

PRE-MEETING AGENDA

Casper City Council
The Lyric, 230 W Yellowstone Hwy
Tuesday, February 20, 2024, 5:30 p.m.



	Presentation	Beginning Time	Allotted
1.	Opioid Funding	5:30	15 min
2.	Weed & Pest Technician Request	5:45	5 min
3.	USPS Closure	5:50	5 min
4.	Agenda Review	5:55	5 min
	Approximate Ending Time		6:00 p.m.

*** Reminder ***

Please silence cell phones during the City Council meeting.

We are CASPER

Communication Accountability Stewardship Professionalism Efficiency Responsiveness

February 16, 2024

MEMO TO: Mayor Steve Cathey
City Council
J. Carter Napier, City Manager

FROM: Eric K. Nelson, City Attorney *E.K.N.*

SUBJECT: Opioid Settlement Funds

Meeting Type & Date

Pre-meeting February 20, 2024

Action Type

Information Only

Summary

The City of Casper, Wyoming, had claims against pharmaceutical supply chains, participants and such claims were referred to a multi-district litigation mechanism to facilitate the claims of cities, counties, states, and others who have suffered damages caused by the conduct of those who benefited from the national opioid epidemic. The City of Casper and Jason Ochs entered a Contract for Professional Services to seek recovery for damages.

The City of Casper has participated in two statewide settlement agreements spearheaded by the State of Wyoming, as well as other participating, local government entities. These agreements allowed the state and local entities to participate in a National Settlement and distribution of funds.

On December 7, 2021, City Council passed two resolutions authorizing the City of Casper to assent to the proposed distribution plan regarding the OneWyo Opioid Settlement Memorandum of Understanding (“MOU”) to be split between the State of Wyoming and its political subdivisions.

At the April 12, 2023, Work Session, City Council provided direction for the mayor to execute the OneWyo II Opioid Settlement Memorandum of Agreement (“Memorandum of Agreement”)

To date, the City of Casper has received \$605,490 from these settlements. The settlements last several years and the payments per year vary based upon the individual company. Some pharmaceutical companies have claimed bankruptcy, whereas others have chosen to accelerate payment and make one lump sum rather than periodic payments. This makes it incredibly difficult to forecast with any certainty the total amount of funding to be received over a given time.

The terms of the National Settlement require that funds received by the City must be expended for the “mitigation, treatment, education and emergency assistance to and for opioid abatement strategies”. The specific parameters are outlined in “Exhibit A” to the OneWyo agreements, which is attached hereto.

The City of Casper and Natrona County are the only two local government entities which have, and will, receive opioid settlement funds in Natrona County. There has been consideration given to the City and County collaborating on the deployment of these funds to maximize the benefit to the community.

To that end, a small working group convened and prepared a draft Request for Proposal which could be sent to community organizations, who could in turn submit proposals for the deployment of these funds.

Finally, to facilitate collaboration between the City of Casper and Natrona County, a proposed MOU has been drafted to outline the parameters of the partnership.

Attachments

Exhibit “A”

Draft Request for Proposals

Proposed/Draft MOU

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.

Request for Proposal

OneWyoming Settlement Fund

City of Casper/Natrona County

RFP Issue Date:

Proposal Submittal Deadline:

Direct all inquiries concerning RFP to:

Email:

Table of Contents

1. Purpose and Background
2. Financial
3. Timeline
4. Provider response

Section 1: Purpose and Background

The City of Casper and Natrona County are seeking proposals from qualified individuals and organizations to provide community interventions for substance use that is grounded in the principles of equality and fairness and is fiscally sustainable.

The City of Casper and Natrona County (collectively referred to as “the Parties”) both have, and will receive additional monies as a result of the settlement of multiple class action lawsuits against opioid manufacturers and distributors through the OneWyo Opioid Settlement Agreement. The Parties have agreed to collectively seek proposals to allocate the OneWyo Opioid Settlement Funds in accordance with the terms of the settlement agreements for the benefit of the citizens of Natrona County, Wyoming.

The Parties created a subcommittee with the purpose of making a recommendation on the distribution of opioid settlement funds and is intended to support positive long-term impacts in the areas of prevention, harm reduction and detoxification of individuals affected by the opioid epidemic.

