

COB - BOSAIR FORM

10/20/2025 8:58 AM (MST)

Submitted by Christina.Drennan2@pima.gov



BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.

Record Number:

Amplifund Grant Record Number: 79252

Award Type: Grant

Is a Board Meeting Date Requested? Yes

Requested Board Meeting Date: 11/18/2025

Signature Only:

NO

Procurement Director Award / Delegated Award: • N/A

Supplier / Customer / Grantor / Subrecipient: State of Arizona Governor's Office of Youth, Faith and Family

Project Title / Description: Pima County Health Department Chronic Pain Initiative (CPI)

Purpose: The second amendment to the Substance Use Block Grant (SUBG) Primary Prevention extends the grant for one year and adds \$199,860.00 in funding. The grant seeks to address substance misuse and overdose deaths by implementing trauma-informed approaches and education related to substance misuse and chronic pain. This project primarily targets residents aged 55 years of age and older, tribal, and high-need rural communities, but will also include general and urban populations.

Procurement Method: Grant: Not applicable

Procurement Method Additional Info: N/A

Program Goals/Predicted Outcomes: This project includes a partnership with Pima Council on Aging, and will continue to build on other widespread partnerships, including health systems, justice, law enforcement, and the general community by forming a Southern Arizona Healthy Living Chronic Pain coalition. The Pima County Health Department (PCHD) anticipates positive and sustainable prevention outcomes which will decrease instances of substance misuse and overdose deaths. PCHD will reach this outcome by providing trauma-informed, evidence-based educational programs about safe practices and resources for the treatment of chronic pain, risk and protective factors, adverse childhood experiences, trauma informed care, and the link between chronic pain and mental health.

Public Benefit and Impact:	The Pima County Health Department Chronic Pain Initiative will expand the scale of existing promising prevention efforts in response to the high rates of overdoses and a growing presence of substance use in Pima County.
Budget Pillar	<ul style="list-style-type: none"> • Improve the quality of life
Support of Prosperity Initiative:	<ul style="list-style-type: none"> • 2. Improve Quality of Life and Opportunity in High Poverty Areas
Provide information that explains how this activity supports the selected Prosperity Initiatives	The Pima County Health Department Chronic Pain Initiative (CPI) project improves quality of life by decreasing substance misuse and overdose deaths in the community.
Metrics Available to Measure Performance:	<p>Metrics include the following:</p> <ul style="list-style-type: none"> - Number of individuals in attendance at each training session - Number and % of workshop participants exhibiting desired change in awareness, knowledge, attitudes and perception - Number of individuals trained as lay leaders - Number of partners engaged through the Southern Arizona Chronic Pain Taskforce
Retroactive:	YES
Retroactive Description:	Yes. The grant term began October 1, 2025, but the notice of award was received by PCHD on October 9, 2025. If not accepted, the County will be out critical funding to provide support for substance misuse.

Grant / Amendment Information (for grants acceptance and awards)

Record Number:	
Amplifund Grant Record Number: 79252	
Type:	Amendment
Department Code:	HD
AmpliFund Grant Record Number:	79252
Amendment Number:	02
Commencement Date:	10/01/2025
Termination Date:	09/30/2026
Advantage Initial GTAW# (If Applicable):	N/A
Total Revenue Amount:	
\$199,860.00	
Total Match Amount	

\$0.00

Advantage Grant ID # (If Applicable): N/A

All Funding Source(s) required: United States Department of Labor passed through the State of Arizona Governor's Office of Youth, Faith and Family

Does PCAO need to review the grant award (or grant amendment)?

YES

Does PCAO need to sign the grant award (or grant amendment)?

YES

Match funding from General Fund?

NO

Match funding from other sources?

NO

Are Federal Funds Involved?

YES

If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? United States Department of Labor passed through the State of Arizona Governor's Office of Youth, Faith and Family

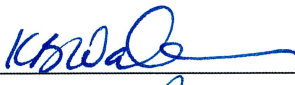
CFDA# 93.959

FAIN# YH24-0007

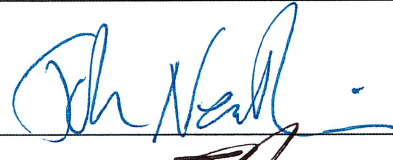
Department: Health

Name: Christina Drennan

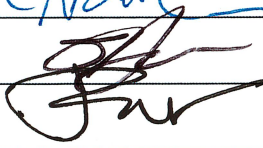
Telephone: 5207247614

GMI Director: 


Date: 10/21/2025

Department Director Signature: 

Date: 10/20/25

Deputy County Administrator Signature: 

Date: 10-22-2025

County Administrator Signature: 

Date: 10/22/25



**GRANTEE AGREEMENT
No. GR-SUBG-GOYFF-100123-16Y3**

Between the

**STATE OF ARIZONA,
GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY**

And

PIMA COUNTY HEALTH DEPARTMENT

Pursuant to *GR-SABG-GOYFF-100123-00*, section III. FUNDING INFORMATION, subsection B. Funding Available, the State of Arizona hereby exercises its option to renew Agreement No. GR-SUBG-GOYFF-100123-16 for a third year of funding. A new award amount for the third year of this Agreement is provided from the Arizona Substance Use Block Grant ("SUBG") grant program (CFDA No. 93.959). Please note that the name of this grant program has been updated to reflect changes at the Federal agency level. Grantee agrees to adhere to the goals, strategies and activities related to Agreement No. GR-SUBG-GOYFF-100123-16 and the approved, updated grant activities in the Grantee's renewal application for Year Three funding. The attached *Summary of Award – Year 3 Renewal* is incorporated into this Agreement as if fully set forth herein.

