



BOARD OF SUPERVISORS AGENDA ITEM REPORT

CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: May 19, 2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Department of Health Services

***Project Title/Description:**

Pima County - Arizona's Drug Overdose Prevention Program

***Purpose:**

The purpose of this grant is to develop, implement, and assess relevant and proven strategies to halt, reverse, and diminish opioid drug overdoses in our community. Amendment #3 adds \$50,000 for maintaining a local Overdose Fatality Review Team, \$351,025 for linkages to care services, and \$421,391 for the Data to Action cooperative agreement. The total annual amount is \$822,416.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Program goals include:

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

***Public Benefit:**

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

***Metrics Available to Measure Performance:**

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

***Retroactive:**

Yes. The grant year began 9/1/2019. However, this amendment was not received from ADHS until 5/1/2020. Funding through 12/31/2019 was already received through a Purchase Order. This Amendment will enable ADHS to issue another Purchase Order for the remainder of the grant year. If not accepted, the County will not be able to collect these funds.

AM1 Approved 5.13.20 *RLS*

Revised 9/2019

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective 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.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

☐ Expense or ☒ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ _____Is there revenue included? ☐ Yes ☐ No If Yes \$ _____***Funding Source(s) required:**Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☒ AmendmentDocument Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 20-49Effective Date: upon signature Termination Date: _____ Amendment Number: 03☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 822,416.00***All Funding Source(s) required:** There are two federal funding sources with this Amendment. \$421,391 is from the Centers for Disease Control and \$401,025 is from Substance Abuse & Mental Health Svcs Admin (SAMHSA)***Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ _____ % _____***Match funding from other sources?** ☐ Yes ☒ No If Yes \$ _____ % _____***Funding Source:** _____***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

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

Contact: Sharon GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: [Signature] 05/08/20Deputy County Administrator Signature/Date: [Signature] 12 May 2020County Administrator Signature/Date: [Signature] 5/12/20
(Required for Board Agenda/Addendum Items)



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT
OF HEALTH SERVICES

150 N 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.: **ADHS16-110837**

Amendment No.: **3**

Procurement Officer
Christopher Balderrama

PIMA COUNTY - ARIZONA PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

Effective upon signature of both parties, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6) Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders:
 - 1.1 The Scope of Work shall be replaced with the revised Scope of Work in this Amendment Three (3).
 - 1.2 The Price Sheet shall be replaced with the revised Price Sheet in this Amendment Three (3).
 - 1.3 The Provision of "Authorization for Provision of Services," outlined below, shall be added to the IGA Terms and Conditions as Provision twenty-one (21) under this Amendment Three (3).

-- All other provisions of this Agreement remain unchanged. --

CONTRACTOR SIGNATURE

Pima County Health Department

Contractor Name

3950 S County Club Road, Suite 100

Address

Tucson

AZ

85714

City

State

Zip

CONTRACTOR ATTORNEY SIGNATURE

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

Signature

Date

Printed Name

Contract No. **ADHS16-110837**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature

Assistant Attorney General

Date

Printed Name:

Contractor Authorized Signature

Printed Name

Title

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.


State of Arizona

Signed this _____ day of _____ 2020

Procurement Officer

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department

	<p style="text-align: center;">INTERGOVERNMENTAL AGREEMENT (IGA)</p> <p style="text-align: center;">AMENDMENT</p>		<p>ARIZONA DEPARTMENT OF HEALTH SERVICES</p> <p>150 N 18th Ave Suite 530 Phoenix, Arizona 85007</p>
	<p>Contract No.: ADHS16-110837</p>	<p>Amendment No.: 3</p>	<p>Procurement Officer Christopher Balderrama</p>

