



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

Award  Contract  Grant

Requested Board Meeting Date: February 1, 2022

\* = Mandatory, information must be provided

or Procurement Director Award

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

National Association of County and City Health Officials (NACCHO)

**\*Project Title/Description:**

Enhancing Capacity for Infection Prevention in Pima County Long-Term Care Facilities

**\*Purpose:**

This grant seeks to build the Pima County Health Department's (PCHD's) capacity for outreach and response activities, including educating facilities regarding reporting requirements and/or implementation of the Center for Disease Control's Infection Control Assessment and Response (ICAR) tool. The particular focus is on long term care facilities, where COVID-19 has had an especially hard impact.

Amendment #1 provides a no-cost extension until January 31, 2022. All of the work for this grant has been completed. The amendment allows NACCHO to pay for work that was completed after the original term. The Amendment has been in process since August 2021.

**\*Procurement Method:**

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

**\*Program Goals/Predicted Outcomes:**

- Provide in-person training on topics related to preventing infection, symptom monitoring, and clinical management.
- Develop a series of weekly video calls focusing on identified "opportunities for improvement".
- Develop signage and promotional materials specific to needs identified in the ICAR reports.
- Provide support and training to other AZ counties on the border with Mexico through phone calls related to infection prevention and use of the ICAR. Other border counties will also be invited to participate in calls with NACCHO.
- Develop database for ICAR findings and ensure that these results could be merged with other relevant databases.

**\*Public Benefit:**

Pima County has 407 long-term care facilities, including 26 skilled nursing facilities and 381 assisted living facilities. Residents in these facilities and other congregate settings are at high risk of infection with SARS-CoV-2 and of severe outcomes associated with COVID-19 disease. According to a study by the Kaiser Family Foundation in June 2020, approximately 45% of all COVID-19 deaths nationally have occurred in long-term care facilities. With this grant, the County is better able to protect the most vulnerable and focus resources on preventing infection in long-term care facilities.

**\*Metrics Available to Measure Performance:**

The Agreement is set up as payment by deliverable. Deliverables include: execution of an agreement with the University of Arizona, a customized infection prevention training plan, a list of identified stakeholders also engaging with high-risk facilities on infection prevention, at least 70 outreach activities including ICAR assessments, an end of project report, and other related deliverables.

**\*Retroactive:**

Yes. The original term ended 7/31/2021. However, NACCHO is behind in their contracting and were unable to send an extension until January 4, 2022.

GMI Approved  
JOM 1-13-21

**Contract / Award Information**

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

Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_

Expense Amount: \$\* \_\_\_\_\_  Revenue Amount: \$ \_\_\_\_\_

**\*Funding Source(s) required:**

Funding from General Fund?  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds?  Yes  No

**If Yes, is the Contract to a vendor or subrecipient?**

Were insurance or indemnity clauses modified?  Yes  No

*If Yes, attach Risk's approval.*

Vendor is using a Social Security Number?  Yes  No

*If Yes, attach the required form per Administrative Procedure 22-10.*

**Amendment / Revised Award Information**

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

Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ \_\_\_\_\_

Is there revenue included?  Yes  No If Yes \$ \_\_\_\_\_

**\*Funding Source(s) required:**

Funding from General Fund?  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**Grant/Amendment Information** (for grants acceptance and awards)  Award  Amendment

Document Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 22-46

Commencement Date: 07/21/2020 Termination Date: 01/31/2022 Amendment Number: 01

Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ \_\_\_\_\_

**\*All Funding Source(s) required:** Centers for Disease Control and Prevention

**\*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)?**

Received via NACCHO

Contact: Sharon Grant

Department: Health Telephone: 724-7842

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

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

County Administrator Signature/Date: [Signature] 1/12/2022

*(Required for Board Agenda/Addendum Items)*

**Modification of Agreement**

This Modification of Agreement (“Modification”) is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as “NACCHO”), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005, and the following Contractor, hereinafter referred to as “Contractor:”

Pima County Health Department	86-6000543
Contractor	Federal Tax ID Number

3950 S Country Club Suite 100
Address

Tucson, AZ 85714	(520) 724-7894
City, State and Zip	Phone

WHEREAS, the parties entered into Contract # 2020-100313 on the 25<sup>th</sup> day of November, 2020 (“Agreement”) and,

WHEREAS, the general purposes of the Agreement are unchanged; and

WHEREAS, both parties wish to make modifications to the Agreement, as described below;

THEREFORE, for the mutual consideration described in the Agreement, the parties agree to the modifications below through the signatures of the person(s) who have the authority to bind the parties to the changes in the Modification:

1. Term of Agreement: Article I, Section 2 of the Agreement is modified and shall continue in effect until January 31, 2022, unless earlier terminated in accordance with the terms herein. NACCHO and Contractor agree that the term of the Agreement may be extended to complete the project to January 31, 2022, provided that NACCHO receives an extension of the programmatic activities of the related CDC GRANT #6 NU38OT000306-02-08, CFDA # 93.421 and subject to CDC’s acceptance and approval for NACCHO to continue work with contractor, applicable guidance and federal rules and regulations. NACCHO has been approved through “Expanded Authority” to temporarily continue the program while waiting for the extension approval. Both parties agree, NACCHO will not be obligated to continue the program or to make any payments for work without CDC’s extension approval to continue the program. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.