Section 7. PERFORMANCE PERIOD

The performance period for Year Three grant activities shall be effective October 1, 2025 through September 30, 2026.

Section 15. AWARD INFO

Grantor shall provide up to \$199,860.00 as a new contract award amount for reimbursement of Year Three costs approved in the Grantee's renewal application for Year Three funding in accordance with *Attachment A – Year 3 Budget & Scope of Work*, incorporated into this contract in its entirety.

Section 21. PROGRAM REPORTING

The Year Three reporting schedule is as follows:

- Quarter 1: January 15, 2026
- Quarter 2: April 15, 2026
- Quarter 3: July 15, 2026
- Quarter 4: October 15, 2026

Except as specifically stated herein, all other terms and conditions of this Agreement remain unchanged.

In Witness Whereof, the parties hereto agree to execute this Agreement.

PIMA COUNTY HEALTH DEPARTMENT

[Empty signature box for Rex Scott]

Rex Scott
Chair

Date

**GOVERNOR'S OFFICE OF
YOUTH, FAITH AND FAMILY**

[Empty signature box for Tonya Hamilton]

Tonya Hamilton
Director

Date

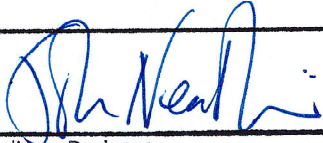
[Empty signature box for Travis Price]

Travis Price
Compliance Finance and Procurement Manager
Governor's Accounting Office

Date

APPROVED AS TO FORM

Deputy County Attorney

REVIEWED BY: 
Appointing Authority or Designee
Pima County Health Department



State of Arizona
Governor's Office of Youth, Faith and Family
Summary of Award – Year 3 Renewal

1. Type of Agreement Grant Award	2. Title of Grant Substance Use Block Grant (SUBG) Primary Prevention		3. Action Type Year 3 Renewal	4. Amendment No. 0
5. Contract No. GR-SUBG-GOYFF-100123-16Y3	6. Effective Date 10/01/2025	7. Performance Period 10/01/2025 – 9/30/2026	8. Sponsoring Federal Agency United States Department of Labor	
9. Grantee Name Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714	10. Grantee ID EIN: 86-6000543 UEI: U8XUY58VDQS3	11. Grantee's Program Name Pima County Health Department Chronic Pain Initiative (CPI)	12. CFDA No. 93.959	
			13. FAIN No. YH24-0007	
14. Award Info Grant Funding: \$199,860.00 Grantee Match: N/A Grantee Indirect: 15%	15. Agreement Type Cost Reimbursement	18. Program Report Contact Yesmina Luchsinger Program Administrator Governor's Office of Youth, Faith and Family 1700 W. Washington Suite 230 Phoenix, AZ 85007 yluchsinger@az.gov	19. Statutory Authority Title XIX, Part B, Subpart II and III of the Public Health Service under Title 45 C.F.R. 96, Section 121 (42 U.S.C. 300x- 2 I to 300x-35 and 300x-5 I to 300x-64 and the Award from the Arizona Health Care Cost Containment System A.R.S. § 41-2702	
	16. Method of Payment Electronic or Warrant			
	17. Financial Reporting Monthly 10 days after month end			
20. Program Reporting Quarterly Reports Due: Q1: January 15, 2026 Q2: April 15, 2026 Q3: July 15, 2026 Q4: October 15, 2026 The Governor's Office of Youth, Faith, and Family shall provide the forms for the quarterly reports and requests for reimbursement.	21. Remittance Address State of Arizona Governor's Accounting Office 1700 W. Washington Suite 500 Phoenix, AZ 85007 grantrfr@az.gov	22. Grantee Program Contact Mayra Jeffery Program Manager Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714 Mayra.Jeffery@pima.gov 520-724-7906	23. Grantee Financial Contact Joaquin Murphy Business Operations Manager Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714 Joaquin.Murphy@pima.gov 520-724-7843	

24. Special Conditions

The above grant program is approved subject to such conditions of limitations as are incorporated by reference to the grantee's contract materials. Contract materials incorporated by reference include: The Request for Grant Solicitation No. GR-SABG-GOYFF-100123-00 and all Attachments; solicitation amendment(s); AHCCCS Marijuana Attestation; grantee's response application (including narrative responses and all Exhibits); clarification requests and responses; countersigned Offer and Acceptance Form; and grantee's approved renewal application, all of which are in the possession of the grantee.

