



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: November 7, 2023

* = Mandatory, information must be provided

or Procurement Director Award: []

*Contractor/Vendor Name/Grantor (DBA):

State of Arizona Governor's Office of Youth, Faith and Family

*Project Title/Description:

Pima County Health Department Chronic Pain Initiative

*Purpose:

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:

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

*Program Goals/Predicted Outcomes:

This project includes a partnership with Pima Council on Aging, and will continue to build on our widespread partnerships, including health systems, justice, law enforcement, and the general community by forming a Southern Arizona Chronic Pain Taskforce. PCHD anticipates positive and sustainable prevention outcomes which will decrease instances of substance misuse and overdose deaths. We will reach this outcome by providing 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.

The primary components of the program include:

- 1. Chronic Pain Self-Management Program (CPSMP): A six-week, evidence-based, interactive workshop led by two certified "lay leaders" who facilitate weekly 2.5 hour sessions where participants learn many tools for the self-management of chronic pain, including: how to make an action plan, communicate effectively, pace activities, and work with their medical providers.
2. Understanding Adverse Childhood Experiences (ACEs) Training.
3. Youth Mental Health First Aid (YMHFA) for Tribal Communities and Indigenous People: An evidence-based, 8-hour training, led by two MHFA certified trainers, designed to equip adults who work with Indigenous adolescents (ages 12-18) with the skills and resources to recognize and respond to a suspected mental health or substance use challenge or crisis. A three-year certification is provided upon completion of the training.

*Public Benefit:

The PCHD 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.

*Metrics Available to Measure Performance:

Metrics include the following:

- # and % of workshop participants exhibiting desired change in awareness, knowledge, attitudes & perception
- # of individuals in attendance at each training session
- # of individuals trained as lay leaders
- # of partners engaged through the Southern Arizona Chronic Pain Taskforce

*Retroactive:

Yes. The grant term began October 1, 2023 but the final notice of award was received on October 11, 2023. If not approved, PCHD will not be able to use these funds to expand their drug overdose program.

GMI Approves
AF 10/19/23

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: GTAW Department Code: HD Grant Number (i.e., 15-123): 24-052
Commencement Date: 10/01/2023 Termination Date: 09/30/2026 Amendment Number: 00
Match Amount: \$ _____ Revenue Amount: \$ 199,860.00

*All Funding Source(s) required: Governor's Office of Youth, Faith and Family / AHCCCS - Department of Health & Human Services

*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)?
Federal funds are received via the Governor's Office of Youth, Faith and Family

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature] Date: 10/16/23
Deputy County Administrator Signature: [Signature] Date: 20 Oct 2023
County Administrator Signature: [Signature] Date: 10/20/2023



State of Arizona
Governor's Office of Youth, Faith and Family
Summary of Award – Year 1

1. Type of Agreement Grant Award	2. Title of Grant Substance Abuse Prevention & Treatment Block Grant		3. Action Type Year I Agreement	4. Page 1 of 1	
5. Contract No. GR-SABG-GOYFF-100123-16	6. Amendment No. 0	7. Performance Period 10/01/2023 – 09/30/2024	8. Sponsoring Federal Agency United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration		
	9. Effective Date 10/01/2023				
10. Grantee Name Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714	11. Grantee ID <i>EIN:</i> 86-6000543 <i>UEI:</i> JBMBVGVUK5LF1	12. Grantee's Program Name Pima County Health Department Chronic Pain Initiative (CPI)	13. CFDA No. 93.959	14. FAIN No. B0TI084630	
15. Award Info Grant Funding: \$199,860 Grantee Match: N/A Grantee Indirect: Up to 10% de minimis rate	16. Agreement Type Cost Reimbursement	17. Program Report Contact Alfreda Moore Program Administrator Governor's Office of Youth, Faith and Family 1700 W. Washington Suite 230 Phoenix, AZ 85007 amoore@az.gov	18. 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		
	19. Method of Payment Electronic or Warrant				
	20. Financial Reporting Monthly 20 days after month end				
21. Program Reporting Quarterly Report Due Dates: January 15, 2024 April 15, 2024 July 15, 2024 October 15, 2024 The Governor's Office of Youth, Faith, and Family shall provide the forms for the quarterly reports and requests for reimbursement.	22. Remittance Address State of Arizona Governor's Accounting Office 1700 W. Washington Suite 500 Phoenix, AZ 85007 grantrfr@az.gov	23. Grantee Program Contact Mark Person Program Manager Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714 Mark.person@pima.gov 520-724-7518	24. Grantee Financial Contact Donald Gates Business Operations Manager Pima County Health Department 3950 S Country Club Road Tucson, AZ 85714 Donald.Gates@pima.gov 520-724-7843		

25. 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; and countersigned Offer and Acceptance Form, all of which are in the possession of the grantee.

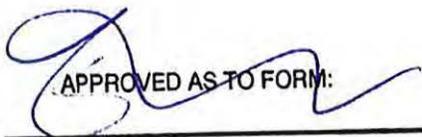
The State of Arizona's Uniform Terms and Conditions (Revision No. 10.4) are incorporated into this contract as if fully set forth herein. Copies of this document may be accessed at:
https://spointra.az.gov/sites/default/files/Uniform%20Terms%20and%20Conditions_r10.4_05-23_0.pdf

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.

IN WITNESS WHEREOF, the Parties hereto agree to execute this Agreement.

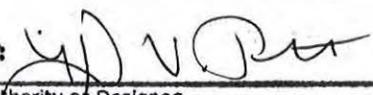
PIMA COUNTY BOARD OF SUPERVISORS

Adelita Grijalva
Chair, Pima County Board of Supervisors Date


APPROVED AS TO FORM:

Deputy County Attorney

Jonathan Pinkney

REVIEWED BY: 

Appointing Authority or Designee
Pima County Health Department



KATIE HOBBS
GOVERNOR

STATE OF ARIZONA
OFFICE OF THE GOVERNOR

EXECUTIVE
OFFICE

To: amy.fish@pima.gov
donald.gates@pima.gov
sharon.grant@pima.gov
mark.person@pima.gov

October 2, 2023

Adelita Grijalva
Chair, Pima County Board of Supervisors
Pima County Health Department
3950 S Country Cluf Rd
Ste 100
Tucson, AZ 85714

RE: Arizona Trauma Informed Substance Abuse Prevention Program (TISAPP) (GR-SABG-GOYFF-100123-00)
Application Title: Pima County Health Department Chronic Pain Initiative (CPI)

Dear Adelita Grijalva,

Your grant application submitted for the Arizona Trauma Informed Substance Abuse Prevention Program solicitation has been accepted. Your grant application was evaluated in accordance with A.R.S. §41-2701, et. seq. and the evaluation criteria in the R.F.G.A. Attached, please find a countersigned copy of your Offer and Acceptance Form and Summary of Award.

As a condition of award, please sign and return the attached AHCCCS Marijuana Attestation to procurement@az.gov.

This office requires a current copy of your Certificate of Insurance, in the types and amounts stated in the RFGA. It is the awardee's responsibility to ensure that all required coverage is in full force and effect during the term of the contract and shall not serve to limit any liabilities or any other sub-grantee obligations. Copies of the applicable Certificate of Insurance shall be provided to this office to the attention of Shane Richardson, Procurement Manager, State of Arizona, Governor's Accounting Office, 1700 W. Washington, Suite 500, Phoenix, AZ 85007 or procurement@az.gov. Failure to do so may result in cancellation of the contract for breach.

Congratulations on your grant award! The Governor's Office of Youth, Faith and Family looks forward to a mutually beneficial relationship during this contract period. Should you have any questions, please contact me at procurement@az.gov.

Sincerely,

Shane Richardson

Shane Richardson
Procurement Manager

Enclosed: Offer and Acceptance Form, Summary of Award

cc: Alfreda Moore, Program Administrator

Budget Report

Passthrough Agency: Arizona
 Program: FY2024 GOYFF SABG Grant Program
 Stage: Pre-Award

Report Date: 10/10/2023
 Requested By: Amy Fish
amy.fish@pima.gov

Budget Items

Category	Title	Description	Units	Unit Cost	Extended Cost	Direct Cost	Indirect Cost	GL Account	Cost Share	Type
Personnel										
	Program Manager	This position will oversee budget, performance, staffing, and deliverables.	0.5	\$66,536.00	\$33,268.00	\$33,268.00	\$0.00		\$0.00	Direct Cost
	Program Specialist	These 2 (.8 FTE) positions will be responsible for outreach and facilitation of educational activities.	1.6	\$41,242.00	\$65,987.20	\$65,987.20	\$0.00		\$0.00	Direct Cost
Personnel Total			2.1	\$107,778.00	\$99,255.20	\$99,255.20	\$0.00		\$0.00	
Fringe Benefits										
	Program Manager	Fringe Benefits	0.37	\$33,268.00	\$12,309.16	\$12,309.16	\$0.00		\$0.00	Direct Cost
	Program Specialists	Fringe Benefits	0.37	\$65,987.20	\$24,415.26	\$24,415.26	\$0.00		\$0.00	Direct Cost
Fringe Benefits Total			0.74	\$99,255.20	\$36,724.42	\$36,724.42	\$0.00		\$0.00	
Travel										
	Employee mileage reimbursement	Travel to training courses and outreach sites	6000	\$0.63	\$3,750.00	\$3,750.00	\$0.00		\$0.00	Direct Cost
Travel Total			6000	\$0.63	\$3,750.00	\$3,750.00	\$0.00		\$0.00	
Equipment										
	Equipment	Equipment	0	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	Direct Cost
Equipment Total			0	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
Supplies										
	Computer workstations	Laptop and monitor for new employees	2.5	\$2,000.00	\$5,000.00	\$5,000.00	\$0.00		\$0.00	Direct Cost
	Training manuals	Workbooks issued to participants	85	\$30.00	\$2,550.00	\$2,550.00	\$0.00		\$0.00	Direct Cost
	Pens	Issued to participants, boxes of 15	15	\$5.00	\$75.00	\$75.00	\$0.00		\$0.00	Direct Cost
	Tissue boxes	Issued to participants, 6-pack	1	\$18.00	\$18.00	\$18.00	\$0.00		\$0.00	Direct Cost
	Markers	Issued to facilitators, 4-pack	2	\$4.50	\$9.00	\$9.00	\$0.00		\$0.00	Direct Cost
	Easel paper	Issued to facilitators, 6-pack	1	\$120.00	\$120.00	\$120.00	\$0.00		\$0.00	Direct Cost
	Lined notebook paper	Issued to participants, 120-sheet pack	2	\$1.00	\$2.00	\$2.00	\$0.00		\$0.00	Direct Cost
Supplies Total			108.5	\$2,178.50	\$7,774.00	\$7,774.00	\$0.00		\$0.00	
Contractual										

