



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.: ADHS18-180472

IGA Amendment No: 4

Procurement Officer
Nicole Marquez

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 Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders,
 - 1.1 The Scope of Work is revised and replaced;
 - 1.2 The Price Sheet is revised and replaced; and
 - 1.3 Exhibit A is added.

ALL CHANGES ARE MARKED BELOW IN **RED**

All other provisions of this agreement remain unchanged.

Cochise Health and Social Services

Contractor Name:
1415 Melody Lane, Building A

Address:
Bisbee AZ 85603
City State Zip

County Authorized Signature
Ann English
Print Name
Chair Board of Supervisors
Title and Date

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 Arizona

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.

State of Arizona

Signature _____ Date _____

Signed this _____ day of _____ 202 .

Kris Carlson

Print Name

Procurement Officer

Contract No.: **ADHS18-18042**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, 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

Print 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 “OIVP” for the purpose of this document refers to the Office of Injury and Violence Prevention within the Arizona Department of Health Services.
- 1.2 “CDC” for the purpose of this document refers to the Centers for Disease Control and Prevention.
- 1.3 “CME” for the purpose of this document refers to Continuing Medical Education.
- 1.4 “CSPMP” for the purpose of this document refers to the Controlled Substances Prescription Monitoring Program.
- 1.5 “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.
- 1.6 “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.
- 1.7 “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 “Partners” for the purpose of this document refers to state agencies, providers, EBP’s, communities and others.
- 1.11 “PSAs” for the purpose of this document refers to public service announcements.
- 1.12 “Rx” for the purpose of this document refers to prescription.
- 1.13 “ADHS Program Manager” means Arizona Department of Health Services employed staff managing the Project contract.
- 1.14 “ADHS Injury Epidemiologist” means Arizona Department of Health Services employed injury epidemiologist.
- 1.15 “OAR” for the purpose of this document refers to the Arizona Opioid Assistance Referral Line.
- 1.16 “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.
- 1.17 “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.

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1.18 “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.

2. BACKGROUND

ADHS Office of Injury and Violence Prevention (OIVP) administers funds provided by the CDC for operation of the Overdose Data to Action Cooperative Agreement. Abuse and addiction to opioids is a serious and challenging national public health problem. Deaths from drug overdose have risen steadily over the past two (2) decades and have become the leading cause of injury death in the United States. The latest numbers from the CDC show a reported 92,452 overdose deaths for the year 2020, up thirty percent (30%) from the 71,130 deaths in 2019. Of those 2020 deaths, opioids were involved in 69,031, which accounts for seventy-five percent (75%) of all drug overdose deaths.

Previously, this opioid epidemic had been driven by prescription drug use. According to data from Arizona’s CSPMP, there were 4.1 million Class II-IV prescriptions written and 240,511,812 pills dispensed in Arizona in 2019. This equates to thirty-four (34) Schedule II-IV controlled substance pills for every person, adults and children, living in Arizona. According to experts, recent prescribing practices in Arizona rank our state as twenty-eighth (28th) for opioid prescribing with 44.1 prescriptions per 100 people; but this is no longer the root cause of overdose deaths.

Now, the main driver of the opioid crisis is fentanyl. In 2019, synthetic opioids were involved in more than 36,000 deaths in the U. S., which is about seventy-three (73) percent of all opioid-involved deaths that year. Most of these fentanyl deaths were due to illicitly-made fentanyl, which is found in counterfeit pills and being mixed into other drugs such as heroin. Other street drugs (such as methamphetamines) may be laced with fentanyl without the user’s knowledge, adding to risk of overdose. In Arizona, presence of fentanyl in overdoses significantly increased from nine (9) percent in 2017 to fifty (50) percent in 2021.

In addition to the human cost, the financial burden of opioid misuse is enormous. In 2019, there were 56,623 hospital visits related to opioids in Arizona, at an average cost of \$11,942 per visit. This equals about \$676 million dollars in health care costs due to opioids.

Prescription and illicit opioids, like fentanyl, are addictive and responsible for an increasing number of deaths in Arizona. This rise reflects a growing problem across the nation and overdose deaths are the leading cause of preventable injury death.

3. OBJECTIVE

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 ADHS’ work include:

- 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 Opioid Use Disorder (OUD) treatment services across the state.

4. TASKS

The Contractor shall integrate:

- 4.1 **State and Local Prevention and Response Efforts**
 - 4.1.1 Provide support to organizations and individuals in order to enhance opportunities for distributing



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and destigmatizing naloxone kits to the public; and

4.1.2 Ongoing support of an overdose fatality review committee.

4.2 Establish Linkages to Care

4.2.1 Provide local lists/information on area service providers and current evidence-based treatment space and capacity;

4.2.2 Partner with community-based organizations to increase transportation access and availability of peer support and linkages to care services provided to justice-involved individuals; and

4.2.3 Partner with local agencies/organizations to establish protocols and procedures guiding the process for linking justice-involved post overdose and/or individuals at risk for overdose to the appropriate follow-up treatment and support services.

