	INTERGOVERNMENTAL AGREEMENT (IGA) **Amendment**	**ARIZONA DEPARTMENT OF HEALTH SERVICES** 150 18th Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: **CTR055282** / Amendment No: **2**	Procurement Officer: **Kristine Newton**

Healthy People Healthy Communities

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, the following changes are made under this Amendment Two (2):

1.1. The Scope of Work is revised and replaced by the Scope of Work of this Amendment Two (2);

1.2. The Price Sheet is revised and replaced by the Price Sheet of this Amendment Two (2). In APP, the "Price List" Tab of the Contract will be revised to reflect the revised pricing upon execution of this Amendment Two (2); and

1.3. Exhibit A, B, C, D and E are revised and replaced by the Exhibits included in this Amendment Two (2).

ALL CHANGES ARE REFLECTED IN RED

All other provisions of this agreement remain unchanged.

Contractor Name: **Cochise County** 1415 Melody Lane, Bldg. A Address: Bisbee AZ 85603 City State Zip	Authorized Signature Print Name Title
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 _____ 20 _____.
Print Name	Procurement Officer
Contract No.: **CTR055282**, 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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SCOPE OF WORK

1. Background

1.1. The vision of the Arizona Department of Health Services (ADHS) is "Health and Wellness for all Arizonans." In December of 2013, ADHS completed a State Health Assessment (SHA). The SHA utilized Community Health Assessments conducted by local county health departments to assess the needs and capacity of public health in Arizona. This work resulted in the identification of fifteen (15) leading public health issues affecting the health of our communities. With stakeholder input, the Arizona State Health Improvement Plan (AzHIP) created a roadmap to improve the health of Arizonans over the next five (5) years through the development of partnerships and resources to work collectively on shared health improvement goals and strategies. This is how the original Healthy People Healthy Communities Intergovernmental Agreement (HPHC IGA) was born.

1.2. These goals and strategies were accomplished through a collaborative approach that engages local, state and national partners to improve the health and well-being of Arizonans. Collectively, evidence-based preventative health strategies were implemented, designed to impact health through health policy, system and environmental change initiatives, health promotion and education for individuals and communities, and enhancement of the public health infrastructure.

1.3. Implementation of the original IGA was completed in three (3) phases that occurred in the first year of the IGA to accommodate funding cycles. Phase I included Tobacco, Chronic Disease, and the Health in Arizona Policy Initiative (HAPI), and began in July 2015. Phase II included the Public Health and Health Services Block Grant/Accreditation and began in October 2015. Phase III included Teen Pregnancy Prevention, Family Planning, and Maternal and Child Health, and began in January 2016. All three (3) phases were operational and fully implemented in years two (2) through five (5) with annual start dates of July 1st.

1.4. In July 2020, the original HPHC IGA was split apart and two (2) separate IGAs were formed; a fixed price contract and a cost-based reimbursement contract. The programs to be included in this fixed price contract are: Tobacco Cessation and Prevention, Teen Pregnancy Prevention and its Youth Mental Health First Aid Initiative, Health in Arizona Policy Initiative (HAPI), Public Health Improvement, Healthy Arizona Worksite, and the Suicide Mortality Review Programs.

1.5. The Suicide Mortality Review Program is administered by ADHS, who will develop a suicide mortalities data collection system, encourage and assist in the development of local suicide mortality review teams, and provide training and technical assistance to those teams.

1.6. Beginning in July 2022, the Public Health Improvement Program, which is funded by the Preventive Health and Health Services Block Grant, will move from the HPHC IGA to the Maternal and Child Health (MCH) Healthy Arizona Families (HAF) IGA.

2. Purpose

The purpose of this IGA is to leverage multiple public health funding sources to support implementation of health priorities identified in the AzHIP (2021- 2026) and the County Health Improvement Plans (CHIP). This IGA is intended to provide flexibility to the County Health Departments to best meet the needs of their local communities through high impact strategies that realize the agreed upon outcomes. The IGA provides a pathway to improved coordination of multiple prevention programs and the Suicide Mortality Review Program, while streamlining the administrative functions for the programs that were previously administered separately.

3. Objective

The County Contractor will implement evidence-based strategies at the local community level that:

3.1 Promote and implement healthy communities' interventions that target policy, system and environmental approaches that will shape the communities in which we live, learn, work, and play; and

3.2 Promote and implement healthy people interventions that target individual behavior and support making healthy choices.

4. Scope of Service

This IGA offers a variety of evidence-based strategies designed to impact policy, system, and environmental change at the community, organizational, individual, and policy levels in order to promote county-wide health changes so that public health impact will be maximized. Contingent upon available funding, Counties are expected to implement at multiple levels, in accordance with local community needs, and should emphasize complementary policy, environmental, programmatic, and infrastructure activities that integrate and build on each other to optimize the health improvements of the community.