2. Payment of Services: the updated payment schedule is as follows:

Payment of Services: Article I: Special Provisions, Clause 3 of the Agreement is modified to amend payment by NACCHO to Contractor for services performed as follows:

Original Contract Amount	:	\$90,112.68
Mod I Amount	:	\$0
Invoice paid up to 11/31/2021	:	\$16,000.00
<b>Total Contract Award Amount</b>	<b>:</b>	<b>\$90,112.68</b>
<b>NEW available Contract Amount</b>	<b>:</b>	<b>\$74,112.68</b>

**Updated Invoice Schedule**

Invoice No.	Amount	Deliverable	Due date
Invoice I (Paid)	NTE \$16,000.00	As stated in Attachment I, deliverables for Task 1 and Task 2	July 31, 2021
Invoice II	NTE \$34,000.00	As stated in Attachment I, deliverables for Task 3 and Task 4	December 31, 2021
Invoice II	NTE \$40,112.68	As stated in Attachment I, deliverables for Task A, Task B, Task D and Task E	December 31, 2021

3. Scope of Work: The Scope of Work attached hereto as Attachment I to the Modification is incorporated into the Agreement and made a part thereof.

4. All other terms and conditions of the Agreement remain unchanged.

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

**NACCHO:**

**CONTRACTOR:**

By : \_\_\_\_\_

By : \_\_\_\_\_

Name : Jerome Chester

Name : \_\_\_\_\_

Title : Chief Financial Officer

Title : \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_

~~APPROVED AS TO FORM:~~

\_\_\_\_\_  
Deputy County Attorney

REVIEWED BY:

\_\_\_\_\_  
Appointing Authority or Designee  
Pima County Health Department

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS  
MODIFICATION OF AGREEMENT– ATTACHMENT I  
SCOPE OF WORK**

**SCOPE OF WORK: PIMA COUNTY BLOC COVID-19 AWARD**

Title: Enhancing Capacity for Infection Prevention in Pima County Long-Term Care Facilities

Mechanism: Building Local Operational Capacity for COVID-19 (BLOC COVID-19)

Funders: National Association of County and City Health Officials (NACCHO) with CDC

Funding Period: Sept. 1, 2020 – July 31, 2021

Notification of Award: July 24, 2020

Meeting to Review Scope of Work: August 11, 2020

Submission of Revised Scope of Work: June 17, 2021

**Task 1:** Completed within 30 days of receiving contract from NACCHO:

- Submission of signed contract
- Completion of pre-assessment provided by NACCHO

**Task 2:** Building local health department (LHD) capacity for outreach and response activities including educating facilities regarding reporting requirements and/or implementation of CDC's Infection Control Assessment and Response (ICAR) tool, completed no later than July 31, 2021:

- Development of an agreement with the University of Arizona including:
  - 0.15 FTE coverage for Dr. Katherine Ellingson, infectious disease epidemiologist with infection prevention expertise in long-term care, for development of training materials, mentoring PCHD staff, supervising students, and implementing ICARs
  - 0.10 FTE coverage for Ferris Ramadan, Senior Research Coordinator for data management, weekly report generation, and logistical planning
  - Part-time (15-20h/week) compensation for hourly graduate student assistance with logistical planning, assistance with development of training materials, and implementing ICARs
  - Funding for printing, laminating, and Spanish Translation
- Development, in partnership with Dr. Ellingson's team, of a customized infection prevention training plan for LHD staff to implement CDC's COVID-19 infection assessment, prevention, and control guidance at the local level

**Task 3:** Coordination and implementation of outreach and response activities including educating facilities regarding reporting requirements and/or conducting ICAR assessments with high-risk facilities, completed no later than September 30, 2021

- List of identified stakeholders also engaging with high-risk facilities on IPC activities, including the state healthcare-associated infection (HAI) program, and other relevant agencies such as the state surveyors or licensing agencies, Veterans Affairs, the Federal Emergency Management Agency, academic institutions, and/or regional public health and healthcare coalitions (e.g., Quality Innovation Network-Quality Improvement Organizations [QIN-QIOs])
- Summary of coordination with the state HAI program and, if appropriate, other stakeholders on engaging high-risk facilities
- Development of a prioritized list of facilities to target for outreach and response activities
  - Prioritization of facilities for outreach will be evaluated routinely based on emerging outbreaks and weekly situational update reports drawing on multiple data streams
  - A process for prioritizing facilities for additional infection prevention follow-up will be developed and shared with PCHD and other stakeholders

