



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: July 25, 2023

* = Mandatory, information must be provided

or Procurement Director Award: ☐

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Healthy People Healthy Communities.

***Purpose:**

This is an integrated inter-governmental agreement (IGA) grant that includes multiple programs from several State funding sources: Tobacco Prevention & Cessation, Health in Arizona Policy Initiative (HAPI), Teen Pregnancy Prevention, Youth Mental Health First Aid (YMHFA), and Suicide Mortality Review. The purpose of the Healthy People Healthy Communities Integrated IGA is to leverage multiple public health funding sources to work towards implementation of health priorities identified in the Arizona Health Improvement Plan and the Community Health Improvement Plan. This IGA is intended to provide flexibility to the Pima County Health Department to best meet the needs of the local community through high impact strategies that realize the agreed upon outcomes. The IGA provides a pathway to improved coordination of multiple prevention programs while streamlining the administrative functions for the programs that were previously administered separately.

Amendment #3 adds the Scope of Work and Price Sheet for fiscal year 2023-2024.

***Procurement Method:**

This grant IGA is a non-procurement agreement and is not subject to procurement rules.

***Program Goals/Predicted Outcomes:**

The Health Department will implement evidence-based strategies at the local community level that:

1. Promote and implement healthy communities' interventions that target policy, system, and environmental approaches that will shape communities in Pima County.
2. Promote and implement healthy people interventions that target individual behavior and support making healthy choices.

***Public Benefit:**

This IGA offers a variety of evidence-based strategies designed to impact policy, system, and environmental change at the community, organizational, individual, and policy levels in order to promote county-wide health changes and maximize public health impact. The Health Department will emphasize complementary policy, environmental, programmatic, and infrastructure activities that integrate and build on each other to optimize community health improvements.

***Metrics Available to Measure Performance:**

Metrics are determined for each individual program funded in this IGA through the development of program specific work plans that are approved by ADHS during the first quarter of funding.

***Retroactive:**

Yes. This amendment was not received from ADHS until 6/22/23. If not approved, the County will lose out on more than \$1.4 million in core prevention funding.

6/27/23 approved
7/7/23
(initials)

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
 Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount \$ _____ * ☐ Revenue Amount: \$ _____

***Funding Source(s) required:** _____

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
 Amendment No.: _____ AMS Version No.: _____
 Commencement Date: _____ New Termination Date: _____
 Prior Contract No. (Synergen/CMS): _____

☐ Expense ☐ Revenue ☐ Increase ☐ Decrease

Amount This Amendment: \$ _____

Is there revenue included? ☐ Yes ☐ No If Yes \$ _____

***Funding Source(s) required:** _____

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards)

☐ Award ☒ Amendment

Document Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 23-081
 Commencement Date: 07/01/2023 Termination Date: 06/30/2024 Amendment Number: 03
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 1,437,819.00

***All Funding Source(s) required:** Prop 200 (Tobacco), Prop 303 (HAPI), State Lottery funds (Teen Pregnancy and HAPI); Prop 207 (Suicide& Mental Health)

***Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ _____ % _____

***Match funding from other sources?** ☐ Yes ☒ No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

N/A – all State funding

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature]

Date: 6/30/2023

Deputy County Administrator Signature: [Signature]

Date: 10/24/2023

County Administrator Signature: [Signature]

Date: 7/10/2023



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

ARIZONA DEPARTMENT OF
HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.: **CTR055422**

IGA Amendment No: **3**

Procurement Officer
Anthony Beckum

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, Section 6.1 Amendments, Purchase Orders and Change Orders, the following changes are made under this Amendment Three (3):
 - 1.1. The Price Sheet is revised and replaced; and
 - 1.2. Exhibit A, C and D are revised and replaced.

ALL CHANGES SHALL BE IDENTIFIED IN **RED**

All other provisions of this agreement remain unchanged.

Contractor Name: **Pima County**

Authorized Signature

Address: 3950 S. Country Club Road, Suite 100

Print Name

Tucson AZ 85714
City State Zip

Title

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.

