



# INTERGOVERNMENTAL AGREEMENT (IGA)

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

## Amendment

Contract No.: CTR063847

IGA Amendment No: 1

Procurement Officer  
**Stacy Buske**

### ARIZONA'S PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

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.

1.1. The Scope of Work is revised and replaced.

1.2. The Price Sheet is revised and replaced.

**ALL CHANGES ARE MAREKED BELOW IN RED**

**ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.**

Cochise County Health and Social Services

Contractor Name

1415 W. Melody Ln. Bldg. A

Address:

Bisbee

AZ

85603

City

State

Zip

County Authorized Signature

Print Name

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.

*Denise Riden*

4/29/2024

State of Arizona

Signature

Date

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

Denise Riden, Deputy County Attorney, Cochise County

Print Name

Procurement Officer

Contract No.: **CTR063847**, 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

<b>CONTRACT NUMBER</b>	<b>INTERGOVERNMENTAL AGREEMENT</b>
<b>CTR063847</b>	<b>SCOPE OF WORK</b>

**1. DEFINITIONS:**

- 1.1 “AHCCCS” for the purpose of this document refers to Arizona Health Care Cost Containment System.
- 1.2 “ADHS” for the purpose of this document refers to the Arizona Department of Health Services.
- 1.3 “OVIP” for the purpose of this document refers to the Office of Injury and Violence Prevention within the Arizona Department of Health Services.
- 1.4 “CDC” for the purpose of this document refers to the Centers for Disease Control and Prevention.
- 1.5 “CSPMP” for the purpose of this document refers to the Controlled Substances Prescription Monitoring Program.
- 1.6 “CME” for the purpose of this document refers to Continuing Medical Education.
- 1.7 “SOR” for the purpose of this document refers to State Opioid Response.
- 1.8 “OFR” for the purpose of this document refers to Overdose Fatality Review.
- 1.9 “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 OFR objectives.
- 1.10 “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.
- 1.11 “EMS” for the purpose of this document refers to Emergency Medical Services.
- 1.12 “High-burden areas” for the purpose of this document refers to communities which are identified by ADHS and Contractor as areas within the County with the highest rates of prescription drug mortality and morbidity.
- 1.13 “Partners” for the purpose of this document refers to state agencies, providers, evidence-based practices (EBP’s), communities and others.
- 1.14 “PSAs” for the purpose of this document refers to public service announcements.
- 1.15 “RHBAs” for the purpose of this document refers to Regional Behavioral Health Authorities.
- 1.16 “Rx” for the purpose of this document refers to prescription.
- 1.17 “ADHS Program Manager” means Arizona Department of Health Services employed staff managing the Project contract.
- 1.18 “ADHS OFR Epidemiologist” means Arizona Department of Health Services employed OFR epidemiologist.
- 1.19 “Shall or Must” means a mandatory requirement. Failure to meet these mandatory requirements may deem Contractor out of compliance with the Contract.

**2. BACKGROUND**

- 2.1. ADHS OIVP administers funds provided by AHCCCS for operation of the State Opioid Response program.
- 2.2. The overarching goal of SOR funds is to support Arizona in building the local capacity for counties to develop drug OFR teams. OFR teams bring together community agencies in a formal process to systematically share information on the death event and to identify risk factors in those deaths.

<b>CONTRACT NUMBER</b>	<b>INTERGOVERNMENTAL AGREEMENT</b>
<b>CTR063847</b>	<b>SCOPE OF WORK</b>

- 2.3. 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.
- 2.4. 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 (28<sup>th</sup>) for opioid prescribing with forty-four point one (44.1) prescriptions per one-hundred people; but this is no longer the root cause of overdose deaths.
- 2.5. 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 percent (73%) 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 percent (9%) in 2017 to fifty percent (50%) in 2021.
- 2.6. 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.
- 2.7. 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.
- 2.8. ADHS will work with County health departments to build capacity/systems to address drug misuse and abuse within their community by supporting their case management projects.

**3. OBJECTIVE**

With resources awarded through AHCCCS, ADHS is building the local capacity for counties to develop drug OFR teams. ADHS will work with County health departments to build capacity/systems to address drug misuse and abuse within their community by setting up a County drug OFR team. The objective of the SOR funding distributed to County health departments supporting case management is that the counties will focus on providing supports using community health workers, case management, first responders, and peer navigators to address high-risk populations in an effort to improve linkages to care.

- 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.

