



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

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

Contract No.: CTR063847

IGA Amendment No: 2

Procurement Officer:
Nathaniel Thomas

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, 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.
 - 1.3. Exhibit A is revised and replaced.

ALL CHANGES ARE REFLECTED 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
FRANK R. ANTEOR

Print Name

CHAIRMAN APR 3, 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

3/31/2025

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signature

Date

Signed this 14th day of APRIL 2025.

Denise Riden

Jacqueline Ortega-Avila

Digitally signed by Jacqueline Ortega-Avila

Date: 2025.04.14 22:52:19 -07'00'

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.

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: 2025.04.11 10:50:20 -07'00'

Signature

Date

Assistant Attorney General

Print Name

1. BACKGROUND

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF PROCUREMENT 150 N. 18 th Ave., Suite 530 Phoenix, Arizona 85007
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- 1.1. The Arizona Department of Health Services (ADHS), through the Office of Injury and Violence Prevention (OIVP), administers funding provided by the Arizona Health Care Cost Containment System (AHCCCS) to operate the State Opioid Response (SOR) program. The primary objective of SOR funding is to assist Arizona in strengthening local capacity within Counties to develop Overdose Fatality Review (OFR) teams. These teams bring together community agencies in a structured process to systematically share information on overdose events, identify risk factors, and develop actionable prevention strategies.
- 1.2. The abuse and addiction to opioids remain critical public health challenges both nationally and within Arizona. Drug overdose deaths have steadily increased over the past two decades, now representing the leading cause of injury-related death in the United States. According to the Centers for Disease Control and Prevention (CDC), overdose deaths surged to 92,452 in 2020—a thirty percent (30%) rise from 71,130 deaths in 2019—with opioids implicated in 69,031 of these cases, accounting for seventy-five percent (75%) of all overdose fatalities.
- 1.3. Historically, the opioid epidemic was driven largely by prescription medications. Arizona's Controlled Substances Prescription Monitoring Program (CSPMP) data show that in 2019, approximately 4.1 million Class II-IV prescriptions were written, resulting in the dispensation of over 240 million controlled substance pills statewide. This equates to around thirty-four (34) Schedule II-IV controlled substance pills per resident. Recent prescribing practices rank Arizona as twenty-eighth (28th) nationally for opioid prescriptions, with a rate of 44.1 prescriptions per 100 people, indicating that prescriptions are no longer the primary cause of overdose deaths.
- 1.4. Currently, fentanyl has become the leading driver of the opioid crisis. In 2019, synthetic opioids, mainly fentanyl, contributed to over 36,000 deaths in the United States, representing about seventy-three percent (73%) of all opioid-related fatalities that year. Most fentanyl-related deaths involve illicitly manufactured fentanyl, often found in counterfeit pills or combined with other drugs, such as heroin or methamphetamine. In Arizona, fentanyl's presence in overdose cases climbed significantly from nine percent (9%) in 2017 to fifty-percent (50%) in 2021.
- 1.5. The financial toll of opioid misuse is substantial as well. In 2019, Arizona experienced 56,623 opioid-related hospital visits, costing an average of \$11,942.00 per visit—totaling approximately \$676 million in healthcare expenses attributed to opioids.
- 1.6. The escalating addiction rates and overdose deaths related to both prescription and illicit opioids underscore a growing national crisis. In Arizona, overdose fatalities are now the leading cause of preventable injury deaths, underscoring the urgency for interventions. ADHS is committed to collaborating with County health departments to build systems and enhance capacity to address substance misuse and abuse through community-based case management initiatives, thus fostering improved public health outcomes statewide.
- 1.7. Cochise County plans to use State Opioid Response (SOR) funds to establish and support local OFR teams, which aim to bring together community organizations and agencies in a structured process to review overdose deaths. These OFR teams analyze individual overdose events to identify risk factors and trends, enabling the development of targeted prevention strategies. Additionally, Cochise County intends to use SOR funds to strengthen local partnerships, improve data-sharing capacities, and implement prevention and intervention strategies that address opioid misuse and addiction, especially focusing on the rising impact of fentanyl in the community. Through these efforts, Cochise County aims to reduce overdose deaths, enhance community education on opioid risks, and provide supportive resources to individuals and families affected by opioid misuse.