Counties must select from a menu of evidence-based strategies, found in Exhibits A-E that influence individual behaviors, policy, organizational practices, systems, and environments though the following specific program areas:

4.1 Exhibit A – Tobacco;

4.2 Exhibit B – Health in Arizona Policy Initiative (HAPI);

4.3 Exhibit C – Teen Pregnancy Prevention and Youth Mental Health First Aid Initiative;

4.4 Exhibit D – Suicide Mortality Review; and

4.5 Exhibit E – Supporting Documentation.

5. Evaluation:

Performance measures and evaluations allow the counties and ADHS to collaboratively track progress, process indicators, outcomes measures, and impacts. As part of the local evaluation plan, the counties will be responsible for measuring the short term, and intermediate outcomes. Monitoring progress on short-term outcomes provides an opportunity for the Local Health Departments to adjust strategies to ensure increased long-term impact. ADHS in coordination with the Counties will be responsible for measuring the long-term and impact outcomes. Process indicators, outcomes measures, and impacts must clearly relate to the selected strategies and activities identified within each County's Annual Action Plan.

6. Approvals:

6.1. The quarterly reports, yearly action plans, yearly budget templates, and supporting documentation shall be approved by ADHS;

6.2. Once the Action Plan has been approved, any changes to the approved activities, or strategies must be approved again, by ADHS prior to implementation;

6.3. Capital Equipment (Single item purchase of $5,000 or more) purchased for the program: A written request shall be submitted to ADHS for review and approval prior to any purchase on a case-by-case basis. The written request shall include details of how the proposed purchase supports current approved scope of work

and annual action plan. Ownership will be retained by the Contractor for continued use in the objectives of the Action Plan;

6.4. All marketing materials (the use of ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) which have been developed, written, published, or recorded by the Counties and paid for with funds from this award must be first approved by ADHS prior to the dissemination of such materials or airing or use of such announcements;

6.5. All County local emerging issues and related supporting documentation must be approved by ADHS prior to implementation. The approval process document will be provided to all Counties and must be followed in order for the proposed local emerging issue to be worked on;

6.6. Contractors will be required to attend ADHS Suicide Mortality Review quarterly training and technical sessions, submit quarterly Suicide data using the ADHS Data Collection Tool and the ADHS report template to the Suicide Mortality Review Program Manager prior to payment;

6.7. The quarterly Contractor's Expenditure Report (CER/Invoice) and any supporting documentation, when submitted, shall be approved by ADHS prior to payment; and

6.8. All evaluation components that involve human subjects.

7. Tasks

The County Contractor shall for the overall IGA:

7.1 Develop and implement a 3-year Action Plan and a Budget Plan within the first forty-five (45) days of each budget period;

7.2 Participate in all calls (monthly, bi-monthly, quarterly), technical assistance calls and/or webinars, meetings and trainings;

7.3 Implement the approved strategies;

7.4 Participate in the development of a shared comprehensive evaluation plan and report out on any performance measures related to the implementation of their activities (process and/or intermediate), or as defined by the funding sources; and

7.5 Provide supporting documentation that supports the completion of the defined deliverables within the approved annual action plan to the ADHS IGA Program Administrator. Examples of acceptable supporting documentation can be found in Exhibit E. Further guidance will be provided by specific ADHS Program Managers, as needed.

ADHS shall for the overall IGA:

7.6 Review, provide feedback, and approve the Annual Action Plan(s), Annual Budgets, and Supporting Documentation within thirty (30) days of submission;

7.7 Provide evidence-based strategies and supporting resources;

7.8 Provide a Quarterly Reporting Template;

7.9 Provide the Annual Action Plan Template;

7.10 Provide a Budget Plan and CER Template;

7.11 Collaborate and work with the County to develop a comprehensive Logic Model Template;

7.12 Host TPP Youth Mental Health First Aid Certification Training annually, if needed;

7.13 Provide Outcome Measures and examples of process, or intermediate performance measures, as needed;

7.14 Provide a Financial Guidance Document (if applicable);

7.15 Provide feedback, technical assistance, and training to support the approved Annual Action Plan(s), Annual Budget, Quarterly Reporting, and Supporting Documentation;

7.16 Provide access to virtual technical assistance and guidance from ADHS staff, local Health Department peers/mentors, and subject matter experts related to the strategy for which the County has received funding; and

7.17 Coordinate and conduct Contractor site visits. Note: If not yearly, at least every two (2) years a site visit will be conducted.

8. Requirements

The County Contractor shall meet the requirements listed below:

8.1 All revisions to the Annual Action Plan strategies, goals, objectives, and timelines will require joint review and approval from ADHS staff;

8.2 All staffing and programmatic changes will be reported to the specific ADHS Program Manager and the ADHS IGA Program Administrator within fifteen (15) days. Once someone is hired for a job vacancy, an email containing the new hire's full name, contact information, start date, areas of the IGA that she/he will work in, and a resume will be submitted to the specific ADHS Program Administrator and the ADHS IGA Program Manager within fifteen (15) days;

8.3 All requests for a single item of capital equipment at or above the purchase price of five thousand dollars ($5,000.00) will be requested in writing and submitted to the specific ADHS Program Administrator and the ADHS IGA Program Manager for approval;

8.4 Food and/or beverages served at events/meetings are not to be paid for with State funds per the State of Arizona Accounting Manual (SAAM) policy, found here: https://gao.az.gov/sites/default/files/8010%20Food%20and%20Beverages%20at%20State-sponsored%20Events%20181113.pdf.