State of Arizona

 6/29/23
Signature Date


Signed this _____ day of _____ 202_.

Tyler Campman
Print Name

Procurement Officer

Contract No.: **CTR055422**, 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

REVIEWED BY: 
Appointing Authority or Designee
Pima County Health Department

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 18 th Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR055422	IGA Amendment No: 3	Procurement Officer Anthony Beckum

Annual Price Sheet

Healthy People Healthy Communities

July 1 – June 30

ACTION PLAN

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Upon approval of the following Action Plans: Tobacco Prop 200 = \$51,939.00 Chronic Disease Prop 303 = \$19,048.00 WIC Lottery = \$7,700.00 Teen Pregnancy = \$25,000.00	EA	1	\$103,687.00	\$103,687.00

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	\$246,718.00	\$986,872.00

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 = \$27,240.00 WIC Lottery = \$8,075.00	QTR	4	\$35,315.00	\$141,260.00

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	\$25,000.00	\$100,000.00



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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. See SOW for Specific Service Strategies	Training	6	\$1,000.00	\$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	\$25,000.00	\$100,000.00

TOTAL

ITEM/SERVICE DESCRIPTION	TOTAL
ANNUAL TOTAL (NOT TO EXCEED)	\$1,437,819.00

	<p style="text-align: center;">INTERGOVERNMENTAL AGREEMENT (IGA)</p> <p style="text-align: center;">Amendment</p>		<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 150 18th Ave Suite 530 Phoenix, Arizona 85007</p>
	<p>Contract No.: CTR055422</p>	<p>IGA Amendment No: 3</p>	<p>Procurement Officer Anthony Beckum</p>

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 populations identified above or with other populations which may be identified based on county-level data. Counties will provide the selected population groups with targeted evidence-based programs and activities for two components: 1) Tobacco Prevention and 2) Tobacco Cessation. In addition, counties will participate in three ADHS-led work groups that will explore innovative approaches to tobacco programming that address 1) Youth; 2) Secondhand Smoke (SHS); and 3) Emerging Issues. Counties will 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 will 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 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 will 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; and



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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**, and
 - 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/work flow, and promoting services offered through Arizona Smokers' Helpline (ASHLine).**
 - 1.2.1 Counties will identify and eliminate tobacco-related disparities among **two** 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); and/or
 - 1.2.1.4 Other priority populations not listed and pre-approved by ADHS. Counties will 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 will identify and select community partners that may include:
 - 1.2.2.1 Employers; and
 - 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; and/or
 - 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, and
 - 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, and
 - 1.4.4 In-person semi-annual statewide partner meetings, to occur:
 - 1.4.4.1 Spring (March/April); and
 - 1.4.4.2 Fall (September/October);
 - 1.4.5 Tobacco Office Hours/Coffee Talks, as scheduled and needed, and
 - 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 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](#), and

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	<p>Contract No.: CTR055422</p>	<p>IGA Amendment No: 3</p>	<p>Procurement Officer Anthony Beckum</p>

- 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.

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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, and
 - 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;



INTERGOVERNMENTAL AGREEMENT (IGA)

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- 3.1.3.3 Obtaining active parental consent forms for youth participation in programming and evaluation;
- 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.; and/or
- 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 staff in TPP Youth Mental Health First Aid Training with prior approval from ADHS;
 - 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 trainer must deliver at minimum three (3) trainings per year to maintain active certification in YMHFA;
- 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;
- 4.4 Co-facilitated training(s) will only count as one training for payment of stipends;
- 4.5 Training events must follow the training outline identified by the National Council of Behavioral Health (NCBH) Youth Mental Health First Aid;
- 4.6 During the pandemic, if in-person training is prohibited, training to youth serving organizations can be conducted virtually;
- 4.7 Once pandemic restrictions are lifted and in-person training and travel are allowed, training to youth serving organizations shall be conducted in one (1) of two (2) options: In-person or blended learning;
- 4.8 Each training shall consist of no less than five (5) participants and no more than thirty (30) and include participant training materials; and

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	<p>Contract No.: CTR055422</p>	<p>IGA Amendment No: 3</p>	<p>Procurement Officer Anthony Beckum</p>

- 4.9 Course materials must be ordered for all training participants as this is a required component.
- 4.10 For the TPP Youth Mental Health First Aid Training, programs will submit the following with their quarterly CERs:
- 4.10.1 Participant sign-in sheet (if in person) that includes organization's name, date, and name of the educator, or
 - 4.10.2 "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.