**4. TASKS**

The Contractor shall complete the following tasks to achieve the program goals:

- 4.1. Designate a point of contact that will be responsible for conducting systematic, multidisciplinary, and multimodality reviews of drug overdose fatalities and identify actionable prevention recommendations for implementation at the local level.
- 4.2. Request and collect records for each case, including but not limited to:
  - 4.2.1 Medical, including toxicology and medical examiner.
  - 4.2.2 Behavioral Health records.

<b>CONTRACT NUMBER</b>	<b>INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK</b>
<b>CTR063847</b>	

- 4.2.3 Criminal justice records.
- 4.2.4 Prescription drug history records (CSPMP).
- 4.2.5 Department of Child Services records.
- 4.2.6 Emergency Medical Services/Fire Department records.
- 4.2.7 Next of kin interviews (if applicable).
- 4.3. Based on records received, use the data tool spreadsheet to document case demographics, methods of injury, substance use history, behavioral health history, healthcare utilization, stressors, childhood history, and chronic conditions of OFR cases.
- 4.4. Enter information from all records collected into the data tool spreadsheet.
- 4.5. Submit completed data tool spreadsheet to the OFR Epidemiologist at ADHS.
- 4.6. Respond to feedback from the OFR Epidemiologist to ensure data can be included in the annual OFR data analysis and statewide report.
- 4.7. Establish Linkages to Care:
  - 4.7.1 Have a representative from the County participate in the ADHS Linkages to Care workgroup.
- 4.8. Case Management:
  - 4.8.1 Create or enhance case management systems to help individuals navigate the processes by which care may be procured.
  - 4.8.2 Identifying the needs of incarcerated individuals during initial assessment and subsequent sessions.
  - 4.8.3 Match each individual with local or nearest facility to provide necessary treatment and begin developing discharge plan.
  - 4.8.4 Coordinate with inpatient/outpatient behavioral health, probation/attorney/court programs, and/or health plans.
  - 4.8.5 Ongoing coordination of the transportation program to initiate warm hand-off upon release.

**5. DELIVERABLES**

The Contractor shall provide:

- 5.1. A complete annual Overdose Fatality Review data collection tool using the template provided by ADHS. A complete data tool entail:
  - 5.1.1 A death certificate number for each case.
  - 5.1.2 At least one (1) standardized prevention recommendation for each case reviewed.
  - 5.1.3 Each case has no more than four (4) columns with missing or “unknown” responses.
  - 5.1.4 No missing data in required columns.
  - 5.1.5 All cases submitted follow the state’s case requirements of at least 18 (eighteen) years of age, not pregnant in the last year, Arizona resident, and not a suicide death.

<b>CONTRACT NUMBER</b>	<b>INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK</b>
<b>CTR063847</b>	

- 5.1.6 Notation of medical records received for each case, including facility or provider requested from, date request sent, and date records received.

**6. REQUIREMENTS**

The Contractor shall:

- 6.1. Participate in surveys, interviews (remote or face-to-face), and questionnaires developed and disseminated by ADHS' Evaluation Team or Consultant to collect data and information necessary to assess the state and local progress with meeting grant related goals, objectives, evaluation, and outcomes.
- 6.2. Prepare and submit annual budget(s) and work/action plan(s).
- 6.3. Prepare and submit quarterly Contractors Expenditures Reports (CERs) with documentation.
- 6.4. Submit quarterly reports to ADHS detailing quarterly progress on funded activities.
- 6.5. Attend and participate in quarterly Contractor meetings with ADHS.
- 6.6. Assign at least one staff person to attend and participate in ADHS' Linkages to Care workgroup.
- 6.7. Attend and participate in any training, statewide Contractor's meetings, or professional development provide by ADHS or its Contracted vendors, as necessary.

**State Overdose Response (SOR) Grant Deliverables Timeline (September 30<sup>th</sup> – September 29<sup>th</sup>)**

<b>DELIVERABLE TITLE</b>	<b>DUE DATE</b>
1 <sup>st</sup> Quarter Survey Completion and CER (October – December)	January 31 <sup>st</sup>
2 <sup>nd</sup> Quarter Survey Completion and CER (January – March)	April 30 <sup>th</sup>
Local OFR Data Submission	May 1 <sup>st</sup>
3 <sup>rd</sup> Quarter Survey Completion and CER (April – June)	July 31 <sup>st</sup>
Complete Local Annual OFR Analysis	July 1 <sup>st</sup>
4 <sup>th</sup> Quarter Survey Completion and CER (July – September)	October 31 <sup>st</sup>

**7. STATE PROVIDED ITEMS**

ADHS will:

- 7.1. Provide budget, CER, and quarterly report templates.
- 7.2. Provide a data tool template (Excel spreadsheet) for collecting and tracking case record data and prevention recommendations.
- 7.3. Provide death certificate data twice annually.
- 7.4. Coordinate quarterly Contractor calls with County staff to facilitate state and County updates and share resources.
- 7.5. Provide an annual virtual orientation training to County staff.
- 7.6. Provide technical assistance to County staff as needed.
- 7.7. Share resources and professional development opportunities with Counties to provide additional support for the implementation of grant related activities.

