County School District #1 (LCSD1). Aside from providing mobile health clinical services at the junior high sites, HealthWorks receives referrals for mental health services from the school district via their contracted referral service Care Solace where we are consistently matched with children from elementary thru high school in need of care. Referrals include children who are in need due to trauma, substance abuse and more. Due to the nature of the higher acuity of many of the referrals, mental health therapists at HealthWorks ensure that the students do not have to wait on a waitlist to be seen and work them into their schedules.

Laramie County Community Partnership (LCCP) is a volunteer-driven organization of nearly 65 partners, including human service organizations, private sector individuals, faith-based groups, funders, and local and state government representatives dedicated to serving vulnerable residents throughout the county. HealthWorks staff members are actively involved in the action teams established to address the county-wide comprehensive community needs assessment: Behavioral Health Action Team, Housing Action Team, Healthy Youth Action Team and the Better Together Action Team. Due to staff involvement, we are able to stay up to date on community needs and offer support via our service lines as appropriate. HealthWorks staff and leadership remain a part of the steering committee for the community needs assessment and help with goal setting, objectives, and outcomes we hope to measure for three year periods.

Equal Justice Wyoming. Through Equal Justice Wyoming and Laramie County Community Partnership, our patients benefit from a medical-legal partnership that offers free legal services for income-eligible individuals. Equal Justice Wyoming and the Wyoming State Bar offer free consultations with volunteer attorneys to our patients regarding civil issues such as divorce and custody, landlord/tenant, debts, and consumer problems.

Food banks. All patients are screened for Food Insecurity through our Social Determinants Screening process. Individuals who have indicated food insecurity are provided an up-to-date information sheet on all food banks within Laramie County. We also receive weekly food bank delivery to our site and patients pack a grocery bag to take food home.

HealthWorks will employ multiple opioid abatement strategies. They are as follows:

- Treatment:
 - As previously stated, HealthWorks will expand the availability of treatment including MAT treatment for OUD and any co-occurring substance use or mental health issues by increasing the community awareness that HealthWorks offers treatment specific to

OD, substance use, and that this treatment is not just for patients in need, but their families impacted by use as well. HealthWorks currently treats patients with trauma issues resulted from traumatic opioid use and all clinicians providing MAT treatment are properly certified. Furthermore, with community partnerships with Cheyenne Regional and Recover Wyoming, the expansion includes increased staff to meet the expected demand. HealthWorks has been approached by other primary care clinics to receive training from our providers on MAT via shadowing providers during the process. Our providers have declined the offer due to varying levels of comfortability. With funding from this grant, we will contract with a trainer for in-office support for additional training for all medical providers to increase expertise and for all mental health providers and clinical support teams for increased MAT expertise and harm reduction. Further, with additional financial support via this grant making the ability to reduce the cost of care even more than what it is already discounted with the sliding fee scale, treatment will be more accessible.

- HealthWorks has taken the last few months researching integrated behavioral health models and have identified where we are in this strategic plan implementation and where we would like to be with full implementation by the end of the year. The model we have employed has primary care at the focal point with mental health services supporting the primary care. This allows for increased collaboration via our devoted weekly care team meetings and warm handoffs between providers. The process is initiated through routine screenings of primary care patients during the rooming process by a nurse or medical assistant using AUDIT C Plus, PHQ-2/9, and GAD-7 tools used to identify substance use issues in addition to other behavioral health needs. When indicated by screening results and when deemed by a provider to be clinically appropriate, a referral is made with patient approval. With full implementation, a mental health provider meets with the patient in the medical clinic where the initial screening is completed, and appropriate follow-up is determined. Patients then enter the treatment phase for mental health and substance use if they are agreeable to the plan. As appropriate, behavioral health staff refer patients to Cheyenne Regional Medical Center or another referral clinic for more intensive therapy or inpatient services if needed.
- Connecting People Who Need Help to Help they Need:
 - We have identified an opportunity for improvement in streamlined screening with medical care providers for OD and other risk factors given that the majority of our MAT treatment has been in service to patients who have self-referred. HealthWorks is screening patients for alcohol and substance use during clinical intake as well as utilizing the AUDIT and DAST screening tools for further screening when risk is identified. HealthWorks is focused on increasing the number of patients screened, and if positive, plan with appropriate follow-up. HealthWorks is actively completing routine follow up screening for all patients with a mental health diagnosis/disorder to assist with timely treatment changes/alterations in effort to maximize patient outcomes. These screenings include monitoring for 12-month Depression Remission.

Our mental health providers do screen for OUD with intake. Once identified, the providers have appropriately counseled and treated patients with OUD. As previously stated, it is clear that with the emergency medical system via direct partnership with Cheyenne Regional's emergency department for referrals and direct partnership with Recovery Wyoming's peer support specialist, people will get connected. We will also leverage the many other partnerships including making sure the organizations HealthWorks routinely works with has HealthWorks listed as a place where OUD is treated. Again, with the additional funding, cost effective care will be provided by HealthWorks. We will be able to provide targeting marketing to non-profits and faith communities to expand our accessibility.

Finally, HealthWorks participates in outreach and education events monthly, including some routine such as tabling at Needs, Inc., Salvation Army, and Allen Chapel Church for My Brothers Keeper outreach. These outreach opportunities allow HealthWorks staff to connect with community members and provide resource information for services provided at HealthWorks.

- **Addressing the Needs of Criminal Justice Involved Persons**
 - HealthWorks is already a primary care provider for people reentering the community who are involved in the criminal justice system. We participate in the Laramie County Reentry Partnership meeting to inform of what our providers and support staff can provide and to stay up to date on needs for this specialized population. We are available to the Laramie County Transition Center to support residents with accessing health care. We work directly with LEAD case managers to get LEAD participants connected to care and continue to serve on the operational work group team. Given that we follow the federally qualified health center's mission to reduce and eliminate barriers to care, we serve all patients across all service lines regardless of if they have been incarcerated, are on probation or on parole. Treatment provided is evidenced informed including MAT, recovery support, harm reduction. All practitioners providing MAT care have completed DEA training.
- **Address the Needs of Women Who are More or May Become Pregnant**
 - This is an area that HealthWorks providers have expressed gaining more expertise in to understand the intricacies of how to treat pregnant women. The funding will help support contracted assistance in this area to build expertise. We are currently serving all women who may become pregnant.
- **Support People in Treatment and Recovery and Reduce Stigma**
 - HealthWorks has been diligent about staff training from check-in team to the provider care team to ensure that every patient feels safe when they communicate their needs regardless of the care condition. We have served patients in active manic states, active withdrawal, released from incarceration same day, and many other circumstances with dignity and respect. Patients know that they will be treated as valued individuals regardless of where they are in their life journey and often choose our facility because of this fact. With this grant, we feel that our marketing messaging would be critical in helping to reduce stigma around treatment and support for people with OUD. We want people to know that whether it is a sinus infection, grief, or substance use, there is no wrong door and you can seek care at HealthWorks for all of the above. This has proven

to enrich the patient-provider relationship, improve care plan adherence, and retain patients for years knowing that HealthWorks will truly meet them where they are.

- Prevent Over-prescribing and ensure proper prescribing of opioids
 - HealthWorks providers have all been trained on safe and responsible opioid prescribing, dosing and tapering patients off opioids. They will continue to participate in trainings regarding this topic matter and we hope to include this in a training package for a contracted professional along with the additional MAT treatment training. Currently, HealthWorks providers hold collaborative care team meetings and work with our medical director on case studies to ensure patient safety. We have recently established a collaborative practice agreement with our pharmacists who work with administration in reviewing charts to ensure there is no over-prescribing or medication contraindications that need to be addressed. They make recommendations for medication changes based on this review which has proven to be helpful for quality of care and for expanding the impact of the medical provider.
- Prevent Misuse of Opioids
 - Currently HealthWorks pharmacy staff advise existing patients and non-patients who stop by the facility of the disposal sites for controlled substances. There is opportunity with this grant for marketing related to drug-disposal within the community including with other non-profits and the faith community.

Prevent Overdose Deaths and Other Harms

- HealthWorks currently provides free naloxone distribution via our pharmacy. We also provide patients with harm reduction kits as needed that are provided by Recover Wyoming. HealthWorks also provides HIV testing and Hepatitis C testing and is an active participant of Know Wyo and the Hep C program. We have found that patients needing Hep C treatment often have additional needs that impact their ability to thrive within our community such as housing insecurity. Currently our case management team screens individuals and assists with connecting them to the resources that they need. Finally, Healthworks participates in fatality review board to help review completed deaths and identify ways to help prevent future fatalities.

Training

- As previously stated in the scope of this project, we will employ staff to support this project inclusive of a mental health therapist, clinical case manager, and part-time clinical support. We are encouraged by the opportunity to obtain additional training to increase the comfort of medical staff with induction treatment. Further administrators will work with our partners on referrals to help patients referred receive treatment without delay.