The State of Arizona's Uniform Terms and Conditions (Revision No. 10.4) are incorporated into this contract as if fully set forth herein. Copies of this document may be accessed at:
https://spointra.az.gov/sites/default/files/Uniform%20Terms%20and%20Conditions_r10.4_05-23_0.pdf

In the event of any divergence between these contract materials and the Uniform Terms and Conditions, the contract shall control. Grantee warrants that it has read and understands the State of Arizona's Uniform Terms and Conditions (Revision No. 10.4), and agrees to be bound by them in their entirety.



ATTACHMENT FORM B1: GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY LINE ITEM BUDGET

FY26 RENEWAL APPLICATION UPDATE	
NAME OF AGENCY:	Pima County Health Department
Attachment Completed by (Name, Title):	Elizabeth Allinder, Program Manager
TISAPP Contract #	GR-SABG-GOYFF-100123-16Y2

Please provide the previous year's approved Line Item Budget submitted with the application.

- If there **have** been modifications to the Line Item Budget since the previous renewal application, please **BOLD** each section that has been modified.
- Please round budget category totals to the nearest dollar.
- **Each line item included on the Line Item Budget must be included in the Budget Narrative (Attachment Form B2).**

Line Item Budget

Modified Yes No

BUDGET PERIOD: OCTOBER 1, 2025– SEPTEMBER 30, 2026

FY25-26 Budget

Category	Title	Description	Units	Unit Cost	Direct Cost
Personnel					
	Program Manager I	Elizabeth Allinder	0.5	\$71,437.38	\$ 35,718.69
	Health Educator II	William Wallace	1	\$ 45,489.60	\$ 45,489.60
	Health Educator II	In Recruitment	0.917	\$ 45,489.60	\$ 41,698.80
Personnel Total			2.417		\$ 122,907.09

Fringe Benefits					
	Program Manager I	Actual rate	30%	\$ 35,718.69	\$ 10,715.61
	Health Educator II	Actual rate	33%	\$ 45,489.60	\$ 15,011.57
	Health Educator II	Actual rate	33%	\$ 41,698.80	\$ 13,760.60
Fringe Benefits Total					\$ 39,487.78




Travel					
	Local travel for community outreach	Mileage reimbursement	1500	0.67	\$ 1,005.00
Travel Total					\$ 1,005.00

Supplies					
	Presentation supplies	Printed manuals, reference books	30	\$ 30.00	\$ 900.00
Supplies Total					\$ 900.00

Other					
	Media	Newspaper ads, paid marketing	12	\$15.00	\$ 180.00
	Printing	Flyers, brochures, cards, etc.	3114	\$0.10	\$ 311.44
Other Total					\$ 491.44

Contractual					
	PCOA	Subrecipient: CPSMP	1	\$9,000.00	\$ 9,000.00
Other Total					\$ 9,000.00

Budget Subtotal					\$ 173,791.31
Indirect Total (De Minimis)		15%			\$ 26,068.69
Budget Total					\$ 199,860.00

Authorized Signature  Date 8/4/2025

Job Title Public Health Program Manager II Contact Information: 520-724-7906



ATTACHMENT FORM B2: BUDGET NARRATIVE

FY26 RENEWAL APPLICATION UPDATE	
NAME OF AGENCY:	Pima County Health Department
Attachment Completed by (Name, Title):	Elizabeth Allinder, Program Manager
TISAPP Contract #	GR-SABG-GOYFF-100123-16Y2

Please provide the previous year's approved Budget Narrative submitted with the application below.

- Please update to reflect the dates of the upcoming fiscal year, FY26.
- If there **have** been modifications to the Budget Narrative since the previous renewal application, please **BOLD** each section that has been modified.
- **Each line item included on the Budget Narrative must be included in the Line Item Budget (Attachment Form B1).**

Budget Narrative Modified Yes No

BUDGET PERIOD: OCTOBER 1, 2025– SEPTEMBER 30, 2026

Personnel: A total of \$122,907.09 is requested for personnel costs.

- Pima County Health Department (PCHD) **has a dedicated** Program Manager at 50% Full-Time Equivalent (FTE) to coordinate all activities and ensure achievement of grant goals and objectives. At an annual salary of \$71,437.38 at .50, this cost totals \$35,718.69.
- PCHD **has one 100% FTE Health Educator, and is in recruitment for a second 100% FTE Health Educator. Both Health Educators** conduct prevention trainings, presentations, and outreach. **Both Health Educators are budgeted at \$45,489.60, which is the actual salary for the current staff on board. The position in recruitment is calculated at 11 of 12 months of the year (91.67% of the year), with an estimated start date of 11/1/25, for a subtotal of \$41,698.80. The total for both Health Educators is calculated at \$87,188.40.**

Fringe Benefits: A total of \$39,487.78 is requested for fringe benefits.

