



# INTERGOVERNMENTAL AGREEMENT (IGA)

## Amendment

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

150 N 18<sup>th</sup> Ave Suite 530  
Phoenix, Arizona 85007

Contract No.: **ADHS18-180472**

Amendment No.: **2**

Procurement Officer  
**Christopher Balderrama**


### COCHISE COUNTY - ARIZONA PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

Effective upon signature of both parties, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6) Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders,
  - 1.1 **The Scope of Work shall be replaced with the revised Scope of Work in this Amendment Two (2).**
  - 1.2 **The Price Sheet shall be replaced with the revised Price Sheet in this Amendment Two (2).**
  - 1.3 **The Provision of "Authorization for Provision of Services," outlined below, shall be added to the IGA Terms and Conditions as Provision twenty-four (24) under this Amendment Two (2).**


-- All other provisions of this Agreement remain unchanged. --

<b>COCHISE HEALTH AND SOCIAL SERVICES</b>		<b>CONTRACTOR SIGNATURE</b>	
Contractor Name		Contractor Authorized Signature	
1415 Melody Ln. Building A		Printed Name	
Address		Title	
Bisbee	AZ	85603	
City	State	Zip	
<b>CONTRACTOR ATTORNEY SIGNATURE</b>		This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.	
Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.		<b>State of Arizona</b>	
Signature	Date	Signed this _____ day of _____ 2020	
Printed Name		Procurement Officer	
Contract No. <b>ADHS18-180472</b> , which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.			
Signature	Date		
Assistant Attorney General			
Printed Name:			

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## 1. DEFINITIONS

- 1.1 “ADHS” for the purpose of this document refers to the Arizona Department of Health Services.
- 1.2 “ADHS Program Manager” means Arizona Department of Health Services employed staff managing the Project contract.
- 1.3 “CDC” for the purpose of this document refers to the Centers for Disease Control and Prevention.
- 1.4 “County or County Health Department” for the purpose of this document means the individual counties selected as high-burden areas in the state to implement the Prescription Drug Misuse and Abuse Toolkit.
- 1.5 “County Health Department program managers” for the purpose of this document, refers to the individual who works for the Contractor who has overall responsibility of the proposed project, including management of staff and Contractors to ensure that the State is in compliance with all grant requirements and communication with ADHS on progress made toward achieving the deliverables.
- 1.6 “CSPMP” for the purpose of this document refers to the Controlled Substances Prescription Monitoring Program.
- 1.7 “DEA” for the purpose of this document refers to the United States Drug Enforcement Administration.
- 1.8 “High-burden areas” for the purpose of this document refers to communities which are identified by the department and Contractor as areas within the county with the highest rates of prescription drug mortality and morbidity.
- 1.9 “NAS” for the purpose of this document refers to Neonatal Abstinence Syndrome.
- 1.10 “OAR” for the purpose of this document refers to the Arizona Opioid Assistance Referral Line
- 1.11 “OIP” for the purpose of this document refers to the Office of Injury Prevention within the Arizona Department of Health Services.
- 1.12 “Opioid” for the purpose of this document refers to a natural or synthetic class of drug used to reduce pain. This class of drugs includes and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others, synthetic opioids such as fentanyl, and the illegal drug heroin
- 1.13 “Opioid Use Disorder” or (OUD) for the purpose of this document refers to the recurrent use of opioids that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home
- 1.14 “Overdose” for the purpose of this document refers to injury to the body “poisoning” that happens when a drug is taken in excessive amounts, an overdose can be fatal or nonfatal
- 1.15 “Partners” for the purpose of this document refers to state agencies, providers, EBP’s, communities and others.
- 1.16 “PSAs” for the purpose of this document refers to public service announcements.
- 1.17 “Rx” for the purpose of this document refers to prescription.

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## 2. BACKGROUND

The ADHS, Division of Prevention Services, Bureau of Chronic Disease and Health Promotion (BCDHP), Office of Injury and Violence Prevention administers funds provided through Federal and State sources for the operation of the Prescription Drug Overdose Prevention program. The program aims to increase public safety through the expansion of opioid misuse and prevention activities and initiatives across the state.

