



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

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

Contract No.: CTR055282
Revised September 13, 2024

IGA Amendment No: 4

Procurement Officer:
Stacy Buske

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, subsection 6.1 Amendments, the Contract is hereby revised with the following:
 - 1.1. The Exhibits are revised and replaced.
 - 1.2. The Price Sheets are revised and replaced. The date range has been deleted in its entirety.

ALL CHANGES ARE REFLECTED IN RED

All other provisions of this agreement remain unchanged.

Cochise County

Contractor Name:

1415 Melody Lane Bldg. C

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

9/19/2024

State of Arizona

Signature

Date

Signed this . day of . 2024.

Denise Riden

Print Name

Cochise County Deputy County Attorney

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

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR055282 Revised September 13, 2024	IGA Amendment No: 4	Procurement Officer: Stacy Buske

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 (3) populations identified above or with other populations which may be identified based on county-level data. Counties shall provide the selected population groups with targeted evidence-based programs and activities for two (2) components: 1) Tobacco Prevention and 2) Tobacco Cessation. In addition, counties shall participate in three (3) ADHS-led work groups that shall explore innovative approaches to tobacco programming that address 1) Youth; 2) Secondhand Smoke (SHS); and 3) Emerging Issues. Counties shall 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 shall 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 (4) 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 shall 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 via the Students Taking a New Direction (STAND), the statewide anti-tobacco youth coalition.
 - 1.1.1.2. Support the ADHS-selected contractor with recruiting youth participants for statewide Enforcement efforts.



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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, a train the trainer model.

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, via health systems changes incorporating Arizona Smokers' Helpline (ASHLine) cessation services into providers protocols/workflow, and promoting services offered through Arizona Smokers' Helpline (ASHLine).**

1.2.1. Counties shall identify and eliminate tobacco-related disparities among two (2) 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).

1.2.1.4. Other priority populations not listed and pre-approved by ADHS. Counties shall 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 shall identify and select community partners that may include:

1.2.2.1. Employers.

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.

1.2.2.2.6. Substance Abuse Centers.


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- 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.
 - 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.
 - 1.4.4. In-person semi-annual statewide partner meetings, to occur:
 - 1.4.4.1. Spring (March/April).
 - 1.4.4.2. Fall (September/October).
 - 1.4.5. Tobacco Office Hours/Coffee Talks, as scheduled and needed.
 - 1.4.6. Call with contracted technical assistance providers regarding initiatives. Example: Youth TA Provider (TBD), TA-Community of Practice for Justice Involved, and ASHLine contracted provider.

- 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.
 - 1.5.1.1. Submit request for fund utilization for marketing & media through the ASHLine Asset Portal and the documents contained within the portal for approval by ADHS Office of Tobacco (ASHLine.org).

- 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 ninety (90) days prior to conference/travel, to allow for review and approval.
 - 1.6.3. Contractors are required to follow guidance and rates established by the ADOA-GAO SAAM.

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1.6.4. Notify and obtain approval from ADHS/Office of Tobacco proposed prior to entering into contracts for professional or outside services, memorandum of understanding (MOU) in reference to work related to Tobacco Strategies.

1.7. **Use of Incentives to Support Programming Efforts**

1.7.1. The use of incentives and promotional items is an allowable expense under the HPHC IGA program. Per the Arizona Tobacco Control Program (ATCP), two percent (2%) of a Contractor's total annual budget can be applied towards the purchase of incentives and promotional items.

1.7.2. Contractor shall submit for approval for purchase of incentive items to ensure they meet programming guidance and justify the use of incentive in relation to their HPHC IGA Tobacco Action Plan.

1.7.3. Incentives for youth coalition work shall follow the ATCP STAND Coalition Incentive Guidance document for approval, tracking, and distribution and be approved by the ATCP prior to ordering.

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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 shall 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) **Addressing** 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), **which includes Heart Disease, Cancer, Chronic Lower Respiratory Disease, and Alzheimer's Disease.**
- 2) **Supporting** WIC participants and their families per WIC Health Lottery Revenue.

The County Contractor must select one (1) or more strategies from the **following** strategic areas.

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 four (4) leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and / or health risks.
- 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 four (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.

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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 four (4) leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and/or health risks.

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

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

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 four (4) leading causes of chronic disease death, at-or-high risk populations, co-morbidities, and /or health risks.

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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.

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.