- **The Fringe Benefits Total is calculated by multiplying the personnel total for each position by each individual personnel's fringe benefit %, then adding each individual fringe benefits total. Actual costs for fringe benefits will vary based upon the actual rate based on individual benefit elections. The Fringe Benefits total is calculated as the sum of each individual positions fringe benefits.**

Travel: A total of \$1,005.00 is requested for travel costs.

- Funding is requested for employee mileage reimbursement for travel to community training sites and outreach events. PCHD projects a total of **1,500 miles traveled per month for 2.50 staff, for 12 months, reimbursed at the state-approved rate of \$.67 per mile, for a total of \$1,005.**

Supplies: A total of \$900.00 is requested for supplies.

Request is based on the following projections:

- **Youth Mental Health First Aid for Tribal Communities and Indigenous Peoples will require training reference books for each participant. Calculated at \$30 per participant, for 30 participants, for a total of \$900.**

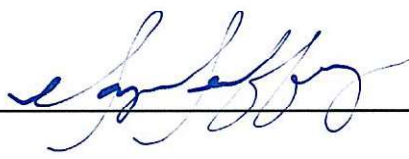
Other: A total of \$491.44 is requested for other.

- **Marketing and recruitment efforts, including newspaper ads/social media sponsored posts at \$180 total at \$15 per month for 12 months, and flyers/program materials for a total of \$311.44.**

Indirect Cost: A total of \$26,068.69 is requested for indirect costs.

- **Pima County requests a 15% de minimis rate on Modified Total Direct Costs (MTDC). MTDC includes: direct salaries and wages (personnel), applicable fringe benefits, materials and supplies, services (including contracts), travel, and the first \$50,000 of each subaward (none in this budget). MTDC excludes: equipment, capital expenditures, charges for patient care, participant support costs, and the portion of each subaward in excess of \$50,000. Indirect costs are calculated by multiplying each included category base/total by the 15% de minimis rate, then adding the indirect category totals. For this grant patient care and participant support costs will be subtracted from the Travel and Other budget categories to calculate MTDC base.**
- **The MTDC base is \$122,907.09 for Personnel; \$39,487.78 for Fringe Benefits; \$1,005.00 for Travel; \$900.00 for Supplies; \$9,000.00 for Contractual; and \$491.44 for Other. MTDC = the sum of each category base, \$122,907.09 + \$39,487.78 + \$1,005 + \$900 + \$9,000 + \$491.44 multiplied by the de minimis rate. Indirect Costs = \$173,791.31 * .15 = \$26,068.69.**

Grant Total: The above line-item totals equate to a grand total of \$199,860.00 requested for the Chronic Pain Initiative Project budget for FY 2025-2026.

Authorized Signature  Date 8/4/2025

Job Title Public Health Program Manager II Contact Information: 520-724-7906

Pima County Health Department

TISAPP – Scope of Work FY 24-25

Modifications in **BOLD**

A. Scope of Work (200 points)

1. Executive Summary (500 Word Limit)

Provide a narrative overview of the proposed program that includes a brief summary of the program goals, objectives, methods to be used and collaboration efforts.

Provide the following:

- a. State the name of the proposed program(s), specific target population(s), strategy/approach, outcomes, cost per participant or event-direct cost and indirect cost.
- b. Clearly indicate whether the organization is providing services to a rural, tribal or urban category. Select the category that is most appropriate, as determined by program area zip code (s).

a. The Pima County Health Department (PCHD) will continue its commitment to eliminating substance misuse and overdose in Pima County, through the implementation of a Chronic Pain Initiative (CPI). This evidence-based prevention program prioritizes risk and protective factors associated with substance misuse problems related to chronic pain, and will engage the community, health systems, and law enforcement as part of the solution. PCHD CPI will include the Chronic Pain Self-Management Program; Understanding Adverse Childhood Experiences (ACEs) Trainings; and convene a chronic pain **self-management** taskforce in Pima County. PCHD will collaborate with the Pima Council on Aging (PCOA) to carry out certain objectives.

PCHD CPI utilizes all six of the SAMHSA Primary Prevention Strategies and the SAMHSA Strategic Prevention Framework (SPF) to prevent overdose deaths through a trauma-informed approach (TIA). PCHD CPI includes specific objectives to target residents aged 55 years of age and older. PCHD CPI will also target the general community and engage our widespread partnerships, health systems, justice, and law enforcement network-reach, along with collaboration with PCOA, to engage residents in need of skill for the healthy self-management of chronic pain. This not only includes the Chronic Pain Self-Management Program, but also promotion of linkages to healthcare including mental health, public and social services. PCHD CPI objectives address risk factors and promotes resilience through increasing protective factors. PCHD CPI will engage pain sufferers to play an active role in their health, and empower them with the knowledge, confidence, and motivation to manage challenges associated with their chronic pain. CPI is part of PCHD's comprehensive data-to-action response to Pima County's continued surge in opioid-related deaths. PCHD CPI prioritizes risk and protective factors that have both high importance and high changeability. PCHD anticipates positive prevention outcomes in chronic pain sufferers learning about their condition, developing management plans, sustaining change, and the overall number of individuals providing and receiving training.

