



MEMORANDUM

Date: November 14, 2025

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: Jan Lesher 
County Administrator

Re: **Public Health Approaches to Addressing & Substance Use in Pima County**

I am transmitting the attached Memorandum from the Pima County Health Department outlining the County's current public health response to substance use in our community. The report provides an overview of the Department's strategic framework—organized around Education, Engagement, Mitigation, and Monitoring - and summarizes key activities, partnerships, funding sources, and outcomes from the past five years.

The Memorandum highlights the ongoing challenges posed by the opioid epidemic, rising rates of substance use disorder, and the growing prevalence of unsheltered homelessness throughout the region. It also documents the County's coordinated response, including:

- Expanded community education and training programs
- Strengthened partnerships with schools, behavioral health providers, law enforcement, and local jurisdictions
- Increased distribution of naloxone, fentanyl test strips, and other harm-reduction tools
- Deployment of mobile health services and peer navigation support
- Enhanced surveillance, data reporting, and overdose fatality review processes
- Strategic use of federal, state, and settlement funds to support treatment access, prevention efforts, and system improvements

Together, these efforts reflect PCHD's commitment to reducing overdose deaths, improving access to treatment and recovery services, and building a more coordinated, evidence-based regional response.

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Attachment

c: Carmine DeBonis, Jr., Deputy County Administrator
Steve Holmes, Deputy County Administrator
Terry Cullen, MD, MS, Public Health Director, Health Department

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Date: November 13, 2025

To: Jan Leshar
County Administrator

From: Theresa Cullen, MD, MS
Health Department Director



Re: Public Health Approaches to Addressing Substance Use in Pima County

The Pima County Health Department (PCHD) continues to play an active role in addressing the intersecting challenges of homelessness and substance use in our community. This memorandum outlines PCHD’s strategic framework for our substance use response organized into four key categories: Education, Engagement, Mitigation, and Monitoring. It also includes a summary of funding allocations and preliminary outcomes from the past five years.

Background

The opioid epidemic remains a public health crisis, marked by a dramatic rise in the misuse of both prescription and illicit opioids. This has led to widespread substance use disorders (SUD) and addiction, overdose deaths, and significant social and economic impacts. In parallel, the increase in homelessness in Pima County is driven by a complex mix of factors, including shortage of affordable housing, rising rents, stagnant wages, and gaps in behavioral health services, including mental health and substance use disorder treatment, that leave many without the support needed to maintain stable housing.

In June 2017, Arizona Governor Doug Ducey declared a Public Health State of Emergency for Opioid misuse, directing the Arizona Department of Health Services to lead a statewide response. Pima County Board of Supervisors subsequently passed Resolution [2017-42](#) supporting research, funding, and expanded access to treatment, and encouraged the Governor to bring resources to local communities.

As a result, PCHD partnered with the Office of the Medical Examiner (OME) and Detainee and Crisis Services (then Pima County Behavioral Health) to enhance surveillance and conduct collaborative analysis of opioid impacts. The 2017 Community Health Needs Assessment (CHNA) identified substance abuse prevention as a major public health priority— a concern that was echoed again in the 2021 and 2024 assessments. PCHD joined broader County efforts to build partnerships with hospitals, health centers, tribal partners, and other stakeholders to track opioid-related deaths and hospitalizations, develop educational materials and promote responsible prescribing guidelines. This included support for the Adult Detention Center’s Medication Assisted Therapy (MAT) program for pregnant women.

As overdose deaths continued to rise, PCHD emphasized prevention strategies for youth, families, pregnant women, and seniors. These efforts included education, awareness campaigns, and expanded MAT access. PCHD and OME continue to conduct routine surveillance of

overdose deaths, tracking trends by drug type, age, and location. As fentanyl and methamphetamine emerged as leading contributors to overdose deaths, collaborative efforts expanded to include law enforcement, behavioral health providers, and other community organizations. PCHD responded with evidence-based training, public awareness campaigns, and the distribution of naloxone kits and fentanyl test strips. These efforts were detailed in a May 2021 [memo](#).

