	INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT	**ARIZONA DEPARTMENT OF HEALTH SERVICES** 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Agreement No: **ADHS16-098369** — Amendment No. **3**	Procurement Officer: Russell Coplen

Healthy People Healthy Communities

Effective upon signature, it is mutually agreed that the Agreement referenced above is amended as follows:

1. Pursuant to Terms and Conditions, Provision 6. Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the Agreement Terms and Conditions are revised as follows:

   1.1 Provision Five (5) Costs and Payments, Section 5.2 Recoupment of Contract Payments, Subsection 5.2.3 is replaced with the following:

   5.2.3. Refunds. Within forty-five (45) days after the end of each budget term or of the time of termination of the Contract, the Contractor shall refund the greater of: i) the amount refundable in accordance with paragraph 5.2.1, Unearned Advanced Funds; or ii) the amount refundable in accordance with paragraph 5.2.2, Contracted Services.

   1.2. Provision Twenty (20) is added as follows:

Continued on next page.

Gila County Health Department Contractor Name	**CONTRACTOR SIGNATURE** Contractor Authorized Signature
1400 E. Ash St – Gila County Finance Address	Printed Name
Globe AZ 85501 City State Zip	Michael A. Pastor, Chairman, Board of Supervisors Title
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 Jefferson R. Dalton, Deputy G.C. Attorney, Civil Bureau Chief Printed Name	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 _____ 2016 Procurement Officer
Attorney General Contract No. P0012014000078**,** 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 Date Assistant Attorney General Printed Name:	

20. The Federal Funding Accountability and Transparency Act (FFATA or Transparency Act - P.L.109-282, as amended by section 6202(a) of P.L. 110-252), found at https://www.fsrs.gov/

    If applicable, the Contractor/Grantee shall submit to ADHS via email the Grant Reporting Certification Form. This form and the instructions can be downloaded from the ADHS Procurement website at http://azdhs.gov/procurement and must be returned to the ADHS by the 15th of the month following that in which the award was received. The form shall be completed electronically, and submitted using the steps outlined in the Grant Reporting Certification Form Instructions to the following email address: ADHS_Grant@azdhs.gov. All required fields must be filled including Top Employee Compensation, if applicable. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at http://www.whitehouse.gov/omb/open. Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds. This requirement applies to all subcontractors/sub-awardees utilized by the Contractor/Grantee for amounts exceeding $30,000.00 during the term of the Award.

2. The Agreement Scope of Work is revised as follows:

2.1. Provision Five (5), Evidence Based Strategies is replaced with the following:

5. Evidence Based Strategies

Evidence-Based Strategies are strategies that explicitly link public health or clinical practice recommendation to scientific evidence of the effectiveness and/or other characteristics of such practices. (Reference: Community Guide: http://www.thecommunityguide.org) Evidence based public health practice is the careful, intentional and sensible use of current best scientific evidence in making decisions about the choice and application of public health interventions. (Reference: Community Commons http://www.communitycommons.org /) Counties will select from a menu of evidence-based strategies found in Exhibits A – G specific to each of the following program areas:.

5.1. Exhibit A – Tobacco;

5.2. Exhibit B – DELETED (Included in Exhibit C);

5.3. Exhibit C - Health in Arizona Policy Initiative (HAPI)/Chronic Disease;

5.4. Exhibit D - Public Health Accreditation Preparation;

5.5. Exhibit E - Teen Pregnancy Prevention;

5.6. Exhibit F – DELETED (Included in Exhibit G); and

5.7. Exhibit G - Family Planning/Maternal and Child Health.

2.2. Provision Ten (10), Section 10.7 is replaced with the following:

10.7 Exhibit A-G Strategies for each Program and Program Specific Tasks/Requirements and Deliverables (if any).

10.7.1. Exhibit A– Tobacco;

10.7.2. Exhibit B – DELETED (Included in Exhibit C);

10.7.3. Exhibit C - Health in Arizona Policy Initiative (HAPI)/Chronic Disease;

10.7.4. Exhibit D – Public Health and Health Services Block Grant;

10.7.5. Exhibit E – Teen Pregnancy Prevention;

10.7.6. Exhibit F – DELETED (Included in Exhibit G); and

10.7.7. Exhibit G – Family Planning/Maternal and Child Health.

2.3. Provision Eleven (11), Section 11.1 is replaced with the following:

11.1. Notices, correspondence, reports and invoices/CERs from the contractor to ADHS shall be sent to:

Arizona Department of Health Services
150 N. 18th Avenue, Suite 300
Phoenix, AZ 85007
Attn: Mark Martz, Program Manager
Mark.Martz@azdhs.gov, 602-364-2586