Drug overdose deaths continue to increase in the United States. According to the CDC, two-thirds of these deaths involve an opioid (prescription opioid, heroin, and synthetic opioids like fentanyl), resulting in more than 47,000 opioid related deaths in 2017.

Opioid morbidity and mortality rates have increased dramatically in Arizona as well. Between 2012 and 2016, Arizona experienced a seventy-four percent (74%) spike in the number of opioid overdose deaths. In 2016, 790 opioid overdose deaths were reported across the state (more than two (2) people per day). On June 5, 2017, Governor Douglas A. Ducey declared a public health emergency calling for a heightened response to reducing opioid related death and injury across the state. While Arizona has taken significant strides in combatting the opioid epidemic, deaths have continued to rise. In 2018, opioid overdoses resulted in the death of 1,153 Arizonans (more than three (3) people per day).

In 2017, Arizona ranked 28th in the Nation for opioid related deaths with a rate of 13.9 deaths per 100,000 population. According to real-time opioid data, which ADHS has collected since 2017, sixty percent (60%) of suspected fatal and non-fatal opioid overdoses were among males, occurring more frequently within the twenty-five to thirty-four (25-34) year age range. Of the opioid overdose events that occurred in females, non-fatal events occurred more frequently within the twenty-five to thirty-four (25-34) year age range. Fatal events occurred most frequently in women age thirty-five to fifty-four (35 – 54) years.


More than half, fifty-two percent (52%) of all opioid overdose cases in Arizona involve more than one drug. In cases involving polysubstance use, the majority involves Benzodiazepine (35.8%) used in conjunction with a prescription opioid, or in combination with an illicit opioid. Since 2017, Arizona has experienced the most dramatic increase in the number of cases involving fentanyl. In 2018, fentanyl alone or in combination with other drugs was reported in sixteen percent (16%) of all verified overdoses, a one-hundred and thirty percent (130%) increase from the previous year.

Eighty-five percent (85%) of verified overdose cases involved a patient with pre-existing medical conditions. While a history of substance abuse, including alcohol, and chronic pain are most commonly reported, data shows that nearly half of all overdose cases had a co-occurring mental health condition (depression, anxiety, suicidal ideation, etc.) documented in their medical record.

Opioid prevention funds will be used to continue building statewide capacity to offer effective opioid overdose prevention and treatment services, including ongoing enhancements to the state CSPMP, widespread implementation of the Arizona Rx Drug Misuse and Abuse Initiative Toolkit across all communities, developing public facing data dashboards to increase community awareness, enhancing local linkages to care, and especially to those providing services to at risk populations including justice involved individuals, providing ongoing support to the OAR line and establishing local overdose fatality review teams to examine and identify circumstances and risk factors associated with fatal drug overdoses.

## 3. OBJECTIVES

With resources awarded through the CDC and Substance Abuse and Mental Health Services Administration (SAMHSA), Arizona will be well equipped to continue expanding prevention services and strategies to halt, reverse, and diminish the opioid crisis in our state. Key Strategies and Initiatives that will guide our work include:

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- 3.1 Enhancing the capacity of county health departments to address the opioid epidemic through implementation of prevention-based strategies that will lessen the overall impact and burden of opioid misuse across the community; and
- 3.2 Expanding local linkages to care to improve access to prevention-based and OUD treatment services across the state.

**4. TASKS**

The Contractor shall:

**4.1 Community Outreach and Education**


- 4.1.1 Establish Memorandums of Understanding (MOUs) with local agencies/ organizations to increase awareness and utilization of Arizona Rx Drug Misuse and Abuse Prevention Toolkit strategies and community outreach and training materials- <https://substanceabuse.az.gov/substance-abuse/rethink-rx>,
- 4.1.2 Disseminate opioid resources to appropriate target audiences,
- 4.1.3 Collaborate with local agencies and organizations to maintain public facing dashboard highlighting local trends related to opioid misuse, and
- 4.1.4 Collaborate with local agencies and organizations to increase public awareness related to harms associated with opioid misuse.