Through a process utilizing broad stakeholder input, subcommittee member input, and City and County best practice recommendations, the Opioid Settlement Subcommittee came up with three initial priorities to recommend for an initial distribution of settlement funds.

These initial priorities for this RFP will focus on prevention and expanding harm reduction programs. Subsequent year awards may incorporate other priorities. The initial priorities will include:

- 1) Treatment, focusing on treatment accessibility and detox options.
- 2) Continuum of Care, case management, housing, aftercare programs.
- 3) Harm Reduction, education and narcan, peer recovery supports, etc.

To directly address these issues, the Parties are inviting community-based organizations within Natrona County to submit proposals for one year of funding that addresses the above priorities in Natrona County, Wyoming. These projects, initiatives or treatment options can build on existing programs but must demonstrate how they will specifically address one of the identified priorities. Initial funding will be awarded to a limited number of organizations to allow for a targeted and impactful response. The first

year is considered base year funding with the intent that future funding may be available for those projects that are able to show quantifiable results and impact in the initial funding year.

The Parties are requesting proposals that target populations in communities in Natrona County that have been most impacted by substance use disorder and the Opioid Epidemic. Each proposal does not need to propose to serve all of Natrona County, but needs to clearly identify why the organization is positioned to successfully implement the proposal for a specific community or geographical area; and provide detailed background of the evidence- based or practice-informed program or practice being proposed.

Scope of Services:

We are seeking applications that address the above priorities through innovative, promising practice or evidence-informed approaches focused on one of the three areas.

- 1) Treatment, focusing on treatment accessibility and detox options.
- 2) Continuum of Care, case management, housing, aftercare programs.
- 3) Harm Reduction, education and narcan, peer recovery supports, etc.

Essential Project Proposal Requirements:

Proposals must include (1) a detailed description of your plan along with the timeline of activities, (2) the timeline should include planning, training, implementation and impact evaluation efforts; (3) an evaluation plan that includes measurable outcomes focused on quantifiable results and impact.

Section 2: Financial

Funding is determined by the City/County.

Source
Allocation

Contract Maximum Amount

\$000000- Initial funding this round will be awarded to a limited number of Natrona County Organizations to allow for a targeted and and impactful, with an emphasis on communities most at risk and/or impacted by OUD (Opioid Use Disorder) and any co-occurring SUD/MH (Substance Abuse/Mental Health) conditions. Potential contract renewal(s) for subsequent year(s) based on measurable performance outcomes, quantifiable results and impact and community mapping/strategic planning discussions.

Timeline:

Due Date for proposal submission	
Targeted date for completion of follow up interviews (if required)	
Targeted date for City/County approval of contracts	
Targeted date contract begins	

Provider Response:

If your organization is interested in submitting a proposal, please submit one (1) copy of your response to this proposal, providing at a minimum the information requested below by.....

At the top of your proposal please indicate that you are requesting friends for the City of Casper/County Commissioners Opioid Settlement Funds.

- Organization (Maximum 500 words)
- Organization name and address
 - Type of organization

- Number of years in business
- Vision, mission and values of the organization
- Describe the work of the organization

Personnel (Maximum 250 words)

- Provide name, education and experience background and other qualifications of person who would provide services indicated and oversee this project.
- If applicable, provide a list of members of the Board of Directors, their qualifications, and years of service.

Experience (Maximum 500 words)

- Provide a general description of your organization's relevant activities over the past three (3) years that align with the scope of your proposal, outlining specific ways you have effectively engaged with this work in the past.

Proposal (Maximum 1000 words)

- State which of the three priorities described above your proposal addresses.
- Describe how you plan to address this priority. Please include a detailed description of your plan along with a timeline of services, including training, implementation and impact evaluation efforts.
- Please include a reference list if you are proposing an evidence-based practice. We welcome promising based practices for culturally specific programs to be included in your proposal.
- Describe how you will measure the effectiveness and impact of the project throughout the life of the project. The annual reporting that will be required must include information on the expenditures funded with the Opioid Settlement Funds, including details on program or services provided. Required reporting components will include organization contact information, information on funded service/programs, and outcomes for the activity/service provided.

