



**BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS**

Award Contract Grant

Requested Board Meeting Date: February 1, 2022

* = Mandatory, information must be provided

or Procurement Director Award

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

Arizona Department of Health Services

***Project Title/Description:**

Arizona Prescription Drug Overdose Prevention Program

***Purpose:**

The purpose of this grant is to develop, implement, and assess relevant and proven strategies to halt, reverse, and diminish opioid drug overdoses in our community. Amendment #1 provides pricing for the current (federal) fiscal year. Funding includes \$374,663 for the CDC funded Overdose Data to Action program, \$351,025 for linkages to care services (SAMHSA funded), and \$50,000 for maintaining a local Overdose Fatality Review Team (SAMHSA funded). The total annual amount is \$775,688.

***Procurement Method:**

This grant IGA is a non-Procurement contract, and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

Program goals include:

1. Improved use of Arizona's Controlled Substances Prescription Monitoring Program (CSPMP) in conjunction with proactive data reporting and analysis of the program.
2. Expanded implementation of community prevention efforts of the Arizona Prescription Drug Misuse and Abuse Initiative using the Rx Drug Misuse & Abuse Initiative Community Toolkit.
3. Improved local capacity, particularly through the Pima County Health Department, to implement activities, technical expertise for analysis and strategic planning, and enhanced community situational awareness through outreach and education.
4. Increased adoption and evaluation of the Arizona Opioid Prescribing Guidelines.
5. Create and maintain a local opioid fatality review team to investigate drug overdose fatalities.
6. Targeted Naloxone distribution.

***Public Benefit:**

This grant aims to benefit the public through the reduction of rates of drug use and drug overdose in Pima County.

***Metrics Available to Measure Performance:**

1. Number of printed and distributed Rx Drug Misuse and Abuse Initiative Toolkits to high-burden areas of Pima County in meetings with community partners.
2. Number of Rx toolkit trainings attended with State and County Health Department employees, local coalitions, faith-based organizations, Regional Behavioral Health Authorities (RBHAs) and others.
3. Develop county level analyses for hospital and mortality data.
4. Maintain documentation of any Public Service Announcements created and run in Pima County regarding prescription drug misuse and abuse.
5. Number of fatality reviews complete.
6. Number of committee meetings held.
7. Marketing materials and fliers developed for the public.
8. Public facing reports and alerts for direct service providers and first responders.
9. Number of Naloxone kits distributed and agencies receiving.

***Retroactive:**

Yes. The grant year began 9/1/2021. However, this IGA was not received from ADHS until 01/10/2022. If not accepted, the County will not be able to use these funds to address drug abuse.

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 or 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): 22-45

Commencement Date: 09/01/2021 Termination Date: 09/29/2022 Amendment Number: 01

Match Amount: \$ _____ Revenue Amount: \$ 775,688.00

***All Funding Source(s) required:** There are two federal funding sources in this IGA. \$374,663 is from the Centers for Disease Control and \$401,025 is from Substance Abuse & Mental Health Svcs Admin (SAMHSA)

***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)?** Both funding streams are via an IGA with the Arizona Department of Health Services

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 01/11/22

Deputy County Administrator Signature/Date: [Signature] 12 Jan 2022

County Administrator Signature/Date: [Signature] 1/12/2022
(Required for Board Agenda/Addendum Items)



**INTERGOVERNMENTAL AGREEMENT (IGA)
Amendment**

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

Contract No.: IGA2021-070

IGA Amendment No.: 1

**Procurement Officer
Nicole Marquez**

ARIZONA PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

Effective upon signature of both parties, 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 Amendment, Purchases Orders and Change Orders;
 - 1.1 The Scope of Work has been revised and replaced;
 - 1.2 The Price Sheet has been revised and replaced; and
 - 1.3 Exhibit A is added.

ALL CHANGES ARE MARKED BELOW IN RED

All other provisions of this agreement remain unchanged.

Pima County Health Department

Contractor Name:
3950 S. Country Club Road


Address:
Tucson AZ 85714
City State Zip

County Authorized Signature

Print Name

Title and Date

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona


Signature Date 1/11/22

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.