- Complete and track at least 70 outreach and response activities including ICAR assessments via telephone, video chat, or in-person with the initial proposed distribution (subject to change based on changing prioritization of high-risk facilities and facility willingness to engage):
  - Number of Pima County skilled nursing facilities (ideal goal of 25)
  - Number of *large* assisted living facilities (ideal goal of 27)
  - A random sample of appropriate number of smaller assisted living facilities or smaller ALFs defined as high-risk
  - goal: 45 baseline ICARs, 20 follow-up assessments, 5 additional activities for facilities with continuing need

**Task 4:** Coordination with NACCHO and participation in peer sharing and technical assistance opportunities, completed no later than September 30, 2021:

- Participation in at least 80% of community of practice calls and/or check-in polls
- Completion of mid- and post-assessment\*
- Submission of end of project report to articulate challenges, lessons learned, successes, and future needs and final evaluation measures as requested by NACCHO\*
- Support of at least one communications product to share lessons learned and best practices, as requested\*

*\*Templates for these deliverables will be provided by NACCHO in advance of due date.*

**Task A:** Provision of additional support to high-risk facilities requiring further education or assistance, completed no later than September 30, 2021:

- Documentation of written feedback for 95% of ICAR assessments executed and participation in follow-up calls with at least 50% of those high-risk facilities who have completed an ICAR (conducted by the applicant or by the state HAI program or other entity) to provide additional education or assistance to address gaps identified through the assessment
- Anticipated number of anticipated follow-up visits by member of PCHD staff and UA consultant team with high-risk facilities: at least 20

**Task B:** Development of materials (checklists, toolkits, educational resources, trainings, handouts, signs, etc.) to support LHD implementation of federal guidance related to monitoring and responding to HAIs and emerging threats including COVID-19 in high-risk facilities completed no later than July 31, 2021.

- At least four video calls (quarterly to monthly) to address identified opportunities for improvement from aggregated ICAR results using Microsoft Teams platform currently available at PCHD
  - Calls will target all facilities willing to participate
  - Additional calls may be scheduled for facilities with unique identified needs or situations with the intent of a smaller call allowing callers to share strategies in a collaborative discussion (e.g., can involve presentation by “positive deviants” – i.e., those who have overcome a particular infection prevention challenge)
- Translated checklists and other resources to support high-risk facilities
  - Materials can include physical signage, checklists, or pamphlets
  - Online toolkit materials will be adapted and localized to emphasize relevant concepts and guidance for Pima County and border facilities

- Number and format will vary depending on suite of existing materials that can be adapted and feedback from the LTC community regarding which formats for materials (printed, laminated, virtual) are most helpful

**Task D:** Development of a regional approach or strategy for IPC, completed no later than **September 30, 2021:**

- Host coordination calls with stakeholders identified in neighboring border counties as well as neighboring county health departments on the US-Mexico border (Cochise, Santa Cruz, and Yuma) including participation in the quarter (at least) calls hosted by PCHD to share experiences from aggregate ICAR reports
- At least 1-2 ICARs per surrounding border county conducted in support of neighboring counties if identified by the counties
- Development of an approach or strategy document and initial materials reflecting coordination of local infection assessment, prevention, and control activities with partners at the state, local, and/or regional level such as public health leaders, preparedness programs, and state and regional HAI programs, including
  - Specific approaches relevant to infection prevention in border and tribal regions
  - Coordination and communication with the Office of Border Health and with Indian Health Service as well other regional stakeholders so that they are aware of efforts to develop and coordinate infection prevention resources in their jurisdictions
  - These specialized approaches may be incorporated into general toolkits for LTC developed by other grantees

**Task E:** Enhancement in reporting, understanding, and use of data to respond to outbreaks, infection control and containment needs, completed no later than July 31, 2021:

- Development of a database for ICAR findings that can be merged with other relevant databases
- Facility level dashboards with facility data, findings from the ICAR, and links to resources tailored to their needs.
- The team would also help facilities manage, understand and interpret their own data, including data that they are required to submit to the CDC's National Healthcare Safety Network, as recently required by CMS
- Based on feedback from the LTC communities about guidance for using data for action, develop more formal guidance and incorporate into suite of materials developed as part of Task B