1. DEFINITIONS

- 1.1 "ADHS" for the purpose of this document refers to the Arizona Department of Health Services.
- 1.2 "OIP" for the purpose of this document refers to the Office of Injury Prevention within the Arizona Department of Health Services.
- 1.3 "CDC" for the purpose of this document refers to the Centers for Disease Control and Prevention.
- 1.4 "CME" for the purpose of this document refers to Continuing Medical Education.
- 1.5 "CSPMP" for the purpose of this document refers to the Controlled Substances Prescription Monitoring Program.
- 1.6 "County or County Health Department" for the purpose of this document means the individual counties selected as high-burden areas in the state to implement the Prescription Drug Misuse and Abuse Toolkit.
- 1.7 "County Health Department program managers" for the purpose of this document, refers to the individual who works for the Contractor who has overall responsibility of the proposed project, including management of staff and Contractors to ensure that the State is in compliance with all grant requirements and communication with ADHS on progress made toward achieving the deliverables.
- 1.8 "DEA" for the purpose of this document refers to the United States Drug Enforcement Administration.
- 1.9 "High-burden areas" for the purpose of this document refers to communities which are identified by the department and Contractor as areas within the county with the highest rates of prescription drug mortality and morbidity.
- 1.10 "NAS" for the purpose of this document refers to Neonatal Abstinence Syndrome.
- 1.11 "Partners" for the purpose of this document refers to state agencies, providers, EBP's, communities and others.
- 1.12 "PSAs" for the purpose of this document refers to public service announcements.
- 1.13 "Rx" for the purpose of this document refers to prescription.
- 1.14 "ADHS Program Manager" means Arizona Department of Health Services employed staff managing the Project contract.
- 1.15 "ADHS Injury Epidemiologist" means Arizona Department of Health Services employed injury epidemiologist.
- 1.16 "OAR" for the purpose of this document refers to the Arizona Opioid Assistance Referral Line.
- 1.17 "Opioid" for the purpose of this document refers to a natural or synthetic class of drug used to reduce pain. This class of drugs includes and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others, synthetic opioids such as fentanyl, and the illegal drug heroin.



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- 1.18 "Opioid Use Disorder" or (OUD) for the purpose of this document refers to the recurrent use of opioids that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
- 1.19 "Overdose" for the purpose of this document refers to injury to the body "poisoning" that happens when a drug is taken in excessive amounts, an overdose can be fatal or nonfatal.

2. BACKGROUND

The ADHS, Division of Prevention Services, Bureau of Chronic Disease and Health Promotion (BCDHP), Office of Injury and Violence Prevention administers funds provided through Federal and State sources for the operation of the Prescription Drug Overdose Prevention program. The program aims to increase public safety through the expansion of opioid misuse and prevention activities and initiatives across the state.

Drug overdose deaths continue to increase in the United States. According to the CDC, two-thirds of these deaths involve an opioid (prescription opioid, heroin, and synthetic opioids like fentanyl), resulting in more than 47,000 opioid related deaths in 2017.

Opioid morbidity and mortality rates have increased dramatically in Arizona as well. Between 2012 and 2016, Arizona experienced a seventy-four percent (74%) spike in the number of opioid overdose deaths. In 2016, 790 opioid overdose deaths were reported across the state (more than two (2) people per day). On June 5, 2017, Governor Douglas A. Ducey declared a public health emergency calling for a heightened response to reducing opioid related death and injury across the state. While Arizona has taken significant strides in combatting the opioid epidemic, deaths have continued to rise. In 2018, opioid overdoses resulted in the death of 1,153 Arizonans (more than three (3) people per day).

In 2017, Arizona ranked 28th in the Nation for opioid related deaths with a rate of 13.9 deaths per 100,000 population. According to real-time opioid data, which ADHS has collected since 2017, sixty percent (60%) of suspected fatal and non-fatal opioid overdoses were among males, occurring more frequently within the twenty-five to thirty-four (25-34) year age range. Of the opioid overdose events that occurred in females, non-fatal events occurred more frequently within the twenty-five to thirty-four (25-34) year age range. Fatal events occurred most frequently in women age thirty-five to fifty-four (35 – 54) years.

More than half, fifty-two percent (52%) of all opioid overdose cases in Arizona involve more than one drug. In cases involving polysubstance use, the majority involves Benzodiazepine (35.8%) used in conjunction with a prescription opioid, or in combination with an illicit opioid. Since 2017, Arizona has experienced the most dramatic increase in the number of cases involving fentanyl. In 2018, fentanyl alone or in combination with other drugs was reported in sixteen percent (16%) of all verified overdoses, a one-hundred and thirty percent (130%) increase from the previous year.