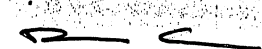
State of Arizona
Signed this _____ day of _____ 202

Jonathan Pinkney
Print Name
Procurement Officer

Contract No.: IGA2021-070, 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



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1. DEFINITIONS:

- 1.1 "ADHS" for the purpose of this document refers to the Arizona Department of Health Services.
- 1.2 "OIVP" for the purpose of this document refers to the Office of Injury and Violence Prevention within the Arizona Department of Health Services.
- 1.2 "CDC" for the purpose of this document refers to the Centers for Disease Control and Prevention.
- 1.3 "CME" for the purpose of this document refers to Continuing Medical Education.
- 1.4 "CSPMP" for the purpose of this document refers to the Controlled Substances Prescription Monitoring Program.
- 1.5 "County or County Health Department" for the purpose of this document means the individual counties selected as high-burden areas in the state to implement the Prescription Drug Misuse and Abuse Toolkit.
- 1.6 "County Health Department program managers" for the purpose of this document, refers to the individual who works for the Contractor who has overall responsibility of the proposed project, including management of staff and Contractors to ensure that the State is in compliance with all grant requirements and communication with ADHS on progress made toward achieving the deliverables.
- 1.7 "DEA" for the purpose of this document refers to the United States Drug Enforcement Administration.
- 1.8 "High-burden areas" for the purpose of this document refers to communities which are identified by the department and Contractor as areas within the county with the highest rates of prescription drug mortality and morbidity.
- 1.9 "NAS" for the purpose of this document refers to Neonatal Abstinence Syndrome.
- 1.10 "Partners" for the purpose of this document refers to state agencies, providers, EBP's, communities and others.
- 1.11 "PSAs" for the purpose of this document refers to public service announcements.
- 1.12 "RHBA's" for the purpose of this document refers to Regional Behavioral Health Authorities.
- 1.13 "Rx" for the purpose of this document refers to prescription.
- 1.14 "ADHS Program Manager" means Arizona Department of Health Services employed staff managing the Project contract.
- 1.15 "ADHS Injury Epidemiologist" means Arizona Department of Health Services employed injury epidemiologist.
- 1.16 "Shall or Must" means a mandatory requirement. Failure to meet these mandatory requirements may deem Contractor out of compliance with the Contract.



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2. BACKGROUND:

ADHS Office of Injury and Violence Prevention (OIVP) administers funds provided by the CDC for operation of the Overdose Data to Action Cooperative Agreement. Abuse and addiction to opioids is a serious and challenging national public health problem. Deaths from drug overdose have risen steadily over the past two (2) decades and have become the leading cause of injury death in the United States. The latest numbers from the CDC show a reported 92,452 overdose deaths for the year 2020, up thirty (30) percent from the 71,130 deaths in 2019. Of those 2020 deaths, opioids were involved in 69,031, which accounts for seventy-five (75) percent of all drug overdose deaths.

Previously, this opioid epidemic had been driven by prescription drug use. According to data from Arizona's CSPMP, there were 4.1 million Class II-IV prescriptions written and 240,511,812 pills dispensed in Arizona in 2019. This equates to thirty-four (34) Schedule II-IV controlled substance pills for every person, adults and children, living in Arizona. According to experts, recent prescribing practices in Arizona rank our state as twenty-eighth (28th) for opioid prescribing with 44.1 prescriptions per one hundred (100) people; but this is no longer the root cause of overdose deaths.

Now, the main driver of the opioid crisis is fentanyl. In 2019, synthetic opioids were involved in more than 36,000 deaths in the U. S., which is about seventy-three (73) percent of all opioid-involved deaths that year. Most of these fentanyl deaths were due to illicitly-made fentanyl, which is found in counterfeit pills and being mixed into other drugs such as heroin. Other street drugs (such as methamphetamines) may be laced with fentanyl without the user's knowledge, adding to risk of overdose. In Arizona, presence of fentanyl in overdoses significantly increased from nine (9) percent in 2017 to fifty (50) percent in 2021.