In 2021, PCHD authored a [memo](#) that outlined provider recommendations and risk factors related to fentanyl toxicity, reported accelerated naloxone distribution, and shared plans for expanded educational outreach, including free presentations for youth and young adults. The memo also featured OME data highlighting the disproportionate impact of overdose in communities with high social vulnerability.

In 2022, PCHD strengthened school-based prevention by working with K-12 schools to establish overdose response protocols and supply Narcan Nasal Spray. Letters were sent to school leaders encouraging the inclusion of overdose response in emergency preparedness plans. Harm reduction efforts expanded, with over 19,679 Narcan kits and thousands of fentanyl test kits distributed in just three years. Community partnerships grew to include 116 agencies, with at least 20 lives saved using Narcan distributed from PCHD in 2022 as reported by these community partners. PCHD also contracted with agencies for outreach to vulnerable populations and supported coalitions for youth mental health and substance use prevention. Data dashboards, health alerts, and overdose fatality reviews were implemented to guide ongoing response. These activities were outlined in an October 2022 [memo](#).

The 2024 CHNA again identified SUD as a top concern among Pima County residents. Housing also emerged as a priority. The 2021 Community Health Improvement Plan (CHIP), developed in response to the 2021 CHNA, focused on stigma reduction as a key strategy to address SUD. The 2025 CHIP is currently in development and will include new strategies to address both SUD and housing. These CHNA and CHIP documents continue to guide the department's work.

Overview of Current Response Efforts

PCHD continues to implement a community-focused, evidence-based approach to reduce opioid-related harm and substance use disorder (SUD). This work is guided by four strategic areas and actions that shape a comprehensive response:

1. Educate

PCHD has identified and implemented prevention strategies to reduce the incidence of substance use disorder (SUD) by improving public awareness and education. Key efforts include:

Peer Navigators

Since 2024, PCHD has deployed Peer Navigators who draw on lived experience to engage individuals in nonjudgmental settings, reduce stigma, and support readiness for change. They

provide emotional support, harm reduction education, and warm handoffs at critical points like street outreach, clinics, and crises.

Free Community Trainings

PCHD offers an array of no-cost education and training for any individual or organization. These training opportunities include the following:

- *Rx360* training provided information on the risks and harmful effects of prescription drug misuse, Pima County overdose fatality data, how to recognize and respond to signs of an overdose, resistance tips for youth, healthy alternatives to substance use, and a list of relevant resources. As trends in drugs shifted to an increase in illicit opioid use from prescription opioid use, this presentation was replaced with “The Rise of Fentanyl.”
- *The Rise of Fentanyl* training explains what fentanyl is, explores the driving forces behind the rapid increase in overdoses and deaths, and presents local data and trends from Pima County. Participants learn about risk and protective factors, overdose prevention methods including the use of Narcan and Naloxone and are provided with local resources for support and information.
- *Fentanyl a Killer Among Us* is specifically geared for youth to educate on what fentanyl is, potential avenues they may be exposed to this drug, as well as resistance tips and overdose prevention and response skills.
- *Mental Health First Aid (MHFA)* focuses on the connection between mental health and substance use. It teaches participants how to recognize signs and symptoms of mental health or substance use challenges, provide initial help to those in crisis, and guide them toward appropriate care. Three versions of MHFA are offered: Adult MHFA for adults who interact or work with other adults, Youth MHFA for adults who work with youth, and Youth MHFA for Tribal Communities and Indigenous Peoples for those who work with Indigenous youth.
- The *QPR Gatekeeper* training teaches participants how to identify and respond to warning signs of a suicide crisis. It covers the relationship between mental health and substance use, explains how substance use can increase the risk of suicide attempts and fatalities, and provides guidance on how to address potential signs of suicide while connecting individuals to relevant resources.
- *NAMI Ending the Silence* introduced participants to the fundamentals of mental health, including its direct and indirect effects on individuals, families, and communities. The training explored the connection between mental health and substance use, offers strategies to end stigma, and features a personal story of recovery shared by a young adult presenter. This presentation is still offered in the community and CMHA promotes and refers interested participants to NAMI directly.
- *Understanding Adverse Childhood Experiences (ACEs)* training provides an overview of how childhood trauma affects the brain, body, and behavior of children. It addresses risk and protective factors, explores the relationship between ACEs and substance use, and

offers approaches to build resiliency and promote positive childhood experiences. Participants also receive information on local resources for continued support.