Project Outcomes:

What's Measured?	Statistical Significance
Number of Patients Served with OUD	Compare treatment numbers pre and post grant project

Number of Family Members of Patients Served as a result of OUD	Compare treatment numbers pre and post grant project
Number of co-occurring mental illnesses treated	Compare treatment numbers pre and post grant project
Number of Referrals Received from Project Collaboration categorized as follows: Cheyenne Regional Medical Center, Recover Wyoming, Wyoming 211, LEAD referral/Transition Center, all other	New workflow implementation between specific partners as a way to address opioid use disorder and streamline connection to MAT treatment
Number of patients served from referrals received from project collaboration categorized as follows: Cheyenne Regional Medical Center, Recover Wyoming, Wyoming 211, LEAD referral/Transition Center, all others	New workflow implementation between specific partners to address opioid use disorder and streamline connection to MAT treatment
Provider Level of Comfortability with Suboxone inductions: utilize pre and post survey with keys addressed from SAMHSA's Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings and Provider's Clinical Support System for Medication for Opioid Use Disorder	Identify starting level to direct the training plan, provide training, and take again over time after implementation.
Complete the American Academy of Addiction Psychiatry and PCSS-MOUD 2022 Performance-in-Practice Activity that includes collecting data which includes patient chart audit using Clinical Quality Performance Measures on existing practice behaviors, developing and following an improvement plan and reassessing the practice to measure the effects of the improvement plan. The evidence based quality measures include the following: Clinical Quality Measures_OUD PIP.docx We will report out on number of patients with treatment steps in compliance with each measure to assess quality of practice. In addition, we will be utilizing the workflow for the phases of care as described via SAMHSA's Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings. We track how appropriateness of patient served is decided via this protocol and link to success rates.	It is the goal of HealthWorks to be the leading primary care provider in treatment of OUD and MAT treatment where we can one day provide training to other facilities. We will utilize this evidence-based Performance-In-Practice activity to ensure that quality measures are being met and help improve our current practice.
Number of patient visits including Telehealth check ins.	This will help us determine if treatment plans are in line with protocol.
Number of prescriptions picked up at HealthWorks to adhere to MAT treatment plan.	Historically this has been a barrier due to finances. With this grant, we plan to offer at a nominal fee.

Number of patients who have not used opioids at intervals 1 year and 2 years or more as a result of clinical intervention.

Due to the national success rate of MAT treatment having 90% of patients who complete successful for 2 or more years, we will be tracking this.

Evidence Based Measures:

Listed Above:



**Improving Clinical Practice with Patients who have Opioid Use Disorder (OUD):
Performance in Practice (PIP) and Self-Assessment (SA) Activity
Clinical Quality Measures**

- **Clinical Quality Measure 1:** Did you document that you assessed the amount, frequency and type of substances used including opioids, illegal drugs, cannabis, tobacco and nicotine products, and hazardous use of alcohol and prescription medicines?
- **Clinical Quality Measure 2:** Did you document that you assessed for possible co-occurring psychiatric disorders (including depression, anxiety, PTSD)?
- **Clinical Quality Measure 3:** Did you determine initial treatment intensity based on severity of substance use and patient's motivation/readiness for treatment?
- **Clinical Quality Measure 4:** Initially and as needed, did you test for and document status for the following?
* Hepatitis A/B/C * HIV * Pregnancy
- **Clinical Quality Measure 5:** Did you document or provide reasonable evidence in the chart that the use of treatment medications (the three FDA approved medications –methadone, buprenorphine (alone and in combination with naloxone) and naltrexone (extended release injectable formulation, XR-NTX) were discussed if appropriate?
- **Clinical Quality Measure 6:** If buprenorphine-naloxone was prescribed, did you assess early treatment response (defined as initial abstinence, reduced use or negative opioid drug screen) during the first month?
- **Clinical Quality Measure 7:** If opioid agonist treatment medications were prescribed (methadone or buprenorphine-containing products), did you assess overlapping outpatient prescriptions for other opioids, barbiturates, benzodiazepines, or nonbenzodiazepine sedatives?
- **Clinical Quality Measure 8:** Did you document options for provision of evidence based psychosocial therapies or referral to an appropriate treatment provider or mutual-help group if it was clinically appropriate/indicated for your patient? (I.E. did you recommend 12-step meetings, provide/refer for coping skills training, cognitive-behavioral therapy (CBT) or relapse prevention, etc.)?
- **Clinical Quality Measure 9:** For patients receiving an initial opioid prescription, did you 1) discuss overdose risk reduction? 2) offer or prescribe a naloxone rescue kit with education about use and 3) discuss fentanyl and its risks to users of illicit substances?
- **Clinical Quality Measure 10:** Did you perform Urine Drug Testing (UDT) at initiation and subsequently in accordance with SAMHSA and State recommendations?

© 2022 American Academy of Addiction Psychiatry

Additional:



Office Induction Clinic Protocol

PREPARATION

Providing Medication Assisted Treatment (MAT) with Buprenorphine

Your Treatment Agreement and/or Consent Forms should include a program overview, including steps, duration, expectations, and buprenorphine information. Before patients start treatment for opioid use disorder, be sure to discuss their decision to receive MAT with buprenorphine and these other items.

Evaluations

Prior to induction, every patient should have full evaluation, history, physical, and laboratory testing. Patient assessment should be completed and thoroughly reviewed with the MAT care team.



- Record diagnosis & physiological dependence
- Determine co-morbidity
- Check the Prescription Drug Monitoring Program (PDMP)

Prescription Drug Monitoring Program (PDMP)

Determine who in your practice will check the Prescription Drug Monitoring Program (PDMP) database. Accounts are created for providers and can include a designee (MA, RN, etc.). Legislation now requires that providers (or their designee) must check the PDMP prior to prescribing a second fill of any opioid prescription.

Prescription

Write the prescription for the patient prior to the induction day. The patient should pick up the prescription and bring the prescription to the Induction appointment, or the provider should have prescription at the practice.

MAT Procedure Review Appointment

This appointment is critical to successful MAT. Allow about 30 minutes. Cover the following:

- Paperwork: Review and have patient sign the Consent Form and Treatment Agreement Form. Review instructions and give them a copy of the Patient Guide.
- Check the Prescription Drug Monitoring Program (PDMP).
- Withdrawal timing: Verify with patients their current use (type, amount, duration) and set a "stop time."

Type of Opioid	Examples	When to Stop
Short-acting	Percocet, Vicodin (hydrocodone), Heroin	12-24 hours before first dose. <i>Example: Stop at Sunday at 12 noon for a Monday induction.</i>
	Oxycontin, MS Contin/Morphine, Methadone	<ul style="list-style-type: none"> • 36 hours before first dose for Oxycontin, Morphine • >48 hours for Methadone <i>Example: Stop at Saturday at 12 noon for a Monday induction</i>

- Precipitated withdrawal potential and recommendations for avoiding it
- Subjective Opioid Withdrawal Scale (SOWS): score should be ≥ 17 (mild) before starting.
- Buprenorphine Dose: lowest effective dose should be taken
- Safety/Concerns: interaction risks, avoid driving, safe storage
- Consider additional withdrawal medication
- Identify support person
- Map out a follow-up plan: Phone call on induction day and daily until clinic visit (approximately Day 7) can be done by provider, nurse, MA, etc. Determine who will make calls and be assigned to take patient's calls.
- Discuss goals and motivations
- Review the Home Induction: A Patient Guide with the patient thoroughly.

DAY 1

- ❑ Patient presents to clinic in withdrawal.
- ❑ RN or physician assessment with COWS. COWS needs to be 10-12 (ideally 12 or higher).
- ❑ Initiate with 4 mg buprenorphine (buprenorphine/naloxone (2/0.5 mg #4-6, 4/1 mg #2-3, or 8/2 mg #1-2)).
- ❑ Patient takes first dose under observation of RN, NP, or physician.
- ❑ Patient observed in clinic for 1 hour.
- ❑ If precipitated withdrawal symptoms occur, treat as appropriate.
- ❑ After 60-90 minutes, give second dose of buprenorphine (4 mg) if COWS score is ≥ 6 .
- ❑ Patient observed additional 1 hour.
- ❑ If withdrawal symptoms relieved, discharge patient.
- ❑ If withdrawal symptoms persist, give third dose of buprenorphine (4 mg) and consider symptomatic treatment (clonidine, NSAIDs, anti-emetics, etc.).
- ❑ Discharge patient to home. If withdrawal symptoms return later in the day, instruct patient to take one more dose of buprenorphine (4 mg).
- ❑ **Maximum Day 1 dose: 16 mg total.**

DAY 2

- ❑ MD writes prescription, if necessary.
- ❑ Provider or staff talk with patient, typically by phone but in person, if deemed necessary or preferred by patient.
- ❑ Patient takes total dose received on Day 1.
- ❑ Patient may be observed in clinic for 1-2 hours or, if at home, instructed to call the clinic after 1-2 hours.
- ❑ If withdrawal symptoms relieved, discharge patient. If at home, patient stops dosing unless symptoms return.
- ❑ If withdrawal symptoms persist after 60-90 minutes (COWS score is ≥ 6), patient takes an additional 4 mg dose of buprenorphine.
- ❑ Patient may be observed additional 1-2 hours, if at clinic. If at home, patient calls the clinic after 1-2 hours.
- ❑ If withdrawal symptoms relieved, no further treatment.
- ❑ If withdrawal symptoms persist, consider an additional dose of buprenorphine and symptomatic treatment (clonidine, NSAIDs, anti-emetics, etc.).
- ❑ **Typical Maximum Daily Dose: 16 mg**