In addition to the human cost, the financial burden of opioid misuse is enormous. In 2019, there were 56,623 hospital visits related to opioids in Arizona, at an average cost of \$11,942 per visit. This equals about \$676 million dollars in health care costs due to opioids.

Prescription and illicit opioids, like fentanyl, are addictive and responsible for an increasing number of deaths in Arizona. This rise reflects a growing problem across the nation and overdose deaths are the leading cause of preventable injury death.

3. OBJECTIVE

With resources awarded through the CDC and Substance Abuse and Mental Health Services Administration (SAMHSA), Arizona will be well equipped to continue expanding prevention services and strategies to halt, reverse, and diminish the opioid crisis in our state. Key Strategies and Initiatives that will guide ADHS' work include:

- 3.1 Enhancing the capacity of county health departments to address the opioid epidemic through implementation of prevention-based strategies that will lessen the overall impact and burden of opioid misuse across the community; and
- 3.2 Expanding local linkages to care to improve access to prevention-based and Opioid Use Disorder (OUD) treatment services across the state.

4. TASKS

The Contractor shall:

- 4.1 Integrate State and Local Prevention and Response Efforts
 - 4.1.1 Establish Memorandum of Understandings (MOU's) that demonstrate collaboration and yield actionable products for prevention efforts;



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4.1.2 Targeted Naloxone Distribution services such as training, awareness, tracking, resource mapping and evaluation.

4.2 Establish Linkages to Care

4.2.1 Efforts to increase awareness of area service providers and current evidence-based treatment space / capacity;

4.2.2 Conduct outreach and provide corollary services in school settings;

4.2.3 Develop case management systems to help individuals navigate the processes by which care may be procured; and

4.2.4 Leverage law enforcement pre-arrest diversion or pre-sentencing programs that include an explicit system to deliver individuals into systems of care.

4.3 Providers and Health Support System Support

4.3.1 Clinician and provider training and systems support for implementation of the full suite of safe prescribing practices, resources for clinical support of patients with chronic pain and ensuring linkages to care when patients need evidence-based treatment; and

4.3.2 Collaboration with clinical specialty collaboratives in developing dashboards, reports and other methods to provide feedback to providers on prescribing.

4.4 Have a representative from Pima County participate in the ADHS Linkages to Care workgroup.

5. REQUIREMENTS

The local overdose fatality review (OFR) teams are required to identify a local point of contact within the county health department to receive confidential medical information, personally identifiable information, or highly-sensitive personal information via secure messaging from the Office of Vital Records (OVR) or the ADHS. The designated point of contact agrees to monitor authorized persons use of personally identifiable data and not to use or disclose confidential medical information, personally identifiable information or highly-sensitive personal information as required by law. The designated point of contact will also be responsible for maintaining documentation of any Public Service Announcements (PSAs) created and run in the county regarding opioid misuse prevention. Must also receive pre-approval before releasing any PSAs or new education materials.

6. DELIVERABLES

The Contractor shall:

6.1 Participate in surveys, interviews (remote or face-to-face), and questionnaires developed and disseminated by the Arizona State University (ASU) Southwest Interdisciplinary Research Center evaluation team to collect data and information necessary to assess state and local progress with meeting grant related goals and objectives;

6.2 Prepare and submit quarterly Contractors Expenditures Reports (CERs) at the end of each quarter;

6.3 Prepare and submit annual progress report outlining all grant related activities completed at the end of the contract year; and

6.4 Complete Local Annual OFR Analysis.



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CDC Overdose Data to Action (OD2A) Grant Deliverables Timeline

DELIVERABLE TITLE	DUE DATE
1 st Quarter Survey Completion and CER	November 30 th
2 nd Quarter Survey Completion and CER	February 28 th
3 rd Quarter Survey Completion and CER	May 31 st
4 TH Quarter Survey Completion and CER	August 31 st

State Overdose Response (SOR) Grant Deliverables Timeline

DELIVERABLE TITLE	DUE DATE
1 st Quarter Survey Completion and CER	December 31 st
2 nd Quarter Survey Completion and CER	March 31 st
Local OFR Data Submission	May 1 st
3 rd Quarter Survey Completion and CER	June 30 th
Complete Local Annual OFR Analysis	July 1 st
4 TH Quarter Survey Completion and CER	September 29 th

7. STATE PROVIDED ITEMS

ADHS will:

- 7.1 Host quarterly conference calls to provide updates and information on opioid prevention projects and activities;
- 7.2 Host an annual face-to-face meeting for funded agencies and organization; and
- 7.3 Schedule monthly one-on-one meetings with contracted agencies to provide additional support for the implementation of grant related activities.