Supplemental Questions (Maximum 500 words)

- Proposals will be considered that serve either the entire County, or a specific region or community. What geographical area will your agency serve? How are communities that are most at risk or impacted by OUS, and any co-occurring, SUD/MH condition considered in the proposal? How does your proposal directly support individuals most disproportionately impacted?
- What is the anticipated short-term impact (6-12 months)? What is the anticipated long-term impact (12+ months)? Please provide an explanation for your answer.

- What can be expected from your proposal in terms of community collaboration efforts and the communication with and utilization of other agencies who can support your efforts.

Relevant Certifications or Licenses:

Any purchase of service provider contacting with the City of Casper/County Commissioners is expected to comply with the following requirements:

- Data Privacy
- Equal Employment Opportunity and Civil Right Clause
- Fair Hearing Appeal
- Rehabilitation Act
- Health and Insurance Portability and Accountability Act (HIPAA)

Budget

Please provide a detailed, preliminary budget along with justification of how funds will be utilized. Should your proposal be selected, a final budget will be required for contracting purposes.

Submission of Proposal:

Proposals submitted by facsimile or emails are not acceptable and will not be considered.

Proposals shall be received by _____ to be considered. The proposal will be addressed as follows_____.

Selection Process

- The selection of the proposal will be based on the following items and point totals.
 1. Adherence to the proposed format (10pts)
 2. Description of area of focus (10pts)
 3. Team management/organization (10pts)
 4. Demonstration of experience with SUA/MH disorders (10pts)
 5. Project understanding and approach (10pts)
 6. Community Involvement (10pts)
 7. Completeness of project schedule (10pts)
 8. Completeness of budget

- The RFP subcommittee will provide input and feedback to the City of Casper/County Commissioners to help aid a final decision that will be the most impactful for the community.

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE
CITY OF CASPER, WYOMING,
AND
NATRONA COUNTY
REGARDING THE JOINT DISTRIBUTION OF OPIOID SETTLEMENT FUNDS**

This Memorandum of Understanding (MOU) is entered into between the City of Casper, Wyoming, a Wyoming municipal corporation (City), 200 N. David St., Casper, Wyoming 82601, and Natrona County, Wyoming (County), 200 N. Center, Casper, Wyoming 82601, or together (parties).

RECITALS

- A. Pharmaceutical Supply Chain participants contributed to the opioid epidemic, which has in turn harmed the people and communities of the State of Wyoming.
- B. The State of Wyoming and various participating local governments participated in national, multi-district litigation, to hold pharmaceutical supply chain participants accountable for the harm caused in Wyoming.
- C. Both the City and the County participated in the OneWyo and OneWyo II settlement agreements and have, and will, receive funds which must be used to address the opioid epidemic.
- D. The City and County agree that given the finite amount of funding available, and the broad need for opioid mitigation, treatment, and education, that collaboration on the expenditure of their respective funds will help to maximize the positive

NOW, THEREFORE, the parties agree as follows:

- A. The City and County agree to the formation of a five (5) person Committee. This Committee will consist of two (2) City Councilors and two (2) Commissioners. These appointees will thereafter agree to appoint one (1) individual from the community at large.
- B. The Committee shall convene and agree upon the form of a Request for Proposal to be provided to the community. The RFP shall seek strategies for addressing the opioid epidemic consistent with the legal requirements of the OneWyo I and II settlement agreements.
- C. The Committee shall receive and review the proposals and make recommendations for funding.
- D. The City and County agree to match all funds allocated on a dollar per dollar basis. Neither the City nor the County shall be obligated to commit funding to any proposal beyond what the other entity commits.

- E. The committee shall agree upon the form of the funding agreement and reporting required by the recipient.