Pima Council on Aging	Subrecipient partner engaging seniors in chronic pain self-management workshops	1	\$22,300.00	\$22,300.00	\$22,300.00	\$0.00	\$0.00	Direct Cost
Contractual Total		1	\$22,300.00	\$22,300.00	\$22,300.00	\$0.00	\$0.00	
Construction								
Construction	Construction	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Direct Cost
Construction Total		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Indirect Costs								
Indirect Cost	de minimis cost	0.1	\$181,693.00	\$18,169.00	\$0.00	\$18,169.00	\$0.00	Indirect Cost
Indirect Costs Total		0.1	\$181,693.00	\$18,169.00	\$0.00	\$18,169.00	\$0.00	
Other								
Participant materials	Printing cost	215	\$32.50	\$6,987.50	\$6,987.50	\$0.00	\$0.00	Direct Cost
Social media outreach	Sponsored posts	4	\$100.00	\$400.00	\$400.00	\$0.00	\$0.00	Direct Cost
Advertising	Radio ads	1	\$4,500.00	\$4,500.00	\$4,500.00	\$0.00	\$0.00	Direct Cost
Other Total		220	\$4,632.50	\$11,887.50	\$11,887.50	\$0.00	\$0.00	

Budget Report, Created by Amy Fish, amy.fish@pima.gov, 10/10/2023

Source: eCivis™ Portal

<http://www.ecivis.com/>

Personnel costs

Program Manager (to be hired, .5 FTE)

This position will be responsible in overseeing the program's budget, performance, staffing, and specific deliverables related to CPSMP, Understanding ACEs, and YMHFA for Tribal Communities and Indigenous Peoples, and oversee Chronic Pain Management Taskforce development.

Program Specialists (to be hired, 2 FTEs for .8 year)

This position will be responsible for the outreach and facilitation of the various educational activities. It will also help coordinate startup activities for the Chronic Pain Management Taskforce.

Personnel that are County funded, not charged to the grant:

Program Manager: Mayra Jeffery will serve as interim Program Manager until the .5 PM (TBH) is hired.

Program Coordinator Elizabeth Stamm. This position help support the delivery of the CPSMP program and the startup activities for the Chronic Pain Management Taskforce. This position is County funded, not charged to the grant.

Deputy Health Department Director Kim VanPelt: This position will work with the Program Manager on various leadership activities as well as developing and convening the Chronic Pain Management working group.

Fringe benefits were determined by multiplying the new positions' personnel total by 37% (County average) for the following benefits: Rates are calculated as an average of 37%: Social Security (6.2%), Medicare (1.45%), AZ Retirement System (12.04%), workers compensation (.26%), disability (.25%), unemployment insurance (.26%), HSA (4.13%), employee assistance program (.26%), and life/health/dental insurance (12.15%).

In-state employee vehicle mileage reimbursement is requested for training courses/outreach. This was estimated at 500 miles per month for 12 months at .625 cents per mile.

Program: FY2024 GOYFF SABG Grant Program
Provided for: Amy Fish
On Tuesday, October 10, 2023 4:03:14 PM UTC

The following supply costs are budgeted:

Computer work stations for new employees.

Cost of training manuals for CPSMP and YMHFA for Tribal Communities and Indigenous Peoples

Pens for participants of training programs

Tissue boxes for CPSMP workshops

Markers for facilitators of CPSMP and YMHFA for Tribal Communities and Indigenous Peoples

Easel paper for facilitation of CPSMP and YMHFA for Tribal Communities and Indigenous Peoples

Paper for participants of CPSMP workshops

Subrecipient agreement will fund wages and ERE for staffing to support the expansion of CPSMP activities offered to adults aged 60 and over.

Other costs include:

Printing costs for participant guides or training manuals for training participants

Sponsored (paid) social media posts to promote outreach programs and recruitment efforts

Paid radio ads to promote outreach programs and recruitment efforts.

Applications: Pima County Health Department Chronic Pain Initiative (CPI)

Profile

amy.fish@pima.gov

1. Application/Project Title

Pima County Health Department Chronic Pain Initiative (CPI)

2. Org Name

Pima County Health Department

3. Program/Project Congressional District (check all that apply)

6, 7

4. Program/Project Legislative District (check all that apply)

16, 17, 18, 19, 20, 21, 23

Exhibit A: Offer and Acceptance

Exhibit A - Offer and Acceptance.pdf

Exhibit B: GOYFF Standard Data Collection Form

Exhibit B 2023-24 PC Standard Data Collection Form-rev.pdf

Exhibit C: GOYFF Financial Systems Survey

Exhibit C 2023-24 PC Financial Systems Survey.pdf

Exhibit D: Personnel Staff Overview

Exhibit D - Personnel Staff Overview.docx

5. Scope of Work (200 points)

Executive Summary (500 word limit)

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 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 promote linkages to healthcare including mental health, and public and social services. PCHD CPI objectives address risk factors and promote 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, and sustaining change, and overall number of individuals 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 trainer, and additional training in Youth Mental Health First Aid (YMHA) 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 will launch a promotional campaign targeting the entirety of Pima County, and assure equitable access to all residents, however, anticipates the primary service population to be Urban.

Needs/Resources (1,000 word limit)

a. Pima County has experienced increasingly high overdose rates and fatal overdoses over the past decade. Unintentional and Undetermined Drug Overdose rates in Pima County for those aged 65 and older increased 121% between 2017 and 2021. Studies strongly support a link between chronic pain and mental health, specifically depression, suicide, anxiety, addiction, and overdose tendency. Suicide mortality rates for those aged 65 and older increased by 15% between 2017 and 2021, and the Suicide Mortality Review team found that, out of all reviewed suicide fatalities in Pima County in 2021, 63% of adults aged 65 and older 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 no care among this population.

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

In efforts to assure a responsive quality care model, PCHD will create a Southern Arizona Chronic Pain Taskforce to convene local health care systems, FQHCs, community members with lived/living experiences, local first-responders, and justice and law enforcement to share data, monitor effectiveness, make improvements, and implement best practices.

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 more difficult.

2) Socio-economic background. Prevalence of chronic pain is inversely related to socio-economic factors.

3) Mental Health. Chronic pain is 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: 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: State Overdose Data to Action (OD2A), SAMHSA State Opioid Response (SOR), and NACCHO Implementing Overdose Prevention Strategies at the Local Level (IOPSL). PCHD convenes 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 140 agencies, and has distributed over 33,000 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 court to provide Narcan and overdose response trainings. Partnerships extend to Superior Court for participation with the Supportive Treatment and Engagement Program and 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, detox and needle exchange programs, behavioral health, and harm reduction services. 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 the program include staff from the Community Mental Health & Addiction unit: Mayra Jeffery, Program Manager; Elizabeth Stamm, Program Coordinator; and Andrea Altamirano, Special Staff Assistant Sr.; and Deputy Director Kimberly VanPelt. The dedicated staff, to be hired, for this grant consists of one Program Manager and two Program Specialists. CPSMP Master Trainer Mayra Jeffery will act as intermittent PM for this grant until the position is filled, and will oversee the collaboration with PCOA, the CPSMP workshops, and train-the-trainer sessions. Elizabeth Stamm will coordinate activities including CPSMP facilitation until the Program Specialists are hired. Andrea Altamirano will have an on-going and unfunded role as a facilitator in Understanding ACEs and YMHFA for Tribal Communities and Indigenous Peoples trainings. Kimberly VanPelt will be unfunded and oversee the creation of the Southern Arizona Chronic Pain Taskforce to convene key stakeholders in sharing resources for best practices in pain management.

Strategies/Approaches (1,500 word limit)

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 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 Chronic Pain Taskforce, in order to build a consortium for best practices in pain management and expand impact and reach in Pima County.

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 work closely with Pima County's Communications Department to develop a broad marketing campaign 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, 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 Chronic Pain 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 management and improve the model of care is a critical component to ongoing quality assurance and quality improvement through the Southern Arizona Chronic Pain 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 create sometimes lacking inter-agency coordination regarding substance misuse related to chronic pain.

Environmental Activities - Compliance- Surveillance Activities.

Convening the Southern Arizona Chronic Pain Taskforce will increase the value of ongoing surveillance such as the Arizona Board of Pharmacy's Prescription Monitoring Program. More stakeholders will get actionable surveillance data in real time through 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, in understanding the effects of

trauma and ACEs, and to be able 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 referrals with chronic pain risk factors access to healthier chronic pain self-management training. The Southern Arizona Chronic Pain Taskforce will bring community, health systems, and law enforcement together to examine risk and protective factors and test methods to bring greater sensitivity to substance misuse treatment, 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 a medical home and behavioral/mental health care where chronic pain has led to depression, anxiety, and perhaps has impacted ability to work, and ability to 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 their 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 many times 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. As described above, PCHD utilizes a trauma informed approach, and CLAS standards. The PCHD Community Mental Health and Addiction Program has successfully carried out numerous projects throughout its nearly five 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.