3. The Intergovernmental Agreement Exhibit C is replaced with the Exhibit C of this Amendment number Three (3).

4. The Intergovernmental Agreement Exhibit G is replaced with the Exhibit G of this Amendment number Three (3).

5. The Intergovernmental Agreement Price Sheet is replaced with the Price Sheet of this Amendment number Three (3). Revised Grand Total amount is equal to $483,882.00. ProcureAZ Items Tab will be updated upon execution of this Amendment.

EXHIBIT C

Evidence-Based Strategies for Health in Arizona Policy Initiative (HAPI)/Chronic Disease

Counties may select one (1) or more strategies from the Health in Arizona Policy Initiative (HAPI) strategic area, and one (1) or more strategies from the Chronic Disease strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Health in Arizona Policy Initiative (HAPI)
   1.1. Program Strategy/s:
      1.1.1. Procurement of Healthy Foods:
         1.1.1.1. Improve procurement policies around the nutrition quality of foods served in institutional cafeterias and/or vending machines;
         1.1.1.2. Establish contract and bid writing standards to promote healthy food and beverages;
         1.1.1.3. Establish healthy vending policies within institutions;
         1.1.1.4. Establish nutrition standards for the procurement of foods and beverages offered in the workplace;
         1.1.1.5. Establish menu labeling on all food and beverage items on foods sold in cafeterias and/or vending machines, including highlighting and promoting healthier options aligning with Dietary Guidelines for sodium, fat, and sugar;
         1.1.1.6. Establish food and beverage pricing strategies pricing healthy foods lower and/or less healthy foods higher; and
         1.1.1.7. Other evidence based related strategy.

      1.1.2. Healthy Community Design:
         1.1.2.1. Establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and users of public transit;
         1.1.2.2. Establish community design protocols through Health Impact Assessments (HIA's) to assess the impact of community design changes on community health and wellbeing;
         1.1.2.3. Increase accessibility, availability, affordability and identification of healthful foods in communities, including provision of full service grocery stores, farmers markets, small store initiatives, mobile vending carts, and/or restaurant initiatives;
         1.1.2.4. Establish sites for community gardens in institutional settings and/or underserved areas; and
         1.1.2.5. Other evidence based related strategy.

      1.1.3. School Health:
         1.1.3.1. Improve countywide nutrition, physical activity, and screen time policies and practices in early care through postsecondary education settings;
         1.1.3.2. Improve the nutrition quality of foods and beverages served in schools;
         1.1.3.3. Improve the quality and amount of physical education and/or physical activity in schools;
         1.1.3.4. Target outreach and enrollment efforts to populations disproportionately uninsured.

1.1.3.5. Support the work of schools to implement School Health Index/School Health Assessment; and

1.1.3.6. Other evidence based related strategy.

1.1.4. Healthy Worksites:

1.1.4.1. Increase opportunities for physical activity in the workplace;

1.1.4.2. Establish incentive programs, such as flextime, rewarding and/or recognizing employee healthy behaviors;

1.1.4.3. Provide disease self-management classes to employees;

1.1.4.4. Increase the number of employers that incorporate nationally recognized preventive health screenings within health plans;

1.1.4.5. Increase the number of employees that utilize preventive health screenings within employer health plans;

1.1.4.6. Increase policies and practices to support breastfeeding in the workplace, especially in agencies providing WIC services;

1.1.4.7. Increase WIC employee participation and utilization of worksite wellness activities such as, but not limited to physical activity, healthy eating, preventive health screenings and stress management; and

1.1.4.8. Other evidence based related strategy.

1.1.5. Clinical Care:

1.1.5.1. Provide policy training and technical assistance to health care institutions, providers, and provider organizations to effectively implement quality measures consistent with Meaningful-Use models;

1.1.5.2. Integrate peer-support/promotora models into the healthcare institutional setting;

1.1.5.3. Link evidence-based community and clinical preventive services such as efforts, which drive disparate populations into healthcare providers who offer preventive care consistent with the U.S. Preventive Services Taskforce (USPSTF) A & B Recommendations: http://www.uspreventiveservicestaskforce.org. (e.g., community-based promotoras working collaboratively with patient navigators within community health centers);