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- 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 ASU SIRC.
- 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.
- 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 TPP Program Health Educators in Youth Mental Health First Aid Training with prior approval from ADHS; **(Note: Non-TPP Program Health Educators may be trained for cross-staffing, however, priority should be given to TPP Health Educators).**
 - 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 trainers shall deliver at minimum three (3) trainings per year to maintain active certification in YMHFA.
 - 4.2.1. **Stipend for training will be \$2,000 per training for a total of \$6,000 per year.**
- 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.
 - 4.3.1. **Co-facilitated training(s) will only count as one (1) training for payment of stipends;**
- 4.4. Training events shall follow the training outline identified by the National Council of Behavioral Health (NCBH) Youth Mental Health First Aid.
- 4.5. **Training to youth serving organizations shall be conducted in one (1) of two (2) options: In-person or blended learning.**
- 4.6. **Each training shall consist of no less than five (5) participants and no more than thirty (30) and include participant training materials.**


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- 4.7. Course materials shall be ordered for all training participants as this is a required component.
- 4.8. For the TPP Youth Mental Health First Aid Training, programs shall submit the following with their quarterly CERs:
 - 4.8.1. Participant sign-in sheet (if in person) that includes organization's name, date, and name of the educator.
 - 4.8.2. "Chat Box" sign-in sheet (if virtual) that includes the organization's name, date, and name of the educator.
 - 4.8.3. Please note: Stipends can only be billed for training(s) conducted during the quarter.

5. Strategic Area: Teen Pregnancy Prevention Youth Councils

To establish or enhance Youth Councils throughout the state to focus on public health topic areas impacting adolescents, specifically mental health/suicide prevention, bullying prevention, sexual and reproductive health, promoting annual well visits, injury prevention, and/or promoting preventive dental visits.

- 5.1. Costs to implement a Youth Council shall be calculated as follows:
 - 5.1.1. Youth Stipends: \$25.00 per hour; per youth; per meeting and community service projects.
 - 5.1.2. Operating & Community Service Projects Costs: Not to exceed \$15,000.
 - 5.1.3. Youth Council Advisor: Not to exceed one (1) FTE, if needed to coordinate councils.
- 5.2. Councils shall build positive experiences, relationships, and environments where young people are given the space to be leaders, take initiative, create innovative ideas and solutions to identified public health topic areas (as listed above).
- 5.3. Program management, services, requirements, deliverables, etc. shall be in accordance with the Youth Council Policy and Procedures Manual.
- 5.4. Identify and assign one (1) Adult Advisor to the Youth Council who shall:
 - 5.4.1. Provide guidance or advice to Youth Council members to complete tasks and activities.
 - 5.4.2. Attend a two-day Youth/Adult Partnership training.
 - 5.4.2.1. First (1st) training shall be a Youth Advisor training only, to be held in Phoenix, in-person or virtually, date and location to be determined (TBD), and second (2nd) training shall be a combined Youth Advisor/Youth Council member training to be held at Youth Council site, in person or virtually, date and location TBD.
- 5.5. Participate in quarterly Youth Advisor calls with ADHS.
- 5.6. Attend a virtual grant orientation training, date and time TBD.
- 5.7. Attend the biennial Adolescent Health Conference in Phoenix during the summer.
- 5.8. Youth participation required during the Adolescent Health Conference, including presentations and participating in the youth track, if applicable.

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- 5.9. Identify and recruit youth ages eleven to nineteen (11-19) and maintain a functional Youth Council with eight to ten (8-10) youth members who shall:
 - 5.9.1. Complete an annual Action Plan outlining the activities that are planned for the year.
 - 5.9.2. Meet at least twice a month and at minimum twenty (20) meetings a year, during days/times that are conducive to the youth's schedules and maintain meeting notes for each meeting.
 - 5.9.3. At minimum one (1) meeting a month should be in person. Second (2nd) meeting can be in person or virtual.
- 5.10. Plan, implement, and participate in at minimum three (3) community service-learning activities per year, focusing on one (1) or more of the topics outlined above; projects shall have a reflection and debriefing component.
- 5.11. Attend a one-day Youth/Adult Partnership training to be held at Youth Council site, in person or virtually, date and location TBD.
- 5.12. Identify two (2) youth members to participate in the planning of a youth track for the biennial Adolescent Health Conference held in Phoenix, focused on building leadership skills and other topic areas of interest.
- 5.13. Attend the biennial Adolescent Health Conference, at minimum the one-day youth focused track, or the entire conference.
- 5.14. If selected, present on activities conducted during the biennial Adolescent Health Conference held in Phoenix.
- 5.15. Provide input and feedback on adolescent-centered projects being developed at the state level, as needed. This may include but is not limited to focus groups, surveys, or input at meetings.
- 5.16. Represent youth in meetings of the Arizona Alliance for Adolescent Health and/or provide expertise on adolescent-focused projects, as needed.