- *Strengthening Families Program* is designed for families with children ages seven to seventeen. It helps parents and caregivers build stronger family relationships, improve parenting skills, and increase social competencies and school performance in youth. The program aims to reduce problem behaviors and substance use in children and connects participants with additional community resources.
- *Chronic Pain Self-Management Program* teaches participants how to manage chronic pain and improve quality of life through structured action plans. The program emphasizes physical activity, healthy eating, and stress management techniques that support pain management without reliance on or misuse of pain medications.
- Naloxone Training teaches participants how to identify and respond to an overdose and help save a life. There are two options:
 1. *Overdose Response* teaches participants how to recognize the signs of an overdose and respond by calling emergency personnel and administering Narcan.
 2. *Overdose Response + Prevention and Safety* is the same previously mentioned training with the addition of additional skills to help mitigate an overdose from happening with the use of testing supplies and other overdose safety skills.
- *Creating a Culture of Recovery: Ending the Stigma* provides an opportunity to engage, learn, and contribute to a conversation to break down barriers and foster a community of understanding and support for those in or entering recovery. Participants learn about the science of addiction, go through common myths and facts of substance use and recovery, and learn that treatment is possible for anyone.

Since 2021, PCHD's community engagement teams have conducted 451 outreach activities, including tabling, school visits, community events, and street outreach, focused specifically on substance use disorder (SUD) and homelessness. These efforts have reached 10,255 individuals.

In the 2023-2024 fiscal year PCHD hosted 229 training sessions, reaching 4,787 attendees. In the 2024-2025 fiscal year, the department conducted 182 training sessions with a total of 3,650 participants. The department is actively pursuing additional grant funding to support expanded training options and staffing capacity, especially "train the trainer" modalities to help improve access to SUD prevention and treatment as well as behavioral health care.

2. Engage

PCHD continues to strengthen and expand cross-sector partnerships to improve public health outcomes and service delivery. In 2023, the department issued a memo outlining a three-tiered prevention framework to address the opioid epidemic highlighting exemplar promising practices throughout the United States. Through the Community Mental Health and Addiction (CMHA)

team, PCHD has been working in close coordination with the City of Tucson and other jurisdictions to advance shared objectives and strategies addressing SUD and homelessness.

Community Collaboration

In Spring 2025, the CMHA team hosted a countywide symposium attended by 200 service providers and community members. The event identified key system gaps and led to the following priorities which are now informing cross-sector efforts:

- Embed peer navigators at transition points
- Standardize warm handoffs using shared data dashboards
- Develop transitional care hubs for short-term stabilization and support
- Expand regional data-sharing tools and cross-sector training on lawful information exchange
- Promote sustainable funding through multi-year and blended models
- Strengthen the peer support workforce with career pathways and fair compensation
- Address stigma through culturally relevant messaging, trauma-informed training, and youth/family engagement