DAY 3

- ❑ MD writes prescription, if necessary.
- ❑ Provider or staff talk with patient in person or by phone. Frequent communication is common.
- ❑ Patient takes total dose received on Day 2. Patient may be observed in clinic for 1-2 hours or, if at home, instructed to call clinic back after 1-2 hours.
- ❑ If withdrawal symptoms relieved, no further treatment. Continue current dose for days 4-7.
- ❑ If withdrawal symptoms persist after 60-90 minutes (COWS score is ≥ 6), consider an additional dose of buprenorphine.
- ❑ Patient observed additional 1-2 hours or can call clinic back after 1-2 hours.
- ❑ If withdrawal symptoms persist, give symptomatic treatment (clonidine, NSAIDs, anti-emetics, etc.) and make appointment to see the patient today or next day. Consider other diagnoses contributing to the patient's symptoms (e.g., alcohol withdrawal).
- ❑ **Typical Maximum Daily Dose: 16 mg**

DAYS 4 - 7

- ❑ Buprenorphine dosing Days 4-7 = the total amount of buprenorphine the patient took on Day 2, adjusted as needed.
- ❑ Provider or staff talk with patient in person or by phone.
 - Patient will take the total dose from Day 2 on Days 4-7. If greater than 8mg total, they might want to split the dose into a morning and afternoon/evening dose.
 - Instruct the patient to consult with provider to adjust dose, if needed.
- ❑ Assign provider or office staff member to check in with patient by phone.
- ❑ Patient will need to make an appointment to see their provider between days 3-7.

Budget

1. (Personnel) Salaries and Wages

Position Title	Full-Time Equivalent (FTE)	Level of Effort	Annual Salary/Rate	Year 1	Year 2	Year 3	3 year Total Amount Requested
Licensed Mental Health Provider	1 FTEs	50%	\$75,920	\$37,960.00	\$39,098.80	\$40,271.76	\$117,330.56
Registered Nurse (RN)	1.0 FTE	35%	\$64,480	\$22,568.00	\$23,245.04	\$23,942.39	\$69,755.43
Clinical Case Manager	1.0 FTE	90%	\$54,080	\$48,672.00	\$50,132.16	\$51,636.12	\$150,440.28
Community Coordinator/Admin	1.0 FTE	5%	\$54,080	\$2,704.00	\$2,785.12	\$2,868.67	\$8,357.79
Direct Personnel Cost Total				\$111,904	\$115,261	\$118,719	\$345,884

Staffing Plan and Personnel : The following positions will be new-hired positions. Base salary increase of 3% in year 2 & 3.

Justification:

HealthWorks Licensed Mental Health Providers: Provide services to expanded patient population targets in Laramie County. This individual will provide evidence-based practice in accordance with HealthWorks required standards as well as work directly with the medical team to employ the quality of care according to the American Academy of Addiction Psychiatry with the Provider Clinical Support System. This individual will be devoted to serving patients and their families impacted by MAT, opioid use disorder and any co-occurring substance use or mental health issue. Behavioral health services include individual and family therapy, parenting and family issues, depression, and anxiety, healing from trauma and abuse, grief and loss issues, stress and anger management, mood disorders, substance use issues, and medication-assisted treatment (MAT).

HealthWorks Registered Nurse: FTE. The Registered Nurse (RN) will take direction from the medical provider, provide assessments and appropriate patient care within the scope of their training and licensure, and work collaboratively with the mental health providers.

HealthWorks Clinical Case Manager : FTE Provide support services in conjunction with the Nurse Practitioners and Licensed Mental Health Providers. The case manager will be available to provide support at time of need regardless of the visit type, medical or behavioral to extend the capacity for the primary care provider or therapist to address needs including but not limited to factors that impact healthy outcomes such as food insecurity, application submissions for services, and navigating other community benefit resource processes. The clinical case manager will provide wrap-around services for clients. This individual will support resources such as food pantry access, clergy access, homeless shelter resources, and insurance resources. In addition, with the appropriate educational skill set, such as a social worker, this position may function as a peer support specialist and group lead to allow Providers to treat more patients on individual treatment plans while allowing more total patients to receive ongoing support.

2. Fringe Benefits

Fringe for Direct Personnel Costs	Rate	Multiplied by annual salary amount	Year 1	Year 2	Year 3	3 year Total Amount Requested
Retirement	4.00%		\$4,476	\$4,610	\$4,749	\$13,835
FICA	7.65%		\$8,561	\$8,817	\$9,082	\$26,460
Insurance	7.00%		\$7,833	\$8,068	\$8,310	\$24,212
Social Security	6.20%		\$6,938	\$7,146	\$7,361	\$21,445
Total	24.85%		\$27,808.14	\$28,642.39	\$29,501.66	\$85,952

Justification:

HealthWorks fringe benefit rates for all employees is calculated at 24.85% of base salary.

3. Travel

Purpose of Travel	Location	Year 1	Year 2	Year 3	3 year Total Amount Requested
n/a					\$ -
Direct Travel Cost Total		\$ -	\$ -		\$ -

Justification:

none

5. Supplies

Supply Descriptions	Rate	Qty	Year 1	Year 2	Year 3	3 year Total Amount Requested
Computers	\$ 1,500.00	3	\$4,500	\$0		\$4,500
Portable Blanket Warmer	\$ 400.00	1	\$400	\$0		\$400
Patient Comfort Items (e.g. blankets, pillows)	\$ 100.00	12	\$1,200	\$64		\$1,264
Medication Expenses			\$5,000	\$5,000		\$10,000
Supply Cost Total			\$11,100.00	\$5,064.00	\$0.00	\$16,164.00

Justification:

Laptops are requested for the new employees. General office supplies are requested to assist patients and families with program activities (e.g. Induction supplies, patient comfort items)

Patients may qualify for Prescription Assistance Programs from drug companies but they generally still require some kind of patient contribution. The cost of medications can fluctuate making it a barrier for patients to remain on the appropriate medication for long-term treatment. The cost of medication is a known barrier to continuity of MAT care.

8. Other Costs

Other Costs		Year 1	Year 2	Year 3	3 year Total Amount Requested
Community Education campaign	Developing print and social media campaign	\$20,000.00	\$12,000.00		\$32,000.00
Staff Training for Competency	Induction and treatment staff training - all disciplines	\$20,000.00			\$20,000.00
					\$0.00
Total Other Costs		\$40,000.00	\$12,000.00		\$52,000.00

9. Total Direct Costs

		Year 1	Year 2	Year 3	3 year Total Amount Requested
Personnel (salaries)		\$111,904	\$115,261	\$118,719	\$345,884
Fringe Benefits		\$27,808	\$28,642	\$29,502	\$85,952
Travel		\$0	\$0	\$0	\$0
Equipment		\$0	\$0	\$0	\$0
Supplies		\$11,100	\$5,064	\$0	\$16,164
Contractual		\$0	\$0	\$0	\$0
Other cost		\$40,000	\$12,000	\$0	\$52,000
Total Direct Costs	Total Direct Costs	\$190,812.14	\$160,967.51	\$148,220.61	\$500,000.27

10. Indirect Costs

Indirect	Year 1	Year 2	Year 3	3 year Total Amount Requested
De Minimis 10%				\$0
Total Other Costs	\$ -	\$ -		\$ -

12. Total Costs

Year 1	Year 2	Year 3	3 year Total Amount Requested
\$190,812	\$160,968	\$148,221	\$500,000

HealthWorks has policies and procedures in place for financial oversight. We also have policies in place that address fraud, waste and mismanagement.

HealthWorks engages an auditor each year to conduct an annual financial audit as well as the single audit. No findings.

HealthWorks will segregate the ARPA funds from other agency funds in our accounting system, MIP Fund Accounting. The ARPA funds will have a designated grant code and expenses will be coded to that grant code. Separate tracking spreadsheets will be maintained to ensure expenses are allocated as outlined in the ARPA grant budget.

The full amount requested is preferred to fully execute this project. If awarded partial funding, HealthWorks would have to reduce the scope of the project, yet we would complete as much as funding would allow.

The bulk of the project roll out will take place within the first 2 years. We will report on the measures described before regarding project outcomes quarterly.