8.5 Comply with all State reporting requirements;

8.6 At least one Program Manager, or coordinator from each HPHC IGA program must be in attendance of the Annual HPHC IGA Summit;

8.7 Funds cannot be used for any lobbying activities, including the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government;

9. Deliverables and Delivery Schedule

The County Contractor shall submit the deliverables listed below to the ADHS IGA Program Administrator:

9.1 Contractor Expenditure Report (CER) to ADHS, due thirty (30) days after each quarter end (Q1: July – September; Q2: October – December; Q3: January – March; and Q4: April – June); Supporting Documentation is to also be submitted. Counties will select from a menu of acceptable forms of Supporting Documentation found in Exhibit E;

9.2 A written Quarterly Report, due thirty (30) days after each quarter end (Q1: July – September; Q2: October – December; Q3: January – March; and Q4: April – June);

9.3 A final CER invoice not later than forty-five (45) days following the end of each Agreement year;

9.4 Provide the name, email address and phone numbers of all program staff funded under this Agreement within thirty (30) days of hire;

9.5 Notify ADHS IGA Program Administrator of any change in program staff under this Agreement within fifteen (15) days of the change. If there is a new employee, include the new hire's work contact information (i.e. email and phone number), and resume within the fifteen (15) days window period;

9.6 Collaborate and participate with ADHS on the development of a logic model;

9.7 Submit an Annual Action Plan by August 15th;

9.8 Submit an Annual Budget Plan by August 15th;

9.9 Submit a written request to use the ADHS Logo in any print, web documents, publications and video recordings prior to use; and

9.10 Submit a written request for the development of brochures, posters, public service announcements, paid media, videos, sponsorships, etc., to be paid for with funds from this Agreement prior to development.

10. Notices, Correspondence, and Reports

10.1 Notices, correspondence, reports and invoices/CERs from the County contractor to ADHS shall be sent to:

For Overall Fixed Price IGA:

Healthy People Healthy Communities (HPHC) IGA Program Administrator
Bureau of Chronic Disease and Health Promotions
Arizona Department of Health Services
150 N. 18th Avenue, Suite 310
Phoenix, AZ 85007
Office: 602-364-3603| Email: Constance.Washington@azdhs.gov

10.2 Notices, correspondence, and reports (and payments if sent to same address) from ADHS to the contractor shall be sent to:

Cochise County
Attn: Alicia Thompson, Director
1415 Melody Lane, BLDG A
Phone: 520-432-9400 | Email: athompson@cochise.az.gov

Price Sheet

Healthy People Healthy Communities

July 1, 2022 – June 30, 2023

ACTION PLAN

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Upon approval of the following Action Plans: Tobacco Prop 200 = $15,392.00 Chronic Disease Prop 303 = $302.00 WIC Lottery = $7,700.00 Teen Pregnancy = $27,283.00	EA	1	$50,677.00	$50,677.00

TOBACCO PROGRAM

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Upon completion of tasks for each specific service strategy after approval of quarterly reports. See SOW for Specific Service Strategies (i.e. Prevention, Cessation, Secondhand Smoke, Enforcement)	QTR	4	$73,121.00	$292,484.00

HEALTH IN ARIZONA POLICY INITIATIVE PROGRAM

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Upon completion of tasks for each specific service strategy after approval of quarterly reports. See SOW for Specific Service Strategies (i.e. Alzheimer's, Chronic Pulmonary Disease, Hypertension, Self-Management, Procurement, Healthy Community Design, School Health, Worksite Wellness, and Clinical Care) Funding Per Quarter includes: Chronic Disease Prop 303 = $3,957.00 WIC Lottery = $8,075	QTR	4	$12,032.00	$48,128.00

TEEN PREGNANCY PREVENTION PROGRAM

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Upon completion of tasks for each specific service strategy after approval of quarterly reports. See SOW for Specific Service Strategies	QTR	4	$27,283.00	$109,132.00

TEEN PREGNANCY PREVENTION PROGRAM – YOUTH MENTAL HEALTH FIRST AID INITIATIVE

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	MAX # OF UNITS PER YR	UNIT RATE	TOTAL
Upon completion of tasks for each. See SOW for Specific Service Strategies	Training	6	$1,000.00	$6,000.00

SUICIDE MORTALITY REVIEW PROGRAM

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Upon completion of tasks for each specific service strategy after approval of quarterly reports. See SOW for Specific Service Strategies	QTR	4	$12,500.00	$50,000.00

TOTAL

ITEM/SERVICE DESCRIPTION	TOTAL
GRAND TOTAL	**$556,421.00**

Exhibit A

EVIDENCE-BASED STRATEGIES FOR TOBACCO

The Office of Tobacco Prevention and Cessation ("Office of Tobacco") within the Bureau of Chronic Disease and Health Promotion ("BCDHP") at Arizona Department of Health Services (ADHS) has historically supported evidence-based programs and system level changes that assist smokers in disparate or high-risk populations with tobacco prevention and cessation services. In Arizona, there are populations that are disproportionately impacted by tobacco use. Currently, priority populations identified by the Office of Tobacco are: 1) youth, 2) the justice-involved, and 3) those enrolled in the Arizona Healthcare Cost Containment System (AHCCCS).