2. OBJECTIVE

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- 2.1. The objective of this Agreement aims to enhance County health departments' capacity to combat the opioid crisis by establishing local drug OFR teams and deploying community health workers, case managers, first responders, and peer navigators to support high-risk populations, improving access to care and reducing opioid misuse across communities.

3. SCOPE OF SERVICE

- 3.1. The purpose of this initiative is to strengthen Cochise County Health and Social Services' (CCHSS) overdose prevention efforts through systematic reviews, data collection, and linkages to care (LtC). CCHSS shall designate a point of contact responsible for conducting systematic, multidisciplinary, and multimodal reviews of drug overdose fatalities to identify actionable, locally-implementable prevention recommendations.
- 3.2. CCHSS shall request and gather records for each case, including medical records, toxicology and medical examiner reports, behavioral health records, criminal justice records, prescription drug history records from the CSPMP, Department of Child Services records, Emergency Medical Services/Fire Department records, and next of kin interviews, when applicable. Based on these records, CCHSS shall use the designated data tool spreadsheet to document case demographics, methods of injury, substance use history, behavioral health history, healthcare utilization, stressors, childhood history, and chronic conditions relevant to each OFR case. All information from gathered records shall be entered into the data tool spreadsheet, and the completed document shall be submitted to the OFR Epidemiologist at ADHS. CCHSS shall respond to feedback from the OFR Epidemiologist to ensure all data aligns with standards for annual data analysis and statewide reporting.
- 3.3. Establishing LtC, a representative from CCHSS shall actively participate in the ADHS Linkages to Care workgroup to promote community-based support for those impacted by opioid misuse.
- 3.4. CCHSS shall develop or enhance case management systems to help individuals navigate pathways to care, focusing on identifying the needs of incarcerated individuals during assessments and follow-up sessions. CCHSS shall match individuals with local or the nearest facilities to ensure access to necessary treatment and initiate discharge planning. Care shall be coordinated with inpatient and outpatient behavioral health services, probation and court programs, and health plans. Additionally, CCHSS shall maintain a transportation program to support a "warm hand-off" transition for individuals upon release.
- 3.5. Through these comprehensive efforts, CCHSS aims to improve overdose prevention, promote harm reduction, and provide vital community-based care linkages for those impacted by the opioid crisis.

4. REQUIREMENTS

The County shall:

- 4.1. 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.
- 4.2. Prepare and submit annual budget(s) and work/ action plan(s).
- 4.3. Prepare and submit quarterly Contractors Expenditures Reports (CERs) with documentation
- 4.4. Submit quarterly reports to ADHS detailing quarterly progress on funded activities.
- 4.5. Attend and participate in quarterly Contractor meetings with ADHS.
- 4.6. Assign at least one (1) staff person to attend and participate in ADHS' LtC workgroup.

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4.7. Attend and participate in any training, Statewide Contractor's meetings, or professional development provide by ADHS or its contracted vendors, as necessary.

5. FUNDING RESTRICTIONS

In addition to 45 CFR Part 75, Subpart E's guidance regarding allowable/unallowable expenditures, Substance Abuse and Mental Health Services Administration (SAMHSA) funds may not be used to:

- 5.1. Purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR.75.300(a) (Requiring Health and Human Services (HHS) to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
- 5.2. Purchase, procure, or distribute pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances.
- 5.3. Pay for promotional items including, but not limited to, clothing and commemorative items, such as pens, mugs/cups, folders/folios, lanyards, and conference bags. (45 CFR 75.421(e)(3))
- 5.4. Pay for the purchase or construction of any building or structure to house any part of the program. Minor alterations and renovations (A&R) may be authorized for up to twenty-five percent (25%) of a given budget period or \$150,000.00 (whichever is less) for existing facilities, if necessary and appropriate to the project. Minor A&R may not include a structural change (e.g., to the foundation, roof, floor, or exterior or loadbearing walls of a facility, or extension of an existing facility) to achieve the following: increase the floor area; and/or, change the function and purpose of the facility. SAMHSA & Arizona Health Care Cost Containment System (AHCCCS) must approve all minor A&R.
- 5.5. Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- 5.6. Pay for housing other than recovery housing, which includes application fees and security deposits.
- 5.7. Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. § 1320a-7b).
 - 5.7.1. A recipient or treatment or prevention provider may provide up to twenty-five dollars (\$25.00) non-cash incentive (for example, gift cards, bus passes, or gifts) to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required data collection follow-up interview. Incentives cannot be provided for completing an intake or exit interview. For programs including contingency management as a component of the treatment program, each individual contingency must be fifteen dollars (\$15.00) or less in value and clients may not receive contingencies totaling more than seventy-five dollars (\$75.00) per budget period.
- 5.8. Purchase firearms.
- 5.9. General Provisions under Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act Public Law 117-328, Consolidated Appropriations Act, 2023, Division H, Title V, Section 526, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drugs. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the CDC, determines that the State or local jurisdiction, as applicable, is experiencing, is experimenting, or is at risk for, a significant increase in hepatitis infections or an human immunodeficiency virus (HIV) outbreak due to injection drug use, and such program is operating in accordance with State and local law.

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5.10. **Salary Limitation:** Congress limits the direct salary for individuals under all federal grant and cooperative agreement awards not to exceed Executive Level II pay. The Executive Level II pay amount is an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. The salary limitation does not apply to consultants but does apply to subrecipients under a SAMHSA award or cooperative agreement. Note that these or other salary limitations will apply in future fiscal years, as required by law. The current salary limitation can be found in the most recent SAMHSA Standard Terms and Conditions posted on our website at:

5.10.1. <https://www.samhsa.gov/grants/grants-management/notice-of-award/terms>.

6. TASKS

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

- 6.1. Designate a point of contact that shall be responsible for conducting systematic, multidisciplinary, and multimodality reviews of drug overdose fatalities and identify actionable prevention recommendations for implementation at the local level.
- 6.2. Request and collect records for each case, including but not limited to:
 - 6.2.1. Medical, including toxicology and medical examiner.
 - 6.2.2. Behavioral Health records.
 - 6.2.3. Criminal justice records.
 - 6.2.4. Prescription drug history records (CSPMP).
 - 6.2.5. Department of Child Services records.
 - 6.2.6. Emergency Medical Services/Fire Department records.
 - 6.2.7. Next of kin interviews (if applicable).
- 6.3. 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.
- 6.4. Enter information from all records collected into the data tool spreadsheet.
- 6.5. Submit completed data tool spreadsheet to the OFR Epidemiologist at ADHS.
- 6.6. Respond to feedback from the OFR Epidemiologist to ensure data can be included in the annual OFR data analysis and Statewide report.
- 6.7. Establish LtC:
 - 6.7.1. Have a representative from the County participate in the ADHS LtC workgroup.
- 6.8. Case Management:
 - 6.8.1. Create or enhance case management systems to help individuals navigate the processes by which care may be procured.

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- 6.8.2. Identifying the needs of incarcerated individuals during initial assessment and subsequent sessions.
- 6.8.3. Match each individual with the local or nearest facility to provide necessary treatment and begin developing a discharge plan.
- 6.8.4. Coordinate with inpatient/outpatient behavioral health, probation/attorney/court programs, and/or health plans.
- 6.8.5. Ongoing coordination of the transportation program to initiate warm hand-off upon release.

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.
- 7.8. Arizona Opioid Epidemic webpage and Interactive Data Dashboard
 - 7.8.1. azhealth.gov/opioid.
- 7.9. Arizona Opioid Assistance and Referral (OAR) Line
 - 7.9.1. <https://phoenixmed.arizona.edu/oar>.
- 7.10. ADHS Injury Prevention website:
 - 7.10.1. <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/index.php#ofr-team>.
- 7.11. ADHS Opioid Prevention website:
 - 7.11.1. <https://www.azdhs.gov/opioid/>
- 7.12. Substance Abuse and Mental Health Services Administration Opioid Overdose Prevention Toolkit:
 - 7.12.1. <https://store.samhsa.gov/product/opioid-overdose-prevention-toolkit/sma18-4742>

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8. APPROVALS

- 8.1. 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 Agreement, 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.
- 8.2. With prior written approval from the ADHS Program Manager, the County 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 County should reach out to the ADHS Program Manager before the end of the third (3rd) quarter, so that a timely amendment can be processed by ADHS.
- 8.3. Requests for publication, student thesis or dissertations based on the work funded by this IGA must be approved in writing, in advance, by the ADHS Principal Investigator. The County 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.