4.3 Providers and Health Support System Support

4.3.1 Collaborate with community partners to develop dashboards, reports, and other materials for provider and community feedback on local trends related to opioid misuse

4.4 Have a representative from Cochise County participate in the ADHS Linkages to Care workgroup;

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. **The designated point of contact will also be responsible for maintaining documentation of any PSAs created and run in the county regarding ooid misuse prevention.**

6. DELIVERABLES

The Contractor shall:

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

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

6.3 Prepare and submit quarterly Contractors Expenditures Reports (CERs) at the end of each quarter;

6.4 Submit quarterly reports to ADHS detailing quarterly progress on grant activities; and

6.5 Complete Local Annual OFR Analysis.



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CDC Overdose Data to Action (OD2A) Grant Deliverables Timeline

Deliverable Title	DUE DATE
1 st Quarter Survey Completion and CER	November 30 th
2 nd Quarter Survey Completion and CER	February 28 th
3 rd Quarter Survey Completion and CER	May 31 st
4 th Quarter Survey Completion and CER	August 31 st

State Overdose Response (SOR) Grant Deliverables Timeline

Deliverable Title	DUE DATE
1 st Quarter Survey Completion and CER	December 31 st
2 nd Quarter Survey Completion and CER	March 31 st
Local OFR Data Submission	May 1 st
3 rd Quarter Survey Completion and CER	June 30 th
Complete Local Annual OFR Analysis	July 1 st
4 th Quarter Survey Completion and CER	September 29 th

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 monthly 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; and
- 8.2 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

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such announcements.

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: Earl Harris, Injury and Substance Abuse Prevention Manager
Office of Injury and Violence Prevention
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007
Tel: 602-364-1444
Fax: 602-364-1496
Email: earl.harris@azdhs.gov

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

Cochise Health and Social Services
Attn: Alicia Thompson
1415 Melody Lane, Building A
Bisbee, Arizona 85603
Phone: (520) 432-9468
Fax: (520) 432-9480
Email: athompson@cochise.az.gov



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PRICE SHEET

Cochise County Health Department

CDC Overdose Data to Action Cooperative Agreement (OD2A) September 01, 2021 – August 31, 2022	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$45,000.00
Fringe Benefits	\$16,000.00
Consultant Costs	\$0.00
Equipment	\$0.00
Supplies	\$4,400.00
Travel	\$2,000.00
Other Categories	\$3,000.00
Contractual	\$200,000.00
Total indirect Costs	\$3,050.00
TOTAL	\$273,450.00

State Opioid Response Grant (SOR) Cochise County Case Management September 30, 2021 – September 29, 2022	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$70,600.00
Fringe Benefits	\$20,000.00
Consultant Costs	\$74,000.00
Equipment	\$2,000.00
Supplies	\$2,270.00
Travel	\$1,000.00
Other Categories	\$2,400.00
Contractual	\$0.00
Total indirect Costs	\$0.00
TOTAL	\$172,270.00

State Opioid Response Grant (SOR) Drug Overdose Death Review Team September 30, 2021 – September 29, 2022	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$22,750.00
Fringe Benefits	\$2,250.00
Consultant Costs	\$0.00
Equipment	\$0.00
Supplies	\$0.00
Travel	\$0.00
Other Categories	\$0.00
Contractual	\$0.00
Total indirect Costs	\$0.00
TOTAL	\$25,000.00



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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.

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 contract.



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Exhibit - 2 CFR 200.332

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:

Arizona Department of Health Services
804745420

DUNS #

Federal Award Identification (Grant Number):

5 NU17CE924965-03-00

Subrecipient name (which must match the name associated with its unique entity identifier):

Cochise County Community Health Services

Subrecipient's unique entity identifier (DUNS #):

804745420

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

NU17CE924965

Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;

07/29/2021

Subaward Period of Performance Start and End Date;

9/01/2021 - 9/29/2022

Subaward Budget Period Start and End Date:

9/01/2021 - 9/29/2022

Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):

\$273,450.00

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):

\$273,450.00

Total Amount of the Federal Award committed to the subrecipient by the pass-through entity

\$273,450.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)

Arizona Proposal for the Overdose Data to Action Cooperative Agreement

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and

93.136- Injury Prevention and Control Research and State and Community Based Programs



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the Assistance Listings Number at time of
disbursement:

Identification of whether the award is R&D

No

Indirect cost rate for the Federal award
(including if the de minimis rate is
charged) per § 200.414

26.70