County health department partners are required to identify **three** (3) populations that are disproportionately impacted by tobacco use in their communities, which may include the three populations identified above or with other populations which may be identified based on county-level data. Counties will provide the selected population groups with targeted evidence-based programs and activities for two components: 1) Tobacco Prevention and 2) Tobacco Cessation. In addition, counties will participate in three ADHS-led work groups that will explore innovative approaches to tobacco programming that address 1) Youth; 2) Secondhand Smoke (SHS); and 3) Emerging Issues. Counties will also engage in in-person and virtual meetings as identified by ADHS.

The strategies within the Healthy People Healthy Communities (HPHC) Intergovernmental Agreement (IGA) are population-based approaches that will require collaboration and support from key community partners, as well as promote health system level changes within healthcare systems and employers. These tobacco prevention and cessation strategies align with the U.S. Surgeon General's Report on Smoking Cessation 2020, the Centers for Disease Control (CDC) National Comprehensive Tobacco Control Program (NTCP), and Arizona Health Improvement Plan (AzHIP) 2021-2025.

The Tobacco component of the HPHC IGA is funded by Proposition 200, which states that tobacco tax dollars under the Health Education Account (HEA) requires monies be spent on "programs for the prevention and reduction of tobacco use." Arizona Revised Statute (A.R.S. § 36-772) authorizes four types of expenditures by the HEA: contracts with county health departments and other local partners, administrative expenses, advertising, and evaluation of programs. Spending these monies for lobbying for political campaigns is expressly prohibited.

The County Contractor must select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Tobacco

1.1 Reduce tobacco-related disparities among target populations. Counties will select populations based on local available data, including tobacco prevalence rates (BRFSS, AYS, YRBSS), CHIP, and CHA data, to inform programming;

1.1.1 Prevent the initiation of tobacco use (including emerging products and e-cigarettes) among youth and young adults (required),

1.1.1.1 Maintain current peer-to-peer youth programming to empower youth leadership and engagement;

1.1.1.2 Support the ADHS-selected contractor with recruiting youth participants for statewide Enforcement efforts; and

1.1.1.3 Facilitate and conduct in their county the AGO Arizona Retailer Tobacco Training Program with retailers and clerks that have been cited for selling tobacco to underage youth

1.1.1.4 Collaborate with schools in their counties by:

1.1.1.4.1 Offering the American Lung Association's INDEPTH: An Alternative to Teen Nicotine Suspension or Citation, and

1.1.1.4.2 Establishing a Task Force with school districts, school administrators, or superintendents to identify current needs in youth prevention. Task Force efforts must include the development of a work plan, evaluation plan, and identified evidence-based strategies.

1.2 **Implement evidence-based, culturally appropriate community interventions to promote quitting among adults and youth.**

1.2.1 Counties will identify and eliminate tobacco-related disparities among ***two*** additional population groups:

1.2.1.1 Individuals involved or at-risk for involvement with the criminal justice system, including jails, prisons, probation, parole, or specialty court;

1.2.1.2 People of low socioeconomic status;

1.2.1.3 Individuals with behavioral health conditions (including mental health conditions and substance use disorders); and/or

1.2.1.4 Other priority populations not listed and pre-approved by ADHS. Counties will submit a proposal to ADHS that will include surveillance and evaluation data to justify the population selection,

1.2.2 Engage communities, partners, and community-based organizations to strengthen capacity. Counties will identify and select community partners that may include:

1.2.2.1 Employers; and

1.2.2.2 Healthcare systems, including:

1.2.2.2.1 Federally Qualified Community Health Centers (FQHCs) or FQHC Look-Alikes;

1.2.2.2.2 Hospitals;

1.2.2.2.3 Community clinics;

1.2.2.2.4 Private practices;

1.2.2.2.5 Behavioral Health Clinics; and/or

1.2.2.2.6 Substance Abuse Centers

1.3 **Participate in at least one ADHS-led Tobacco Work Group that addresses one of the following priority issues:**

1.3.1 Youth,

1.3.2 Secondhand Smoke, and

1.3.3 Emerging Issues;

1.4 **Participate in required ADHS Office of Tobacco update conference calls, virtual meetings, and in-person meetings, including (but not limited to):**

1.4.1 1:1 Calls,

1.4.2 Group monthly conference calls,

1.4.3 Annual HPHC IGA Summit, and

1.4.4 In-person semi-annual statewide partner meetings, to occur:

1.4.4.1 Spring (March/April); and

1.4.4.2 Fall (September/October);

1.5 **Obtain ADHS approval on all county-level tobacco marketing or communications initiatives.**

1.5.1 All marketing materials (the use of the ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) which have been developed, written, published, or recorded by the Grantee and paid for with funds from this grant award must be first approved by ADHS prior to the dissemination of such materials or airing or use of such announcements.