1.1.5.4. Integration or implementation of patient-centered medical home (PCMH) model of primary care;

1.1.5.5. Increase the number of health care providers and staff that complete the Culturally and Linguistically Appropriate Services (CLAS) Standards training;

1.1.5.6. Increase the number of health care systems that develop and implement a language access plan;

1.1.5.7. Improve health insurance literacy of consumers to increase enrollment in and utilization of insurance plans; and

1.1.5.8. Other evidence based related strategy.

1.1.6. Children and Youth with Special Health Care Needs:

1.1.6.1. Promote inclusion of focus on children and youth/young adults with special health care needs;

1.1.6.2. Conduct countywide needs assessment for Children/Youth with Special Healthcare Needs;

1.1.6.3. Establish a coalition or advocacy council consisting of 50% family members and young adults and 50% professionals working with children and youth with special health care needs;

1.1.6.4. Ensure family members and young adults who are part of the coalition or advocacy council are involved in policy and program development, implementation, and evaluation at the county level; and

1.1.6.5. Other evidence-based related strategy.

2. Chronic Disease

2.1. Program Strategy/s:

2.1.1. Improve public awareness of Alzheimer's disease and available resources for patients, caregivers and/or family members and health care providers;

2.1.2. Improve public awareness of risk factors and detection of pulmonary disease.

2.1.3. Promote and implement the Million Hearts Initiative;

2.1.4. Implement the Stanford Chronic Disease Self-Management model (including Spanish version) and/or other self-management model;

2.1.5. Other evidence-based related strategy.

3. HAPI Specific Tasks and Requirements:

3.1. A portion of activities identified in the action plan must include those that will benefit the health of low-income women, infants, and children; and

3.2. The County will coordinate school health activities with any other funding received for school health activities such as the Arizona Nutrition Network.

4. Chronic Disease Specific Tasks and Requirements:

4.1. Adhere to the guidelines and principles set forth in the ADHS-BTCD 2013-2017 Chronic Disease Strategic Plan and the 2014-2015 ADHS –BTCD Chronic Disease Prevention Strategies that pertain to the services and activities identified in the corresponding action plans. The ADHS-BTCD 2012-2017 Chronic Disease Strategic Plan can be found on the ADHS-BTCD website (http://www.azdhs.gov/phs/chronicdisease/documents/az-chronic-disease-strategic-plan.pdf).

5. Listed below are specific tasks and requirements related to the Menu of Strategy Options for Chronic Disease.

5.1. Alzheimer's/Dementia:

5.1.1. The County will work with the Alzheimer's Association- Desert Southwest Chapter to increase public awareness of Alzheimer's/Dementia including the warning signs of Alzheimer's disease to patients, caregivers and/or family members and health care providers; and

5.1.2. The County will work with the Alzheimer's Association-Desert Southwest Chapter to provide resources to providers and implement a referral process to the Alzheimer's Association from provider's offices.

5.2. Chronic Lower Pulmonary Disease:

5.2.1. The County will work with the America Lung Association/Arizona Chapter to increase public awareness of risk factors and detection of pulmonary disease;

5.2.2. The County will work with the American Lung Association/Arizona Chapter to increase the use of home-based, comprehensive interventions with an environmental focus for children and adolescents for children and adolescents with asthma; and

5.2.3. The County will work with the American Lung Association/Arizona Chapter to increase early intervention and participation in disease management programs.

5.3. Cardiovascular Disease:

5.3.1. The County will work with ADHS/BTCD Office of Chronic Disease to implement and promote the Million Hearts Initiative; and

5.3.2. Increase intervention and participation in disease management programs.

5.4. Chronic Disease Self-Management:

5.4.1. The County will implement Chronic Disease Self-Management programs (Include related Spanish version(s));

5.4.2. The County will ensure that staff is trained; and

5.4.3. The County will participate in regional meetings held by Arizona Living Well Institute. The number of trainings held, lay leaders trained, master leaders trained and number of organizations, agencies, healthy systems, providers that were contacted to increase referrals.