**4.2 Targeted Naloxone Distribution**

- 4.2.1 Disseminate local resources and materials related to opioid overdose recognition and naloxone administration- [azhealth.gov/opioid](http://azhealth.gov/opioid),
- 4.2.2 Engage with the public and local partners to coordinate naloxone training services, and
- 4.2.3 Develop and maintain a map outlining the availability of sites that provide naloxone distribution, training, and educational services across Pinal County.

**4.3 Linkages to Care**

- 4.3.1 Partner with local agencies/organizations to establish protocols and procedures guiding the process for linking post overdose patients and/or individuals at risk for overdose to appropriate follow-up and treatment services,
- 4.3.2 Partner with local agencies and organizations to support coordination of diversion services that deliver individuals into systems of care for opioid misuse treatment and follow-up resources,
- 4.3.3 Partner with community-based organizations to increase access and availability of peer-support and linkages to care services provided to justice-involved individuals,
- 4.3.4 Partner with community-based organizations provide transportation for opioid misuse and overdose prevention services,

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4.3.5 Partner with community-based organizations to develop and deploy multidisciplinary teams that provide outreach and follow up care to post- overdose/ at risk individuals, and

4.3.6 Develop county specific treatment access plan.

**4.4 Drug Overdose Fatality Review Team Maintenance**

4.4.1 Provide ongoing support to the local Overdose Fatality Review team,

4.4.2 Utilize data obtained from OFR team case reviews to establish local recommendations to prevent future drug overdoses across the community,

4.4.3 Assist with state efforts for ongoing opioid surveillance, case review and classification within Arizona’s MEDSIS system. This includes requesting medical records for locally assigned cases for opioid overdose with or without fatality, as well as reported cases of Neonatal Abstinence Syndrome (NAS), and

4.4.4 Conduct outreach to local state licensed healthcare facilities to encourage compliance with reporting requirements for opioid related events (See A.A.C. Title 9, Health Services, Chapter 4, Article 6).

**5. REQUIREMENTS**

The local overdose fatality review (OFR) teams are required to identify a local point of contact within the county health department to receive confidential medical information, personally identifiable information, or highly-sensitive personal information via secure messaging from the Office of Vital Records (OVR) or the ADHS. The designated point of contact agrees to monitor authorized persons use of personally identifiable data and not to use or disclose confidential medical information, personally identifiable information or highly-sensitive personal information as required by law.

**6. DELIVERABLES**

The Contractor shall:


6.1. Complete quarterly surveys distributed through the Arizona State University Southwest Interdisciplinary Research Center (ASU SIRC) evaluation team to record data on local progress with completing grant related activities and initiatives no later than thirty (30) days following the end of each quarter;

6.2. Participate in surveys, interviews (remote or face-to-face), and questionnaires developed and disseminated by the ASU SIRC evaluation team to collect data and information necessary to assess state and local progress with meeting grant related goals and objectives;

6.3. Submit an annual OFR report outlining findings and recommendation of local review team by June 30<sup>th</sup>;

6.4. Receive pre-approval before releasing any public service announcements (PSAs) or new educational materials;

6.5. Maintain documentation of any PSAs created and run in the county regarding opioid misuse prevention;

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- 6.6 Prepare and submit quarterly Contractors Expenditures Reports (CERs) no later than thirty (30) days following the end of each quarter; and
- 6.7 Prepare and submit annual progress report outlining all grant related activities completed no later than sixty (60) days following the end of each contract year.

DELIVERABLE TITLE	DUE DATE	SUBMIT TO
1 <sup>st</sup> Quarter Survey Completion and CER	December 30 <sup>th</sup>	AZOPIOID@AZDHS.GOV
2 <sup>nd</sup> Quarter Survey Completion and CER	March 30 <sup>th</sup>	AZOPIOID@AZDHS.GOV
3 <sup>rd</sup> Quarter Survey Completion and CER	June 30 <sup>th</sup>	AZOPIOID@AZDHS.GOV
Annual Overdose Fatality Review Team Report	June 30 <sup>th</sup>	AZOPIOID@AZDHS.GOV
4 <sup>TH</sup> Quarter Survey Completion and CER	September 30 <sup>th</sup>	AZOPIOID@AZDHS.GOV
Annual Progress Report	October 30 <sup>st</sup>	AZOPIOID@AZDHS.GOV

**7. STATE PROVIDED ITEMS:**

ADHS will:


- 7.1 Host quarterly conference calls to provide updates and information on opioid prevention projects and activities;
- 7.2 Host an annual face-to-face meeting for funded agencies and organization; and
- 7.3 Schedule as needed one-on-one meetings with contracted agencies to provide additional support for the implementation of grant related activities.