To assure equitable access to the proposed evidence-based preventions, the Chronic Pain Self-Management Program workshops will be broadly promoted and provided free-of-charge (or for nominal fee at PCOA) to community members, and offered virtually for tribal and high-need rural communities. Trainings, including train-the-trainer sessions will also be free of charge. Proposed project activities include expanding the training of PCHD's Mental Health First Aid (MHFA) lead trainers, and additional training in Youth Mental Health First Aid (YMHFA) for Tribal Communities and Indigenous Peoples.

PCHD CPI estimates 215 participants among the training objectives. Total direct costs are \$181,693. Total Indirect Costs are \$18,169. The cost per participant is \$930.

b. PCHD has launched a promotional campaign targeting the entirety of Pima County, and assures equitable access to all residents. However, the program anticipates the primary service population to be Urban.

2. Needs/Resources (1,000 Word Limit)

This component creates a foundation for the application by focusing on: problem identification; the targeted individuals or groups to be reached; other individuals or groups who will play a role in the development or implementation of the program; the relevant risk and protective factors/assets; the gathering and analysis of data that will establish the needs to support the identified problem; and the identification of other resources currently directed toward the identified problem.

Provide a narrative response to each of the following:

- a. State the problem or issue addressed in this application.
- b. Based on the stated problem, what group(s) of people or communities will the application be targeting (i.e. your target population(s)). Who are the other individual groups (or key stakeholders) that are involved in the development and/or implementation of the proposed program?
- c. Identify no more than three (3) risk factors (*characteristics that make individuals more vulnerable to substance use disorder*), and identify no more than (3) three protective factors (*characteristics that significantly reduce the likelihood for substance use disorder for individuals*) that are most relevant to the stated problem and the target population.
- d. Identify the sources of the data and how that data relates to and validates the identified risk factor(s), protective factor(s), and problem(s) in the community.
- e. What resources (federal, state, local) in your community and/or within your organization are currently being directed toward the stated problem? How does this proposed program support those efforts or enhance your program efforts?
- f. Describe your current efforts of collaboration with local coalitions/other community programs addressing similar problems/issues in the community.
- g. Identify the internal team. Who are the individuals within the applicant's organization involved in the development and implementation of the program and what are the specific roles of these individuals?

a. Pima County has experienced increasingly high overdose rates and fatal overdoses over the past decade. Unintentional and undetermined fatal drug overdose rates in Pima County for those **60 years** and older increased by **56% between 2021 and 2023**. Studies strongly support a link between chronic pain and mental health, specifically depression, suicide, anxiety, addiction, and overdose tendency. Suicide mortality rates for those **60 years** and older increased by approximately **30% between 2021 and 2023**, and the Suicide Mortality Review team found that, out of all reviewed suicide fatalities in Pima County in 2021, 63% of reviewed cases reported chronic physical conditions as a contributing factor. Data indicates 65% of adults aged 65 and older experience chronic pain. Social determinants of health (SDOH) impact prevalence and outcomes for those who suffer chronic pain. PCHD CPI will address the risk factors while increasing protective factors critical to impacting chronic pain's role in overdose deaths.

b. Given the high prevalence of chronic pain among seniors, and the fact that with increasing age comes increasing multi-morbidity, PCHD will target residents aged 55 years and older. Poverty, social isolation, lack of family/caregiver supports, transportation, etc. increase the likelihood of receiving little-to-no care among this population.

PCOA currently provides a limited number of in-person CPSMP workshops to adults aged 60 and over and charges participants for this workshop due to material costs. PCHD will partner with PCOA to provide materials and offer the course at little-to-no-cost charge for participants. A virtual course provided free-of-charge by PCHD will allow further accessibility for tribal and rural communities, as well as individuals with physical limitations, or those who cannot otherwise travel to in-person trainings.

In effort to assure a responsive quality care model, PCHD will create a Southern Arizona **Healthy Living Taskforce (SAHLT)** to convene local **stakeholders, trainers, and lay leaders to increase capacity and support of the chronic pain and chronic disease curriculum delivery. This group will aim to engage** health care systems, FQHCs, community members with lived/living experiences, local first-responders, and/or justice and law enforcement to **increase awareness and referrals to the Healthy Living program in order to increase delivery of this evidence-base curriculum and ultimately increase health outcomes and community wellbeing and decrease incidence of substance use and overdose deaths.**

c. Reported risk factors associated with the development of chronic pain:

- 1) Age. Older patients have a higher prevalence of chronic pain and are often reticent to discuss their pain. Age-related disease processes, such as cognitive decline and dementia, can make identifying and managing chronic pain difficult.
- 2) Socio-economic background. Prevalence of chronic pain is inversely related to socio-economic factors.
- 3) Mental Health. Chronic pain is proven to be linked with depression. Depression, anxiety, and negative beliefs about pain are all associated with an increase in intensity and length of pain symptoms.