1.6 **Obtain ADHS approval to attend conferences whether they are in-state or out-of-state. Contractors shall follow the following guidelines;**

1.6.1 Travel is limited to two (2) Tobacco program staff persons,

1.6.2 A completed HPHC IGA Tobacco Program: Conference Attendance/Travel Request Form must be submitted to the HPHC IGA Program Administrator and the HPHC IGA Tobacco Program Manager 90 days prior to conference/travel, to allow for review and approval, and

1.6.3 Contractors are required to follow guidance and rates established by the **ADOA-GAO SAAM**.

Exhibit B

EVIDENCE-BASED STRATEGIES FOR HEALTH IN ARIZONA POLICY INITIATIVE (HAPI)

The Health in Arizona Policy Initiative (HAPI) utilizes evidence-based approaches to address population health needs including the Health in All Policy Framework, Health Impact Pyramid, and National Prevention Strategy. In January 2012, ADHS began the process of establishing contracts with local health departments to address health policy. ADHS has established contracts with thirteen (13) of the fifteen (15) local health departments (Apache, Cochise, Coconino, Gila, Graham, Greenlee, Maricopa, Mohave, Navajo, Pinal, Pima, Yavapai and Yuma), and the Town of Parker. The contracted health departments and/or town will provide their communities with evidence-based programs and activities concentrated on one or more of the HAPI focus areas: Healthy Worksites, School Health, Community Design/Healthy Communities, Chronic Disease, Healthy Aging, Clinical Care, or Procurement.

The overall goal of the Intergovernmental Agreement (IGA) was established to increase local capacity to implement preventative health policy, system and environmental (PSE) changes/ public health approaches through defined strategic areas.

The five (5) year IGA action plan(s) and activity/activities developed by the local health department will address the following funding priorities:

1) The four (4) leading chronic disease deaths, as reported by the Centers for Disease Control and Prevention (CDC) per ARS 36-770 (Proposition 303 Tobacco Tax), and

2) WIC participants and their families per WIC Health Lottery Revenue.

The County Contractor must select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

2. Strategic Area: Health in Arizona Policy Initiative (HAPI)

2.1 **Social Determinants of Health (SDOH) / Health in All Policies (HiAP)**

2.1.1 Assess and identify gaps in addressing public health and social determinants of health (SDOH), with consideration of the 4 leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and / or health risks, and

2.1.2 Develop and implement an action plan that includes policy, systems or environmental (PSE) / public health, and / or Health in All Policies (HiAP) approaches to address the gaps in addressing public health and social determinants of health (SDOH), with consideration of the 4 leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks;

2.2 **Community Engagement**

2.2.1 Increase community engagement of partners, with consideration of the four (4) leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks,

2.2.2 Develop, create and/or participate in coalitions, with consideration of the four (4) leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and /or health risks,

2.2.3 Develop and implement a coalition action plan, with consideration of the four (4) leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks, and

2.2.4 Develop coalition capacity to support advocacy, with consideration of the four (4) leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks.

2.3 **Systems Change**

2.3.1 Assess and identify gaps in addressing “Little p” system changes, with consideration of the 4 leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks, and

2.3.2 Develop and implement an action plan that addresses the gaps in addressing “Little p” systems changes, with consideration of the 4 leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks;

2.4 **Emerging Issues**

2.4.1 Assess and identify emerging issues with community partners that align with local, state or national level emerging issues, with consideration of the 4 leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks, and

2.4.2 Develop and implement action/ breakthrough plans to address emerging issues, with consideration of the 4 leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks;

2.5 **Workforce Capacity Building/Professional Development**

2.5.1 Increase knowledge of staff and community partners through professional development and workforce capacity building, with consideration of the 4 leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks; and

2.6 **Evidence Based / Evidence Informed / Promising Practices or Public Health Approaches**

2.6.1 Implement Evidence Based / Evidence Informed / Promising Practices or Public Health Approaches, with consideration of the 4 leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and /or health risks.

Exhibit C

EVIDENCE-BASED STRATEGIES FOR TEEN PREGNANCY PREVENTION

The Teen Pregnancy Program offers strategic approaches to improve the health and social well-being of youth through the reduction of teen pregnancies and sexually transmitted infections/diseases, and the awareness of healthy relationships and life skills, including financial literacy and educational and career success. The program provides youth with knowledge and skills that can be applied throughout their lives. Program models are evidence-based, age appropriate, medically accurate, and culturally relevant and incorporate a positive youth development approach.

The teen pregnancy prevention programs also offer a Parent/Youth Communication Education component which can give parents the tools to actively engage in meaningful communication with their teens on a variety of topics including sexual health issues. Parents, grandparents and guardians of a teen are welcome and encouraged to participate in these educational sessions.

Proposition 203, The Healthy Arizona Initiative, was passed by Arizona voters in November 1995, authorizing the use of lottery funds when available to be utilized for teen pregnancy prevention programs. The funds from the lottery became available in July 2005. The Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH), Teen Pregnancy Prevention Program, is charged with the implementation of these funds.

Proposition 207, The Smart and Safe Act, was passed by Arizona voters in November 2020, authorizing the legal use of recreational marijuana. The funds from this act will be available on July 1, 2021. The Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH), is charged with the implementation of a portion of these funds.