Timeline:

Year 1	Q1	Q2	Q3	Q4
Referral Development Plan Solidified Between Cheyenne Regional Emergency Medicine/Recover Wyoming	Visit with hospital to scribe workflow and ensure electronic health record referral process supports workflow/Visit Recover Wyoming to identify if referral platform for CIE is sufficient for referrals for care	Test Workflow	Review Results	Respond to Findings and Publish Standardized Process
Higher New Staff/Allocate Staff Time	Ensure job descriptions are connected to project and post for recruitment and higher			
Community Education Campaign	Develop Marketing Campaign	Begin Marketing Campaign	Analyze Results from Campaign (how may seen, assess referrals as a result)	Modify campaign if needed and maintain
Provider Pre Survey for Level of Comfortability	Develop pre survey according to SAMHSA keys and have providers take survey			
Complete the American	Follow process as guided by the PIP and initiate PIP	Analyze results and share with provider team	Develop workplan for any areas of improvement/refinement	Execute plan

Academy of Addiction Psychiatry and PCSS-MOUD 2022 Performance-in-Practice Activity				
Staff Training for Competency	Identify training opportunities	Contract and schedule training	Obtain Training	Continue to Obtain Training
Order additional Supplies as listed in budget	ongoing	ongoing	Ongoing	ongoing
Take Sliding Fee Scale to Board of Directors to Address MAT Nominal Fee	Draft proposed changes	Board presentation	Update sliding fee scale	
Order additional Supplies as listed in budget	ongoing	ongoing	Ongoing	ongoing

Year 2	Q1	Q2	Q3	Q4
Referral Development Plan Solidified Between Cheyenne Regional Emergency Medicine	Assess existing workflow and make additional changes as needed			
Community Education Campaign	Continue to Market	Ongoing	Ongoing	Ongoing
Provider Pre Survey for Level of Comfortability	Providers take post survey after training completed	Assess findings and address any remaining areas with request for more expertise		Identify ways in which providers can share expertise with primary care clinics who have reached out for assistance
Complete the American Academy of Addiction Psychiatry and PCSS-MOUD 2022 Performance-in-Practice Activity	Evaluate results of executed plan	Process improvement according to clinical protocol as needed	Ongoing	ongoing
Staff Training for Competency	Identify online opportunities for knowledge checks	Assign knowledge checks to provider teams	ongoing	ongoing

--	--	--	--	--

Year 3	Q1	Q2	Q3	Q4
Referral Development Plan Solidified Between Cheyenne Regional Emergency Medicine	Assess existing workflow and make additional changes as needed			
Community Education Campaign	Continue to Market	Ongoing	Ongoing	Ongoing
Complete the American Academy of Addiction Psychiatry and PCSS-MOUD 2022 Performance-in-Practice Activity	Schedule next PIP for ongoing controls of quality clinical care			Complete PIP
Staff Training for Competency	Identify online opportunities for knowledge checks	Assign knowledge checks to provider teams	ongoing	ongoing

Over the three-year term of this project, we expect that the community members and other organizations will know that HealthWorks is the preferred location for MAT, OUD, and other co-occurring mental health disorders in a primary care setting. Our providers would have received additional training and support and would be available to help others. A workflow with Cheyenne Regional Medical Center emergency department would have been tested and improved for referrals in continuity of care and a robust peer support partnership with Recover Wyoming will be in place. Funding will no longer be needed for training, mass marketing for initial community education, nor most of the supplies. With increased patient awareness, we expect that our patient panel will grow regardless of health condition. With each increase in our patient panel, we have seen an increase in insured patients who help to offset the cost of care via revenue generation. We will work to continue our growth in patient panel to maintain the medication cost assistance and retain the hired staff. We do not foresee difficulty at this time with sustaining this project after funding is exhausted.

Monica Jennings Woodard, Operations Director and Compliance Officer

3-31-2025

**SUBRECIPIENT AGREEMENT FOR LARAMIE COUNTY OPIOID SETTLEMENT
FUNDS BETWEEN LARAMIE COUNTY AND CHEYENNE HEALTH AND
WELLNESS dba HEALTHWORKS.**

EXHIBIT B

ADDITIONAL PROVISIONS AND REQUIREMENTS

Subrecipient agrees to cooperate and comply at the request of County concerning any of the provisions and potential requirements (hereinafter "Requirements") in addition to those listed in the Subrecipient Agreement ("Agreement"). Please note that said Requirements are not exhaustive and may change upon reasonable notice from County.

1. **Compliance with Laws.** In the interpretation, execution, administration and enforcement of this Agreement, SUBRECIPIENT agrees to comply with all applicable state and federal laws, rules, and regulations, including but not limited to:
 - a. SUBRECIPIENT agrees to comply with all federal requirements governing Agreements that are applicable, including but not limited to 2 C.F.R. § 230; Cost Principles for Non-Profit Organizations; and OMB Circular A-133 Audits of State and Local Governments. The Single Audit Act of 1984, 31 U.S.C. §§ 7501-7 further defines auditing responsibilities and SUBRECIPIENT agrees to comply therewith.
 - b. SUBRECIPIENT further covenants that the Project will be conducted and administered in conformity with the Civil Rights Act of 1964, 42 U.S.C. § 2000 et seq. and the Fair Housing Act, 42 U.S.C. § 3601 et seq. and that it will affirmatively further fair housing.
 - c. SUBRECIPIENT shall comply with "Equal Opportunity in Federal Employment", Exec. Order No. 11, 246, 30 Fed. Reg. 12,319 (1965) as amended by Exec. Order No. 11375, 32 Fed. Reg. 14,303 (1967); as supplemented in the Department of Labor regulations, 41 C.F.R. § 60 (1998), the Civil Rights Act of 1964, 42 U.S.C. § 2000 et seq., the Wyoming Fair Employment Practices Act, Wyo. Stat. § 27-9-105 et seq., and any rules and regulations related thereto. SUBRECIPIENT shall not discriminate against a qualified individual with a disability and shall comply with the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq., and any rules and regulations related thereto. SUBRECIPIENT shall assure that no person is

discriminated against based on the grounds of sex, race, religion, national origin or disability in connection with the performance of this Agreement.

2. **Prohibition on Lobbying.** In accordance with P.L. 101-121, payments made from a federal funds shall not be utilized by the SUBRECIPIENT or its subcontractors in connection with lobbying Congressmen, or any other federal agency in connection with the award of a federal grant, contract, cooperative agreement or loan.
3. **Suspension and Debarment.** By signing this agreement, SUBRECIPIENT certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction nor from federal financial or nonfinancial assistance, nor are any of the participants involved in the execution of this agreement suspended, debarred or voluntarily excluded by any federal department or agency in accordance with Executive Order 12549 (Debarment and Suspension) and CFR 44 Part 17, or are on the disbarred vendors list. Further, SUBRECIPIENT agrees to notify agency by certified mail should it or any of its agents become debarred, suspended, or voluntarily excluded during the term of this agreement.
4. **Federal Audit Requirements.** SUBRECIPIENT agrees that if it expends an aggregate amount of one million dollars (\$1,000,000) or more in federal funds during its fiscal year, it must undergo an organization-wide financial and compliance single audit. SUBRECIPIENT agrees to comply with the audit requirements of the U.S. General Accounting Office Government Auditing Standards and OMB Circular A-133, Audits and States, Local Governments, and Non-Profit Organizations. If findings are made which cover any part of this award, SUBRECIPIENT shall provide one copy of the audit report to COUNTY and require the release of the audit report by its auditor to be held until adjusting entries are disclosed and made to COUNTY records.

OneWyo II Opioid Settlement Memorandum of Agreement

Whereas, Pharmaceutical Supply Chain Participants have contributed to the opioid epidemic, which has in turn harmed the people and communities of the State of Wyoming.

Whereas, the State of Wyoming, through its Attorney General, and certain Participating Local Governments are separately engaged in investigation, litigation, and settlement discussions seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage they have caused in Wyoming.

Whereas, other Participating Local Governments, while not engaged in separate litigation, have supported the State's efforts in the legal fight against the opioid crisis.

Whereas, the State and all Participating Local Governments share a common desire to abate and alleviate the impacts of the Pharmaceutical Supply Chain Participants' misconduct throughout the State of Wyoming.

Whereas, jointly approaching Settlements with Pharmaceutical Supply Chain Participants benefits all Parties by improving the likelihood of successful Settlement and maximizing the recovery from any such Settlement.

Whereas, specifically, the State and Participating Local Governments anticipate that Settlements with major Pharmaceutical Supply Chain Participants will take the form of a national resolution (National Settlement Agreement) and Wyoming's share of any such resolution will be maximized only if Wyoming's political subdivisions of a certain size participate in the National Settlement.

Whereas, the State and Participating Local Governments intend this agreement to facilitate their compliance with the terms of any National Settlement Agreement.

Whereas, the State and Participating Local Governments anticipate that the National Settlement Agreement will provide a default allocation between each state and its political subdivisions unless they enter into a state-specific agreement regarding the distribution and use of payments (State-Subdivision Agreement).

Whereas, the State and Participating Local Governments intend this agreement to serve as a State-Subdivision Agreement under any Settlement.

Whereas, the aforementioned investigation and litigation have caused some Pharmaceutical Supply Chain Participants to declare bankruptcy, and they may cause additional Pharmaceutical Supply Chain Participants to declare bankruptcy in the future.

Whereas, the State and Participating Local Governments intend this agreement to serve as a State-Subdivision Agreement under resolutions of relevant claims against Pharmaceutical Supply Chain Participants entered in bankruptcy court that provide payments to both the State and its subdivisions and allow for the allocation between a state and its political subdivisions to be set through a state-specific agreement (Bankruptcy Resolution).

Now, therefore, in consideration of the foregoing, the State and its Participating Local Governments, enter into this "OneWyo II Opioid Settlement Memorandum of Agreement" (MOA) relating to the allocation and use of the proceeds of any Settlement as described in this MOA.