6. Implementation Plan (200 points)

Implementation Plan (1,000 word limit, not including Exhibit F)

Pima County's participant recruitment and retention plans are tailored to the specific curricula and target audiences, as follows:

Training: Chronic Pain Self-Management Program (CPSMP)

Target Audience: Adults with chronic pain, caregivers of those with chronic pain, Pima County residents aged 55 years and older, adults with barriers to participation in the program (i.e. financial, transportation, physical limitations, lack of assistance/resources).

Recruitment: Funded partnership with the PCOA, promotion on organizational social media pages, newsletters, earned media, and public service announcements. Partner with pain management providers/clinics, medical and behavioral health providers/clinics, substance use treatment providers/clinics, rehabilitation/physical therapy/occupational therapy providers, tribal agencies, assisted living/residential care homes/communities, and veteran's services. Testimonials/word-of-mouth from previous CPSMP participants. Interdepartmental and community referrals.

Retention: Lay leaders provide follow-up/check-in calls and/or emails in the first week of the program, participants complete follow-up/check-in calls and/or emails after the first week to promote self-management skills and accountability; all materials needed to complete the program are provided free-of-charge, including the "Living a Healthy Life with Chronic Pain" book; lay leaders encourage participants to continue utilizing skills learned in the program and hold themselves/each other accountable by creating groups and/or scheduling regular contact with fellow participants and include all providers/caregivers/family/natural supports in their treatment plans.

Training: Understanding Adverse Childhood Experiences (ACEs)

Target Audience: Parents/caregivers, educators and school professionals, Pima County library/parks and recreation/afterschool program staff, pediatricians, primary care providers, transportation or hospitality staff, adults who have experienced trauma or ACEs, any interested adult community member.

Recruitment: Promotion on organizational social media pages, newsletters, earned media, and public service announcements. Promote industry-recognized certification as a career development aid/required continued education credits. Partner with school districts, tribal agencies, internal and external departmental programs, Pima County Juvenile Court, behavioral health organizations, integrated healthcare facilities, neighborhood associations, civic clubs, local businesses, and faith-based and grassroots organizations. Capitalize on current outreach and marketing efforts and robust media campaigns as in the Not Alone campaign.

Retention: Certificate of Completion, qualifies for continuing education and re-certification credits/professional development. Complements, and can be a great addition to, other CMHA trainings/presentations/programs (i.e. Question Persuade Refer Gatekeeper suicide-prevention training, Rise of Fentanyl, and Strengthening Families Program). Offered in-person or virtually.

Training: Youth Mental Health First Aid (YMHFA) for Tribal Communities and Indigenous Peoples

Target Audience: Parents/caregivers, educators and school professionals, Pima County library/parks and recreation/afterschool program staff, pediatricians and child psychiatrists/therapists/behavioral health providers, any adults who work with Indigenous youth.

Recruitment: Promotion on organizational social media pages, newsletters, earned media, and public service announcements. Promote industry-recognized certification as a career development aid. Partner with school districts, tribal agencies, internal and external departmental programs, behavioral health organizations, integrated healthcare facilities, neighborhood associations, civic clubs, local businesses, and faith-based and grassroots organizations. Capitalize on current outreach and marketing efforts and robust media campaigns as in the Not Alone campaign.

Retention: Certification is good for three years. This training qualifies for continuing education and re-certification credits/professional development. This training satisfies the Mitch Warnock Act. Clearly advertise time commitment in all promotions and registrations. Participants must complete entire training to earn certification.

c. PCHD recognizes that there are barriers to participation and retention rates for each of the proposed trainings, especially for community members who have low-income, are unemployed/employed, those with transportation and/or physical limitations, lack of assistance/resources, and those who live in marginalized and underserved communities, including tribal and rural transportation. We also recognize the significant impact that culture and stigma have on participation, which is why all staff in this program are trained in trauma informed care, justice, equity, diversity, and inclusion, Mental Health First Aid, QPR for suicide prevention, harm and stigma reduction, and represent various cultural backgrounds/experiences including multilingual proficiencies. Our recruitment and retention methods will also offer evening and weekend programs/trainings, as well as in-person and virtual options, in order to make services as accessible as possible.

Another possible barrier to participation is self-selection bias, in which most attendees already have a high level of awareness of topics covered, which can skew results, depress the percent change rates of knowledge or perceptions, and omit much of the target audience. To overcome this barrier, PCHD will leverage its extensive network of community providers and available resources to offer information about healthcare resources, social services, and safety-net programs in conjunction with program/training activities.

Language can also be a significant barrier to participation so PCHD is offering training programs in English and Spanish (the two most commonly spoken/read languages in Pima County) and can coordinate interpretation services if potential attendees require services in another language.

Please refer to Exhibit E for the full plan of Objectives and Performance measures.

d. Currently, PCHD staffs a CPSMP Master Trainer, Mayra Jeffery. As a Master Trainer, not only is Mayra able to facilitate CPSMP, but can also train new lay leaders to facilitate CPSMP. As new positions are hired (namely the Program Manager and two Program Specialists), Mayra will facilitate new lay leader training opportunities for new staff and community members. Additionally, PCHD also has 2 other trained lay leaders for this program. While not immediately necessary, CPSMP trainings will occur for new staff within 4 months of hire through internal lay leader trainings and cross-trainings that will be free of cost.

Currently, PCHD also has a recently certified ACEs trainer and a dual-certified Adult and Youth MHFA trainer, Andrea Altamirano. Andrea currently only requires a cross-training in order to become certified in the Tribal Communities and Indigenous Peoples version of YMHFA through the National Council for Mental Wellbeing, which will likely be completed prior to award date of this grant. While not immediately necessary, new hires will be trained as ACEs trainers within their first 6 months and may be free of cost through a scholarship with the Arizona ACEs Consortium.

As the new hires are onboarded, they will also be required to complete new employee orientations and required trainings within their first 2 months of hire. These will all be provided free of cost by PCHD.

Exhibit F: Implementation Plan

Exhibit F - Implementation Plan.docx

7. Collaborative Elements and Partners (200 points)

Collaboration with External Partners (1,500 word limit)

a. PCHD will include a funded partnership with the Pima Council on Aging (PCOA). PCOA will have a lead role in expanding its Chronic Pain Self-Management Program workshops in order to reach more Pima County residents who are 60 years and older. It will also assist PCHD with expanding CPSMP workshops into tribal and rural communities through virtual platforms. Supplies in the PCHD budget will go toward these workshops, expanding the number of people we can reach and eliminating workshop costs for participants. PCOA will aid in identifying and referring participants. PCOA will also participate in the Southern Arizona Chronic Pain Taskforce which PCHD will convene through TISAPP.

PCHD will also engage ongoing partnerships with first responders, community organizations, FQHCs, healthcare systems, academic partners, law and justice, and other substance abuse and overdose partners for TISAPP objectives and strategies. The Tucson Fire Department, Tucson Medical Center, and University of Arizona Comprehensive Pain and Addiction Center will be unfunded partners in participant referral pathways and participating in the Southern Arizona Chronic Pain Taskforce. These partners will play critical roles in identifying people with risk factors in need of services and promotion and education on protective factors through PCHD CPI. These partners will also play critical roles in identifying systemic best practices for pain management through this taskforce and implementing these strategies across Pima County.

PCHD will also include other partners from these sectors with whom we have ongoing partnerships, but we were unable to meet with before application submission. Justice and law entities who have diversion programs, health partners in other consortia, surveillance programs, and partners with whom we worked on the CHNA are examples of these additional partners that we will engage for referral and taskforce participation. Creating a large and diverse set of stakeholders to help achieve individual activities and participate in the more strategic taskforce will create more community buy-in, which is a major sustainability component for PCHD.

b. PCHD will convene monthly Southern Arizona Chronic Pain Taskforce meetings to establish swim lanes, goals and objectives, and create momentum amongst partners. The taskforce will shift to quarterly meetings once fully established and it is making progress toward goals and objectives.

The PCHD Program Manager and Program Specialists will meet at least bi-monthly with PCOA to expand CPSMP workshop facilitation through the community and to coordinate virtual workshops and lay leader cross-trainings for rural and tribal communities. We may shift these meetings to monthly once rural and tribal workshops are underway.

c. PCOA has signed a letter of commitment detailing their funded role in this proposal. If funded, PCHD and PCOA will execute an agreement to formalize their subrecipient role. We do not foresee creating agreements for nonfunded partners. However, PCHD will explore developing a mission statement for the Southern Arizona Chronic Pain Taskforce which partners can sign to show participation and strategic agreement.

d. While we have not developed a subrecipient agreement with PCOA, and do not plan for formal MOUs with nonfunded partners, PCHD has established working partnerships with these entities on other projects. These relationships are detailed in other sections and include subrecipient agreements on other grants, data sharing agreements for consortia, and specific working groups charged with the development of the Healthy Pima Community Health Needs Assessment, and diversion agreements with law and justice entities in Pima County. The historical precedent and scope of cooperation on other partnerships demonstrates PCHD's, and other health and justice entities in Pima County, commitment to and strength of established working relationships for partnering to improve the health and wellness of Pima County residents.