The County Contractor must select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

3. Strategic Area: Teen Pregnancy Prevention

3.1 Implement with fidelity, abstinence plus evidence-based program models, through curriculum delivery to youth ages eleven to nineteen (11-19) and implement core curricula that are on the ADHS TPP approved curriculum list incorporating a positive youth development approach.

3.1.1 Program models shall be evidence-based, culturally relevant, medically accurate, and age appropriate. Programs for youth shall be inclusive of at least three (3) of five (5) Adulthood Preparation Subjects -Healthy Relationships, Healthy Life Skills, Adolescent Development, Educational/Career Success, and/or Financial Literacy. Optionally, to parents/caregivers of youth eleven to nineteen (11-19) years of age,

3.1.2 Program management, services, requirements, deliverables, etc. shall be in accordance with the TPP Policy and Procedures Manual, and

3.1.3 Program tasks include but are not limited to:

3.1.3.1 Delivery of curriculum in a variety of settings – in school, after school, community-based, juvenile detention/probation, foster care group homes, etc.;

3.1.3.2 Educating youth on both abstinence and contraception for the prevention of teen pregnancy and sexually transmitted diseases/infections;

3.1.3.3 Obtaining active parental consent forms for youth participation in programming and evaluation;

3.1.3.4 Maintaining up-to-date attendance records;

3.1.3.5 Administering pre and post surveys to youth, and submitting completed surveys to ADHS;

3.1.3.6 Ensuring the number of youths proposed is served and that eighty percent (80%) of youth participating in the curriculum complete at least seventy-five (75%) of curriculum dosage;

3.1.3.7 Completion of fidelity monitoring logs following each session delivered;

3.1.3.8 Submitting monthly unduplicated counts of youth served;

3.1.3.9 Submitting annual Forms A-D of reporting total unduplicated count of youth served, program hours received, and type of programs received;

3.1.3.10 Attending meetings and/or calls, i.e., semi-annual contractor meetings, mid-year budget review and youth served calls, Wyman Teen Outreach Program® review calls (if applicable), summer professional development, etc.; and/or

3.1.3.11 Navigating the TPP SharePoint for entry of reporting data, program announcements, discussion boards, and obtaining program forms.

4. Strategic Area: Teen Pregnancy Prevention Youth Mental Health First Aid Initiative

4.1 Certify staff in TPP Youth Mental Health First Aid Training with prior approval from ADHS;

4.1.1 Complete the National Council for Behavioral Health (NCBH) “Coordinator Access” form to grant ADHS staff viewer rights to pre and post training survey data from organizations trained:

4.1.1.1 Participate in technical assistance meetings and/or phone calls to be hosted by ADHS.

4.2 Certified trainer must deliver at minimum three (3) trainings per year to maintain active certification in YMHFA;

4.3 Trainers may co-facilitate and each facilitator can count co-facilitations towards their required three (3) training(s) per year, for certification purposes;

4.4 Co-facilitated training(s) will only count as one training for payment of stipends;

4.5 Training events must follow the training outline identified by the National Council of Behavioral Health (NCBH) Youth Mental Health First Aid;

4.6 During the pandemic, if in-person training is prohibited, training to youth serving organizations can be conducted virtually;

4.7 Once pandemic restrictions are lifted and in-person training and travel are allowed, training to youth serving organizations shall be conducted in one (1) of two (2) options: In-person or blended learning;

4.8 Each training shall consist of no less than five (5) participants and no more than thirty (30) and include participant training materials; and

4.9 Course materials must be ordered for all training participants as this is a required component.

4.10 For the TPP Youth Mental Health First Aid Training, programs will submit the following with their quarterly CERs:

4.10.1 Participant sign-in sheet (if in person) that includes organization's name, date, and name of the educator, or

4.10.2 "Chat Box" sign-in sheet (if virtual) that includes the organization's name, date, and name of the educator.

Please note: Stipends can only be billed for training(s) conducted during the quarter.

Exhibit D

EVIDENCE-BASED STRATEGIES FOR SUICIDE MORTALITY REVIEW

In Arizona, both the number and rate of suicides continues to rise. Arizona's rate of suicide per 100,000 people was 24% higher than that of the United States in 2017. In 2018, suicide ranked 8th among the leading causes of death but contributed substantially to premature mortality. Yet, suicide is preventable. Pursuant to A.R.S. § 36-199 and § 36-199.01, ADHS is establishing a Suicide Mortality Review Team in the Department of Health Services. The program will conduct an annual analysis on the incidences and causes of suicides in the state during the preceding fiscal year. This analysis will help to inform what changes are needed to decrease the incidence of preventable suicides, and as appropriate, take steps to implement these changes. ADHS will fund, encourage and assist in the development of local county health department Suicide Mortality Review Teams in their local jurisdiction and to develop suicide prevention recommendations for their communities.