Eighty-five percent (85%) of verified overdose cases involved a patient with pre-existing medical conditions. While a history of substance abuse, including alcohol, and chronic pain are most commonly reported, data shows that nearly half of all overdose cases had a co-occurring mental health condition (depression, anxiety, suicidal ideation, etc.) documented in their medical record.

Opioid prevention funds will be used to continue building statewide capacity to offer effective opioid overdose prevention and treatment services, including ongoing enhancements to the state CSPMP, widespread implementation of the Arizona Rx Drug Misuse and Abuse Initiative Toolkit across all communities, developing public facing data dashboards to increase community awareness, enhancing local linkages to care, and especially to those providing services to at risk populations including justice involved individuals, providing ongoing support to the OAR line and establishing local overdose fatality review teams to examine and identify circumstances and risk factors associated with fatal drug overdoses.



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3. OBJECTIVE

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

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

4. TASKS

The Contractor shall:

4.1 Community Outreach and Education

- 4.1.1 Establish Memorandums of Understanding (MOUs) with local agencies/ organizations to increase awareness and utilization of Arizona Rx Drug Misuse and Abuse Prevention Toolkit strategies and community outreach and training materials- <https://substanceabuse.az.gov/substance-abuse/rethink-rx>,
- 4.1.2 Disseminate opioid resources to appropriate target audiences,
- 4.1.3 Collaborate with local agencies and organizations to develop public facing dashboard highlighting local trends related to opioid misuse,
- 4.1.4 Collaborate with local agencies and organizations to increase public awareness related to harms associated with opioid misuse, and
- 4.1.5 Launch local media campaign to promote community resources aimed at increasing public knowledge and awareness of opioid misuse and available prevention and treatment resources.

4.2 Targeted Naloxone Distribution

- 4.2.1 Secure space for a centralized storage and distribution of naloxone,
- 4.2.2 Disseminate local resources and materials related to opioid overdose recognition and naloxone administration- azhealth.gov/opioid,
- 4.2.3 Engage with the public and local partners to coordinate naloxone training services, and

4.3 Linkages to Care

- 4.3.1 Launch a public-facing online treatment directory,
- 4.3.2 Partner with local agencies/organizations to establish protocols and procedures guiding the process for linking post overdose patients and/or individuals at risk for overdose to appropriate follow-up and treatment services,



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- 4.3.3 Partner with community-based organizations to develop and deploy multidisciplinary teams that provide outreach and follow up care to post- overdose/ at risk individuals,
- 4.3.4 Expand Pima County's existing Case Manager Home Visitation program to include follow-up support and case management services to individuals and families impacted by opioid misuse,
- 4.3.5 Train local agencies/organizations on how to incorporate a trauma informed care approach to the treatment of opioid use disorder,
- 4.3.6 Train local agencies/organizations on behavioral health systems, resources, referrals and specialty care, MAT and specific treatments models for women and children/youth, and
- 4.3.7 Collect data measuring availability and access to linkages to care services among post overdose patients/ at risk individuals within Pima County.

4.4 Drug Overdose Fatality Review Team Maintenance

- 4.4.1 Maintain a local Overdose Fatality Review (OFR) team and facilitate all local drug overdose fatality case reviews,
- 4.4.2 Utilize data obtained from OFR team case reviews to establish local recommendations to prevent future drug overdoses across the community, and
- 4.4.3 Conduct outreach to local state licensed healthcare facilities to encourage compliance with reporting requirements for opioid related events (See A.A.C. Title 9, Health Services, Chapter 4, Article 6).

5. REQUIREMENTS

The local overdose fatality review (OFR) teams are required to identify a local point of contact within the county health department to receive confidential medical information, personally identifiable information, or highly-sensitive personal information via secure messaging from the Office of Vital Records (OVR) or the ADHS. The designated point of contact agrees to monitor authorized persons use of personally identifiable data and not to use or disclose confidential medical information, personally identifiable information or highly-sensitive personal information as required by law.

