	INTERGOVERNMENTAL AGREEMENT (IGA) **Amendment**	**ARIZONA DEPARTMENT OF HEALTH SERVICES** **OFFICE OF PROCUREMENT** 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR070113 — IGA Amendment No: 3	Procurement Officer: **Elizabeth Syms**

CDC Overdose Data to Action - OD2A-S Cochise County

Effective September 1st, 2025, it is mutually agreed that the Intergovernmental Agreement (IGA) 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 Scope of Work is revised and replaced.

   1.2. The Price Sheet is revised and replaced for the FY26 budget period of September 1st, 2025 to August 31st, 2026.

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

FRANK ANTENORI

Print Name

CHAIRMAN 10-07-2025

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

Denise Riden — September 17, 2025

Signature — Date

Denise Riden, Deputy County Attorney for Cochise County

Print Name

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

Signed this _____ day of _____ 2025.

Procurement Officer

Contract No.: **CTR070113**, 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.

Alice Perepech

Digitally signed by Alice Perepech
DN: cn=Alice Perepech, o=Arizona Attorney General's Office, email=Alice.Perepech@azag.gov, c=US
Date: 2025.10.09 10:42:40 -07'00'

Signature — Date

Assistant Attorney General

Print Name

Elizabeth Syms

Digitally signed by Elizabeth Syms
Date: 2025.10.09 13:09:21 -07'00'

1. BACKGROUND

1.1. The Arizona Department of Health Services (ADHS), through the Office of Injury and Violence Prevention (OIVP), administers funding from the Centers for Disease Control and Prevention (CDC) for the Overdose Data to Action (OD2A) Cooperative Agreement. The primary objective of the Overdose Data to Action in States (OD2A-S) initiative is to enhance ADHS's capacity to track and prevent both nonfatal and fatal overdoses while also identifying emerging drug threats.

1.2. OD2A-S focuses on implementing surveillance strategies and promoting evidence-based interventions designed to immediately reduce overdose morbidity and mortality. The initiative targets opioids, stimulants, and polysubstance use when these substances are used in combination. Central to OD2A-S is a data-to-action framework that emphasizes the utilization of surveillance and other data to inform prevention efforts and policy decisions, with a strong commitment to addressing health equity and disparities.

1.3. ADHS is dedicated to supporting County health departments in the execution of data-driven prevention programs. As part of the OD2A-S priorities, ADHS provides necessary support to participating counties, which will engage in activities aligned with the following prevention strategies:

1.3.1. **Strategy Seven (7):** Public Safety Partnerships/Interventions

1.3.2. **Strategy Eight (8):** Harm Reduction

1.3.3. **Strategy Nine (9):** Community-Based Linkages to Care (LTC)

1.4. The abuse and addiction to opioids represents a significant and complex public health challenge at both national and state levels. Over the past two (2) decades, drug overdose deaths have escalated, becoming the leading cause of injury-related death in the United States. According to CDC data, there were 92,452 overdose deaths reported in 2020, a thirty percent (30%) increase from 71,130 in 2019. Of these deaths, opioids were implicated in 69,031 cases, accounting for seventy-five percent (75%) of all drug overdose fatalities.

1.5. Historically, the opioid epidemic was largely driven by prescription medications. Data from Arizona's Controlled Substances Prescription Monitoring Program (CSPMP) indicates that in 2019, there were approximately 4.1 million Class II-IV prescriptions written and over 240 million pills dispensed in the state—equating to around thirty-four (34) controlled substance pills for every Arizona resident. However, recent statistics reveal that Arizona ranks twenty eighth (28th) in opioid prescribing, with forty-four point one (44.1) prescriptions per 100 people, indicating that prescription practices are no longer the primary cause of overdose deaths.

1.6. Currently, the predominant factor in the opioid crisis is the emergence of fentanyl. In 2019, synthetic opioids were responsible for more than 36,000 deaths in the U.S., representing seventy-three percent (73%) of all opioid-related fatalities that year. The majority of these deaths were linked to illicitly manufactured fentanyl, commonly found in counterfeit pills or mixed with other drugs, such as heroin. In Arizona, the presence of fentanyl in overdose cases rose dramatically from nine percent (9%) in 2017 to fifty percent (50%) in 2021.

1.7. Beyond the tragic human toll, the financial implications of opioid misuse are substantial. In 2019 alone, there were 56,623 hospital visits in Arizona related to opioid use, with an average cost of $11,942 per visit, resulting in an estimated $676 million in healthcare costs associated with opioids.

1.8. The escalating addiction rates and overdose deaths, driven by both prescription and illicit opioids, underscore a growing national crisis. Overdose fatalities now rank as the leading cause of preventable injury deaths in the United States, necessitating urgent and effective interventions through initiatives like OD2A-S.