1. Miscellaneous Provisions:

- A. Either party may request changes to this MOU. Any changes, modifications, revisions, or amendments to this MOU which are mutually agreed upon in writing by both parties to the MOU shall be incorporated by written instrument, executed, and signed by authorized representatives of both parties.
- B. Individuals signing this MOU on behalf of the parties agree and represent that they have the legal authority to bind themselves as representatives of the party to the terms of this MOU.
- C. Neither of the parties shall assign this MOU or any terms, conditions, rights, or obligations herein without the prior written consent of the other.
- D. The parties agree that if any part, term, or provision of this MOU is held illegal or in conflict with any law of any governmental entity having jurisdiction over any of the parties hereto, the validity of the remaining portions or provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the MOU did not contain the particular part, term, or provisions held to be invalid unless the effect thereof would materially change the economic burden of, or benefit to, either party.
- E. The term of this MOU shall be from the effective date of March 1, 2024, through June 30, 2025, or until all settlement funds are expended, whichever comes first. This MOU may be terminated by either party upon thirty (30) days' written notice.
- F. The respective duties and obligations of the parties hereunder shall be suspended while performance thereof is prevented or impeded by strikes, disturbances, riots, fire, earthquake, volcanic activity, severe weather (flood, ice, wind, rain, drought, etc.), pandemic, governmental action, war or terrorism acts, acts of God, or any other cause similar to the foregoing which are beyond the reasonable control of the party from whom the affected performance was due.
- G. All official notices arising from the provisions of this MOU shall be in writing and sent to the parties via the person identified for the City and the County, as signatories, below, at the address provided under this MOU, either by regular or express mail, electronic mail, facsimile, or delivery in person, or at such other address as the parties may designate in writing.
- H. The construction, interpretation, and enforcement of this MOU shall be governed by the laws of the State of Wyoming and federal law, if applicable. The parties agree that the courts of the State of Wyoming shall have jurisdiction over any actions arising out of this MOU and over the parties, any filings shall be, and the venue shall be, in the Seventh Judicial District, Natrona County Wyoming.
- I. The parties do not intend to create in any other individual or entity the status of the third-party beneficiary, and this MOU shall not be construed to create such status. The rights, duties, and

obligations contained in this MOU shall operate only between the parties to it and shall insure solely the benefit of the parties in determining and performing their obligations under this MOU. The parties agree that the MOU may be executed at dates and times convenient to the parties and that the MOU shall be effective upon the date of the last endorsement necessary to secure a binding MOU, or the "Effective Date," whichever is later.

J. Electronic Signature:

The parties understand and agree that they have the right to execute this Contract through paper or through electronic signature technology, which is in compliance with Wyoming and federal law governing electronic signatures. The parties agree that to the extent they sign electronically, their electronic signature is the legally binding equivalent to their handwritten signature. Whenever they execute an electronic signature, it has the same validity and meaning as their handwritten signature. They will not, at any time in the future, repudiate the meaning of their electronic signature or claim that their electronic signature is not legally binding. They agree not to object to the admissibility of this Contract as an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the grounds that it is an electronic record or electronic signature or that it is not in its original form or is not an original. Each party will immediately request that their electronic signature be revoked in writing if they discover or suspect that it has been or is in danger of being lost, disclosed, compromised or subjected to unauthorized use in any way. If either party would like a paper copy of this Contract, they may request a copy from the other party, and the other party shall provide it.

M. Governmental Claims. The parties do not waive any right or rights they may have pursuant to the Wyoming Governmental Claims Act, Wyoming Statutes Section 1-39-101 *et seq.* The parties specifically reserve the right to assert any and all immunities, rights, and defenses they may have pursuant to the Wyoming Governmental Claims Act.

THOSE SIGNING BELOW CERTIFY THAT THEY HAVE CAREFULLY AND COMPLETELY READ THE FOREGOING, THAT THEY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH HEREIN, AND THAT ON BEHALF OF THEMSELVES AND THEIR AGENCY (IF APPLICABLE) THEY AGREE TO ABIDE BY SUCH TERMS AND CONDITIONS.