On March 3, 2020 Governor Doug Ducey joined mental health advocates, legislators and family members affected by suicide to sign Senate Bill 1523, also known as Jake's Law. The bill is named in honor of Jake Machovsky, an Arizona teen who lost his life to suicide in 2016 after battling mental health issues. The law requires insurance companies to cover mental health treatment and creates the Children's Behavioral Health Services Fund and provides $8 million for behavioral health services for children who are uninsured or underinsured. The law prohibits insurance companies from denying coverage for services that are covered by the plan simply because they are delivered in an educational setting. This law also establishes a mental health parity advisory committee to ensure that all parties including families, providers, advocacy organizations, and insurers have a voice at the table, creates a suicide mortality review team to review deaths by suicide and provide policymakers with improved data and recommendations, and helps increase follow-up services for patients at risk for suicide.

Proposition 207, The Smart and Safe Act, was passed by Arizona voters in November 2020, authorizing the legal use of recreational marijuana. The funds from this act will be available on July 1, 2021. The Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH), is charged with the implementation of a portion of these funds.

This Exhibit defines the Program Strategy/s within each Strategic Area:

5. Strategic Area: Suicide Mortality Review

5.1 Promote and implement healthy communities' interventions that target policy, system and environmental approaches that will shape the communities in which we live, learn, work, and play;

5.2 Attend ADHS training and technical assistance sessions on standards and protocols for local suicide mortality review teams;

5.3 Bring together local community agencies in a formal process to systematically share information on suicide events for persons over the age of eighteen (18) years old, identify risk factors in those deaths, and provide prevention recommendations. Program tasks include but are not limited to:

5.3.1 The County Contractor shall for the Suicide Mortality Review Program:

5.3.1.1 Attend scheduled training sessions with ADHS on Suicide Mortality Review Policies and Procedures;

5.3.1.2 With guidance from ADHS Suicide Mortality Program Manager, establish a local Suicide Mortality Review team roster and submit to ADHS for review;

5.3.1.3 Provide orientation to all members and consultants which include, at a minimum, the following topics:

5.3.1.3.1 Instruction regarding confidentiality,

5.3.1.3.2 Use of the data forms,

5.3.1.3.3 Public access to team information,

5.3.1.3.4 Responsibilities and limitations of team membership; Process and goals of fatality review,

5.3.1.3.5 The promotion of culturally diverse and competent approaches in case reviews, using Suicide Mortality Review materials provided by the State Team,

5.3.1.3.6 The promotion of culturally diverse and competent approaches in case reviews, and

5.3.1.3.7 Review materials provided by the State Team.

5.3.1.4 Establish procedures for access to the following records related to the circumstances surrounding suicide:

5.3.1.4.1 Death Certificates,

5.3.1.4.2 Birth Certificates,

5.3.1.4.3 Law enforcement Reports,

5.3.1.4.4 Medical Examiner's Reports,

5.3.1.4.5 Medical Records,

5.3.1.4.6 Child Protective Services' Reports, and

5.3.1.4.7 Other Records as Needed.

5.3.1.5 Establish procedures to track fatalities requiring review by the Local Team and completion of Reviews;

5.3.1.6 Prepare quarterly reports and data for the ADHS Suicide Mortality Review Program, cases reviewed, and obstacles to completion of reviews;

5.3.1.7 Convene team meetings, at a frequency sufficient to review all fatalities within the identified scope of work. If the State Suicide Mortality Review Team will be reviewing records for your jurisdiction, you shall send a representative when the review is conducted;

5.3.1.8 Enter data for each case reviewed using ADHS Suicide Mortality Review Data Collection Tool to include demographic and prevention recommendation data. Data for cases shall be entered by an employee of the County Contractor following completion of each case review meeting and shall be submitted to the Suicide Mortality Review Program Manager on a quarterly basis; and

5.3.1.9 Conduct an annual analysis on the incidences and causes of suicides in the local community during the preceding fiscal year.

5.3.2 For the Suicide Mortality Review Program, ADHS will:

5.3.2.1 Establish a State Suicide Mortality Review Team;

5.3.2.2 Provide a Policies and Procedure Manual;

5.3.2.3 Develop standards and protocols for local suicide mortality review teams and provide training and technical assistance to these teams;

5.3.2.4 Provide a Quarterly Reporting Template;

5.3.2.5 Provide a Suicide Mortality Data Collection Tool;

5.3.2.6 Provide documentation requirements for quarterly payment;

5.3.2.7 Provide Quarterly Meeting for contractors to:

5.3.2.7.1 Provide training and technical assistance on suicide review process;

5.3.2.7.2 Provide access to virtual technical assistance and guidance from ADHS staff, Local Health Department peers/mentors and subject matter experts related to the strategy for which the County has received funding;

Exhibit E

SUPPORTING DOCUMENTATION

Please provide documentation that supports the work that you have outlined on your Action Plan and quarterly reports. Note: Supporting Documentation will be due in the second (2nd) and forth (4th) quarters. The following are approved types of supporting documentation that can be submitted. Counties are expected to keep supporting documentation on hand for all quarters and to provide to ADHS upon request. This information can also be found on the new Quarterly Report + Supporting Documentation Template.

Required Documentation:

For each program of the IGA, provide documentation of evidence of work performed. **Approved** examples are below by program:

Tobacco

Youth Prevention: Anti-Tobacco Coalition: The following are acceptable submissions for documentation of work completed.