8. Sustainability Plan (100 points)

Organizational Capacity (1,500 word limit, not including exhibits)

a. The Pima County Health Department (PCHD) is a nationally accredited health department that serves the over 1 million residents of Pima County, including the residents of City of Tucson and two Tribal Nations. PCHD is also an Academic Public Health Department with a strong affiliation with the University of Arizona Mel and Enid Zuckerman College of Public Health. This relationship has created an educational pipeline, nurtured public health practice partnerships, and led to evidence-based practices. PCHD currently operates four opioid/overdose grants from state and federal sources: AZDHS Overdose to Action, NAACHO Implementing Overdose Response Strategies at the Local Level, GOYFF Parents Commission on Drug Education and Prevention, and SAMHSA State Opioid Response. PCHD's anticipated total operating budget for FY 2023 is approximately \$67 million.

b. PCHD and PCOA are confident that CPI can recruit participants and retain them for the full six-week course without the need for incentives or food. PCHD CPI will be funding the associated supply cost of the workshop text books, "Living a Healthy Life with Chronic Pain," which is often perceived as an incentive for taking the workshop. Past experience has demonstrated that seniors can devote more time over a longer period and are more likely to view a workshop as a valued social opportunity. PCOA has found that charging a small fee creates buy-in that motivates participants to complete the course. PCHD will not be charging any participant fees; however, PCOA may continue to charge a nominal participant

fee to continue to encourage participation. PCOA will waive these fees for individuals who are not able to pay in an effort to remove all barriers to accessing this critical program.

PCHD CPI partners have affirmed their motivation to participate in the Southern Arizona Chronic Pain Taskforce. PCOA has tried to establish a similar chronic pain management workgroup in Pima County in the past because of the unmet need. While this effort faded due to lack of funded leadership, it shows the need and desire among local health partners to create this group.

c. Deputy Director Kim VanPelt will be .05 FTE (non-TISAPP funded) to this project. Kim has extensive experience in public health leadership, organizational strategy development, and community outreach. Currently, she oversees Pima County's allotment of the One Arizona Opioid Settlement funding. She is responsible for convening community experts and partners in order to identify, design, and implement strategies to halt the opioid crisis. Previously, Kim was an executive at First Things First where she oversaw \$126 million in grants and contracts. She will guide the convening of the Southern Arizona Chronic Pain Taskforce. Kim reports to the PCHD Director.

PCHD will be hiring a .50 Program Manager for CPI; until then Program Manager Mayra Jeffery will fill this role with .10 FTE (non-TISAPP funded). Mayra has 10 years' experience in health education. She is a bilingual facilitator/Master Trainer in QPR Gatekeeper Training for Suicide Prevention, Strengthening Families Program, and Chronic Disease Self-Management Program, including Tomando Control de Su Salud and Chronic Pains Self-Management Program. Mayra worked as a Case Manager with SMI populations and now co-manages the CMHA unit, overseeing 5 state and federal grants and a staff of 14 focused on overdose/suicide prevention and stigma/harm reduction via health education, outreach, critical trend surveillance, fatality review committees, and linkages to care.

Program Coordinator, Elizabeth Stamm, will be non-grant funded .15 FTE to CPI. Elizabeth is a trainer/presenter/facilitator of QPR Gatekeeper Training for Suicide Prevention, Rise of Fentanyl (adults and youth), Stress Management (adults and youth), NAMI Ending the Silence, Strengthening Families Program, and Chronic Pain Self-Management Program. She also has 8.5 years' clinical behavioral health and treatment experience, has experience in ASL interpretation, and holds a bachelor's degree in psychology. Elizabeth reports to Program Manager, Mayra Jeffery.

Special Staff Assistant Sr., Andrea Altamirano, will be a non-grant funded, .10 FTE to this project. Andrea is bilingual in English/Spanish and has 25+ years of experience in community and public relations, community development and planning, event coordination, and volunteer services. She is a dual-certified Youth & Adult Mental Health First Aid Instructor. She has trained nearly 500 individuals in MHFA since 2019. Andrea is certified to facilitate the Understanding Adverse Childhood Experiences (ACE's) training. Andrea reports to Program Manager, Mayra Jeffery.

A to-be-hired Program Manager will be .50 FTE to TISAPP, responsible for overseeing the program's budget, performance, deliverables, staffing of the TISAPP grant, and the subrecipient agreement with PCOA. This Program Manager will report to the Senior Program Manager of the Community Mental Health and Addiction Program. This position will be split-funded with the AZ Parents Commission on Drug Education and Prevention Grant.

Two full-time Program Specialists will be hired under TISAPP for coordination, outreach, and facilitation of the various funded initiatives of the grant. They will also liaise with partners and have supportive roles in the convening and coordination of the Southern Arizona Chronic Pain Taskforce. They will report to the new Program Manager to be hired.

Grants Management and Innovation (GMI) Division Manager, Erica Alloy, will oversee financial administration for this grant. Erica has progressive experience in grant reconciliation and reporting; administrative procedures for grants and contracts; managing compliance; managing teams of finance managers and accountants; and managing Single Audit preparation. She has financial responsibility for over \$400M in grants for Pima County and reports to the Deputy Director of GMI. Since GMI provides a centralized grant management function that benefits all of Pima County's grant awards, its personnel do not charge grants directly. Pima County does charge the de minimis 10% indirect rate on all applicable grants to recover these types of costs as per 2 CFR 200 guidance.

d. PCHD has aggressively worked to mitigate the opioid and overdose crisis in Pima County. This includes operating the Arizona Overdose Data to Action, NAACHO Implementing Overdose Prevention Strategies at the Local Level, GOYFF AZ Parents Commission on Drug Education and Prevention, and SAMHSA State Opioid Response grants. PCHD has also applied for the federal CDC OD2A: LOCAL grant and other smaller grants in this area. To build capacity for TISAPP activities and strategies, PCHD will hire one new Program Manager who will also work on the AZ Parents Commission Drug Education and Prevention grant, as well as hire two new Program Specialists fully dedicated to TISAPP.

e. GMI provides the supportive role of maintaining centralized award management; overseeing subrecipient agreements and monitoring; evaluating and processing all financial transactions; and performing cash flow reporting, expense monitoring, reimbursement requests, and audit assistance. GMI coordinates annual Single Audit processes with the Arizona Office of the Auditor General. Pima County reported a total of \$134 million in federal awards in Fiscal Year 2022 and was a low-risk auditee. Pima County uses CGI Advantage to track and manage all financial and budget

activities.

f. PCHD has multiple strategies for successfully sustaining programs. The GOYFF Parents Commission on Drug Education and Prevention grant is an example of successful program implementation and execution which has allowed it to stay eligible for renewal funding 5 years in a row. Another strategy PCHD uses is to transfer activities under an expiring grant into the proposal for a separate but similarly scoped grant program. For example, PCHD plans to move State OD2A activities into a pending competitive CDC grant, OD2A: LOCAL. Additionally, PCHD transferred K-12 mental health support services under its Epidemiological Laboratory Capacity COVID response grant into Proposition 207 Marijuana Tax Revenue funds. Finally, PCHD creates extensive partnerships with health and justice entities to create additional opportunities for sustainment through external grants and non-grant funding from partners.

9. Goals, Outcome Objectives and Performance Measures (200 points)

Exhibit E: Goals, Outcome Objectives and Performance Measures

Exhibit E - Goals Outcome Objectives and Performance Measures.docx

10. Budget Alignment (100 points)

Budget Status

I have completed the Budget Worksheet

Did you include indirect costs in your budget?

Yes

Is your indirect costs rate Federally negotiated?

No

Additional Uploads

Solicitation Amendment #1

2023-07-18 RFGA GR-SABG-GOYFF-100123-00 Amendment 1.pdf

Proof of SAM.gov Registration

Pima County SAM screenshot.pdf

Audit Report (or applicable financial documents)

Pima County June 30, 2022 Single Audit.pdf

Proof of 501c3 Status (if applicable)

Additional Upload 1 (Optional)

PCHD TISAPP Letters of Commitment.pdf

Additional Upload 2 (Optional)

PCHD-TISAPP Resumes.pdf

Please use the following link to view the Budget

View Budget Worksheet

<https://portal.ecivis.com/#!/peerBudget/9B8FAA4D-BD47-4127-9948-B35480EE3A1C>

9. Evaluation Plan

10. Project Goals and Objectives

11. Program Specific Criteria #1

12. Program Specific Criteria #2

13. Program Specific Criteria #3

Average Score

923.67

of Reviews

3

of Denials

0

Additional Information

Budget Worksheet

Application Goals

View Application Goals

<https://portal.ecivis.com/#/peerGoals/72F20134-448A-4E60-84DB-9DCA96837737>

Applications: File Attachments

Exhibit A: Offer and Acceptance

Exhibit A - Offer and Acceptance.pdf

Exhibit B: GOYFF Standard Data Collection Form

Exhibit B 2023-24 PC Standard Data Collection Form-rev.pdf

Exhibit C: GOYFF Financial Systems Survey

Exhibit C 2023-24 PC Financial Systems Survey.pdf

Exhibit D: Personnel Staff Overview

Exhibit D - Personnel Staff Overview.docx

Exhibit F: Implementation Plan

Exhibit F - Implementation Plan.docx

Exhibit E: Goals, Outcome Objectives and Performance Measures

Exhibit E - Goals Outcome Objectives and Performance Measures.docx

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Additional Upload 1 (Optional)

PCHD TISAPP Letters of Commitment.pdf



Katie Hobbs
Governor

State of Arizona
Governor's Office of Youth, Faith and Family

Tonya Hamilton
Director

OFFER AND ACCEPTANCE FORM (SPO FORM 203)

TO THE GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY:

The Undersigned hereby agrees, if awarded a grant, to all terms, conditions, requirements, and amendments in this Request for Grant Application ("RFGA") solicitation and any written exceptions, as accepted by the Governor's Office of Youth, Faith and Family, in the Application.