I. Definitions

As used in this MOA:

- A. "Approved Use(s)" means any opioid or co-occurring substance use disorder related strategies, projects, or programs that fall within, or are reasonably related or otherwise consistent with, the list of uses set out in Exhibit A, attached hereto and incorporated herein by reference.
- B. "Bankruptcy Resolution" takes the meaning set out in the above recitals.
- C. "Localized Share" takes the meaning set out in Section II of this MOA.
- D. "National Settlement Agreement" takes the meaning set out in the above recitals.
- E. "Opioid Funds" means the monetary amounts obtained through a Settlement as defined in this MOA, but does not include any separate fund or other device described in Section V of this MOA for the payment of any attorneys' fees and expenses incurred in litigating against any Pharmaceutical Supply Chain Participant. Also not included are any funds made available in a National Settlement Agreement or any Bankruptcy Resolution for the reimbursement of the United States Government.
- F. "Participating Local Governments" means all counties, cities, and towns within the geographic boundaries of the State of Wyoming that have signed this MOA. The Participating Local Governments may be referred to separately in this MOA as "Participating Count(ies)" and "Participating Cit(ies)."
- G. "Parties" means the State of Wyoming and all Participating Local Governments.
- H. "Pharmaceutical Supply Chain" means the process and channels through which opioids or opioid products are manufactured, marketed, promoted, distributed, or dispensed.

- I. "Pharmaceutical Supply Chain Participant" means any entity that engages in or has engaged in the manufacturing, marketing, promotion, distribution, or dispensing of opioids.
- J. "Settlement" means 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 Governments, specifically including the National Settlement Agreements involving Allergan, Teva, CVS, Walgreens, and Walmart, as well as, any and all future settling Pharmaceutical Supply Chain Participants.
- K. "State-Subdivision Agreement" takes the meaning set out in the above recitals.
- L. "Statewide Share" takes the meaning set out in Section II of this MOA.
- M. "The State" means the State of Wyoming acting by and through its Attorney General.

II. Allocation of Opioid Funds

- A. All Opioid Funds will be divided proportionally with 35% allocated to the State (Statewide Share) and 65% allocated to the Participating Local Governments (Localized Share) with the sole exception as to the Teva Settlement Agreement. In only the Teva Settlement Agreement, Opioid Funds will be divided proportionally with 25% allocated to the State (Statewide Share) and 75% allocated to the Participating Local Governments (Localized Share).
- B. The Localized Share will be allocated to the Participating Local Governments in the proportions set out in Exhibit B, attached hereto and incorporated herein by reference, which is based upon the opioid negotiation class model developed in connection with *In re: Nat'l Prescription Opiate Litigation*, MDL 2804 (N.D. Ohio). The proportions set forth in Exhibit B provide payments to (1) all Wyoming counties, and (2) all Wyoming cities and towns with populations over 10,000 based on the United States Census Bureau's Vintage 2019 population totals.
- C. If a county or city listed on Exhibit B does not join this MOA, then that non-Participating Local Government's allocation of the Localized Share as identified in Exhibit B will be reallocated to the Localized Share to be distributed in accordance with the remaining proportions set for in Exhibit B.
- D. Any Participating Local Government allocated a share in Exhibit B may elect to direct its share of current or future annual distributions of Localized Share Funds to the Statewide Share.

III. Use of Opioid Funds

- A.** Regardless of allocation, all Opioid Funds must be used in a manner consistent with the Approved Uses definition, or a substantially similar definition memorialized in a subsequent Settlement that becomes an order of a court. No Opioid Funds will be used as restitution for past expenditures. Rather, Opioid Funds must be used in a present and forward-looking manner to actively abate and alleviate the impacts of the opioid crisis and co-occurring substance abuse in Wyoming. Compliance with these requirements will be verified through Section VI's reporting requirements.
- B.** The Statewide Share must be used only for (1) Approved Uses within the State of Wyoming or (2) grants for Approved Uses within the State of Wyoming. The State of Wyoming, Department of Health will serve as the lead agency responsible for distributing and using the Statewide Share in a manner that in its judgment will best address the opioid crisis within the State.
- C.** The Localized Share must be used only for (1) Approved Uses by Participating Local Governments or (2) grants for Approved Uses.
- D.** Each Participating County shall regularly consult with and receive input from its constituent cities and towns regarding effective distribution and use of the Localized Share Funds. Each Participating County shall make reasonable and good faith efforts to not only secure the collaboration of each of its constituent cities and towns, but also to use the Opioid Funds in a manner that benefits the residents of each constituent city and town, regardless of population.
- E.** Notwithstanding any term of this MOA, Participating Local Governments may collaborate with local governments both within and beyond their borders for the purpose of more effectively using Opioids Funds to abate the opioid crisis.

IV. Method of Distribution of Opioid Funds

- A.** Unless newly-enacted legislation or the terms of a Settlement that becomes an order of a court provides otherwise, the Statewide Share will be distributed to the Wyoming Department of Health through the Wyoming Attorney General acting as trustee, agent, or attorney-in-fact to hold and distribute such amount, under Wyo. Stat. Ann. § 9-1-639(a), exclusively for abating the opioid crisis throughout Wyoming.
- B.** Unless newly-enacted legislation or the terms of a Settlement that becomes an order of a court provides otherwise, the Localized Share will be distributed directly to each Participating Local Government in accordance with the terms of any Settlement. In the event that a Settlement does not provide for direct

distribution to a Participating Local Government, the Localized Share will be distributed to each Participating Local Government by the Wyoming Attorney General acting as trustee, agent, or attorney-in-fact to hold and distribute such amount, under Wyo. Stat. Ann. § 9-1-639(a), exclusively for abating the opioid crisis throughout Wyoming. If the Localized Share is to be distributed by the Wyoming Attorney General, each Participating Local Government shall designate a lead contact or agency for the purposes of receiving its portion of the Localized Share. This designation shall be made in writing to the Attorney General within a sufficiently reasonable time to allow orderly distribution of Opioid Funds.

V. Payment of Counsel and Expenses

- A.** The Parties anticipate that as part of the National Settlement Agreement or a Bankruptcy Resolution, the Pharmaceutical Supply Chain Participants or courts in *In re: Nat'l Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio) will create common benefit funds or similar devices (i.e. contingency fee funds), to compensate attorneys for services rendered and expenses incurred in litigating against certain Pharmaceutical Supply Chain Participants. The State and any Participating Local Government may secure the payment of attorneys' fees—whether contingent, hourly, fixed, or otherwise—and expenses related to litigation against Pharmaceutical Supply Chain Participations from such separate funds.
- B.** The State of Wyoming will secure payment of its attorneys' fees and expenses related to litigation against the Pharmaceutical Supply Chain Participants from such separate funds. No attorneys' fees or expenses relating to the State of Wyoming's investigation and litigation of the Pharmaceutical Supply Chain Participants will be paid from the Statewide Share. Similarly, no attorneys' fees or expenses related to the representation of any Participating Local Government in litigation against any Pharmaceutical Supply Chain Participant will be paid from the Statewide Share. Rather, the Statewide Share will be used exclusively to abate and alleviate the opioid crisis consistent with the terms of this MOA.
- C.** In accordance with Judge Polster's August 6, 2021 Order in *In re: Nat'l Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio), contingency fee agreements related to litigation against any Pharmaceutical Supply Chain Participant entered into by a Participating Local Government are capped at a total of fifteen percent (15%) of the amount that will be received by the represented Participating Local Government. Counsel for any Participating Local Government is required to first seek payment of that fifteen percent

(15%) through such separate common benefit or contingency fee fund before seeking any additional payment. To the extent that counsel does not receive the full fifteen percent (15%) from any separately established common benefit or contingency fee fund, counsel may seek the difference from the represented Participating Local Government if authorized under their representation/contingency fee agreement with the Participating Local Government. In no event shall counsel be entitled to payment of fees in excess of fifteen percent (15%) of the amount actually received by the represented Participating Local Government.

VI. Compliance Certification and Reporting

- A.** The provisions of this Section VI will apply unless newly-enacted legislation or a subsequent Settlement that becomes an order of a court imposes superseding requirements.
- B.** Before receiving any disbursement under this MOA, each Participating Local Government must certify to the Attorney General that it will allocate and use Opioid Funds in accordance with this MOA on projects, programs, and strategies that constitute Approved Uses.
- C.** By January 31 of each calendar year, each Participating Local Government shall certify to the Attorney General that all Opioid Funds expended during the preceding calendar year were used in accordance with this MOA on projects, programs, and strategies that constitute Approved Uses. In submitting this certification, each Participating Local Government shall include a report detailing for the preceding calendar year: (1) the amount of the Localized Share received by the Participating Local Government; (2) the amount of Localized Share expended by the Participating Local Government—broken down by funded project, program, or strategy; and (3) the amount of any allocations awarded by the Participating Local Government—listing the recipients, amounts awarded, amounts disbursed, disbursement terms, and the projects, programs, or strategies funded. This report is only required if the Participating Local Government actually expended Opioid Funds during the preceding calendar year. Future Localized Share payments to a Participating Local Government that is delinquent in providing this certification and report shall be delayed until that Participating Local Government submits the required certification and report.
- D.** If a Participating Local Government uses Opioid Funds on non-Approved Uses, it shall have sixty (60) days after discovery of the expenditure to cure the unapproved expenditure through payment of such amount for opioid remediation activities through amendment or repayment.