Protective factors related to chronic pain substance misuse are 1) knowledge of ways to manage chronic conditions 2) physical and psychological well-being and access to mental health care, and 3) access to social supports that overcome determinants that impact health, such as food security, a safe home, access to transportation, and access to quality care.

d. PCHD confirmed the identified risk and protective factors through the following: Pima County's Community Health Needs Assessment; Substance Misuse and Mental Health Alliance data; AZ Board of Pharmacy Prescription Monitoring Program (PMP); and various data sets through the Pima County Overdose Fatality Review, Pima County Adult Detention Center, Pima County justice system, hospitals ER, Tucson Police Department, Pima County Sheriff's Department, local drug seizure data from the Customs and Border Protection, and the Regional Behavioral Health Authority.

e. PCHD currently operates the following grants: **CDC Overdose Data to Action: Limiting Overdoses through Collaborative Actions in Localities (OD2A:LOCAL)**, SAMHSA State Opioid Response (SOR), and the **Arizona Parents Commission on Drug Education and Prevention grant**. PCHD convened and leads Pima County's Overdose Data Teams, instituted linkages to care through peer navigators, implemented harm reduction and stigma reduction campaigns, increased Narcan and fentanyl test kit distribution capacity to over **250** agencies, and has distributed over **51,000** Narcan kits to the community through community-based partners, justice partners, libraries, clinics, and health care providers since the start of the program. PCHD CPI will address substance use and overdose risk related to chronic pain, an area of unmet need in Pima County.

f. Numerous collaborations contribute to PCHD's success in tackling the substance use and overdose crisis in Pima County. Current collaborations with the justice system involve cross-sharing trends from drug seizures and overdoses. PCHD works with jails and prisons to coordinate MAT services to inmates and dispense Narcan upon release. PCHD engages with juvenile courts to provide Narcan and overdose response trainings. Partnerships extend to Superior Court for participation with the Supportive Treatment and Engagement Program, Drug Court to divert individuals from the criminal justice system to treatment, and to the Jail Population Review Committee. PCHD engages with a wide variety of local partners including MAT clinics, outpatient providers, harm reduction agencies/services/resources, detox and needle exchange programs, and behavioral health organizations. PCHD partners with AHCCCS contracted plans for data sharing. PCHD collaborates with local tribes on epidemiological responses, and treatment for behavioral health and addiction. PCHD works closely with and receives data from multiple outlets, including the Office of Medical Examiner on fatal overdoses for early sentinel awareness, and complete, timely information about overdoses.

g. The PCHD team involved in the development and implementation of this program include staff from the **Division of Community Mental Health & Addiction: Elizabeth Stamm, Program Manager I; MHFA Program Coordinator (to be hired); and (2) Health Educators (to be hired)**. Elizabeth Stamm will manage and coordinate activities including CPSMP facilitation and oversight of the subrecipient agreement with PCOA. **The MHFA Program Coordinator and Health Educators will support delivery of the**

evidence-based programs and serve as liaisons with community stakeholders and members. Mayra Jeffery, Program Manager II, will continue to support the grant and provide initial oversight of the creation of the Southern Arizona Healthy Living Taskforce (SAHLT).

3. Strategies/Approaches (1,500 Word Limit)

This element identifies and describes the prevention strategies chosen to reach the stated goals and objectives. Applicants are encouraged to implement a promising practice or evidenced-based programs that have been empirically proven to be successful.

Programs and practices are considered to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through one or more outcome evaluations. Causal evidence documents a relationship between an activity or intervention (including technology) and its intended outcome, including measuring the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. Causal evidence depends on the use of scientific methods to rule out, to the extent possible, alternative explanations for the documented change. The strength of causal evidence, based on the factors described above, will influence the degree to which a program or practice is considered to be evidence-based.

Applicants must name the sources of the evidence-based/evidence-informed programs, as well as trauma-informed care practices, being replicated in their program by referencing the empirical data from academic literature. SAMHSA's Evidence-Based Resource Center can be found at <https://samhsa.gov/ebpresource-center>.

An applicant's program should address the following programming requirements:

- a. Coordination and collaboration with outside agencies and/or contractors to implement and administer the proposed program.
- b. Utilize culturally competent evidence-based programs and promising practices which focus on increasing protective factors and building resilience while addressing at least one of the following substances:
 - Vaping
 - Alcohol
 - Wax Pens (THC Oil)
 - Marijuana
 - Polysubstance Abuse
 - Increasing Community Identified Trends (Methamphetamine, Fentanyl, etc.)
- c. Information dissemination and marketing strategies reflect culturally competent and trauma-informed language and representation.

PCHD assures culturally sensitive and linguistically appropriate information dissemination and marketing, as all PCHD programs are delivered through equitable and inclusive practices to ensure effective reach and delivery of much needed services to the various communities served throughout Pima County. PCHD policies and practices aim to prevent re-traumatization, and account for past trauma through sensitive and culturally and gender-responsive services. PCHD

has developed and is currently deploying multiple anti-stigma campaigns throughout the community.

d. Engagement of identified target sub-populations in joint drug prevention planning, as applicable.