8. REFERENCE DOCUMENTS

- 8.1 Arizona Opioid Epidemic webpage and Interactive Data Dashboard- azhealth.gov/opioid; and
- 8.2 Arizona Opioid Assistance and Referral Line- <https://phoenixmed.arizona.edu/oar>

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



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such announcements.

10. NOTICES, CORRESPONDENCE, REPORTS AND CERs/ INVOICES

10.1 Notices, Correspondence, Reports, and CERs/Invoices from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services
Attn: Earl Harris, Injury and Substance Abuse Prevention Manager
Office of Injury and Violence Prevention
150 North 18th Avenue, Suite 310
Phoenix, Arizona 85007
Tel: 602-364-3321
Fax: 602-364-1444
Email: earl.harris@azdhs.gov

10.2 Notices, Correspondence, Reports and Payments from ADHS to the Contractor shall be sent to:

Theresa Cullen, Director
Pima County Health Department
3950 S. Country Club Rd., Ste. #100
Tucson, AZ 85714
Theresa.Cullen@pima.gov



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**PIMA COUNTY HEALTH DEPARTMENT
PRICE SHEET**

CDC Overdose Data to Action Cooperative Agreement (OD2A) September 01, 2021 – August 31, 2022	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$233,251.00
Fringe Benefits	\$68,156.00
Consultant Costs	\$0.00
Equipment	\$0.00
Supplies	\$11,060.00
Travel	\$6,337.00
Other Categories	\$21,800.00
Contractual	\$0.00
Total indirect Costs	\$34,059.00
TOTAL (Not to exceed)	\$374,663.00

State Opioid Response Grant (SOR) Pima County Case Management September 30, 2021 – September 29, 2022	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$56,308.00
Fringe Benefits	\$21,897.00
Transportation for Services	\$0.00
Equipment	\$0.00
Supplies	\$0.00
Travel	\$0.00
Other	\$0.00
Contractual	\$265,000.00
Total Indirect Costs	\$7,820.00
Total (Not to exceed)	\$351,025.00



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State Opioid Response Grant (SOR) Drug Overdose Death Review Team September 30, 2021 – September 29, 2022	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$34,898.00
Fringe Benefits	\$10,557.00
Consultant Costs	\$0.00
Equipment	\$0.00
Supplies	\$0.00
Travel	\$0.00
Other Categories	\$0.00
Contractual	\$0.00
Total indirect Costs	\$4,545.00
TOTAL (Not to exceed)	\$50,000.00

With prior written approval from the Program manager, the Contractor 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.

AUTHORIZATION FOR PROVISION OF SERVICES: Authorization for purchase of services under this contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless: a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this contract.



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Exhibit A

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	Arizona Department of Health Services
DUNS #	804745420
Federal Award Identification (Grant Number):	5 NU17CE924965-03-00
Subrecipient name (which must match the name associated with its unique entity identifier):	Pima County Community Health Services
Subrecipient's unique entity identifier (DUNS #):	144733792
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NU17CE924965
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	07/29/2021
Subaward Period of Performance Start and End Date;	9/01/2021 - 9/29/2022
Subaward Budget Period Start and End Date:	9/01/2021 - 9/29/2022
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	\$374,663.00
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):	\$374,663.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	\$374,663.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Arizona Proposal for the Overdose Data to Action Cooperative Agreement
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention
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:	93.136- Injury Prevention and Control Research and State and Community Based Programs



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Identification of whether the award is R&D

No

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

26.70