Signature page for City of Casper

APPROVED AS TO FORM:

ATTEST:

OWNER:
CITY OF CASPER, WYOMING
A municipal corporation

Fleur Tremel
City Clerk

J. Carter Napier
City Manager

Signature page for Natrona County

APPROVED AS TO FORM:

WITNESS:

NATRONA COUNTY

By: _____

Peter Nicolaysen
Chairman, Natrona County Commissioners

Title: _____

DRAFT

February 8, 2024

MEMO TO: J. Carter Napier, City Manager *JCN*

FROM: Tom Brauer, Chief Operating Officer
 Zulima Lopez, Parks, Recreation, and Public Facilities Director *ZL*
 Randy Norvelle, Parks Manager
 Katy Hallock, Parks Supervisor – Urban Forestry/Weed & Pest

SUBJECT: FY24 Mid-year request for Weed & Pest Technician

Meeting Type & Date

Pre-Meeting - February 20, 2024

Action Type

Approval

Recommendation

That the City Manager approves the mid-fiscal year 2024 addition of a Weed & Pest Technician for the Weed & Pest (W&P) section of the Parks Division.

Summary

Ornamental/noxious weed growth in City parks and on City-owned properties has exploded in recent years due to lack of chemical treatment (spraying) activities. W&P activities have focused on mowing for weed control rather than spraying; however, both are necessary to improve the health and appearance of turf and native areas. A dedicated Weed & Pest Technician will be tasked with leading the efforts to measure, map, and monitor ornamental and noxious weed growth and treatment efficacy within the Casper city limits. The position will also ensure the chemical inventory needed for weed and pest control is maintained and properly reported. The information gathered will help the parks Supervisor develop and execute annual spraying/mowing plans, which the new position will lead in executing. This is a shared vision with Natrona County Weed & Pest Control District regarding noxious weeds. We request the position be added mid-fiscal year to ensure a candidate is hired for the 2024 spring season, when chemical spraying will be most effective to improve weed control throughout the summer. As indicated by the attached memo, HR and Financial Services has vetted and support the position.

Prior to FY19, the W&P Fund has had four full time positions dedicated to weed and pest control operations in the field. Prior to FY20, it appears the fund did not contribute to costs associated with supervisory or administrative personnel. The fund's personnel history is charted below. The requested position will put the fund back to the historic number of field maintenance personnel needed to effectively execute weed and pest operations.

Personnel Per Approved Fiscal Year Budgets	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Fulltime field personnel (Crew Lead and below)	4	4	4	2	4	2	2	2.5	3
Supervisor/Manager/Director	0	0	0	0	1	0.6	0.5	0.69	0.69
Administrative Support Personnel	0	0	0	0	0	0.25	0	0.25	0.35
Total FTE Positions Funded by W&P	4	4	4	2	5	2.85	2.5	3.44	4.04

Financial Considerations

Current cash on hand in the Weed & Pest Fund exceeds \$1 million with all commitments already accounted for. In addition to the request for the position, there are also requests for one-time costs of a new vehicle, \$80,000, tablet/software licensing, \$1,890, and other minor operational expenses to support the new position. If approved, a budget amendment will be required for the additional vehicle as well as for the added FY24 personnel expense. An increase to personnel budgets for FY25 and beyond will be applied.

The minimum annual wage of Grade 18 is \$44,949 and HR would recommend starting the successful candidate at no higher than \$46,529 to maintain internal equity. For budgetary purposes, the financial impact has been developed with the starting salary at \$46,529.

	Salary with Benefits		
	FY24 Budget	FY24 Actual	FY25
Weed & Pest Technician (GR18)	-	22,465.83	67,213.34
	-	22,465.83	67,213.34
Expected Salary Increase (Decrease) for FY24		22,465.83	
Expected Salary Increase (Decrease) FY24 vs FY25			67,213.34

Oversight/Project Responsibility





Katy Hallock, Parks Supervisor – Urban Forestry/Weed & Pest
Randy Norvelle, Parks Manager

Attachments

Memo from HR and Financial Services Re: FY24 Mid-Year Position Request – Weed and Pest Technician

January 22, 2024

MEMO TO: Zulima Lopez, Parks, Recreation, and Public Facilities Director
Randy Norvelle, Parks Manager

FROM: Tracey Belser, Support Services Director 
Jill Johnson, Financial Services Director 
Nicole Carlson, Human Resources Manager 
Heidi Rood, Human Resources Generalist 

SUBJECT: FY24 Mid-Year Position Request – Weed and Pest Technician

Recommendation:

Create a new Weed and Pest Technician position in the Parks Division to address the increasing challenges related to maintaining ornamental and noxious weeds in and around City properties.