<b>CONTRACT NUMBER</b>	<b>INTERGOVERNMENTAL AGREEMENT</b>
<b>CTR063847</b>	<b>SCOPE OF WORK</b>

**8. REFERENCE DOCUMENTS**

- 8.1. Arizona Opioid Epidemic webpage and Interactive Data Dashboard- <https://www.azdhs.gov/opioid/dashboards/>
- 8.2. Arizona Opioid Assistance and Referral (OAR) Line- <https://phoenixmed.arizona.edu/oar>
- 8.3. ADHS Injury Prevention website: <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/index.php#ofr-team>
- 8.4. ADHS Opioid Prevention website: <https://www.azdhs.gov/opioid/> <https://www.azdhs.gov/opioid/>
- 8.5. Substance Abuse and Mental Health Services Administration Opioid Overdose Prevention Toolkit: <https://store.samhsa.gov/product/opioid-overdose-prevention-toolkit/sma18-4742>

**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.
- 9.2. With prior written approval from the ADHS 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. The Contractor should reach out to the ADHS Program Manager before the end of the 3rd quarter, so that a timely amendment can be processed by ADHS.
- 9.3. Requests for publication, student thesis or dissertations based on the work funded by this intergovernmental Agreement must be approved in writing, in advance, by the ADHS Principal Investigator. The Contractor shall submit the request to the ADHS Principal Investigator at least forty-five (45) days in advance of proposed publication date. ADHS agrees to limit circulation and use of such materials to internal distributions with ADHS and agrees that such distribution will be solely for the purposes of review and comment. ADHS may require additional statements and will provide the statements when needed.

**10. NOTICES, CORRESPONDENCE, REPORTS**

- 10.1. Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to:  
  
Arizona Department of Health Services  
Bureau Chronic Disease and Health Promotion  
Ariel Moreno  
SOR Grant Manager  
150 North 18<sup>th</sup> Avenue, Suite 310-B  
Phoenix, AZ 85007  
Email: [ariel.moreno@azdhs.gov](mailto:ariel.moreno@azdhs.gov)  
  
With an email cc: to [Elizabeth.markona@azdhs.gov](mailto:Elizabeth.markona@azdhs.gov)
- 10.2. Contractor Expenditure Reports (CERs) and documentation from the Contractor to ADHS shall be sent to:  
  
Arizona Department of Health Services  
Bureau Chronic Disease and Health Promotion  
Ariel Moreno  
SOR Grant Manager  
150 North 18<sup>th</sup> Avenue, Suite 310-B  
Phoenix, AZ 85007  
Email: [ariel.moreno@azdhs.gov](mailto:ariel.moreno@azdhs.gov)

<b>CONTRACT NUMBER</b>	<b>INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK</b>
<b>CTR063847</b>	

With an email cc: to [Elizabeth.markona@azdhs.gov](mailto:Elizabeth.markona@azdhs.gov)

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

Cochise County Health & Social Services  
Barbara Lang  
Health Director  
1415 Melody Ln, Bldg. A  
Bisbee, Arizona, 85603  
Phone: 520-432-9400  
Email: [blang@cochise.az.gov](mailto:blang@cochise.az.gov)

<b>CONTRACT NUMBER</b>	<b>INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK</b>
<b>CTR063847</b>	

**REVISED PRICE SHEET**

**Cost Reimbursement – State Opioid Response (SOR)**

**September 30, 2023 - September 29, 2024**

<b>ACCOUNT CLASSIFICATION</b>	<b>TOTAL BUDGET</b>
Personnel	\$175,250.00
ERE	\$49,071.00
Professional & Outside Services	\$0.00
Travel	\$6,736.00
Occupancy	\$0.00
Other Operating	\$13,160.28
Capital Outlay	\$0.00
**Indirect (10%)	\$3,052.72
<b>TOTAL (ANNUAL NOT TO EXCEED)</b>	<b>\$247,270.00</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.