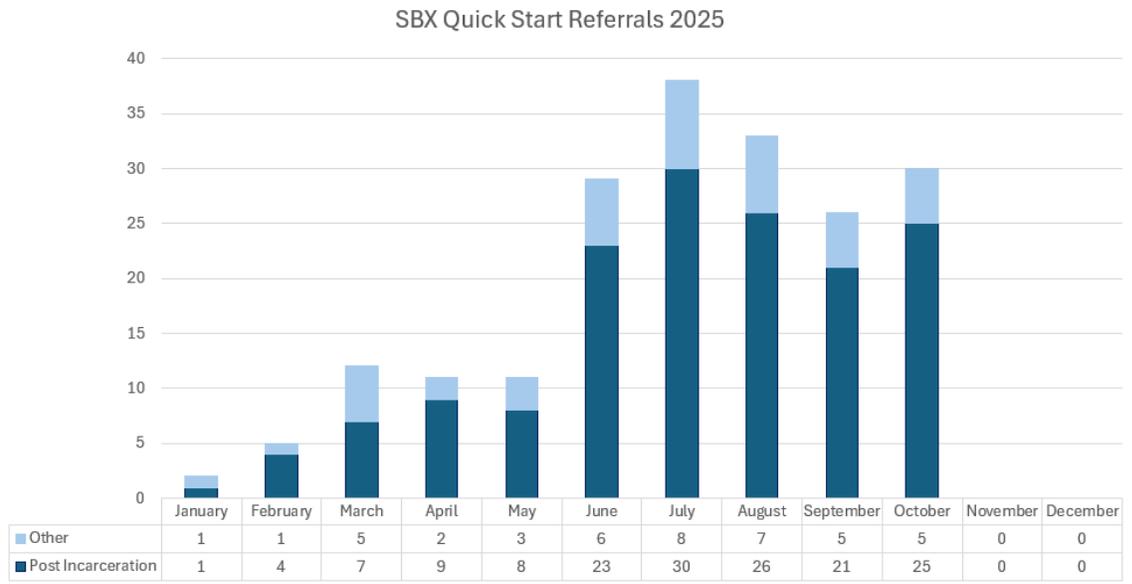
PCHD has also partnered with the University of Arizona's Center for Chronic Pain and Addiction (CCPA) to strengthen the regional response to opioid use and overdose. Based on a jointly developed survey, this partnership is creating continuing education units (CEUs) for primary care providers and other medical professionals. These trainings emphasize compassion-centered care for people who use drugs, aiming to increase provider confidence, reduce stigma in clinical settings, while expanding the number of practitioners who are prepared to prescribe and manage Medication for Opioid Use Disorder (MOUD). This collaboration is helping to build a more supportive and accessible care environment for individuals seeking treatment and recovery services.

Interdepartmental collaboration with Pima County Community and Workforce Development (CWD) and Office of Housing and Homelessness Solutions supports integrated efforts to address employment and housing as key social determinants of SUD and homelessness. PCHD also contributes to improving health and support services at the Jail and Transition Center. Countywide, partners, including the City of Tucson's CSHW program, Tucson Police and Fire, TC3, and Housing and Community Development. These collaborative efforts have led to improved coordination on overdose prevention and resource connection.

Peer Navigation and Case Management

Over the last three years, PCHD has offered direct Peer Navigation and Case Management services. Peer Navigators engage in the field and in clinics to provide emotional support, model recovery, offer harm reduction strategies, and make warm handoffs to care. They help clients understand options, prepare for appointments, and troubleshoot barriers like transportation or paperwork. Training usually includes ethics, boundaries, motivational interviewing, and overdose response. The focus is engagement, readiness, and sustained connection.

Case managers coordinate the formal service plans. They conduct intake and assessment, identify needs across health, housing, income, legal, and family domains, to develop written plans with goals and timelines. They arrange referrals, track eligibility and benefits, follow up on appointments, document progress, and update plans with the care team. Case managers connect high-risk individuals to PCHD Clinical Services for Suboxone Quick-Start programming, providing a temporary medication bridge until the individual can be connected to long-term care. Training includes documentation standards, confidentiality, care coordination, and local resource systems. The focus is comprehensive coordination and accountability across providers.



**Suboxone Quick Start program*

Youth Prevention

Pima County Health Department Youth and Schools programming launched the “Stock Naloxone for Schools” Program in June 2025, providing training and stock medication to all schools in Pima County. As of November 12, 2025, PCHD’s distribution efforts have resulted in 202 school sites in Pima County (55%) having Naloxone wall mount kits on site. Additionally, 69 schools have registered for this program, and 138 school staff members have been trained in the administration of Naloxone. PCHD delivers monthly virtual trainings for school districts, which include data trends and opportunities for services to prevent substance use.