1.9. Cochise County Health and Social Services (CCHSS) receives OD2A Cooperative Agreement funds to achieve goals that align with strategies aimed at enhancing surveillance, prevention, and intervention efforts related to overdose deaths. This includes implementing evidence-based practices to reduce opioid and stimulant misuse, improving harm reduction initiatives, fostering community partnerships, and addressing health disparities to ensure equitable access to care and support for affected populations. Through these efforts, CCHSS seeks to enhance public health outcomes and ultimately decrease the incidence of both fatal and nonfatal overdoses in the community.

2. OBJECTIVE

The objective of this agreement aims to address the escalating opioid crisis in Arizona by enhancing the capacity of County health departments to implement effective prevention strategies, improve access to overdose prevention tools and treatment options, and strengthen community linkages for individuals with Opioid Use Disorder (OUD). The expected outcomes include reduced opioid misuse, increased retention in care, and improved overall community health and safety.

3. SCOPE OF SERVICES

3.1 The purpose of this Intergovernmental Agreement (IGA) is to strengthen harm reduction and community-based linkages to care in Cochise County in response to substance use challenges. Cochise County Health and Social Services (CCHSS) will lead efforts to expand access to naloxone by distributing 10,000 doses throughout FY26 via fifteen (15) community events and partnerships with five new organizations not previously involved in naloxone distribution.

3.2 CCHSS will provide monthly Overdose Recognition and Response trainings to equip at least 350 individuals and ten (10) organizations with lifesaving skills by the end of FY26. In coordination with harm reduction and peer support organizations, including Cochise Harm Reduction, CCHSS will co-lead three targeted community response efforts—such as test strip distribution or educational campaigns—to address emerging drug threats or overdose clusters.

3.3 To strengthen care continuity, CCHSS will maintain and enhance the post-release transportation to treatment program in collaboration with the Cochise County Jail by conducting quarterly data reviews and holding at least two (2) interdisciplinary quality improvement meetings in FY26.

3.4 Additionally, CCHSS will improve community awareness of local support services by updating and disseminating printed and digital provider directories to at least twenty-five (25) community partners and participating in ten (10) local events to distribute materials and engage the public.

3.5 Through these integrated activities, CCHSS aims to reduce overdose risks, improve community responsiveness, and strengthen linkages to care for individuals affected by substance use.

4. REQUIREMENTS

The County shall:

4.1. Designate a point of contact that will be responsible for maintaining documentation of any Public Service Announcements (PSAs) created and placed in the county, regarding opioid misuse prevention.

4.2. Participate in:

4.2.1. Surveys.

4.2.2. Interviews (remote or face-to-face).

4.2.3. 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.

4.3. Receive prior approval before developing or releasing any PSAs or new educational materials.

4.4. Prepare and submit annual budget(s) and work/ action plan(s).

4.5. Prepare and submit quarterly Contractors Expenditures Reports (CERs) and documentation at the end of each quarter.

4.6. Submit quarterly reports to ADHS detailing quarterly progress on grant activities.

4.7. Plan, schedule, and attend onsite/ virtual site visits with ADHS staff, as necessary to meet grant requirements.

4.8. Attend and participate in quarterly Contractor meetings with ADHS.

5. FUNDING RESTRICTIONS

Funds cannot be used for the following:

5.1. Purchasing tents and sleeping bags is not allowable as this is considered housing supplies.

5.2. Promotional items:

5.2.1. Promotional items with logos and website QR codes such as gifts and souvenirs. Including:

5.2.1.1. Water bottles.

5.2.1.2. Lip balm.

5.2.1.3. Sunscreen.

5.2.1.4. Hand sanitizer.

5.2.1.5. Tote bag.

5.2.1.6. Wrist bands.

5.2.2. Promotional items such as gifts and souvenirs are unallowable.

5.2.2.1. Advertising costs for the purpose of program outreach and purposes within the scope of the program can be considered allowable.

5.3. Cash as compensation for data collection or using cash for LTC outreach and engagement.

5.4. Funding for data collection or data analysis through Behavioral Risk Factor Surveillance System (BRFSS) or Youth Risk Behavior Surveillance System (YRBS) surveys.

5.5. Funding for Neonatal Abstinence Syndrome (NAS) surveillance, or Hepatitis C/Human Immunodeficiency Virus (HIV) surveillance.

5.6. Funding for wastewater/sewage surveillance.

5.7. Drug testing for deaths due to motor vehicle crashes.

5.8. Ensuring that Prescription Drug Monitoring Programs (PDMP) are easy to access and use by clinicians:

5.8.1. Providing reimbursement/incentives to clinicians.

5.8.2. Providing direct care, e.g., providing care based off Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool or for Substance Use Disorder (SUD)/ OUD.