Arizona Transaction (Sales) Privilege Tax License No.:

Name of Point of Contact Concerning this Application:

none

Name: Kimberly VanPelt

Federal Employer Identification No.:

Phone: 520-724-7894 Fax: none

86-6000543

E-Mail: kimberly.VanPelt@pima.gov

By signature in this Offer section, the Applicant certifies:

1. The submission of the Application did not involve collusion or other anti-competitive practices.
2. The Applicant shall not discriminate against any employee or Applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-9 or A.R.S. §§ 41-1461 through 1465.
3. The Applicant has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.

Pima County Health Department

Name of Applicant Organization

Signature of Person Authorized to Sign Offer

3950 South Country Club Road

Donald Gates

Address

Printed Name

Tucson, AZ 85714

Business Operations Manager

City State Zip

Title

CERTIFICATION

ACCEPTANCE OF APPLICATION

The Application is hereby accepted.

The Applicant is now bound to perform as stated in the attached grant Application, and based upon the RFGA Solicitation Documents, including all terms, conditions, requirements, amendments, etc., and the Applicant's grant Application as accepted by the State.

This grant shall henceforth be referred to as Grant No. GR-SABG-GOYFF-100123-16.

The effective date of the contract is October 1, 2023.

The Applicant has been cautioned not to commence any billable work or to provide any material or service under this contract until Applicant receives a purchase order, contract release document, or written notice to proceed.

State of Arizona

Awarded this 27 day of September 2023

Shane Richardson

Shane Richardson, Procurement Manager

Standard Data Collection Form

Governor's Office of Youth, Faith and Family Standard Data Collection Form for the Grant Management Information System (GIMS)

A. Fiscal Agent Information:

Agency Name Pima County Health Department Contact Person Donald Gates
Address 3950 S. Country Club Road #10 Position Business Operations Manager

Email Donald.Gates@pima.gov

City, State, Zip Tucson, AZ 85714 Phone 520-724-7843 x

County Pima

Employer Identification Number: 86-6000543 DUNS Number 144733792

Agency Classification: State Agency County Government Local Government Schools
 Faith Based Non-Profit Tribal Other

In which Congressional (Federal) District is your agency? Enter District # AZ-007
<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency? Enter District # I.D-021
<http://www.azredistricting.org> (click on Final Maps)

Have you previously conducted business with the State using this EIN: **Y** **N.?** If **NO**, please go to the following website, download the State of Arizona Substitute W-9 Form and submit with your application. <http://www.gao.state.az.us/onlineforms>

What was the date of your most recent SAM/CCR registration? 2/6/23 * Please attach confirmation of registration.

Preferred method for reimbursements (ACH or mailed check)? ACH Agency Fiscal Address (listed above)

Preferred reimbursement cycle: Monthly Quarterly

B. Contract Signer Information:

Contract Signer Adelita Grijalva Position Chair, Pima County Board of Supervisors

Address Pima County Health Department Email Sharon.Grant@pima.gov
3950 S. Country Club Road, Ste. 100 Phone 520-724-7842 x

City, State, Zip Tucson, AZ 85714 County Pima

C. Financial Information:

Approximately how much FEDERAL funding will your organization expend in your current fiscal year?
\$ 134,000,000.00

What is your organization's fiscal year-end date? June 30

Accounting Method: Cash Accrual Modified

Is your organization subject to the requirements of an annual independent audit in accordance with OMB Circular A-133? **Y**
N

Please provide contact information of the audit firm conducting your audit:

Agency Arizona Auditor General

Address 2910 N. 44th Street, Ste. 410, Phoenix, AZ 95018

Phone Number 602-553-0333

D. Program Agency Information:

Agency Name Pima County Health Department Contact Person Mark Person
Address 3950 S. Country Club Road Position Program Manager
 Email Mark.Person@pima.gov
City, State, Zip Tucson, AZ 85714 Phone 520-724-7518 x
County Pima

E. Proposed Program Information / Description:

Amount requesting: \$199,765.00
Service area of proposed program: Pima County
Target population of proposed program: Youth and their parents/caregivers in Pima County
Number of participants to be served: 900
Donald Gates Digitally signed by Donald Gates
DN: cn=Donald Gates, ou=Pima County, ou=Health
Department, email=Donald.Gates@Pima.gov, c=US
Date: 2023.04.26 15:49:23 -0700 04/26/2023
Authorized Signer **Date**

(TO BE COMPLETED BY GOYFF PERSONNEL.)

Contract Number: _____

Is the Sub-Grantee's Audit Current? Yes _____ No _____

Funding Index: _____

Any Special terms and conditions to be included in Contract:

Program Administrator **Date** **Grant Auditor** **Date**

Attachment Form F (Exhibit C): Financial Systems Survey

Governor's Office of Youth, Faith and Family Financial Systems Survey

Name of Applicant: Pima County Health Department

Please answer every question by filling in the circle next to the correct answer. Attach materials and document comments as required.

As stewards of federal and state funds, the Governor's Office of Youth, Faith and Family awards funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?	<input checked="" type="radio"/> YES <input type="radio"/> NO
2. Is your organization subject to the audit requirements of 2 C.F.R. Part 200, Sub-Part F? If so, please include a copy of your audit report, including your Management Letter, Findings and Questioned Costs.	<input checked="" type="radio"/> YES <input type="radio"/> NO
3. If your organization is not subject to the audit requirements of 2 C.F.R. Part 200, Sub-Part F, have your financial statements been audited, reviewed or compiled by an independent Certified Public Accountant within the past two years? If yes, please attach a complete copy of the most recent audited, reviewed or compiled financial statements. If no, attach a copy of the most recently prepared financial statements including a balance sheet, income statement, statement of cash flows and a description of the source of the documents.	<input type="radio"/> YES <input type="radio"/> NO
4. Please attach a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. Note: If your organization had a Single Audit, a copy of the "Schedule of Expenditures for Federal Awards" can should be submitted	https://www.azauditor.gov/reports-publications/counties/report/pima-county-june-30-2022-annual-financial-related-reports-2022
5. Has your organization received funding from the Governor's Office of Youth, Faith and Family within the past two years? If yes, specify the grant contract numbers: <u>GR-PC-070122-00</u> <u>PC-DSG-19-070119-19Y2</u> _____ _____ _____	<input checked="" type="radio"/> YES <input type="radio"/> NO
6. Has your organization been granted tax-exempt status by the Internal Revenue Service?	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
7. If you answered YES to question #6, under what section of the IRS code? <input type="radio"/> 501 C (3) <input type="radio"/> 501 C (4) <input type="radio"/> 501 C (5) <input type="radio"/> 501 C (6) <input type="radio"/> Other.	

Specify: _____	
8. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?	<input type="radio"/> YES <input type="radio"/> NO

B. FUNDS MANAGEMENT

1. Which of the following describes your organization's accounting system?	<input type="radio"/> Manual <input checked="" type="radio"/> Automated <input type="radio"/> Combination
2. How frequently do you post to the General Ledger?	<input checked="" type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	<input checked="" type="radio"/> YES <input type="radio"/> NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?	<input checked="" type="radio"/> YES <input type="radio"/> NO
5. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time?	<input checked="" type="radio"/> YES <input type="radio"/> NO
6. Is your organization familiar with Federal Cost Principles (i.e. 2 CFR Part 200)?	<input checked="" type="radio"/> YES <input type="radio"/> NO
7. How does your organization plan to charge common/indirect costs to this grant? NOTE: Those organizations using an indirect cost plan/rate need to attach a copy of the methodology and calculations in determining the rate.	<input type="radio"/> Direct Charges <input checked="" type="radio"/> Utilizing an Indirect Cost Allocation Plan or Rate

C. INTERNAL CONTROLS

1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?	<input checked="" type="radio"/> YES <input type="radio"/> NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	<input checked="" type="radio"/> YES <input type="radio"/> NO
3. Are all accounting entries and payments supported by source documentation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
4. Are cash or in-kind matching funds supported by source documentation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
5. Are employee time sheets supported by appropriately approved/signed documents?	<input checked="" type="radio"/> YES <input type="radio"/> NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	<input checked="" type="radio"/> YES <input type="radio"/> NO

D. PROCUREMENT

1. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?	<input checked="" type="radio"/> YES <input type="radio"/> NO
2. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?	<input checked="" type="radio"/> YES <input type="radio"/> NO

3. Does the organization complete some level of cost or price analysis for every major purchase?	<input type="radio"/> YES <input type="radio"/> NO
4. Does the organization maintain a system of contract administration to ensure Grantee conformance with the terms and conditions of each contract?	<input type="radio"/> YES <input type="radio"/> NO
5. Does the organization maintain written procurement policies and procedures?	<input type="radio"/> YES <input type="radio"/> NO

E. CONTACT INFORMATION

Please indicate the following information. In the event that the Governor's Office of Youth, Faith and Family has questions about this survey, this individual will be contacted.

Prepared By: Donald Gates

Job Title: Pima County Health Department Business Operations Manager

Date: 4/24/23

Phone/Fax/Email: 520-724-7843 Donald.Gates@pima.gov

F. CERTIFICATION

I certify that this report is complete and accurate, and that the Grantee has accepted the responsibility of maintaining the financial systems.

Signature

G. COMMENT AND ATTACHMENTS

Please use the space below to comment on any answers in Sections A – D. Please indicate the Section and Question # next to each comment.

Number of Attachments (please number each attachment): _____

COMMENTS:
Pima County elects to use the 10% de Minimis Indirect Cost Rate, in accordance with 2 CFR 200.414(f).

A link is provided to the most recent Single Audit report FY2021-22:
<https://www.azauditor.gov/reports-publications/counties/report/pima-county-june-30-2022-annual-financial-related-reports-2022>

EXHIBIT D
Personnel Staff Overview

The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for the key individuals involved in the project.