EXHIBIT G

Evidence-Based Strategies for Family Planning/Maternal and Child Health (Title V Block Grant)

1. Maternal and Child Health

1.1. Program Strategies:

1.1.1. The County shall implement a clinic based reproductive health program which enhances maternal and infant health by providing accessible, comprehensive education, screening and contraceptive services to underserved individuals of reproductive age as outlined in the ADHS Family Planning Policy and Procedure Manual.

1.1.2. The County shall implement multi-faceted, evidence based or evidence informed strategies at the county level that address state priorities as identified through Arizona's 2016 Title V Maternal Child Health Block Grant application targeting one or more of the Title V MCH Block Grant population health domains (i.e. Women/Maternal Health, Perinatal/Infant Health, Child Health, CSHCN, Adolescent Health and Cross cutting or Life Course). The strategies selected must impact one or more of the National Performance Measures which will in turn influence the National Outcome Measures. The County shall select from the following:

1.1.2.1. Increase the percent of women with a past year preventive medical visit;

1.1.2.2. Increase the percent of infants who are ever breastfed and (B) increase the percent of infants breastfed exclusively through 6 months;

1.1.2.3. Decrease the rate of hospitalizations for non-fatal injury per 100,000 children ages 0-9 and adolescents ages 10-19. Counties may choose from one or more of the following:

1.1.2.3.1. Increase safe sleep environment;

1.1.2.3.2. Decrease injury around the house for the 1-4 yr old group; and

1.1.2.3.3. Decrease injury to teens from car crashes.

1.1.2.4. Decrease the percent of adolescents, ages 12-17, who are bullied or who bully others;

1.1.2.5. Increase the percent of adolescents, ages 12-17, with a preventive medical visit in the past year; and

1.1.2.6. (A) Decrease the percent of women who smoke during pregnancy (B) Decrease the percent of children who live in households where someone smokes.

1.2. Maternal and Child Health Specific Tasks and Requirements:

1.2.1. If a County chooses to implement 1.1.1, Family Planning Program Strategy, the County will also implement, at a minimum, one (1) 1.1.2 Maternal and Child Health Strategy.

1.2.2. Media and/or printed educational materials will adhere to the required wording as follows: "Funded in part by the Bureau of Women's and Children's Health as made available through the Arizona Department of Health Services." Additionally, media and/or printed educational materials will also adhere to the required wording as follows: "This project is supported by funds from the Department of Health and Human Services (DHHS), Health Resources and Services Administration, Maternal and Child Health Bureau, under grant number 93.994 and title for $ (to be filled in by Grantee upon receipt of grant award). The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should be any endorsements be inferred by the U.S. Government, DHHS, or HRSA.

PRICE SHEET

HEALTHY PEOPLE HEALTHY COMMUNITIES

GILA - ADHS16-098369

JULY 1, 2016 - JUNE 30, 2017

ACTION PLAN

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Action Plan – All Programs	EA	1	$72,262.00	$72,262.00
TOTAL		**1**	**$72,262.00**	**$72,262.00**

TOBACCO

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Prevention, Cessation, Secondhand Smoke, Enforcement)	QTR	4	$29,817.66	$119,270.64
TOTAL		**4**	**$29,817.66**	**$119,270.64**

HAPI – CHRONIC DISEASE

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. HAPI, Procurement, Healthy Community Design, School Health, Worksite Wellness, Clinical, Special Health Care Needs, Alzheimer's, Chronic Pulmonary Disease, Hypertension, Self-Management, School Health)	QTR	4	$14,162.34	$56,649.36
TOTAL		**4**	**$8,762.00**	**$56,649.36**

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Fees for Accreditation, Quality Improvement Projects, Workforce Development Implementation, Performance Management Documentation, Progress Toward County Health Improvement Plan)	QTR	1	$10,460.00	$10,460.00
TOTAL		**1**	**$10,460.00**	**$10,460.00**

FAMILY PLANNING / MATERNAL and CHILD HEALTH (Title V Block Grant)

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies	QTR	4	$17,968.00	$71,872.00
TOTAL		**4**	**$17,968.00**	**$71,872.00**

TEEN PREGNANCY PREVENTION

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies	QTR	4	$38,342.00	$153,368.00
TOTAL		**4**	**$38,342.00**	**$153,368.00**

TOTAL

ITEM/SERVICE DESCRIPTION				TOTAL
TOTAL				**$483,882.00**