





**INTERGOVERNMENTAL AGREEMENT (IGA)  
Amendment**

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

Contract No.: CTR055990

IGA Amendment No: Two (2)

Procurement Officer  
**Selena Leon**

**PRICE SHEET**

**COVID-19 Health Disparities Grant  
Arizona Department of Health Services  
Cochise County**

**June 1, 2021 – May 31, 2024**

ACCOUNT CLASSIFICATION	TOTAL
Personnel	\$414,350.00
ERE	\$150,934.00
Professional & Outside Services	\$2,005,000.00
Travel	\$6,650.00
Occupancy	\$0.00
Other Operating Expense	\$56,000.00
Capital Outlay	\$0.00
Indirect	\$206,000.00
<b>TOTAL</b>	<b>\$2,838,934.00</b>

The Contractor is authorized to transfer up to a maximum of twenty-five percent (25%) of the total budget amount between line items. Transfers exceeding twenty-five percent (25%) or to a non-funded line item shall require an amendment.



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### EXHIBIT A: **THREE (3) YEAR WORK PLAN**

<b>Cochise County Health and Social Services</b>	<b>\$2,838,934.00</b>
1415 W. Melody Ln, Bisbee, AZ 85603	
<b>Method of Selection:</b> Intergovernmental Agreement between Public Entities	
<b>Period of Performance:</b> 36 months (estimated June 1, 2021-May 31, 2024)	
<b>Summary of Proposed Work:</b> Cochise County Health and Social Services (CCHSS) will: 1. Partner with the two organizations that provide services to the homeless population in Cochise County to reduce the impact of COVID-19 among socially-vulnerable Cochise County homeless residents. 2. Partner with one organization to improve access to telehealth services for specialty and behavioral health care for residents in rural areas of Cochise County, many of whom are low-income, immigrants and/or speak a language other than English at home and/or farmworkers. 3. Use Community Health Workers (CHWs) and culturally and linguistically appropriate communication materials to enhance personal and organizational health literacy and achieve system and policy change that reduces COVID-19 impacts among socially-vulnerable Cochise County Hispanic/Latino residents. CCHSS will fund: the Arizona Community Health Workers Association (AzCHOW) to assist with hire and train 5 additional Community Health Workers (CHWs) to serve target communities in Cochise County and recruit and train CHWs to embed in partner organizations; SE Arizona Area Health Education Center (SEAHEC) & the Arizona Prevention Research Center (AzPRC) - Evaluation () to provide training on CLAS standards for medical and partner organization personnel; Chiricahua Community Health Centers, Inc. (CCHCI) (\$458,000) to expand CHW workforce at its clinic and train CHWs and other staff in COVID-specific CLAS competencies; Winchester Heights Health Organization (WHHO) () to expand and enhance its Promotores de Salud (CHW) services provided to farmworkers, farming and ranching families, and owners of agricultural businesses to mitigate impact of COVID-19 among farmworkers; Pinal Hispanic Council (PHC) () to promote COVID-19-specific health literacy among their behavioral health services clients (mental health and substance use disorder).	
<b>Method of Accountability:</b> The Finance and Contract Specialist will be responsible for contract management and contractor oversight; ensuring the scope of work and all deliverables are completed by Cochise County Health and Social Services for payment of invoices for service. Quarterly progress reports will be required.	
<b>Itemized Budget:</b> Salaries and Wages: \$414,350.00 Fringe Benefits: \$150,934.00 Travel: \$6,650.00 Supplies: \$56,000.00 Contractual Costs: \$2,005,000.00 Indirect: \$206,000.00	





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<b>Setting</b>	Community-based organization						
<b>Other Setting (if applicable)</b>							
<b>Activity Description</b>	<b>Contributing Partners</b>	<b>Partner Type</b>	<b>Other Partner</b>	<b>Key Contracts &amp; Consultants</b>	<b>Key</b>	<b>Start Date</b>	<b>End Date</b>
Access to care, especially culturally competent behavioral health and specialty care, is limited in rural Cochise County. Life-saving healthcare is disproportionately harder to access for residents in Cochise County. This activity aims to develop a community telehealth facility, available to all providers, to allow their patients to access specialty and behavioral health care. The vision is to provide a Rural Telehealth Care Center where providers can schedule specialty visits for their patients. Individual provider offices cannot afford the cost of telehealth equipment. This Rural Telehealth Care Center will provide a space where all providers in our area can schedule telehealth visits for their patients. An example is the provider with a burn patient who needs specialty consultation with a burn specialist who is in Salt Lake City. The provider can arrange for his/her patient to see the specialist at the Rural Telehealth Care Center. Many patients in rural Arizona live in areas with limited broadband and internet access which means they cannot attend telehealth meetings from home. Patients will travel to Sierra Vista and attend their specialty visits at the Rural Telehealth Care Center. We anticipate these visits will be for medical and behavioral health concerns, however, should additional requests come from other provider types we will be open to them as well. Lastly, patients who do not have access to broadband or the technology needed for a telehealth visit can use the center as well. Being in a rural community access to healthcare can be a challenge. If the patient has a healthcare provider outside of the County – they can use the center for their telehealth visits. This Center not only helps with specialty referrals but also with patients who may not have a provider in the area.	Cochise County Health and Social Services	Local governmental agencies and community leaders		ADHS will fund Cochise County Health and Social Services to lead this activity. They plan to contract with Arizona Regional Economic Development Foundation (AREDF) to implement this activity.	Procurement of telehealth equipment; Recruitment of community organizations and providers to utilize the service; Hiring of an Registered Nurse (RN) Coordinator for program; Increased service utilization; Increased e-documentation (IID-DO2)	6/1/21	-5/31/23
	Arizona Regional Economic Development Foundation	Community-based and civic organizations				5/31/24	