5.9. Integrate the PDMP with other health systems data:

5.9.1. Spending beyond twenty percent (20%) of prevention budget on PDMP activities for PDMPs that do not meet the statutory standards as defined in 45 CFR Part 170 (as set forth in 21st Century Cures Act) which includes use of open standards, open architecture, and open application programing interfaces and maintaining bidirectional connections.

5.10. Costs associated with general clinician training/educational activities and clinic-associated items/activities:

5.10.1. Providing financial incentives for clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending seminars, completion of post-session surveys).

5.10.2. Purchasing/leasing furniture.

5.10.3. Purchasing naloxone (e.g., Narcan).

5.10.4. Purchasing syringes (excluding syringes for use with intramuscular naloxone).

5.10.5. Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags).

5.10.6. Providing direct patient care.

5.10.7. Conducting HIV, hepatitis B/C, and/or Sexually Transmitted Infection (STI) testing.

5.11. Building and implementing health system capacity including but not limited to screening, diagnosing, connecting to, and supporting trauma-informed longitudinal care for OUD and Stimulant Use Disorder (StUD) and support recovery for adults and adolescents:

5.11.1. Fees associated with clinicians obtaining Drug Enforcement Agency (DEA) licensure.

5.11.2. Direct funding or expansion of the provision of clinical substance abuse treatment.

5.12. Developing and maintaining Public Health/Public Safety (PH/PS) partnerships or collaboratives at the state level:

5.12.1. Direct patient care for those experiencing disrupted access to prescription opioids or other substances.

5.12.2. Purchase of machines like TruNarc for the purpose of reducing fentanyl exposure among first responders.

5.12.3. Activities without both a public health and public safety component.

5.13. Efforts to improve the sharing, availability, and/or use of data that are not directly related to drug threats, overdose, and associated drivers and harms.

5.14. Implementing evidence-based overdose prevention strategies at the intersection of PH/PS (including LTC and harm reduction):

5.14.1. Purchasing naloxone (e.g., Narcan).

5.14.2. Purchasing syringes (excluding syringes for use with intramuscular naloxone).

5.15. Syringe Service Programs (SSP):

5.15.1. Establishing a new SSP.

5.15.2. Purchasing syringes. (excluding syringes for use with intramuscular naloxone).

5.15.3. Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags).

5.15.4. Provision of equipment solely intended for illegal drug use such as:

5.15.4.1. Cookers/spoons.

5.15.4.2. Syringes.

5.15.4.3. Pipes.

5.15.5. Procurement of other equipment solely intended for preparing drugs for illegal drug injection such as:

5.15.5.1. Sterile water.

5.15.5.2. Filters.

5.15.5.3. Tourniquets.

5.15.5.4. Razors.

5.15.5.5. Straws.

5.15.5.6. Plastic cards.

5.15.5.7. Tiny spoons.

5.15.6. Supervised consumption sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education).

5.16. Overdose Education and Naloxone Distribution (OEND):

5.16.1. Distribution of expired naloxone.

5.16.1.1. OD2A funds may not be used to distribute expired naloxone.

5.16.1.1.1. For guidance on distribution of expired naloxone using non-CDC funds, consult with your health department for guidance.

5.16.2. Purchase of naloxone.

5.17. Initiating LTC activities:

5.17.1. Funding or subsidizing rent for individuals linked to treatment.

5.18. Supporting retention in care:

5.18.1. Purchasing and distributing test strips for testing in biological samples for clinical decision-making purposes.

5.18.2. Providing limited, local housing (e.g., one to two (1-2) days in a hotel) while linking individuals to treatment.

5.18.3. Purchasing/leasing furniture.

5.18.4. Purchasing naloxone (e.g., Narcan).

5.19. Facilitating and Maintaining Recovery.

5.19.1. Infrastructure costs for educational sessions and trainings (e.g., rent, utilities, etc.).

5.20. Cross category activities:

5.20.1. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention (unless to support staff salaries for linkage to treatment, harm reduction, and support services).

5.20.2. Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags).

5.20.3. Direct patient care (e.g., medical provider salaries, the provision of treatment, treatment incentives).

5.20.4. HIV, hepatitis, and/or sexually transmitted infection testing.

6. TASKS

The Contractor shall complete tasks to achieve the following goals under each prevention strategy:

6.1 Strategy Eight (8): Harm Reduction

6.1.1 Distribute 10,000 doses of naloxone across the county in FY26 through:

6.1.1.1 Fifteen (15) community events

6.1.1.2 Partnerships with five (5) new organizations not currently distributing naloxone

6.1.2 Deliver Overdose Recognition and Response training to at least

6.1.2.1 350 individuals

6.1.2.2 Ten (10) organizations via monthly sessions and targeted outreach throughout FY26

6.1.3 Co-lead three (3) targeted community response initiatives (e.g., test strip distribution, naloxone deployment, education campaigns) in coordination with local harm reduction and peer support groups based on emerging needs.