- E.** If a Participating Local Government has used Opioid Funds for non-Approved Uses, and has not cured the unapproved use as allowed above, future Localized Share payments to that Participating Local Government shall be reduced by an amount equal to the inconsistent expenditures, and if the inconsistent expenditure is greater than the expected future stream of payments of the Participating Local Government, the Attorney General may initiate a process up to and including litigation to recover and redistribute the overage among eligible Participating Local Governments. Any recovery or redistribution shall be distributed consistent with Section II of this MOA. The Attorney General may recover from the Participating Local Government who failed to cure the unapproved use any litigation fees, costs, and expenses incurred to recover such funds.
- F.** By January 31 of each calendar year, the State shall publish online a report detailing for the preceding calendar year: (1) the amount of the Statewide Share received; (2) the amount of the Statewide Share expended by the Department of Health—broken down by funded strategy, project, or program; and (3) the amount of any grants awarded—listing the recipients, amounts awarded, amounts disbursed, disbursement terms, and programs, strategies, and projects funded.

VII. Effectiveness

- A.** This MOA shall become effective at the time a sufficient number of counties and municipalities within the geographic boundaries of the State of Wyoming have signed this MOA to qualify this MOA as a State-Subdivision Agreement under a National Settlement Agreement involving Allergan, Teva, CVS, Walgreens, or Walmart, as well as, any and all future settling Pharmaceutical Supply Chain Participants. If this MOA does not thereby qualify as a State-Subdivision Agreement, this MOA will have no effect.
- B.** This MOA is effective until one year after the last date on which any Participating Local Government spends Opioid Funds pursuant to Settlements.

VIII. Amendments

- A.** The Parties agree to make such amendments as necessary to implement the intent of this MOA or as are required by the final provisions of any National Settlement Agreement or Bankruptcy Resolution. The State will provide written notice of any necessary amendments to all the previously joining Parties. Any previously joining Party will have two-weeks after notice of the necessary amendments to withdraw from the MOA. The amendments will be effective to any Party that does not withdraw.

- B.** The Parties agree to engage in the amendment process above in good faith.

IX. General Provisions

- A.** The purposes of this MOA are to serve as a State-Subdivision Agreement under any Settlement or Bankruptcy Resolution and to permit the Parties to cooperate in resolving claims against Pharmaceutical Supply Chain Participants and to distribute any Opioid Funds in a manner that will effectively and meaningfully abate and alleviate the opioid crisis throughout Wyoming.
- B.** All Parties acknowledge and agree that any National Settlement Agreement will require Participating Local Governments to release its claims against relevant Pharmaceutical Supply Chain Participants to receive Opioid Funds. The Parties further acknowledge that a Participating Local Government will receive funds through this MOA only after complying with all requirements set out in a Settlement or Bankruptcy Resolution to release its claims.
- C.** The Parties acknowledge that this MOA is not a promise or representation from any Party that any Settlement or Bankruptcy Resolution will be finalized or executed.
- D.** Unless otherwise required by an applicable Settlement, the construction, interpretation, and enforcement of this MOA shall be governed by the laws of the State of Wyoming, without regard to conflicts of law principles, and the Courts of the State of Wyoming shall have jurisdiction over this MOA, with venue lying exclusively in Laramie County District Court.
- E.** If any clause, paragraph, or section of this MOA shall, for any reason, be held illegal, invalid or unenforceable, such illegality, invalidity or unenforceability shall not affect any other clause, provision or section of the MOA and this MOA shall be construed and enforced as if such illegal, invalid, or unenforceable clause, section, or other provision had not been contained herein.
- F.** The Parties acknowledge that this MOA does not excuse any requirements placed upon them by the terms of a Settlement or Bankruptcy Resolution, except to the extent those terms allow for a State-Subdivision Agreement to do so.
- G.** The Parties do not intend to create in any other individual or entity the status of third-party beneficiary, and this MOA shall not be construed so as to create such status.
- H.** Titles of sections of this MOA are for reference only, and shall not be used to construe the language in this MOA.

- I. Nothing in this MOA shall be construed to affect or constrain the authority of the Parties under law.
- J. Except to enforce the terms of this MOA, the State of Wyoming and the participating Local Governments do not waive sovereign or governmental immunity by entering into this MOA and each fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this MOA.
- K. This MOA may be executed in counterparts. Each counterpart, when executed and delivered, shall be deemed an original and all counterparts together shall constitute one and the same MOA. Each person signing this MOA represents that he or she is fully authorized to enter into the terms and conditions of, and to execute, this MOA, and that all necessary approvals and conditions precedent to his or her execution have been satisfied.

IN WITNESS WHEREOF, the below undersigned agree to and enter into the above OneWyo II Opioid Settlement Memorandum of Agreement.

FOR THE STATE OF WYOMING


Bridget Hill

Attorney General
State of Wyoming

4/17/23

Date




Benjamin Peterson
Assistant Attorney General
State of Wyoming

4/18/23

Date

FOR THE PARTICIPATING LOCAL GOVERNMENTS



Name Pete Gosar, Chairperson
Title Albany County Commissioners
Albany County

04/19/2023
Date

Name
Title
Big Horn County

Date

Name
Title
Campbell County

Date

Name
Title
Carbon County

Date

Name
Title
Casper

Date

Name
Title
Cheyenne

Date

Name
Title
Converse County

Date

FOR THE PARTICIPATING LOCAL GOVERNMENTS

Name
Title
Albany County

Date

Dave Neves

Name Dave Neves
Title acting chairman
Big Horn County

4-4-2023

Date

Name
Title
Campbell County

Date

Name
Title
Carbon County

Date

Name
Title
Casper

Date

Name
Title
Cheyenne

Date

Name
Title
Converse County

Date


FOR THE PARTICIPATING LOCAL GOVERNMENTS

Name
Title
Albany County

Date

Name
Title
Big Horn County

Date



Name Nathan Henkes
Title County Prosecuting Attorney
Campbell County

4/11/23
Date

Name
Title
Carbon County

Date

Name
Title
Casper

Date

Name
Title
Cheyenne

Date

Name
Title
Converse County

Date

FOR THE PARTICIPATING LOCAL GOVERNMENTS

Name
Title
Albany County

Date

Name
Title
Big Horn County

Date

Name
Title
Campbell County

Date

Sue Jones
Name *Sue Jones*
Title *Chairman*
Carbon County

attest: Dwight B. Carter
Carbon County Clerk



04/11/2023

Date

Name
Title
Casper

Date

Name
Title
Cheyenne

Date

Name
Title
Converse County

Date

FOR THE PARTICIPATING LOCAL GOVERNMENTS

Name
Title
Albany County

Date

Name
Title
Big Horn County

Date

Name
Title
Campbell County

Date

Name
Title
Carbon County

Date

Name *Bruce Kneel*
Title *Mayor*
Casper

4-11-23

Date

Name
Title
Cheyenne

Date

Name
Title
Converse County

Date

FOR THE PARTICIPATING LOCAL GOVERNMENTS

Name
Title
Albany County

Date

Name
Title
Big Horn County

Date

Name
Title
Campbell County

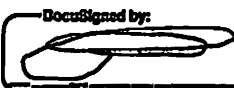
Date

Name
Title
Carbon County

Date

Name
Title
Casper

Date

DocuSigned by:


Name Patrick Collins
Title mayor
Cheyenne

April 17, 2023

Date

Name
Title
Converse County

Date

FOR THE PARTICIPATING LOCAL GOVERNMENTS

Name
Title
Albany County

Date

Name
Title
Big Horn County

Date

Name
Title
Campbell County

Date

Name
Title
Carbon County

Date

Name
Title
Casper

Date

Name
Title
Cheyenne

Date

Quentin Richardson
Name
Title COUNTY ATTORNEY
Converse County

4-20-23
Date



Sean M. Devish
Name: *Sean M. Devish*
Title: *Chairman*
Greek County Commissioners

4/4/2023
Date

Name

Title
Evanston

Date

Name

Title
Fremont County

Date

Name

Title
Gillette

Date

Name

Title
Goshen County

Date

Name

Title
Green River

Date

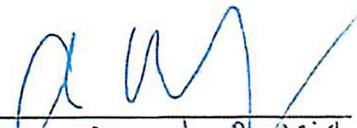
Name

Title
Hot Springs County

Date

Name
Title
Crook County

Date


Name Amanda R. Kirby
Title City Attorney
Evanston

4/12/2023
Date

Name
Title
Fremont County

Date

Name
Title
Gillette

Date

Name
Title
Goshen County

Date

Name
Title
Green River

Date

Name
Title
Hot Springs County

Date

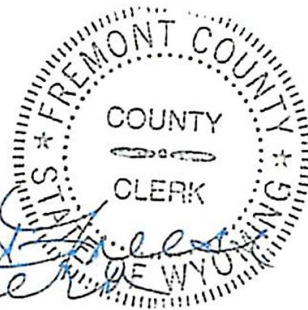
Name
Title
Crook County

Date

Name
Title
Evanston

Date


Name
Title *Chairman*
Fremont County



Attest: Julie A. [Signature]
County Clerk

4-6-2039²³ ~~4~~
Date

4-6-2023

Name
Title
Gillette

Date

Name
Title
Goshen County

Date

Name
Title
Green River

Date

Name
Title
Hot Springs County

Date

Name
Title
Crook County

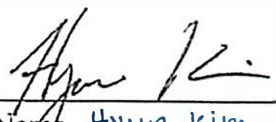
Date

Name
Title
Evanston

Date

Name
Title
Fremont County

Date



Name Hyun Kim
Title City Administrator
Gillette

4/13/2023

Date

Name
Title
Goshen County

Date

Name
Title
Green River

Date

Name
Title
Hot Springs County

Date

Name
Title
Crook County

Date

Name
Title
Evanston

Date

Name
Title
Fremont County

Date

Name
Title
Gillette

Date

Mary B. Feagler
Name Mary B. Feagler
Title Goshen County Clerk
Goshen County

4-11-23
Date

Name
Title
Green River

Date

Name
Title
Hot Springs County

Date

Name
Title
Crook County

Date

Name
Title
Evanston

Date

Name
Title
Fremont County

Date

Name
Title
Gillette

Date

Name
Title
Goshen County

Date



Name
Title *City Administrator*
Green River

4/5/23

Date

Name
Title
Hot Springs County

Date

Name
Title
Crook County

Date

Name
Title
Evanston

Date

Name
Title
Fremont County

Date

Name
Title
Gilllette

Date

Name
Title
Goshen County

Date

Name
Title
Green River


Date



4/4/2023

Name: Phillip Scheel
Title: Vice Chairman, Board of County Commissioners
Hot Springs County