Summary:

On January 11, 2024, we met with you regarding a request to add a Weed and Pest Technician position. In your request, you shared that ornamental and noxious weed growth in City parks and on City-owned properties has increased in recent years due to a lack of chemical treatment activities. A dedicated Weed and Pest Technician position will be tasked with starting and maintaining an ornamental and noxious weed inventory to inform annual spraying. This position will serve to meet the City's obligations of the Mill Levy and you have requested the position be added mid-year to ensure a candidate is hired for the 2024 spring season.

Based on the type of responsibilities of this position and similar positions in our market, we have determined that Grade 18 is an appropriate placement for the position.

- **Weed and Pest Technician (Grade 18)**
 - The new Weed and Pest Technician position requires at least three (3) years of experience in weed and pest control, landscaping, urban forestry, or related field and possession of, or ability to obtain a commercial pesticide applicator's license within twelve (12) months of hire.
 - The primary responsibilities of a Weed and Pest Technician include training and leading seasonal staff in establishing spraying/mowing plans, developing, and assisting in weed management plans, and developing and mapping noxious and ornamental weeds in city limits.

Once approved by the City Manager, the proposed new position would be effective immediately to begin the recruitment cycle.

Monetary Impact:

Current cash on hand in the Weed & Pest Fund exceeds \$1 million with all commitments already accounted for. In addition to the request for the position, there are also requests for one-time costs of a vehicle, \$80,000, and tablet/software licensing, \$1,890, expenses to support the new position. If approved, a budget amendment may be required.

The minimum annual wage of Grade 18 is \$44,949 and HR would recommend starting the successful candidate at no higher than \$46,529 to maintain internal equity. For budgetary purposes, the financial impact has been developed with the starting salary at \$46,529.

	Salary with Benefits		
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Weed & Pest Technician (GR18)	-	22,465.83	67,213.34
	-	22,465.83	67,213.34
Expected Salary Increase (Decrease) for FY24		22,465.83	
Expected Salary Increase (Decrease) FY24 vs FY25			67,213.34

Notes:

Position is a new position expected to be filled by March 1, 2024

Subject: Concerns Regarding Potential Closure of Casper Postal Processing Center

Dear Mr. Brian Meyer,

I am writing on behalf of the City of Casper Council to express our deep concerns regarding the potential closure of the postal processing center located in Casper. We recently became aware of this possibility, and we feel compelled to voice our objections to this proposed change.

First and foremost, we believe that closing the Casper Processing Center would result in unnecessary delays in mail delivery, which would adversely affect our residents and local businesses. The relocation of the processing center to Billings, MT, would require local mail to leave the state for delivery, inevitably impacting delivery times. This would not only inconvenience our residents but also put our small businesses at a disadvantage, particularly when competing with larger competitors offering expedited shipping services.

We echo the sentiments expressed by United States Senator Cynthia Lummis, who rightly pointed out that closing local processing centers in Wyoming would disproportionately impact rural communities. We have already experienced delivery delays in the past when similar closures occurred in 2015, and we cannot afford to endure added disruptions to our postal services.

Furthermore, the closure of the Casper Processing Center would inevitably lead to job losses in our community. This is not just a matter of economic concern but also of social impact, as these jobs are essential for the livelihoods of many individuals and families in our area.

I would like to bring to your attention our own experience with delivery delays for our newspaper, which is printed in Cheyenne. As a central location for the entire state, Casper relies heavily on efficient postal services to ensure timely delivery of essential materials that serve the people of Wyoming most effectively. This move makes worse a problem that already suffers for a reasonable solution.

In conclusion, we urge you to reconsider the decision to close the USPS Casper Processing Center and to take into account the significant disproportionate negative consequences it would have on our community. We believe that preserving local postal infrastructure is crucial for maintaining efficient and reliable mail services for all residents and businesses in our area. This would result in a statewide impact, not only one felt in Casper.

Thank you for your attention to this matter.

Sincerely,

Stephen Cathey
Mayor
City of Casper