In March 2025, the PCHD also co-hosted the Youth Mental Health Summit, which featured two sessions on youth substance use and drew over 150 attendees. To support early intervention, PCHD has established standing Memorandums of Understanding (MOUs) with two of the largest school districts in Pima County. These agreements allow for deferment education for youth and families following on-campus substance use policy violations.

3. Mitigate

PCHD continues to expand and enhance its service delivery to meet the evolving needs of the community. One of the most significant developments has been the increased deployment of mobile health units, which allows the Department to reach underserved populations and provide essential health services directly in areas facing barriers to care. These mobile operations have strengthened PCHD's capacity to provide timely interventions, preventive services, and health education to help prevent or intercede in SUD.

In addition, PCHD works collaboratively with the Tucson Police Department (TPD) and other City departments to provide health services and support in community settings. PCHD staff have been key partners in TPD's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant.

PCHD supplies all Narcan (naloxone) distributed in Pima County, with the exception for Emergency Responders. PCHD staff distribute to organizations and individuals in areas prioritized by information that we receive from hospitals, social vulnerability index scores, overdose death data, and emergency response data. Fentanyl test strips and Xylazine test strips are also provided free of cost to any requesting community member or agency. Since 2022 PCHD has distributed 82,197 units of Narcan.

Since 2023 PCHD has distributed 18,881 fentanyl test strips to help prevent overdose. Over 500 agencies and organizations have received Narcan from PCHD during this time period. PCHD will continue to expand access to overdose prevention and safety supplies through broad distribution of naloxone, drug testing materials, and safe drug disposal resources. A new initiative includes deploying public health vending machines in areas most affected by overdose deaths.

PCHD has been working with Arizona High Intensity Drug Trafficking Area (AzHIDTA), TPD, and University of Arizona Police Department on a joint campaign called "Be in the Know" for drug awareness and overdose prevention education on the University of Arizona campus. This campaign includes its educational print material and training which can be offered to students, faculty, staff, and/or guardians/families of students.

In addition, PCHD has partnered with the student-run organizations on campus, UA EMS, TACO, and End Overdose, to increase accessibility and education of Narcan and testing supplies across, partner with the fraternity and sorority councils to install Narcan wall mounts, and to train on overdose response. Through these efforts, University of Arizona now has collocated Narcan within all AED wall cabinets across campus. These same partners are currently working with Pima Community College Chief of Police to expand "Be in the Know" with the aim of also having collocated Narcan in AED wall mounts across all PCC campuses.

PCHD is also dedicated to maintaining and expanding its Healthy Companions program which provides mobile health services alongside a veterinarian to people and their animal companions, to address health needs of individuals who may not have access to traditional clinic settings. This program has demonstrated success in engaging individuals with substance use disorders (SUD) and/or homelessness with dignity. The initiative involves establishing Healthy Companion clinics using a One Health approach, which provides clinical and veterinary care to people experiencing homelessness and their pets through a mobile outreach team.

4. Monitor

PCHD has been actively working to enhance its data infrastructure and reporting capabilities to support more effective decision-making and accountability. In collaboration with County Administration, PCHD is improving data reporting processes to ensure greater accuracy, timeliness, and transparency in communicating public health information. These efforts are designed to facilitate better coordination across departments and provide leadership with reliable data to guide policy and program development.

In addition to external reporting improvements, PCHD has prioritized strengthening its internal systems through data modernization initiatives. This includes upgrading technological platforms, refining data collection methods, and enhancing analytic capacity to better monitor public health trends and evaluate program outcomes. By modernizing its data systems, PCHD aims to create a more integrated and responsive framework for managing responses to homelessness and SUD.

PCHD has had an epidemiologist specializing in substance use since 2020. A new position was hired in March of 2024 to replace a vacancy in this role. This position is responsible for conducting surveillance of the cause and circumstance of overdose related death in Pima County. Particular attention is paid to high-risk pharmacological toxicological combinations and at-risk populations. This information is distributed internally and externally to outreach teams to assist with the mitigation of overdose fatality in Pima County.