Date


Name *Halley Morton Levenson*
Title *Mayor*
Jackson

4/17/23
Date

Name
Title
Johnson County

Date

Name
Title
Laramie

Date

Name
Title
Laramie County

Date

Name
Title
Lincoln County

Date

Name
Title
Natrona County

Date

Name
Title
Niobrara County


Date

Name
Title
Park County

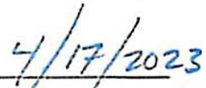
Date

Name
Title
Jackson

Date



Name Tucker Ruby
Title County Attorney
Johnson County



Date 4/17/2023

Name
Title
Laramie

Date

Name
Title
Laramie County

Date

Name
Title
Lincoln County

Date

Name
Title
Natrona County

Date

Name
Title
Niobrara County

Date

Name
Title
Park County

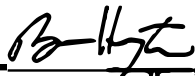
Date

Name
Title
Jackson

Date

Name
Title
Johnson County

Date



Name Brian Harrington
Title Mayor
Laramie

04/06/23

Date

Name
Title
Laramie County

Date

Name
Title
Lincoln County

Date

Name
Title
Natrona County

Date

Name
Title
Niobrara County

Date

Name
Title
Park County

Date

Name
Title
Jackson

Date

Name
Title
Johnson County

Date

Name
Title
Laramie

Date

Name *Marle Voss*
Title *Laramie County Attorney*
Laramie County

2/20/23

Date

Name
Title
Lincoln County

Date

Name
Title
Natrona County

Date

Name
Title
Niobrara County

Date

Name
Title
Park County

Date

Name
Title
Jackson

Date

Name
Title
Johnson County

Date

Name
Title
Laramie

Date

Name
Title
Laramie County

Date

Jerry Hansen

Name Jerry Hansen
Title Commission Chairman
Lincoln County

20 April 2023

Date

Name
Title
Natrona County

Date

Name
Title
Niobrara County

Date

Name
Title
Park County

Date

Name
Title
Jacks on

Date

Name
Title
Johns onC ounty

Date

Name
Title
Laramie

Date

Name
Title
Laramie County

Date

Name
Title
Lincoln County ounty

Date

Name : Steven Fred
Title Chairman, NC BOC C
Natrona County

4/10/23
Date

APPROVED AS TO FORM FOR NATRONA CO.

Charmaine Reed, WB# 6-3172
Deputy Natrona Co. Attorney

Name
Title
Ni obrara C ounty

Date

Name
Title
Park C ounty

Date

Name
Title
Jackson

Date

Name
Title
Johnson County

Date

Name
Title
Laramie

Date

Name
Title
Laramie County

Date

Name
Title
Lincoln County

Date

Name
Title
Natrona County

Date

Patrick W. Cook

Name
Title
Niobrara County

4-6-23

Date

attest: Becky L. Freeman 4-6-23
County Clerk



Name
Title
Park County

Date

Name
Title
Jackson

Date

Name
Title
Johnson County

Date

Name
Title
Laramie

Date

Name
Title
Laramie County

Date

Name
Title
Lincoln County

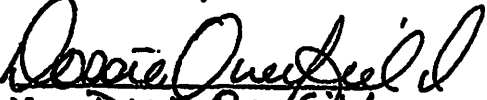
Date

Name
Title
Natrona County

Date

Name
Title
Niobrara County

Date

x 
Name Doree Overfield
Title Commissioner
Park County

4/18/2023
Date

Steve Shockley
Name Steve Shockley
Title Chairman
Platte County



4/6/2023
Date

Name
Title
Riverton

Date

Name
Title
Rock Springs

Date

Name
Title
Sheridan

Date

Name
Title
Sheridan County

Date

Name
Title
Sublette County

Date

Name
Title
Sweetwater County

Date

Name
Title
Teton County

Date

Name
Title
Platte County



Name: Kyle J. Butterfield
Title: City Administrator
Riverton

Date

April 18, 2023

Date

Name
Title
Rock Springs

Date

Name
Title
Sheridan

Date

Name
Title
Sheridan County

Date

Name
Title
Sublette County

Date

Name
Title
Sweetwater County

Date

Name
Title
Teton County


Date

Name
Title
Platte County

Date

Name
Title
Riverton

Date



Name Gordon Max Mickelson
Title Mayor of Rock Springs, WY
Rock Springs

4/11/23
Date

Name
Title
Sheridan

Date

Name
Title
Sheridan County

Date

Name
Title
Sublette County

Date

Name
Title
Sweetwater County

Date

Name
Title
Teton County

Date

Name
Title
Platte County

Date

Name
Title
Riverton

Date

Name
Title
Rock Springs

Date

Name *Forrest Bridge*
Title *Mayor*
Sheridan

Date

Name
Title
Sheridan County

Date

Name
Title
Sublette County

Date

Name
Title
Sweetwater County

Date

Name
Title
Teton County

Date

Name
Title
Platte County

Date

Name
Title
Riverton

Date

Name
Title
Rock Springs

Date

Name
Title
Sheridan

Date


Name Christi Haswell
Title Chairman
Sheridan County

04/18/23
Date

Name
Title
Sublette County

Date

Name
Title
Sweetwater County

Date

Name
Title
Teton County

Date

Name
Title
Platte County

Date

Name
Title
Riverton

Date

Name
Title
Rock Springs


Date

Name
Title
Sheridan

Date

Name
Title
Sheridan County

Date



Name
Title Chairman of the Board of County Commissioners
Sublette County

4/4/2023

Date

Name
Title
Sweetwater County

Date

Name
Title
Teton County

Date

Name
Title
Platte County

Date

Name
Title
Riverton

Date

Name
Title
Rock Springs

Date

Name
Title
Sheridan

Date

Name
Title
Sheridan County

Date

Name
Title
Sublette County

Date

Name
Title *CHAIRMAN*
Sweetwater County

Date *4/6/23*

Name
Title
Teton County

Date

Name
Title
Platte County

Date

Name
Title
Riverton

Date

Name
Title
Rock Springs

Date

Name
Title
Sheridan

Date

Name
Title
Sheridan County

Date

Name
Title
Sublette County

Date

Name
Title
Sweetwater County

Date

Luther Propst
Name **Luther Propst**
Title **Chair**
Teton County

4-11-2023
Date

/attest: *Marcel Mupley*

OneWyo II Opioid Settlement Memorandum of Understanding

Page 13 of 23




Name Loretta Annen Kallas
Title Uinta County Prosecutor Attorney
Uinta County

14 April 2023
Date

Name
Title
Washakie County


Date

Name
Title
Weston County

Date

Name
Title
Uinta County

Date



Name Aaron Anderson
Title Chairman BOCC
Washakie County

7/4/2023

Date

Name
Title
Weston County

Date

Name
Title
Uinta County

Date

Name
Title
Washakie County

Date

Ed Woa

Name
Title Chairman B O C C
Weston County

4-4-2023

Date

Exhibit A

OPIOID ABATEMENT STRATEGIES

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

1. Expanding availability of treatment, including Medication-Assisted Treatment (MAT), for OUD and any co-occurring substance use or mental health issues.
2. Supportive housing, all forms of FDA-approved MAT, counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it.
3. Treatment of mental health trauma issues that resulted from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking) and for family members (e.g., surviving family members after an overdose or overdose fatality).
4. Expand telehealth to increase access to OUD treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
5. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
6. Scholarships for certified addiction counselors.
7. Clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for OUD.
8. Training for health care providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists, including but not limited to the following: Training relating to MAT and harm reduction.
9. Dissemination of accredited 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.

10. Development and dissemination of new accredited curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service Medication-Assisted Treatment.
11. Development of National Treatment Availability Clearinghouse – Fund development of 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.
12. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD.
13. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.

B. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (INTERVENTION)

1. Ensuring 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. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
3. Training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on the late adolescence and young adulthood when transition from misuse to opioid disorder is most common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management and/or support services.
6. Support 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.
7. Create school-based contacts who parents can engage with to seek immediate treatment services for their child.
8. Developing best practices on addressing OUD in the workplace.

9. State assistance programs for health care providers with OUD.
10. Engaging non-profits and faith community as a system to support outreach for treatment.