As described, although PCHD will promote the new program on a widespread scale, PCHD will target residents aged 55 years and older. PCHD will collaborate with the Pima Council on Aging to jointly target prevention services to this sub-population, as well as provide referral services to reduce risk factors and increase protective factors.

e. Encouraged to incorporate life skill training in addition to their substance abuse prevention program.

The proposed Chronic Pain Self-Management Workshop includes valuable life skills training in an interactive manner to engage participants in ways to manage pain, including alternative methods outside of medication.

Provide a narrative response to each of the following:

- a. Describe how your program incorporates the TIC approach to your curriculum, programming, classes or trainings.
- b. Describe the strategies/approaches or proven effective program that will be used to meet the goals and objectives and fit with the identified problem/need.
- c. Describe how the program strategies/approaches are connected to the selected risk/protective factors.
- d. If adapting a proven effective program to meet your needs, community norm or differing cultures, explain how the following core elements of the original research based intervention will be maintained.
 - Structure (how the program is organized and constructed)
 - Content (the information, skills, and strategies of the program)
 - Delivery (how the program is adapted and implemented)
- e. Explain how the selected strategies/approaches or proven effective program applies to the targeted population and how they are culturally competent/culturally diversified, age appropriate and gender responsive.

a. Access to evidence-based prevention and treatment for substance use disorders and mental illness are rooted in structural inequities and influenced by SDOH. Behavioral health inequities require mitigation through support for increasing protective factors, particularly when non-modifiable risk factors are SDOH. For this reason, PCHD CPI will utilize a trauma informed approach (TIA) and resist re-traumatization of people who use substances. To promote a more equitable system of care, PCHD will increase TIA capacity in Pima County through Understanding ACEs trainings. ACEs training covers **a myriad definition** of trauma, including historical racial trauma, economic costs of not effectively addressing ACEs, and ways in which unaddressed ACEs and trauma impact short and long-term health and wellness outcomes. Participants also discuss opportunities to collectively heal and repair ACEs that mitigate the negative outcomes of childhood trauma.

b. PCHD CPI will reduce overdoses related to chronic pain through the evidence-based CPSMP workshops. CPI will extend CPSMP reach in partnership with PCOA to address needs among older adults in Pima County. This collaboration will increase the number of workshops delivered and eliminate the financial barrier to the program.

PCHD CPI will impact long-term health and wellness and drug abuse proclivity by training parents/caregivers in Understanding ACEs using the Arizona Adverse Childhood Experiences Consortium curriculum. PCHD CPI will also increase capacity in certified ACEs trainers within the program.

PCHD CPI will increase awareness of mental health concerns and strategies to identify and respond to mental health or substance use related challenges in tribal youth. PCHD CPI will utilize the YMHFA for Tribal Communities and Indigenous Peoples curriculum to serve parents/caregivers and other youth-serving adults.

PCHD CPI will convene key stakeholders in the creation of a Southern Arizona **Healthy Living** Taskforce, in order to build a consortium for best practices in **chronic pain and disease self-management** and expand impact and reach in Pima County **and Southern Arizona**.

PCHD CPI strategies align with six of the SAMHSA Primary Prevention Strategies as follows:

Information Dissemination Activities- Development/Dissemination of Multi-media, Printed Material, and Social Media.

- PCHD will continue to work closely with Pima County's Communications Department to develop broad marketing campaigns to raise awareness of trauma and chronic pain conditions and advertise CPSMP, Understanding ACEs, and YMHFA for Tribal Communities and Indigenous Peoples trainings. The campaign will include targeted social media sponsorships on different platforms, printed assets – such as flyers and newsletters, and radio ads.

Education Activities- Community Education Services.

- CPSMP is an evidence-based, six-week, interactive workshop for community members who live with chronic pain, **and/or** their caregivers. It meets once per week, for 2.5 hours each session. This workshop builds confidence, promotes physical and social well-being, and provides knowledge and strategies for the self-management of chronic pain conditions.
- Understanding ACEs is a training on the various risk factors that arise through the experiences of childhood trauma, ways in which ACEs impact short- and long-term health outcomes in children and adults, and the various protective factors that mitigate negative outcomes.
- YMHFA for Tribal Communities and Indigenous Peoples is an evidence-based training for adults to help youth recognize and respond to Indigenous adolescents experiencing a mental health or substance use challenge or crisis.

Alternative Activities- Alternative, Healthy Activities.

- CPSMP offers a training opportunity to build and reinforce positive coping and self-management strategies proven to have acute and lasting impacts on an individual's experiences of chronic pain. Healthy eating, exercise, pacing activities, creation of action plans, stress and anger management, and positive communication skills are offered as alternatives to relying solely on prescription pain medications. This program discourages prescription drug misuse and alcohol or drug use while emphasizing open communication with providers regarding current and potential medicinal interventions for pain.