- Recruitment: Copies of flyers pertaining to events for recruitment and expanding youth membership, as submission of coalition roster form,
- Youth Coalition Action Plan: Copy of the coalition action plan developed by the youth members,
- Coalition Meetings: Copies of meeting agenda along with a sign-in sheet of those attending the meeting,
- Peer to Peer Education/Community Education: The Office of Tobacco has created the following event form for partners to fill out and submit for each of their coalition events: Youth Coalition Event Form. The coalition can also include pictures from events, and
- Presentation to Community Leadership (Board of Supervisors, City Councils, or any other governing body): Partners can utilize the Youth Coalition Event Form for this activity as well.

AGO/FDA Inspection Recruitment & Arizona Retail Tobacco Training:

- The number of recruitment events held: Date of event, youth recruited, completed paperwork submitted,
- Dates of inspections and how many youths participated in inspections, and
- ARTT: Copy of flyer advertising training, dates of training and sign-in sheet for attendees. Evaluation forms sent to Tracy Lenartz.

Cessation: ASHLine Outreach/Group Cessation Meetings- The following documents are acceptable submission for documentation of work.

- ASHLine Outreach: The County should provide a copy of ASHLine Cessation Referral report covering the documentation period. ASHLine & county partners will develop a report that partners can utilize to track referrals for cessation for their county. This report, once developed, will be sent to county partners for their utilization in monitoring location referrals and for contract reporting and documentation,
- County Partners Cessation Referral Trainings and Presentations: The Office of Tobacco has created the following form for partners to fill out and submit for each of cessation referral training and presentations: County Cessation Training & Presentation Form, and
- Group Cessation Meetings: Copy of flyers regarding meetings, date(s) of meetings, number of participants in training, name are not required due to HIPPA. Are any of the participants enrolled in group classes as well as ASHLine.

Priority Population Initiative:

If a task group/work group is created to address the chosen population please provide the following information:

- Copies of meeting agenda along with sign-in sheet,
- Action plan or work plan for addressing issues with the work group, and
- Evaluation Plan that will assess the success/status of the goal.

Health in Arizona Policy Initiative (HAPI)

- Sign-in sheet for a training, meeting or wellness activity (should include date, time, and name of training/meeting, etc.); Event flyer or meeting/training agendas (should include date, time and name of training/meeting, etc.); activity log (should include date, time, name of training/meeting/activity and a brief description of each, etc.)
- Certificate of Completion;
- Documentation of participation in coalition/advisory boards, etc. such as an agenda, minutes from the meeting, membership letter;
- Final Reports of activity;
- Photographs (i.e. proof of water station installation), please note that if you send pictures of individuals, you must have consent to use the picture of the individual;
- Pre and post survey results of participants in Self-Management Programs;
- Attendance/participation sheet for chronic disease self-management programs;
- Communication plan or materials used for any public awareness campaigns;
- Reporting of process or intermediate performance measures related to the activity within the strategic area(s);
- Partner list or partner meeting agendas;
- Completed Assessments; and
- Developed Action Plans for implementation.

Teen Pregnancy Prevention (TPP)

- Certificates of Completion.
- Parent nights/health fairs: Flier signed by authorized representative of event and/or County Program Supervisor
- Instead of submitting attendance records as proof of services performed, counties will submit the ***TPP Verification of Curriculum Delivery Form***. The Teen Pregnancy Prevention Program Manager will access the delivery of curriculum form to verify the classes provided are reflective of the narrative in the quarterly reports.
- ***Teen Pregnancy Prevention Work Summary Report Form*** (for COVID-19 reassignments.
  Please Note: If TPP staff has been reassigned, make sure to include a separate ***Labor Activity Report*** and ***General Ledger***, clearly indicating a breakdown of FTE percentages applied to TPP State Lottery dollars and another funding source**.**

  See below for further clarification:

- TPP Lottery funds cannot be used to pay for staff temporarily reassigned to the COVID-19 emergency response. However, TPP staff can be reassigned for COVID-19 related activities by using another funding source. Within the TPP Action Plan and Quarterly Narrative Reports, counties should indicate whether service activities have been provided and include any updates. If TPP services have not been provided, note the following, “Services have not been conducted within the period of (insert dates). TPP staff have been temporarily reassigned to COVID-19 activities using a different funding source.” If staff have been partially assigned to TPP and COVID-19 activities, include the FTE breakdown in the quarterly report as well.

- For CERs, provide Year to Date expenses of what was actually incurred; do not bill for the full fixed price amount. When submitting supporting documentation, during Quarters 2 and 4 **only**, submit the corresponding Labor Activity Reports and General Ledgers as supporting documentation to illustrate what the TPP staff have been working on.

Teen Pregnancy Prevention (TPP) Youth Mental Health First Aid Initiative

- Participant sign-in sheet (if in person) that includes organization's name, date, and name of the educator, or
- "Chat Box" sign-in sheet (if virtual) that includes the organization's name, date, and name of the educator.
  Please note: Stipends can only be billed for training(s) conducted during the quarter.

Suicide Mortality Review

- A sign in sheet and agenda for all review meetings
- Annual Report