Data consistently highlights priority populations and behaviors requiring focused intervention. Men remain disproportionately affected by overdose fatalities, underscoring the need for gender-responsive outreach, peer engagement, and partnerships with male-dominated workplaces and unsheltered outreach teams. Unsheltered individuals face significantly higher mortality due to unstable housing, inconsistent access to opioid use disorder treatment, and limited follow-up after acute events.

Individuals recently released from jail, detox, or emergency departments also face a high-risk period due to reduced tolerance and treatment gaps. Strengthening discharge coordination, enabling real-time communication between justice and health systems, and ensuring immediate referrals to treatment with peer navigation can reduce preventable deaths.

CMHA leads the local Overdose Fatality Review (OFR) committee, which conducts confidential reviews of overdose deaths to identify key risk factors and system gaps. This multidisciplinary team is comprised of experts from law enforcement, fire, hospitals, the medical examiner's office, public health, and others to strengthen prevention strategies, inform providers and first responders, and reduce overdose deaths in Pima County. The OFR is funded by the Arizona Department of Health Services' Office of Injury and Violence Prevention.

Overdose Fatality Reviews often highlight the risk of individuals using drugs alone or in secret, leading to unwitnessed overdoses. Addressing this includes expanding education on safer use, increasing access to overdose reversal tools, and supporting community-based prevention programs.

High-quality surveillance data will continue to support earlier, more targeted interventions. Active surveillance and clear alert thresholds will enable rapid community notifications about emerging drug threats. These efforts are reinforced through partnerships across behavioral health, justice, education, housing, and medical systems, and by initiatives to reduce stigma—encouraging individuals at risk to seek support and engage in treatment.

Funding Considerations

Overdose Data to Action (OD2A)

The bulk of the funding for all the above-mentioned activities and services comes from CDC's Overdose Data to Action (OD2A) grant. OD2A is a national cooperative agreement program funded by the CDC to help state, territorial, county, and city health departments address and reduce the complex problem of drug overdose and related harms. The core purpose of the OD2A program is to use a "data-to-action" framework by collecting timely, comprehensive, and high-quality data on fatal and nonfatal overdoses and using that information to inform and drive evidence-based prevention and response efforts.

Since the 2018-2019 fiscal year, PCHD has received \$9,659,381 in Overdose Data to Action funding, with approximately \$2,500,000 per year in beginning in fiscal year 2023.

Public Health Infrastructure Grant (PHIG)

The Public Health Infrastructure Grant (PHIG) was awarded by the CDC in 2022 and supports this work by strengthening the public health framework. It provides funding to PCHD to improve workforce, modernize data systems, and enhance foundational public health capabilities like disease surveillance and emergency preparedness.

Since awarded, approximately \$130,000 in PHIG funding has supported personnel directly involved in opioid response.

State and Non-Profit Funding

Simultaneously, State Opioid Response (SOR) funding and other targeted initiatives like NACCHO's Implementing Overdose Prevention Strategies at the Local Level (IOPSLL) have provided the infrastructure to extend medication-assisted treatment, like MOUD, beyond traditional outpatient clinics into non-traditional settings, including jail and rural outreach environments.

PCHD was also awarded two Governor's Office of Youth, Faith and Family [Trauma Informed Substance Abuse Prevention Program (TISAPP) and Parents Commission] competitive grants to fund mental health and overdose prevention education through community presentations, training, and programs to Pima County residents. The evidence-based and evidence-informed curricula provides primary and tertiary prevention and intervention education for youth, adults,

and families, to decrease incidence of mental health crises, suicides, substance misuse/abuse, and overdose fatalities.

Opioid Settlement Funds

PCHD's CMHA team has helped support and facilitate the region's pooled Opioid Settlement funds. CMHA has provided technical assistance and logistics support to the Regional Opioid Settlement Advisory Committee (ROSAC).

ROSAC has advanced multiple initiatives funded through opioid settlement allocations. Two major Requests for Proposals (RFPs) totaling \$8 million were released to the public and are currently in the deliberation and negotiation phase.