STAFF MEMBER	BACKGROUND AND EXPERTISE OF PERSONNEL
<p>Name: Kimberly VanPelt Title: Deputy Director</p> <p>What percent of time will be spent on this project: 5%</p>	<p>Kim VanPelt has extensive experience in public health leadership, organizational strategy development, and community outreach. Currently, she is responsible for overseeing Pima County's effort to address opioid misuse through distribution of opioid Arizona State settlement funding. She is responsible for convening community experts and partners identify, design, and implement mitigation strategies to the opioid crisis. Previously, Kim was an executive team member for First Things First, responsible for addressing the health, development, early education, and family support needs for children birth to 5 years old. For First Things First she also oversaw \$126 million in grants and contracts. She will have a non-grant funded role in TISAPP to work with Mayra Jeffery to convene a Chronic Pain Management Taskforce with local experts and partners.</p>
<p>Name: Mayra Jeffery Title: Program Manager</p> <p>What percent of time will be spent on this project: 25%</p>	<p>Mayra Jeffery has an education in the fields of Psychology and Physiology from the University of Arizona. Mayra has nearly 10 years experience in health education and public speaking. She is a bilingual trained facilitator in QPR Gatekeeper Training for Suicide Prevention and the Strengthening Families Program. She is also a Master Trainer in the Chronic Disease Self-Management Program umbrella including Tomando Control de Su Salud and Chronic Pain Self-Management Program. Mayra has worked in behavioral health as a Case Manager serving members with SMI to most recently managing the Community Mental Health and Addiction Unit of the Pima County Health Department and overseeing 5 overdose and substance abuse related grants assigned to the team of 14 staff members. This team focuses on critical public health initiatives concerning overdose prevention, suicide prevention, stigma reduction, and harm reduction via health education, outreach, critical trend surveillance, fatality review committees, and linkages to care. Mayra is a member of several local Pima County community collaboration coalitions and taskforces around the topics of suicide prevention, referral to treatment, parent education, medication abuse prevention, among many others. Pima County's budget lists the Program Manager position as to-be-hired. We will be hiring a new employee for this position. Mayra will fill this role until the new Program Manager</p>

	is in place and ready to take this role.
<p>Name: Elizabeth Stamm</p> <p>Title: Program Coordinator</p> <p>What percent of time will be spent on this project: 10%</p>	<p>Elizabeth Stamm has been a Program Coordinator at the Pima County Health Department’s Community Mental Health and Addiction Program (CMHA) for a year and a half, in a supervisory role as well as a trainer/presenter/facilitator of QPR Gatekeeper Training for Suicide Prevention, Rise of Fentanyl (adults and youth), Stress Management (adults and youth), NAMI Ending the Silence, Strengthening Families Program, and Chronic Pain Self-Management Program. She also has over 8.5 years of clinical experience working in direct behavioral health and substance use treatment settings (5 years in a supervisory role), volunteered as a 24-hour Victim’s Advocate for Pima County Victim Services, and has worked with adults and children in “high risk” areas of Pima County in a mentoring position. Prior to joining the CMHA team, Elizabeth most recently worked as a Site Coordinator responsible for overseeing an integrated behavioral health outpatient clinic, serving members with mental health and substance use disorders. In this role, Elizabeth was responsible for the supervision of 52 employees within the clinical care setting, including Case Managers, Court Ordered Treatment teams, site Team Leaders, Medical Assistants, Receptionists and Intake Specialists, Insurance Verification Specialists, Therapists, Psychiatrists, and Primary Care Physicians. Elizabeth has a beginner to intermediate level of interpretation experience in American Sign Language. Elizabeth studied Psychology and Anthropology at the University of Arizona, and holds a Bachelor’s degree in Psychology.</p>
<p>Name: Andrea Altamirano</p> <p>Title: Special Staff Assistant Sr.</p> <p>What percent of time will be spent on this project: 10% (Health-funded position)</p>	<p>Andrea Altamirano, a bilingual and native Tucsonan, has dedicated her career to public service for almost three decades. She earned her Bachelor of Science degree in Business Management from the University of Phoenix. She has 25+ years of experience in project management, community and public relations, community development and planning, process operations, event coordination, and volunteer services. These include working with federal, state, and local grants/agencies in developing, managing, and coordinating projects such as community development, promotion of health and eliminating health disparities, consensus building, surveying & data collection, and regional planning. She has been a trained Mental Health First Aid (MHFA) instructor since 2014 and currently a dual-certified Youth & Adult MHFA Instructor. She has trained nearly 500 individuals in Mental Health First Aid since 2019. Andrea is certified to facilitate Adverse Childhood Experiences (ACE’s) trainings, increasing education and awareness in trauma informed care and healing centered engagement.</p>
<p>Name: To be hired</p>	<p>This new Program Manager (to be hired) will be split-funded, 50/50, AZ Parents Commission on Drug Education and Prevention</p>

<p>Title: Program Manager</p> <p>What percent of time will be spent on this project: 50%</p>	<p>Grant and this, Trauma Informed Substance Abuse Prevention Program, grant, both grants through the Governor's Office of Youth Faith and Family. This Program Manager will be responsible for overseeing the program's budget, performance, deliverables, and staffing of the TISAPP grant.</p>
<p>Name: To be hired</p> <p>Title: Program Specialist</p> <p>What percent of time will be spent on this project: 100%</p>	<p>This new Program Specialist (to be hired) will be dedicated to coordination, outreach, and facilitation of the various funded initiatives of the TISAPP grant. This person will also maintain liaison with various outside agencies and partners.</p>
<p>Name: To be hired</p> <p>Title: Program Specialist</p> <p>What percent of time will be spent on this project: 100%</p>	<p>This new Program Specialist (to be hired) will be dedicated to coordination, outreach, and facilitation of the various funded initiatives of the TISAPP grant. This person will also maintain liaison with various outside agencies and partners.</p>

EXHIBIT E

Goals, Outcome Objectives and Performance Measures

In the table below, state the goal(s) that will address the identified problem/need. Use a continuation sheet if necessary. The following table may be reproduced with word processing software to replicate the number of tables to match the proposed program's number of goals.

Goal 1: To decrease incidence of substance misuse, overdose, and overdose fatalities by increasing knowledge of available safe treatments and practices for self-management of chronic pain conditions.						
Rationale (How does this goal address the identified problem/need and selected risk/protective factors?): Approximately 50 million people in the US experience chronic pain, which is one of the most common reasons people seek medical care. While the number of opioid prescriptions has decreased, the number of people with chronic pain has not, which has led many to seek opioids from outside sources. Preliminary analysis shows that unintentional injuries, including opioid overdoses, are one of the leading causes of death in Pima County since 2021. Research confirms that those who learn how to self-manage chronic pain conditions safely and effectively, through evidence-based programs like the Chronic Pain Self-Management Program, are less likely to depend on and/or misuse opioids, less likely to experience depression, and more likely to experience an increase in self-efficacy and life satisfaction.						
Targeted Outcome(s) (Check all that apply):						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Parental Stress <input type="checkbox"/> Family Cohesion <input type="checkbox"/> Family Management <input type="checkbox"/> Family Connectedness <input checked="" type="checkbox"/> Family Involvement <input type="checkbox"/> Family Conflict </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Adult Attitudes of Youth Substance Use <input type="checkbox"/> Youth Perception of Parental Attitudes of Youth Substance Use <input type="checkbox"/> Adult Perception of Risk/Harm of Youth Substance Use <input type="checkbox"/> Youth Perception of Family Involvement <input type="checkbox"/> Youth Perception of Risk/Harm of Substance Use <input type="checkbox"/> Youth Perception of Family Cohesion </td> <td style="width: 34%; vertical-align: top;"> Other (Please Specify) <input checked="" type="checkbox"/> Adult perception of risk/harm of substance use <input checked="" type="checkbox"/> Adult knowledge of alternative pain management strategies <input checked="" type="checkbox"/> Adult self-efficacy <input checked="" type="checkbox"/> Caregiver understanding of alternative pain management strategies </td> </tr> </table>				<input checked="" type="checkbox"/> Parental Stress <input type="checkbox"/> Family Cohesion <input type="checkbox"/> Family Management <input type="checkbox"/> Family Connectedness <input checked="" type="checkbox"/> Family Involvement <input type="checkbox"/> Family Conflict	<input type="checkbox"/> Adult Attitudes of Youth Substance Use <input type="checkbox"/> Youth Perception of Parental Attitudes of Youth Substance Use <input type="checkbox"/> Adult Perception of Risk/Harm of Youth Substance Use <input type="checkbox"/> Youth Perception of Family Involvement <input type="checkbox"/> Youth Perception of Risk/Harm of Substance Use <input type="checkbox"/> Youth Perception of Family Cohesion	Other (Please Specify) <input checked="" type="checkbox"/> Adult perception of risk/harm of substance use <input checked="" type="checkbox"/> Adult knowledge of alternative pain management strategies <input checked="" type="checkbox"/> Adult self-efficacy <input checked="" type="checkbox"/> Caregiver understanding of alternative pain management strategies
<input checked="" type="checkbox"/> Parental Stress <input type="checkbox"/> Family Cohesion <input type="checkbox"/> Family Management <input type="checkbox"/> Family Connectedness <input checked="" type="checkbox"/> Family Involvement <input type="checkbox"/> Family Conflict	<input type="checkbox"/> Adult Attitudes of Youth Substance Use <input type="checkbox"/> Youth Perception of Parental Attitudes of Youth Substance Use <input type="checkbox"/> Adult Perception of Risk/Harm of Youth Substance Use <input type="checkbox"/> Youth Perception of Family Involvement <input type="checkbox"/> Youth Perception of Risk/Harm of Substance Use <input type="checkbox"/> Youth Perception of Family Cohesion	Other (Please Specify) <input checked="" type="checkbox"/> Adult perception of risk/harm of substance use <input checked="" type="checkbox"/> Adult knowledge of alternative pain management strategies <input checked="" type="checkbox"/> Adult self-efficacy <input checked="" type="checkbox"/> Caregiver understanding of alternative pain management strategies				
OUTCOME OBJECTIVE(s) pertaining to this goal:						
<ol style="list-style-type: none"> 1. By September 30, 2024, adult community members who live with chronic pain conditions, or their caregivers, participating in the Chronic Pain Self-Management Program will show a 10% increase in knowledge of development of an action plan, as measured by pre vs. post survey analysis. 2. By September 30, 2024, adult community members who live with chronic pain conditions, or their caregivers, participating in the Chronic Pain Self-Management Program will show a 10% increase in confidence in management of pain, as measured by pre vs. post survey analysis. 3. By September 30, 2024, 10% of adult community members who live with chronic pain conditions, or their caregivers, participating in the Chronic Pain Self-Management Program will demonstrate sustained changes following three months from their participation, as measured by 3-month follow-up survey analysis. 						
Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal			
Number and percent of adults who live with chronic pain conditions, or their caregivers, exhibiting the desired change in knowledge of development of an action plan.	The number and percent of individuals who have exhibited the desired change (10% increase) in knowledge of development of an action plan during the reporting period (Data Source - Self-report data through pre vs. post survey analysis).	A pre survey will be administered to all adult participants at the beginning of the first session of the 6-week Chronic Pain Self-Management Program. This will be followed by a post survey which will be administered at the end of the last session of the 6-week Chronic Pain Self-Management Program.	A desirable change in knowledge of development of an action plan demonstrates an increase in self-efficacy of chronic pain management including skills related to pacing activities, communication skills, healthy eating, and other skills intended to reduce risk of substance misuse.			