9. DELIVERABLES

The County shall provide:

- 9.1. A complete annual OFR data collection tool using the template provided by ADHS. A complete data tool entail:
 - 9.1.1. A death certificate number for each case.
 - 9.1.2. At least one (1) standardized prevention recommendation for each case reviewed.
 - 9.1.3. Each case has no more than four (4) columns with missing or "unknown" responses.
 - 9.1.4. No missing data in required columns.
 - 9.1.5. All cases submitted follow the State's case requirements of at least eighteen (18) years of age, not pregnant in the last year, Arizona resident, and not a suicide death.
 - 9.1.6. Notation of medical records received for each case, including facility or provider requested from, date request sent, and date records received.

State Overdose Response (SOR) Grant Deliverables Timeline (September 30 – September 29)

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

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10. NOTICES, CORRESPONDENCE, AND REPORTS

10.1. Notices, correspondence and reports from the **County** to ADHS shall be sent to:

Arizona Department of Health Services
 Lauren Murphy
 State Opioid Response Program Manager
 150 N 18th Avenue, Suite 310-B
 Phoenix, AZ 85007-3242
 Email: lauren.murphy@azdhs.gov

10.2. Contractor Expenditure Reports (CERs) and documentation from the **County** to ADHS shall be sent to:

Arizona Department of Health Services
 Lauren Murphy
 State Opioid Response Program Manager
 150 N 18th Avenue, Suite 310-B
 Phoenix, AZ 85007-3242
 Email: lauren.murphy@azdhs.gov

10.3. Notices, correspondence, and reports from ADHS to the **County** shall be sent to:

Cochise County Health and Social Services
 Barbara Lang
 Health Director
 1415 Melody Ln. Bldg. A
 Bisbee, AZ 85603
 Phone: 520-432-9400
 Email: blang@cochise.az.gov



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Cost Reimbursement Contract
Revised Annual Price Sheet

ACCOUNT CLASSIFICATION	LINE-ITEM TOTALS
Personal Services*	\$175,885.00
Employee Related Expenses*	\$55,720.00
Professional and Outside Services*	\$0.00
Travel*	\$3,530.00
Occupancy*	\$0.00
Other Operating*	\$4,933.00
Capital Outlay (Equipment)	\$0.00
*Indirect Rate and Costs (2.99%)	\$7,202.00
TOTAL (ANNUAL NOT TO EXCEED):	\$247,270.00

The County is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between line items with the written approval from an ADHS Program Manager.

Transfers exceeding ten percent (10%) or to a non-funded line item shall require an Agreement Amendment.

*Indicated indirect rate calculation



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Exhibit A – 2 CFR 200.335

[eCFR eExhibit -§ 200.332](#)

Prime Awardee: Arizona Department of Health Services
UEI# QMWUG1AMYF65

Procurement Checks:

Per § 180.300 the awarding agency must check that each subrecipient is not exclude dor disqualified. These checks can be performed in SAM.Gov.ADHS Procurement does these checks and uploads the results into APP or Euna Solutions (eCivis).

[§ 180.300](#)

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

Arizona Department of Health Services

Subrecipient's unique entity identifier (UEI #):

QMWUG1AMYF65

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

H79TI087838

Federal Award Date

Contract Date 09/24/2024

Sub-recipient/Subaward Period of Performance Start and End Date;

09/30/2024 - 09/29/2025

Sub-recipient/Subaward Budget Period Start and End Date:

09/30/2024 - 09/29/2025

Amount of Federal Funds Obligated in the subaward:

\$1,860,649

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):

\$247,270

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

Overdose Fatality Reviews and Case Management

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

Substance Abuse & Mental Health Services Administration (SAMHSA)



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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: (complete an additional form if more than one federal funding source is being used to pay for the services).

93.788

Identification of whether the award is R&D

No

Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414

2.9999833%