**8. REFERENCE DOCUMENTS:**

- 8.1 Arizona Opioid Epidemic webpage and Interactive Data Dashboard- [azhealth.gov/opioid](http://azhealth.gov/opioid),
- 8.2 Arizona Prescription Drug Misuse and Abuse Community Toolkit and community outreach and training materials - <https://substanceabuse.az.gov/substance-abuse/rethink-rx>, and
- 8.3 Arizona Opioid Assistance and Referral Line- <https://phoenixmed.arizona.edu/oar>.

**9. APPROVALS:**

- 9.1 Prior to publishing or recording any marketing materials including, but not limited to, brochures, posters, public service announcements, publications, videos, or journal articles which will be developed and paid using funds awarded under this Contract, a draft of the marketing material must first be approved by ADHS. The ADHS Communications Director must approve prior to the dissemination of such materials or airing of such announcements.

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**10. NOTICES, CORRESPONDENCE, REPORTS:**

10.1 Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services  
Attn: Lacie Ampadu, Injury and Substance Abuse Prevention Manager  
Office of Injury Prevention  
150 North 18<sup>th</sup> Avenue, Suite 320  
Phoenix, AZ 85007  
Tel: 602-364-3321  
Fax: 602-364-1496  
Email: [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov)

10.2 Notices, Correspondence, Reports and Payments from ADHS to the Contractor shall be sent to:

Cochise Health and Social Services  
Attn: Carrie A. Langley, Director  
1415 Melody Lane, Building A  
Bisbee, Arizona 85603  
Phone: (520) 432-9468  
Fax: (520) 432-9480  
Email: [CLangley@cochise.az.gov](mailto:CLangley@cochise.az.gov)

10.3 Invoices shall be sent to [invoices@azdhs.gov](mailto:invoices@azdhs.gov).



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**Cochise County Health Department**

<b>CDC Overdose Data to Action Cooperative Agreement (OD2A)</b>	
<b>ACCOUNT CLASSIFICATION</b>	<b>AMOUNT</b>
Salary and Wages	\$30,000
Fringe Benefits	\$5,000
Consulting Costs	\$0.00
Equipment	\$2,000
Supplies	\$5,000
Travel	\$4,000
Other Categories	\$10,289
Contractual	\$217,161
Total Indirect	
<b>TOTAL NOT TO EXCEED</b>	<b>\$273,450</b>

<b>Year 2 State Opioid Response (SOR) Grant (Linkages to Care)</b>	
<b>ACCOUNT CLASSIFICATION</b>	<b>AMOUNT</b>
Salary and Wages	\$ 67,600
Fringe Benefits	\$ 13,787
Consulting Costs	\$ 0.00
Equipment	\$ 6,275.76
Supplies	\$ 3,500
Travel	\$ 7,125.34
Other Categories	\$ 3,350.26
Contractual	\$ 0.00
Total Indirect	
<b>TOTAL NOT TO EXCEED</b>	<b>\$172,270</b>

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Year 2 State Opioid Response (SOR) Grant (Overdose Fatality Review)	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$ 7,300
Fringe Benefits	\$ 1,200
Consulting Costs	\$ 0.00
Equipment	\$ 3,000
Supplies	\$ 500
Travel	\$ 5,000
Other Categories	\$ 500
Contractual	\$ 7,700
Total Indirect	
<b>TOTAL NOT TO EXCEED</b>	<b>\$ 25,000</b>

With prior written approval from the Program manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.

**24. AUTHORIZATION FOR PROVISION OF SERVICES**

Authorization for purchase of services under this contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless: a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this Agreement.