Number and percent of adults who live with chronic pain conditions, or their caregivers, exhibiting the desired change in confidence in management of pain.	The number and percent of individuals who have exhibited the desired change (10% increase) in confidence in management of pain during the reporting period (Data Source - Self-report data through pre vs. post survey analysis).	A pre survey will be administered to all adult participants at the beginning of the first session of the 6-week Chronic Pain Self-Management Program. This will be followed by a post survey which will be administered at the end of the last session of the 6-week Chronic Pain Self-Management Program.	A desirable change in confidence of management of pain demonstrates an increase in self-efficacy of chronic pain management including skills related to pacing activities, communication skills, healthy eating, and other skills intended to reduce risk of substance misuse.
Number and percent of adults who live with chronic pain conditions, or their caregivers, indicating sustained changes following three months from participation of program.	The number and percent of individuals who have exhibited and maintained the desired changes (10% increase) during the reporting period (Data Source - Self-report data through 3-month follow-up survey analysis).	A 3-month follow-up survey will be administered via email, mail, or telephone, 3 months after completion of the Chronic Pain Self-Management Program.	A desirable response in the number of adults indicating sustained changes after three months from completing the Chronic Pain Self-Management Program indicates continued practice of skills learned contributing to an increase in self-efficacy of chronic pain management and sustaining activities intended to reduce risk of substance misuse.
OUTPUT OBJECTIVE(s) pertaining to this goal:			
<ol style="list-style-type: none"> By September 30, 2024, increase self-efficacy of chronic pain management by providing the Chronic Pain Self-Management Program to at least 50 adults living with chronic pain, or their caregivers, as measured by attendance at the first session of each workshop. By September 30, 2024, increase capacity of Chronic Pain Self-Management Program lay leaders in Pima County by providing at least one cross-training to at least 5 current Chronic Disease Self-Management Program lay leaders, as measured by the number of trainees who graduate the cross-training. 			
Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal
Number of individuals directly served.	The number of individuals that attend and engage in the Chronic Pain Self-Management Program during the reported period. Attendance and engagement are evaluated at the first session of the workshop. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source—Attendance Logs).	Attendance will be taken by lay leaders via online participant list and engagement of individuals if delivered virtually, or by attendance and engagement of participants physically present at an in-person workshop.	Fifty new and unique individuals, as measured by attendance, will learn new skills to aid in the self-management of chronic pain through the Chronic Pain Self-Management Program, intended to reduce risk of substance misuse.
Number of individuals trained as lay leaders.	The number of individuals that attend and graduate the Chronic Pain Self-Management	Attendance will be taken by trainers during each day of the 2-day Chronic Pain Self-Management Program cross-	Five new and unique individuals, as measured by attendance and graduation, will learn new skills as lay leaders in order to facilitate the

	Program cross-training during the reported period. Graduation is evaluated as attendance and successful completion of the lay leader cross-training. (Data Source— Attendance Logs).	training. Graduation will be contingent upon attendance in both sessions and successful completion of the facilitation practices and engagement in brainstorming and scenario skills building activities.	Chronic Pain Self-Management Program, intended to reduce risk of substance misuse.
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Goal 2: To decrease the risk factors that result from trauma, or adverse childhood experiences (ACEs), and increase protective factors and resilience through education, healing, and repairing ACEs.

Rationale (How does this goal address the identified problem/need and selected risk/protective factors?): Compared to the national rate, Arizona youth have a higher prevalence of experiencing two or more adverse childhood experiences (ACEs). ACEs can alter brain development, affect how the body responds to stress, and are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. Furthermore, females, LGBTQ+, and several racial/ethnic minority groups are at a greater risk for experiencing 4 or more ACEs. Education through trauma informed trainings like Understanding ACEs, developed by the Arizona Adverse Childhood Experiences Consortium, has proven to reduce the likelihood of ACEs, reduce the risk of short and long-term physical and mental effects associated with ACEs, and increase protective factors and strong, thriving families and communities.

Targeted Outcome(s) (Check all that apply):

<input checked="" type="checkbox"/> Parental Stress	<input checked="" type="checkbox"/> Adult Attitudes of Youth Substance Use	Other (Please Specify) <input checked="" type="checkbox"/> Adult understanding of ACEs <input checked="" type="checkbox"/> Adult understanding of risk/protective factors <input checked="" type="checkbox"/> Adult understanding of trauma informed care <input type="checkbox"/>
<input type="checkbox"/> Family Cohesion	<input type="checkbox"/> Youth Perception of Parental Attitudes of Youth Substance Use	
<input type="checkbox"/> Family Management	<input checked="" type="checkbox"/> Adult Perception of Risk/Harm of Youth Substance Use	
<input checked="" type="checkbox"/> Family Connectedness	<input type="checkbox"/> Youth Perception of Family Involvement	
<input checked="" type="checkbox"/> Family Involvement	<input type="checkbox"/> Youth Perception of Risk/Harm of Substance Use	
<input checked="" type="checkbox"/> Family Conflict	<input type="checkbox"/> Youth Perception of Family Cohesion	

OUTCOME OBJECTIVE(s) pertaining to this goal:

- By September 30, 2024, adult community members participating in the Understanding ACEs will show a 10% increase in knowledge of the effects of unaddressed trauma on risk factors associated with substance use, as measured by retrospective post survey analysis.
- By September 30, 2024, adult community members participating in the Understanding ACEs will show a 10% increase in knowledge of strategies to mitigate the negative outcomes of childhood trauma, as measured by retrospective post survey analysis.

Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal
Number and percent of adults exhibiting the desired change in knowledge of effects of unaddressed trauma on risk factors associated with substance use.	The number and percent of individuals who have exhibited the desired change (10% increase) in knowledge of effects of unaddressed trauma during the reporting period (Data Source - Self-report data through	A retrospective post survey will be administered to all adult participants at the end of each presentation.	A desirable change in knowledge of effects of unaddressed trauma on risk factors associated with substance use will increase the incidence of individuals engaging in open discussions and treatment, as well as decrease the incidence of substance use and mental health challenges.

	retrospective post survey analysis).		
Number and percent of adults exhibiting the desired change in knowledge of strategies to mitigate the negative outcomes of childhood trauma.	The number and percent of individuals who have exhibited the desired change (10% increase) in knowledge of strategies to mitigate the negative outcomes of childhood trauma during the reporting period (Data Source - Self-report data through retrospective post survey analysis).	A retrospective post survey will be administered to all adult participants at the end of each presentation.	A desirable change in knowledge of strategies to mitigate the negative outcomes of childhood trauma will increase the incidence of individuals engaging in open discussions and treatment, as well as decrease the incidence of substance use and mental health challenges.
OUTPUT OBJECTIVE(s) pertaining to this goal:			
<ol style="list-style-type: none"> By September 30, 2024, increase awareness and capacity to acknowledge the effects of trauma and ACEs, and increase resilience by providing the full Understanding ACEs training to at least 50 adults, as measured by attendance at each presentation. By September 30, 2024, increase awareness and capacity to acknowledge the effects of trauma and ACEs, and increase resilience by providing the intro Understanding ACEs presentation to at least 80 adults, as measured by attendance at each presentation. 			
Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal
Number of individuals directly served.	The number of individuals that attend and engage in the Understanding ACEs training during the reported period. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source—Attendance Logs).	Attendance will be taken by trainer via online participant list and engagement of individuals if delivered virtually, or by attendance and engagement of participants physically present at an in-person training.	Fifty new and unique adults, as measured by attendance, will learn the effects of trauma and ACEs on risk factors associated with substance use. This will decrease risk factors and increase protective factors which will contribute to resilience and healing.
Number of individuals directly served.	The number of individuals that attend and engage in the Understanding ACEs training during the reported period. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source—Attendance Logs).	Attendance will be taken by trainer via online participant list and engagement of individuals if delivered virtually, or by attendance and engagement of participants physically present at an in-person training.	Eighty new and unique adults, as measured by attendance, will learn the effects of trauma and ACEs on risk factors associated with substance use. This will decrease risk factors and increase protective factors which will contribute to resilience and healing.