Problem Identification and Referral Activities- Prevention Screening and Referral Services.

- Collaboration with the local healthcare systems, safety-net providers, justice, and law enforcement through the Southern Arizona **Healthy Living** Taskforce will allow for promotion of prevention, screening, and referral activities. Shared services and resources will include CPSMP, Understanding ACEs, YMHFA Tribal Communities and Indigenous Peoples, as well as public and social services for those in need. These services include public health insurance/Medicaid, Supplemental Nutritional Assistance Program/SNAP, Community Food Bank assistance, utility payment assistance, referrals to mental and behavioral healthcare, Pima County's Community and Workforce Development, transportation, and other linkages that reduce risk factors, increase protective factors, and lessen the negative impacts of SDOH.

Community-Based Process Activities- Accessing/Monitoring Services and Funding; Assessing Community Need/Assets; Coalition/Workgroup Activities; Evaluation Services; Intra/Inter-Agency Coordination/Collaboration; Strategic Prevention Planning; and Training and Technical Assistance (TTA).

- Convening local stakeholders to target chronic pain **self-management** and improve the model of care is a critical component to ongoing quality assurance and quality improvement through the Southern Arizona **Healthy Living** Taskforce. Stakeholders will coordinate and monitor prevention efforts, funding resources, gaps in care, and allow for targeted short-term workgroups to create efficiencies. This taskforce will promote better use of Pima County resources and decrease the incidence of lack of inter-agency coordination regarding substance misuse related to chronic pain.

Environmental Activities & Compliance- Surveillance Activities.

- Convening the Southern Arizona Healthy Living Taskforce will increase the value of ongoing surveillance such as the Arizona Board of Pharmacy's Prescription Monitoring Program. More stakeholders will have access to actionable surveillance data in real-time via this taskforce. These interactions will create opportunities for service partners to request changes to surveillance data reports to promote comprehension. Taskforce meetings will also create valuable input to contextualize and analyze substance use for chronic pain data.

Environmental Activities & Capacity Building- Community and Neighborhood Mobilization; Efforts with City, County, Tribal and/or State Officials; TTA- Professional and Community Development.

- Through collaboration with local agencies, including the PCOA and ongoing tribal nation collaborations, PCHD will provide CPSMP, including a train-the-trainer component to increase capacity to serve residents in need; Understanding ACEs training; and the YMHFA for Tribal Communities and Indigenous Peoples. These trainings will build individual capacity for self-management of chronic pain conditions, understanding of the effects of trauma and ACEs, and the ability to identify and respond to a mental health or substance use challenge or crisis – all intended to reduce the risk and incidence of substance use and overdoses.

c. PCHD CPI will reduce and modify risk factors by providing residents aged 55 and older **(and other appropriate referrals)** with access to healthy chronic pain self-management training. The Southern Arizona **Healthy Living Taskforce and the CPI project will engage the community, health systems, and law enforcement** to examine risk and protective factors, and test methods to bring greater sensitivity to substance use often resulting from childhood trauma. Capacity building in this area will continue to promote better outcomes long after the project period ends. PCHD CPI strategies will also promote referrals for people in need of medical home and behavioral/mental health care where chronic pain has led to depression, anxiety and/or the ability to work or care for themselves and family members in their care. Linkage and support to connect people with other public and social services can also alleviate economic burden and allow a person in need to focus on their health. The ability to increase protective factors can improve a person's outlook and provide hope where they truly felt there was none.

d. PCHD CPI will utilize CPSMP, Understanding ACEs, and YMHFA for Tribal Communities and Indigenous Peoples trainings in the proposed prevention program. The information, skills, and strategies of the workshops and trainings follow evidence-based and federally recommended curriculums, including recommended culturally competent delivery. In addition to trauma informed approach elements, PCHD follows National Culturally and Linguistically Appropriate Services (CLAS) Standards and is experienced in implementing new programs and services using a TIA approach and CLAS standards.

e. PCHD CPI strategies/approach recognize and account for the trauma that impacts mental health and substance abuse disorders and how they often obstruct achievement in desired outcomes. Proposed strategies are responsive, and ensure appropriate individual, family, and workforce trainings. PCHD CPI strategies also support a psychologically and physically safer environment for people, through CPSMP, particularly residents aged 55 years and older who often have minimal supports leaving them more vulnerable when many needs exist, and social determinants dictate poorer health outcomes. PCHD and partner service populations are comprised of numerous and diverse communities representing all walks of life. PCHD prides itself on meeting the needs of residents through a culturally sensitive and responsive comprehensive public health program. The PCHD **Division of Community Mental Health and Addiction** has successfully carried out numerous projects throughout its **six** years in existence, continually bettering its understanding of people afflicted with substance use disorders, and their needs, challenges, and barriers. Collaborations with community-based organizations that include people with lived experiences also contributes to the knowledge-based design and effectiveness of PCHD CPI strategies.