<b>Activity 6 Title</b>	Cochise County: Salud para Nuestra Gente (Health for Our People) Initiative							
<b>Activity Focus</b>	Evidence-based policies, systems, and environmental strategies to address COVID-19							
<b>Other Activity Focus (if applicable)</b>	Social Determinants of Health / Health Literacy / National CLAS Standards							
<b>Racial and Ethnic Population(s) of Focus (Select all that apply)</b>	Hispanic, Latino or Latinx	<b>Describe the Racial and Ethnic Population(s) (if applicable)</b>	One third of Cochise County residents are Hispanic/Latino. Many first or second generation Mexican Americans and many farmworkers from México are attracted to the area. Douglas and Willcox residents are 74% and 35% Hispanic/Latino respectively.					
<b>Other Population(s) of Focus (Select all that apply)</b>	People living in rural areas	<b>Describe the Rural Community Served (if applicable)</b>	Nearly one third of county residents speak a language other than English at home, meaning that they lack English Language Proficiency. In the Douglas and Willcox areas, 65% and 30% of residents speak Spanish at home. 26% to 16% of the target population lives in poverty and 38% to 19% of children under age 12 live in poverty. Limited education is a social determinant in the Douglas, Willcox and Bisbee/Naco areas, where 14% to 7% of adults have less than a 9th grade education. Unemployment is high across the board, ranging from 30% in Douglas to a low of 11% in Bisbee, which is the county government seat and major source of employment. The percentage of residents without health insurance in 2020 was highest in Douglas and Willcox areas, possibly due a greater number of undocumented Hispanic/Latino residents and migrant farmworkers.					
<b>Other Population (if applicable)</b>								
<b>Estimated Reach of Population(s) of</b>	The Salud para Nuestra Gente (Health for Our People) Initiative will target rural communities in four areas of Cochise County. Cochise County is a rural, agricultural area that straddles the US-México							
<b>Geographic Area</b>	Rural							
<b>Setting</b>	Community-based organization							
<b>Other Setting (if applicable)</b>								
<b>Activity Description</b>	<b>Contributing Partners</b>	<b>Partner Type</b>	<b>Other Partner</b>	<b>Key Contracts &amp; Consultants</b>	<b>Key</b>	<b>Start Date</b>	<b>End Date</b>	
The goal of the Salud para Nuestra Gente Initiative is to enhance personal and organizational health literacy and achieve system and policy change to reduce COVID-19 impacts among socially-vulnerable Cochise County Hispanic/Latino residents. The project goal will be collaboratively achieved through seven objectives:  Objective 1 – By September 30, 2021, activity partners will develop a Disparity Impact Statement that further defines the target population to be served and why. Objective 2 – By October 31, 2021, activity partners will develop a Health Literacy and Sustainability	Cochise County Health and Social Services	Local governmental agencies and community leaders		ADHS will fund Cochise County Health and Social Services (CCHSS) to lead this activity. CCHSS plans to partner with Chiricahua Community Health Centers, Inc. (CCHCI), Winchester Heights Health Organization (WHHO), Pinal	Increased understanding of health information (HIT/HC 01-04) Improved Communication (HIT/HC 01-	06/01/21	05/31/23-	
	Arizona CHW Association (AzCHOW)	Non-governmental organization						5/31/24
	Chiricahua Community Health Centers, Inc. (CCHCI)	Rural health clinics and critical access hospitals	FQHC					



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Plan as a roadmap for project implementation.

Objective 3 - By June 30, 2023 20 Community Health Workers/CHWs (Promotores de Salud) will be trained to provide education to promote and support among 400 members of the target population.

Objective 4 - By December 31, 2022, twenty-five (25) health care providers will be trained to embrace the National CLAS Standards and relevant Healthy People 2030 Objectives in their provision of care, including with individuals who have limited English proficiency.

Objective 5 - By January 31, 2022, ten (10) CHWs will be incorporated into care teams in fulfillment of cultural and linguistic competence per the National CLAS Standards and relevant HP 2030 Objectives.

Objective 6 - By May 31, 2023, activity partners will have achieved at least three system or policy changes in Cochise County that will sustain organizational health literacy in support of personal health literacy.

Objective 7 - Beginning January 1, 2022, activity partners will apply monitoring for quality improvement (QI) and sustainability of health literacy efforts among the target population in the target geographic area. A statewide CHW Association (AzCHOW) will train and mobilize CHWs to help community residents access and understand health information to mitigate COVID-19 and its social impacts. The local AHEC will promote understanding of and application of the National CLAS Standards through best practice and system/policy change.

Winchester Heights Health Organization (WHHO)	Health-related organizations (e.g., pharmacies, testing centers, community health workers)		Hispanic Council (PHC), AzCHOW, AzPRC, and SEAHEC to implement this activity.	01,2,3). Increased Service Utilization E-documentation (IID-DO2)		
Pinal Hispanic Council (PHC)	Healthcare providers					
SEAHEC	Academic institutions					
UArizona Prevention Research Center (AzPRC)	Academic institutions					



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### Exhibit B- 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**

**UEI #**

**QMWUG1AMYF65**

Federal Award Identification (Grant Number):

6 H75OT000005-01-03

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

Cochise County Health and Social Services

Subrecipient's unique entity identifier (DUNS #):

179281282

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

NH75OT000005

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;

05/26/2021

Subaward Period of Performance Start and End Date;

6/1/2021 - 5/31/2024

Subaward Budget Period Start and End Date:

6/1/2021 - 5/31/2024

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

\$2,838,934.00

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):

\$33,866,454.00

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

\$34,603,661.00

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

Covid-19 Health Disparities

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

Centers for Disease Control and Prevention (CDC)

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

93.391



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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

7.824%