The first RFP seeks proposals from private, nonprofit, public, or governmental entities capable of advancing equitable, community-driven solutions to reduce overdose deaths and promote healing across affected communities. The total allocation of \$5.4 million under this RFP is distributed across five strategies: Youth Prevention Services in Areas of Demonstrated Need (\$1,250,000), Peer Navigation Support (\$1,250,000), Transitional Wrap-Around Support (\$2,000,000), Law Enforcement Co-Response (\$600,000), and Mobile Medication for Opioid Use Disorder (MOUD) Services (\$300,000). Each strategy aligns with key prevention and treatment sections outlined in the One Arizona Agreement, emphasizing the prevention of misuse, treatment expansion, and support for individuals in recovery or involved with the justice system.

The second RFP was released to solicit proposals from private entities to pilot the Pima County Sobering Alternative for Recovery (SAFR) Center. The SAFR Center will be a 24/7, low-barrier sobering facility grounded in trauma-informed care, peer support, and a "no wrong door" approach to ensure individuals in crisis are stabilized and connected to treatment and recovery resources. This initiative is funded up to \$2.2 million and represents a significant step forward in creating a humane and accessible alternative to emergency departments and jail bookings for people under the influence.

Previous to the implementation of the ROSAC, in FY 2023, \$180,000 was funded to purchase Narcan. Two RFPs were awarded through a competitive process in FY 2024-2025; Mobile MOUD services (\$300,000) and support for Pregnant and Parenting People with Addiction (\$100,000). More details can be found in the June 4, 2024, [memo](#), "re: the Regional Opioid Settlement Advisory Committee".

Opioid Settlement funds also supported expanding efforts within the Pima County Adult Detention Complex. Narcan is available for distribution to all detainees at the time of release on an open-shelf basis, allowing any individual to take as many as needed. Medication Assisted Treatment is available to all detainees with OUD and medications are administered within the housing units as well as in the medical unit.

Public Health Approaches to Addressing Substance Use in Pima County

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***Grant funding for PCHD programming addressing Substance Use**

	FY26	FY25	FY24	FY23	FY22	FY21	FY20	FY19	Total Awarded since 2015
OD2A:LOCAL Component A & C (9/1/23-8/31/28)	\$2,544,375	\$2,544,375	\$2,544,375						\$7,633,125.00
OD2A "1.0" (9/1/18-8/31/23)				\$374,663	\$374,663	\$421,391	\$421,576	\$433,963	\$2,026,256.00
SOR (10/1/19-9/30/26)	\$419,252.36	\$401,024.90	\$401,025	\$401,025	\$401,025	\$401,025	\$455,158		\$2,879,535.26
IOPSL (1/1/22-8/31/23)				\$329,770.96	\$170,141.23				\$499,912.19
TISAPP (10/1/23-9/30/26)	\$199,860	\$199,860	\$199,860						\$599,580.00
Parents Commission (7/1/19-6/30/25)		\$199,765	\$199,765	\$199,765	\$167,923	\$167,923	\$167,923		\$1,103,064.00
Totals	\$3,163,487.36	\$3,345,025	\$3,345,025	\$1,305,224	\$1,113,752	\$990,339	\$1,044,657	\$576,302	\$14,741,472.45

Conclusion

PCHD’s multifaceted approach to addressing and responding to substance use underscores the department’s commitment to advancing health equity, reducing preventable deaths, and strengthening the community’s capacity for resilience and recovery. Our Health Department has been recognized nationally for best practices in these areas.

Through education, engagement, mitigation, and monitoring, PCHD continues to align its public health strategies with evidence-based practices and collaborative partnerships that address the root causes of these complex challenges.

While significant progress has been made, the department recognizes that sustained success will require continued investment, coordination, and innovation. By leveraging data-driven insights, strengthening cross-sector collaborations, and centering the voices of those most affected, PCHD is positioned to build a healthier Pima County.

TC

- C: Carmine DeBonis, Deputy County Administrator
- Steve Holmes, Deputy County Administrator
- Theresa Cullen, MD, MS, Public Health Director, Health Department