6. DELIVERABLES

The Contractor shall:

- 6.1. Complete quarterly surveys distributed through the Arizona State University Southwest Interdisciplinary Research Center (ASU SIRC) evaluation team to record data on local progress with completing grant related activities and initiatives no later than thirty (30) days following the end of each quarter;
- 6.2. Participate in surveys, interviews (remote or face-to-face), and questionnaires developed and disseminated by the ASU SIRC evaluation team to collect data and information necessary to assess state and local progress with meeting grant related goals and objectives;
- 6.3. Submit an annual OFR report outlining findings and recommendation of local review team by June 30th;



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- 6.4. Receive pre-approval before releasing any public service announcements (PSAs) or new educational materials;
- 6.5. Maintain documentation of any PSAs created and run in the county regarding opioid misuse prevention;
- 6.6. Prepare and submit quarterly Contractors Expenditures Reports (CERs) no later than thirty (30) days following the end of each quarter; and
- 6.7. Prepare and submit annual progress report outlining all grant related activities completed no later than sixty (60) days following the end of each contract year.

DELIVERABLE TITLE	DUE DATE	SUBMIT TO
1 st Quarter Survey Completion and CER	December 30 th	AZOPIOID@AZDHS.GOV
2 nd Quarter Survey Completion and CER	March 30 th	AZOPIOID@AZDHS.GOV
3 rd Quarter Survey Completion and CER	June 30 th	AZOPIOID@AZDHS.GOV
Annual Overdose Fatality Review Team Report	June 30 th	AZOPIOID@AZDHS.GOV
4 TH Quarter Survey Completion and CER	September 30 th	AZOPIOID@AZDHS.GOV
Annual Progress Report	October 30 st	AZOPIOID@AZDHS.GOV

7. STATE PROVIDED ITEMS:

ADHS will:

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

8. REFERENCE DOCUMENTS:

- 8.1. Arizona Opioid Epidemic webpage and Interactive Data Dashboard- azhealth.gov/opioid.
- 8.2. Arizona Prescription Drug Misuse and Abuse Community Toolkit and community outreach and training materials - <https://substanceabuse.az.gov/substance-abuse/rethink-rx>, and
- 8.3. Arizona Opioid Assistance and Referral Line- <https://phoenixmed.arizona.edu/oar>.

9. APPROVALS:

- 9.1. Prior to publishing or recording any marketing materials including, but not limited to, brochures, posters, public service announcements, publications, videos, or journal articles which will be developed and paid using funds awarded under this Contract, a draft of the marketing material must first be approved by ADHS. The ADHS Communications Director must approve prior to the dissemination of such materials or airing of such announcements.



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10. NOTICES, CORRESPONDENCE, REPORTS:

- 10.1 Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services
Attn: Lacie Ampadu, Injury and Substance Abuse Prevention Manager
Office of Injury Prevention
150 North 18th Avenue, Suite 320
Phoenix, AZ 85007
Tel: 602-364-3321
Fax: 602-364-1496
Email: azopioid@azdhs.gov

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

Pima County Health Department
Attn: Director
3950 S Country Club Road, Suite 100
Tucson, AZ 85714

- 10.3 Invoices shall be sent to invoices@azdhs.gov



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Price Sheet

Pima County Health Department

CDC Overdose Data to Action Cooperative Agreement (OD2A)	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$276,078
Fringe Benefits	\$77,005
Consulting Costs	\$0.00
Equipment	\$0.00
Supplies	\$5,000
Travel	\$15,000
Other Categories	\$10,000
Contractual	\$0.00
Total Indirect	\$38,308
TOTAL NOT TO EXCEED	\$421,391

Year 2 State Opioid Response (SOR) Grant (Linkages to Care)	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$69,321
Fringe Benefits	\$19,409
Consulting Costs	\$0.00
Equipment	\$0.00
Supplies	\$15,375
Travel	\$13,722
Other Categories	\$16,325
Contractual	\$208,000
Total Indirect	\$8,873
TOTAL NOT TO EXCEED	\$351,025



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Year 2 State Opioid Response (SOR) Grant (Overdose Fatality Review)	
ACCOUNT CLASSIFICATION	AMOUNT
Salary and Wages	\$29,297
Fringe Benefits	\$8,862
Consulting Costs	\$0.00
Equipment	\$0.00
Supplies	\$1,500
Travel	\$ 4,587
Other Categories	\$1,938
Contractual	\$0.00
Total Indirect	\$3,816
TOTAL NOT TO EXCEED	\$50,000

With prior written approval from the Program manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.

21. AUTHORIZATION FOR PROVISION OF SERVICES

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