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	Contract No.: CTR055422	IGA Amendment No: 3	

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 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:

5. Strategic Area: Suicide Mortality Review

- 5.1 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;
- 5.2 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;**
- 5.3 Bring together local community agencies in a formal process to systematically share information on suicide events for persons over the age of eighteen (18) years old, identify risk factors in those deaths, and provide prevention recommendations. Program tasks include but are not limited to:
 - 5.3.1 The County Contractor shall for the Suicide Mortality Review Program:
 - 5.3.1.1 Attend scheduled training sessions with ADHS on Suicide Mortality Review Policies and Procedures;



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- 5.3.1.2. 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;**
- 5.3.1.3. Provide orientation to all members and consultants which include, at a minimum, the following topics:
 - 5.3.1.3.1. Instruction regarding confidentiality,
 - 5.3.1.3.2. Overview of Senate Bill that establishes the local Suicide Mortality Review team;**
 - 5.3.1.3.3. Use of the data forms,
 - 5.3.1.3.4. Public access to team information,
 - 5.3.1.3.5. Responsibilities and limitations of team membership; Process and goals of fatality review,
 - 5.3.1.3.6. The promotion of culturally diverse and competent approaches in case reviews, using Suicide Mortality Review materials provided by the State Team,
 - 5.3.1.3.7. The promotion of culturally diverse and competent approaches in case reviews, and
 - 5.3.1.3.8. Review materials provided by the State Team,
- 5.3.1.4. Establish procedures for **accessing** the following records related to the circumstances surrounding suicide:
 - 5.3.1.4.1. Death Certificates,
 - 5.3.1.4.2. Birth Certificates,
 - 5.3.1.4.3. Law enforcement Reports,
 - 5.3.1.4.4. Medical Examiner's Reports,
 - 5.3.1.4.5. Medical Records,
 - 5.3.1.4.6. Child Protective Services' Reports, and
 - 5.3.1.4.7. Other Records, as needed,
- 5.3.1.5. Establish procedures to track fatalities requiring review by the Local Team and completion of Reviews;



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT OF
HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.: **CTR055422**

IGA Amendment No: **3**

Procurement Officer
Anthony Beckum

- 5.3.1.6. Prepare quarterly **and/ or annual** reports and data for the ADHS Suicide Mortality Review Program, cases reviewed, and obstacles to completion of reviews;
- 5.3.1.7. 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 records for your jurisdiction, you shall send a representative when the review is conducted;
- 5.3.1.8. 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; and
- 5.3.1.9. Conduct an annual analysis on the incidences and causes of suicides in the local community during the preceding fiscal year.
- 5.3.2. For the Suicide Mortality Review Program, ADHS will:
 - 5.3.2.1. Establish a State Suicide Mortality Review Team;
 - 5.3.2.2. Provide a Policies and Procedure Manual, **and update as necessary**;
 - 5.3.2.3. Develop standards and protocols for local suicide mortality review teams and provide training and technical assistance to these teams;
 - 5.3.2.4. Provide a Quarterly **and/ or Annual** Reporting Template;
 - 5.3.2.5. Provide a Suicide Mortality Data Collection Tool;
 - 5.3.2.6. Provide **supporting** documentation requirements for quarterly payment;
 - 5.3.2.7. Provide Quarterly Meetings for contractors to:
 - 5.3.2.7.1. Provide training and technical assistance on **the** suicide **mortality** review process; **and**
 - 5.3.2.7.2. 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.