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Exhibit D

EVIDENCE-BASED STRATEGIES FOR SUICIDE MORTALITY REVIEW

Suicide is preventable. In Arizona, both the number and rate of suicides continues to rise. Arizona's rate of suicide per 100,000 people was twenty-four percent (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. Pursuant to A.R.S. § 36-199 and § 36-199.01, ADHS is establishing a Suicide Mortality Review Program in the Arizona Department of Health Services (ADHS). 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. ADHS, through the Bureau of Chronic Disease and Health Promotion, is charged with the implementation of a portion of these funds. The five (5) year IGA action plan(s) and activity/activities developed by the local health department will address the following:

1) A.R.S. § 36-199 and § 36-199.01: Suicide Mortality.

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

6. Strategic Area: Suicide Mortality Review

- 6.1. 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.
- 6.2. Attend ADHS training and technical assistance sessions on standards and protocols for local suicide mortality review teams, this includes the onboarding of new program staff.
- 6.3. Bring together local community agencies in a formal process to systematically **review and** share information on suicide events for persons over the age of eighteen (18) years old **in four (4) counties (Cochise, Graham, Greenlee and Santa Cruz)**, identify risk factors in those deaths, and provide prevention recommendations. Program tasks **below apply to all four (4) county reviews and** include but are not limited to:
 - 6.3.1. The County Contractor shall for the Suicide Mortality Review Program:
 - 6.3.1.1. Attend scheduled training sessions with ADHS on Suicide Mortality Review Policies and Procedures.



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- 6.3.1.2. With guidance from ADHS Suicide Mortality Program Manager, establish a local Suicide Mortality Review team roster and submit to ADHS for review, including times when team member(s) vacate or are new to the local Suicide Mortality Review Team.
- 6.3.1.3. Provide orientation to all members and consultants which include, at a minimum, the following topics:
 - 6.3.1.3.1. Instruction regarding confidentiality.
 - 6.3.1.3.2. Overview of Senate Bill that establishes the local Suicide Mortality Review team.
 - 6.3.1.3.3. Use of the data forms.
 - 6.3.1.3.4. Public access to team information.
 - 6.3.1.3.5. Responsibilities and limitations of team membership; Process and goals of fatality review.
 - 6.3.1.3.6. The promotion of culturally diverse and competent approaches in case reviews, using Suicide Mortality Review materials provided by the State Team.
 - 6.3.1.3.7. The promotion of culturally diverse and competent approaches in case reviews.
 - 6.3.1.3.8. Review materials provided by the State Team.
- 6.3.1.4. Establish procedures for accessing the following records related to the circumstances surrounding suicide:
 - 6.3.1.4.1. Death Certificates.
 - 6.3.1.4.2. Birth Certificates.
 - 6.3.1.4.3. Law enforcement Reports.
 - 6.3.1.4.4. Medical Examiner's Reports.
 - 6.3.1.4.5. Medical Records.
 - 6.3.1.4.6. Child Protective Services' Reports.
 - 6.3.1.4.7. Other Records, as needed.
- 6.3.1.5. Establish procedures to track fatalities requiring review by the Local Team and completion of Reviews.
- 6.3.1.6. Prepare quarterly and/ or annual reports and data for the ADHS Suicide Mortality Review Program, cases reviewed, and obstacles to completion of reviews.
- 6.3.1.7. 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



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records for your jurisdiction, you shall send a representative when the review is conducted.

6.3.1.8. 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.

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

6.3.2. For the Suicide Mortality Review Program, ADHS will:

6.3.2.1. Establish a State Suicide Mortality Review Team.

6.3.2.2. Provide a Policies and Procedure Manual, and update as necessary.

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

6.3.2.4. Provide a Quarterly and/ or Annual Reporting Template.

6.3.2.5. Provide a Suicide Mortality Data Collection Tool.

6.3.2.6. Provide supporting documentation requirements for quarterly payment.

6.3.2.7. Provide Quarterly Meetings for contractors to:

6.3.2.7.1. Provide training and technical assistance on the suicide mortality review process.

6.3.2.7.2. Provide access to 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.

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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 fourth (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 and 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.
- 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.
- 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 shall 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.
- 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:

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- Copies of meeting agenda along with sign-in sheet.
- Action plan or work plan for addressing issues with the work group.
- 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.
- 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 shall 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 two (2) and four (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.

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- “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.

Child Fatality Review (CFR)

- A sign in sheet and agenda for all review meetings.
- A listing of the number of CFR cases identified by ADHS and the number reviewed by your county. This information can be submitted on the HPHC IGA Child Fatality Review Supporting Documentation Form.

Suicide Mortality Review

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



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Price Sheet

Healthy People Healthy Communities

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



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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 specific service strategy after approval of quarterly reports. See SOW for Specific Service Strategies	Training	3	\$2,000.00	\$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	\$31,250.00	\$125,000.00

TOTAL

ITEM/SERVICE DESCRIPTION	TOTAL
ANNUAL TOTAL (NOT TO EXCEED)	\$631,421.00