C. ADDRESS THE NEEDS OF CRIMINAL JUSTICE INVOLVED PERSONS

1. Address the needs of persons involved in the criminal justice system who have opioid use disorder (OUD) and any co-occurring substance use disorders or mental health (SUD/MH) issues.
2. Support pre-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH issues, 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;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; or
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network.
3. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH issues to evidence-informed treatment, including MAT, and related services.
4. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH issues, but only if they provide referrals to evidence-informed treatment, including MAT.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH issues who are incarcerated, on probation, or on parole.
6. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate re-entry services to individuals with OUD and any co-occurring SUD/MH issues who are leaving jail or prison or who have recently left jail or prison.

7. 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.

D. ADDRESS THE NEEDS OF WOMEN WHO ARE OR MAY BECOME PREGNANT

1. Evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women or women who could become pregnant and have OUD.
2. Training for obstetricians and other healthcare personnel that work with pregnant women and their families regarding OUD treatment.
3. Other measures to address Neonatal Abstinence Syndrome, including prevention, care for addiction and education programs.
4. Child and family supports for parenting women with OUD.
5. Enhanced family supports and child care services for parents receiving treatment for OUD.

E. SUPPORT PEOPLE IN TREATMENT AND RECOVERY AND REDUCE STIGMA

1. The full continuum of care of recovery services for OUD and any co-occurring substance use or mental health issues, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
2. Identifying successful recovery programs such as physician, pilot, and college recovery programs, and providing support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
3. 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.
4. Community-wide stigma reduction regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
5. Engaging non-profits and faith community as a system to support family members in their efforts to manage the opioid user in the family.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE PROPER PRESCRIBING OF OPIOIDS

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Academic counter-detailing.
3. Continuing Medical Education (CME) on 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. Development and implementation of a National Prescription Drug Monitoring Program – Fund development of a multistate/national prescription drug monitoring program (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 opioid use disorder (OUD).
 - b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database (DOT EMT overdose database).
6. Educating Dispensers on Appropriate Opioid Dispensing.

G. PREVENT MISUSE OF OPIOIDS

1. Corrective advertising/affirmative public education campaigns.
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. School-based programs that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, or training of coalitions in evidence-informed implementation.
7. School and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
8. Engaging non-profits and faith community as a system to support prevention.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

1. Increasing availability and distribution of naloxone and other drugs that treat overdoses to 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, and other members of the general public.
2. 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.
3. Developing data tracking software and applications for overdoses/naloxone revivals.
4. Public education relating to emergency responses to overdoses.
5. Public health entities provide free naloxone to anyone in the community.
6. Public education relating to immunity and Good Samaritan laws.
7. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
8. Syringe service programs, including supplies, staffing, space, peer support services, and the full range of harm reduction and treatment services provided by these programs.
9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

PART THREE: OTHER STRATEGIES

I. SERVICES FOR CHILDREN

1. 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.

J. FIRST RESPONDERS

1. Law Enforcement – Participating Local Governments may also use their share of funds for law enforcement expenditures relating to the opioid epidemic.
2. Educating first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
3. Increase Electronic Prescribing to Prevent Diversion and Forgery.

K. LEADERSHIP, PLANNING AND COORDINATION

1. Community regional planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for treatment intervention services.
2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.

L. TRAINING

1. Funding for programs and services regarding staff training and networking to improve staff capability to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD (e.g., health care, primary care, pharmacies, PDMPs, etc.).

M. RESEARCH

1. Funding opioid abatement research.
2. Research improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
3. Support research for novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
4. Support for innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
5. Expanded research for 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 expanded modalities such as prescription methadone that can expand access to MAT.

Exhibit B

Participating Local Government Allocation Proportions	
Local Government	Percentage of Localized Share
Albany	1.63%
Big Horn	3.03%
Campbell County	4.44%
Carbon County	3.70%
Casper	7.35%
Cheyenne	1.23%
Converse County	1.90%
Crook County	0.54%
Evanston	1.97%
Fremont County	6.74%
Gillette	1.74%
Goshen County	1.64%
Green River	0.61%
Hot Springs County	0.86%
Jackson	0.56%
Johnson County	0.93%
Laramie	3.42%
Laramie County	15.59%
Lincoln County	3.12%
Natrona County	7.90%
Niobrara County	0.15%
Park County	5.80%
Platte County	1.75%
Riverton	1.27%
Rock Springs	1.53%
Sheridan	0.34%
Sheridan County	3.91%
Sublette County	0.71%
Sweetwater County	7.64%
Teton County	1.33%
Uinta County	4.39%
Washakie County	1.50%
Weston County	0.78%

Amendment One to the OneWyo Opioid Settlement Memorandum of Agreement

- 1. Parties.** This Amendment is made and entered into by and between the State of Wyoming, through its Attorney General, and all Participating Local Governments.
- 2. Purpose of Amendment.** This Amendment shall constitute the first amendment to the OneWyo Opioid Settlement Memorandum of Agreement (MOA) between the Parties. The purpose of this Amendment is to modify the application of the MOA and to remove certain provisions.
- 3. Term of the Amendment.** This Amendment shall become effective fourteen (14) days after the Attorney General provides notice to the Participating Local Governments, and shall remain in full force and effect through the term of the MOA, as amended. As provided in Paragraph VIII.A. of the MOA, Participating Local Governments will have two weeks from the date of notice to withdraw from the MOA. This Amendment will be effective to any Party that does not withdraw.
- 4. Amendments.**
 - A.** In the preamble, the sixth (6th) "whereas" is amended to read:

"Whereas, specifically, Settlements with Janssen (Johnson & Johnson, or J&J), and McKesson Corporation, Cardinal Health, Inc., and AmerisourceBergen (Distributors) are in the form of a national resolution (National Settlement Agreement) and Wyoming's share of these Settlements will be maximized only if Wyoming's political subdivisions of a certain size participate in the National Settlement Agreement."
 - B.** In the preamble, the seventh (7th) "whereas" is amended to read:

"Whereas, the State and Participating Local Governments intend this agreement to facilitate their compliance with the terms of the National Settlement Agreements with Johnson & Johnson and the Distributors."
 - C.** In the preamble, the eighth (8th) "whereas" is amended to read:

"Whereas, the National Settlement Agreements with Johnson & Johnson and the Distributors provide a default allocation between each state and its political subdivisions unless they enter into a state-specific agreement regarding the distribution and use of payments (State-Subdivision Agreement)."
 - D.** In the preamble, the ninth (9th) "whereas" is amended to read:

~~“Whereas, the State and Participating Local Governments intend this agreement to serve as the State-Subdivision Agreement under the Johnson & Johnson and Distributor Settlements.”~~

E. In the preamble, the final sentence is amended to read:

“Now, therefore, in consideration of the foregoing, the State and its Participating Local Governments, enter into this “OneWyo Opioid Settlement Memorandum of Agreement” (MOA) relating to the allocation and use of the proceeds of the Johnson & Johnson and Distributor Settlements and the Purdue Pharma L.P. Bankruptcy Resolution as described in this MOA.”

F. Section I. J. is amended to read:

““Settlement” means the negotiated resolution of legal or equitable claims against Johnson & Johnson, ~~American~~ ~~Bayer~~, Cardinal Health, and McKesson and a Bankruptcy Resolution concerning Purdue Pharma L.P.”

G. Section V. C. is amended to read:

“In accordance with Judge Polster’s August 6, 2021 Order in *In re: Nat’l Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio), contingency fee agreements related to litigation against any Pharmaceutical Supply Chain Participant entered into by a Participating Local Government are capped at a total of fifteen percent (15%) of the amount that will be received by the represented Participating Local Government. Counsel for any Participating Local Government is required to first seek payment of that fifteen percent (15%) through such separate common benefit or contingency fee fund before seeking any additional payment. To the extent that counsel does not receive the full fifteen percent (15%) from any separately established common benefit or contingency fee fund, they may seek the difference from the represented Participating Local Government. In no event shall counsel be entitled to payment of fees in excess of fifteen percent (15%) of the amount allocated to, and eventually received by, the represented Participating Local Government.”

5. Special Provisions.

A. Same Terms and Conditions. With the exception of items explicitly delineated in this Amendment, all terms and conditions of the original MOA, including but not limited to sovereign immunity, shall remain unchanged and in full force and effect.

6. General Provisions.

A. Entirety of Agreement. The original MOA and Exhibits A and B, consisting of twenty-three (23) pages, and this Amendment One, consisting of three (3) pages, represent the entire and integrated agreement between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral.

ISSUED THIS 2nd day of February, 2022.

FOR THE STATE OF WYOMING



Bridget Hill
Attorney General
State of Wyoming

Opioid Settlement Funds Quarterly Report HealthWorks

Quarterly reports are due (January 15, April 15, July 15, and October 15) and the final report is due June 30, 2028

1. Describe activities undertaken during the reporting period?
2. What were your expenditures for the reporting period?
3. Please describe the impact the project is having on your agency in terms of clients served, deliverables and community partnerships.
4. Please describe any challenges.
5. Can the opioid committee assist with any questions?
6. Are there any highlights that you would like to share?
7. Number of patients served with OUD.
 - a. The number of family members of patients served as a result of OUD.
8. Number of co-occurring mental illnesses treated.
9. The number of patients served from referrals.
10. Number of patient visits including telehealth check-ins.
11. Number of OUD related prescriptions picked up at HealthWorks to adhere to MAT treatment plan?
12. Quantity of naloxone and other opioid overdose medications purchased and distributed.
13. Number of providers and clinical staff trained.