6.2 Strategy Nine (9): Community-Based Linkage to Care

6.2.1 Maintain and enhance the post-release transportation to treatment program in partnership with the Cochise County Jail by:

6.2.1.1 Conducting quarterly data reviews

6.2.1.2 Holding two interdisciplinary quality improvement meetings in FY26

6.2.2 Update and distribute provider directories (printed and digital) to at least twenty-five (25) community partners and participate in ten (10) local events to share resources and increase public awareness of available services.

7. STATE-PROVIDED ITEMS

ADHS will:

7.1. Provide budget, work/ action plan, CER, and quarterly report templates.

7.2. Coordinate quarterly Contractor calls with county staff to facilitate State and County updates, and progress on opioid prevention projects and activities.

7.3. Host an annual meeting for funded agencies and organizations, either face-to-face or virtual.

7.4. Schedule meetings and professional development opportunities with Counties to provide additional support for the implementation of grant related activities.

8. REFERENCE DOCUMENTS

8.1. Arizona Opioid Epidemic Webpage and Interactive Data Dashboard:

8.1.1. azhealth.gov/opioid

8.2. Arizona Opioid Assistance and Referral (OAR) Line:

8.2.1. https://phoenixmed.arizona.edu/oar

8.3. CDC Drug Overdose Website:

8.3.1. https://www.cdc.gov/drugoverdose/

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 twenty-five percent (25%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding twenty-five percent (25%) 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 the 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. DELIVERABLES

The Contractor shall:

10.1 Participate in data collection activities (surveys, interviews, questionnaires) led by ADHS or its evaluation contractors to support program evaluation and monitoring.

10.2 Obtain prior ADHS approval before releasing PSAs or new educational materials.

10.3 Submit annual budgets and work/action plans that reflect FY26 SMART goals, measurable benchmarks, and target audiences.

10.4 Submit quarterly Contractor Expenditure Reports (CERs) and required documentation.

10.5 Submit quarterly progress reports to ADHS that include:

10.5.1 Naloxone distribution metrics

10.5.2 Training participation totals

10.5.3 Community response activities

10.5.4 Transportation program updates

10.5.5 Outreach and provider list dissemination metrics

10.6 Participate in onsite or virtual site visits with ADHS staff as needed.

10.7 Attend quarterly contractor meetings with ADHS to share updates and discuss implementation.

10.8 Engage in statewide media and marketing campaigns that align with harm reduction and community awareness goals.

10.9 Participate in the ADHS Linkages to Care workgroup and contribute local insights and data.

10.10 Attend relevant trainings, professional development sessions, or statewide meetings hosted by ADHS or its contractors.

CDC Overdose Data to Action (OD2A) Grant Deliverables Timeline (September 1 - August 31)

DELIVERABLE TITLE	DUE DATE
1st Quarter Survey Completion and CER (September – November)	December 31
2nd Quarter Survey Completion and CER (December – February)	March 31
3rd Quarter Survey Completion and CER (March – May)	June 30
4th Quarter Survey Completion and CER (June – August)	September 30

11. NOTICES, CORRESPONDENCE, AND REPORTS

11.1. Notices, correspondence and reports from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services
Dominic Orso
OD2A Program Manager
150 N 18th Avenue, Suite 310-B
Phoenix, AZ 85007-3242
Email: dominic.orso@azdhs.gov

11.2. Contractor Expenditure Reports (CERs) and documentation from Contractor to ADHS shall be sent to:

Arizona Department of Health Services
Dominic Orso
OD2A Program Manager
150 N 18th Ave, Suite 310-B
Phoenix, AZ 85007
Email: dominic.orso@azdhs.gov

11.3. 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

REVISED PRICE SHEET

Budget Period September 1st – August 31st

COST REIMBURSEMENT Annual Price Sheet	
ACCOUNT CLASSIFICATION	**LINE-ITEM TOTALS**
Personnel Services*	$51,600.00
Employee Related Expenses*	$16,899.00
Professional and Outside Services*	$1,000.00
Travel*	$1,000.00
Occupancy	$0.00
Other Operating*	$2,228.00
Capital Outlay	$0.00
*Indirect Rate and Costs (14.99%)	$10,909.00
TOTAL ANNUAL (NOT TO EXCEED):	$83,636.00

*Indicated indirect rate calculation

**The Contractor is authorized to transfer up to a maximum of Twenty-five percent (25%) of the total budget amount between line items with the written approval from an ADHS Program Manager. Transfers exceeding Twenty-five percent (25%) or to a non-funded line item shall require an Agreement Amendment.