Goal 3: To increase awareness around the unique impacts of mental health on Tribal Communities and Indigenous youth, and build capacity to acknowledge signs and symptoms of mental health distress in Indigenous adolescents during a time of critical change and development.

Rationale (How does this goal address the identified problem/need and selected risk/protective factors?): In 2019, suicide was the second leading cause of death for American Indian/Alaskan Natives (AI/AN) between the ages of 10 and 34. The youth suicide rate was 2.5 times higher than the overall national average in 2019. In 2020, AI/AN youth reported the highest rates of mental health issues, including depression and anxiety, in the US compared to other racial/ethnic groups. Youth Mental Health First Aid for Tribal Communities and Indigenous Youth is an evidence-based training designed to equip adults who love or work with Indigenous adolescents ages 12-18 to recognize and respond to a suspected mental health or substance use challenge or crisis.

Targeted Outcome(s) (Check all that apply):

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Parental Stress | <input checked="" type="checkbox"/> Adult Attitudes of Youth Substance Use | Other (Please Specify) |
| <input checked="" type="checkbox"/> Family Cohesion | <input type="checkbox"/> Youth Perception of Parental Attitudes of Youth Substance Use | <input checked="" type="checkbox"/> Adult perception and understanding of youth mental health conditions and coping strategies |
| <input type="checkbox"/> Family Management | <input checked="" type="checkbox"/> Adult Perception of Risk/Harm of Youth Substance Use | <input checked="" type="checkbox"/> Adult understanding of the unique cultural circumstances, risk and protective factors, and impacts of mental health/substance use in tribal/indigenous youth |
| <input checked="" type="checkbox"/> Family Connectedness | <input type="checkbox"/> Youth Perception of Family Involvement | |
| <input checked="" type="checkbox"/> Family Involvement | <input type="checkbox"/> Youth Perception of Risk/Harm of Substance Use | |
| <input checked="" type="checkbox"/> Family Conflict | <input type="checkbox"/> Youth Perception of Family Cohesion | |

OUTCOME OBJECTIVE(s) pertaining to this goal:

- By September 30, 2024, adult community members, including parents/caregivers and teachers, participating in Youth Mental Health First Aid (YMHFA) for Tribal Communities and Indigenous Peoples training will demonstrate a 10% increase in ability to recognize signs and symptoms of mental health or substance use challenges that may impact Indigenous youth, as measured by pre vs. post survey analysis.

Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal
Number and percent of adults exhibiting the desired change in ability to recognize signs/symptoms of mental health or substance use challenges in Indigenous youth.	The number and percent of individuals who have exhibited the desired change (10% increase) in ability to recognize signs/symptoms during the reporting period (Data Source - Self-report data through pre vs. post survey analysis).	A pre survey will be administered to all adult participants at the beginning of the YMHFA for Tribal Communities and Indigenous Peoples training. This will be followed by a post survey which will be administered at the end of the training.	A desirable change in ability to recognize signs/symptoms of mental health or substance use challenges in Indigenous youth will decrease stigma around substance use and mental health, increase supportive communication strategies, and increase the incidence of individual engaging in early treatment.

OUTPUT OBJECTIVE(s) pertaining to this goal:

- By September 30, 2024, increase awareness and capacity to recognize signs and symptoms of mental health distress in Indigenous youth by providing the Youth Mental Health First Aid (YMHFA) for Tribal Communities and Indigenous Peoples training to at least 30 adults, as measured by attendance at each training.

Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal
Number of individuals directly served.	The number of individuals that attend and engage in the YMHFA for Tribal Communities and Indigenous Peoples training during the reported period. (Data	Attendance will be taken by trainer at the beginning of each training.	Thirty new and unique adults, as measured by attendance, will learn how to recognize the signs and symptoms of mental health or substance use challenges that may impact Indigenous youth and become a certified Youth Mental Health First Aider. YMHFA is an evidence-based

	Source—Attendance Logs).		curriculum proven effective in teaching adults how to recognize and respond to mental health and substance use challenges in youth.
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EXHIBIT F

Implementation Plan

The following form may be reproduced with word processing software or another form may be created that contains all the information requested. Sequentially list the key tasks and activities needed to implement the strategies/approaches including timelines and responsibilities as they relate to the achievement of the task. In the final column, list how the effectiveness of the implementation will be measured (e.g. number of participants attending/completing, participant satisfaction, adequacy of resources, timely completion of activities, etc.)

Strategy	Key Task	Activities	Person Responsible	Completion Date	As measured by
Amplify the availability of Chronic Pain Self-Management Program (CPSMP) workshops and lay leaders (facilitators) available in the community and in rural populations.	Enable Pima Council on Aging (PCOA) to expand their CPSMP offerings to the older adult population in Pima County by increasing the number of workshops delivered and reducing or eliminating the participant fees associated with the program.	Subsidize the cost of CPSMP manuals and workshop related supplies in order for PCOA to offer trainings at low or no cost to the community	CMHA Program Manager	9/30/2024	The number and amount manuals and supplies purchased to subsidize the participant fees for PCOA
		Provide PCOA with a subrecipient agreement in order to support their staffing capacity to facilitate CPSMP workshops and cross-trainings	CMHA Program Manager	1/1/2024	Fully executed subrecipient agreement

	Increase capacity of available lay leaders in urban and rural Pima County	Coordinate, recruit, and facilitate lay leader cross-trainings (train the trainer) at least once per year.	CMHA Program Manager, PCOA	9/30/2024	Number of cross-trainings facilitated by a CPSMP Master Trainer in Pima County
	Facilitate the evidenced-based CPSMP workshop in the virtual format in order to reach rural populations as well as individuals who may otherwise not be able to attend in-person trainings due to their chronic pain.	Once new staff are onboarded and trained, Coordinate, recruit, and facilitate at least 5 CPSMP workshop in the first year.	CMHA Program Manager, CMHA Program Specialists, PCOA	9/30/2024	Number of virtual CPSMP workshops facilitated.
Impact long-term health and wellness and drug abuse proclivity by training parents/caregivers	Train parents/caregivers in ACEs (preventing Adverse Childhood Experiences) using the Arizona Adverse Childhood Experiences Consortium curriculum.	Coordinate, recruit, and facilitate at least 2 full ACEs trainings (2-4 hours each) and 5 intro sessions (30 minutes each) in the first year.	CMHA Program Manager, Andrea Altamirano, CMHA Program Specialists	9/30/2024	Number of training sessions facilitated during the first year.
	Increase capacity in certified ACEs trainers within the program.	Two newly hired Program Specialists will undergo the certified ACEs trainer application and training process	CMHA Program Manager, CMHA Program Specialists	9/30/2024	Completion certificates of ACEs train the trainer for two new Program Specialists.

<p>Increase awareness of mental health concerns and strategies to identify and respond to mental health or substance use related challenges in tribal youth.</p>	<p>Utilize the Youth Mental Health First Aid for Tribal Communities and Indigenous Peoples curriculum to serve the parents/caregivers and other youth-serving adults in tribal communities.</p>	<p>Coordinate, recruit, and facilitate two Youth Mental Health First Aid for Tribal Communities and Indigenous Peoples trainings (full day trainings) in the first year.</p>	<p>CMHA Program Manager, Andrea Altamirano</p>	<p>9/30/2024</p>	<p>Number of training sessions facilitated during the first year.</p>
<p>Convene key stakeholders in order to build a taskforce for best practices in pain management and expand impact and reach in Pima County.</p>	<p>Create a Southern Arizona Chronic Pain Taskforce which regularly meets with key stakeholders in addressing chronic pain management best practices</p>	<p>Identify partners across multiple sectors of healthcare and substance abuse delivery, academia, public entities, etc. Plan taskforce meeting schedule and rules.</p>	<p>CMHA Program Manager, Kimberly VanPelt</p>	<p>1/1/2024</p>	<p>Taskforce roster</p>
		<p>Activate taskforce through holding meetings and developing joint strategies.</p>	<p>CMHA Program Manager</p>	<p>3/1/2024</p>	<p>Meeting schedule, definition of roles, list of available resources, partnership strategies</p>
		<p>Develop actionable steps to improve chronic pain management in our communities.</p>	<p>CMHA Program Manager</p>	<p>9/30/2023</p>	<p>Work plan with SMART goals</p>



Solicitation number: GR-SABG-GOYFF-100123-00

Solicitation Amendment #1

Arizona Trauma Informed Substance Abuse Prevention Program (TISAPP)

The State of Arizona

Governor's Office of Youth, Faith and Family

1700 W. Washington St.
Phoenix, AZ 85007

A SIGNED COPY OF THIS AMENDMENT SHALL BE UPLOADED INTO eCIVIS PRIOR TO THE DUE DATE. IT IS NECESSARY TO SUBMIT THIS FORM IN eCIVIS ONLY IF YOU ARE RESPONDING TO THE SOLICITATION. THIS SOLICITATION IS AMENDED AS FOLLOWS:

Request for Grant Application document *EXHIBIT E - Goals, Outcome Objectives and Performance Measures* has been updated. Updates include changes to the "Targeted Outcome(s)" fields, the provided outcome objective examples, and immaterial formatting and grammatical changes.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

VENDOR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THE ABOVE AMENDMENT.

[Handwritten Signature]

07/18/2023

Signature _____ Date _____

Donald Gates, Business Operations Manager

Name & Title
Pima County Health Department

Organization

THE ABOVE REFERENCED SOLICITATION AMENDMENT IS ISSUED THIS DATE

June 15, 2023

Shane Richardson

Shane Richardson, Procurement Manager