# BLOC-COVID Deliverable Budget

## Pima County Health Department

Task	Deliverable	Cost
<b>Baseline Activity</b>		
<b>Task 1:</b> Completed within 30 days of receiving contract from NACCHO	1.1 Submission of signed contract	\$ 1,000.00
	1.2. Completion of pre-assessment provided by NACCHO	\$ 2,500.00
<b>Task 2:</b> Building local health department (LHD) capacity for outreach and response activities including educating facilities regarding reporting requirements and/or implementation of CDC's Infection Control Assessment and Response (ICAR) tool	2.1. Development of an agreement with the University of Arizona including: <ul style="list-style-type: none"> <li>o 0.15 FTE coverage for Dr. Katherine Ellingson, infectious disease epidemiologist with infection prevention expertise in long-term care, for development of training materials, mentoring PCHD staff, supervising students, and implementing ICARs</li> <li>o 0.10 FTE coverage for Ferris Ramadan, Senior Research Coordinator for data management, weekly report generation, and logistical planning</li> <li>o Part-time (15-20h/week) compensation for hourly graduate student assistance with logistical planning, assistance with development of training materials, and implementing ICARs</li> <li>o Funding for printing, laminating, and Spanish Translation</li> </ul>	\$ 5,000.00
	2.2. Development, in partnership with Dr. Ellingson's team, of a customized infection prevention training plan for LHD staff to implement CDC's COVID-19 infection assessment, prevention, and control guidance at the local level	\$ 7,500.00
	3.1. List of identified stakeholders also engaging with high-risk facilities on IPC activities, including the state healthcare-associated infection (HAI) program, and other relevant agencies such as the state surveyors or licensing agencies, Veterans Affairs, the Federal Emergency Management Agency, academic institutions, and/or regional public health and healthcare coalitions (e.g., Quality Innovation Network-Quality Improvement Organizations [QIN-QIOs])	\$ 2,000.00

	3.2. Summary of coordination with the state HAI program and, if appropriate, other stakeholders on engaging high-risk facilities	\$ 4,000.00
	3.3. Development of a prioritized list of facilities to target for outreach and response activities <ul style="list-style-type: none"> <li>o Prioritization of facilities for outreach will be evaluated routinely based on emerging outbreaks and weekly situational update reports drawing on multiple data streams</li> <li>o A process for prioritizing facilities for additional infection prevention follow-up will be developed and shared with PCHD and other stakeholders</li> </ul>	\$ 3,500.00
	3.4. Complete and track at least 70 outreach and response activities including ICAR assessments via telephone, video chat, or in-person with the initial proposed distribution (subject to change based on changing prioritization of high-risk facilities and facility willingness to engage): <ul style="list-style-type: none"> <li>o Number of Pima County skilled nursing facilities (ideal goal of 25)</li> <li>o Number of large assisted living facilities (ideal goal of 27)</li> <li>o A random sample of appropriate number of smaller assisted living facilities or smaller ALFs defined as high-risk</li> <li>o Goal: 45 baseline ICARs, 20 follow-up assessments, 5 additional activities for facilities with continuing need</li> </ul>	\$ 10,000.00
<b>Task 4:</b> Coordination with NACCHO and participation in peer sharing and technical assistance opportunities	4.1. Participation in at least 80% of community of practice calls and/or check-in polls	\$ 5,000.00
	4.3. Completion of post-assessment	\$ 2,500.00
	4.3. Submission of end of project report to articulate challenges, lessons learned, successes, and future needs and final evaluation measures as requested by NACCHO	\$ 5,000.00
	4.4. Support at least one communications product to share lessons learned and best practices, as requested	\$ 2,000.00

<b>Task A:</b> Provision of additional support to high-risk facilities requiring further education or assistance	A. 1. Documentation of written feedback for 95% of ICAR assessments executed and participation in follow-up calls with at least 50% of those high-risk facilities who have completed an ICAR (conducted by the applicant or by the state HAI program or other entity) to provide additional education or assistance to address gaps identified through the assessment	\$ 4,000.00
	A. 2. Anticipated number of anticipated follow-up visits by member of PCHD staff and UA consultant team with high-risk facilities: at least 20	\$ 4,000.00
<b>Task B:</b> Develop materials (checklists, toolkits, educational resources, trainings, handouts, signs, etc.) to support LHD implementation of federal guidance related to monitoring and responding to HAI and emerging threats including COVID-19 in high-risk facilities	B. 1. At least four video calls (quarterly to monthly) to address identified opportunities for improvement from aggregated ICAR results using Microsoft Teams platform currently available at PCHD <ul style="list-style-type: none"> <li>o Calls will target all facilities willing to participate</li> <li>o Additional calls may be scheduled for facilities with unique identified needs or situations with the intent of a smaller call allowing callers to share strategies in a collaborative discussion (e.g., can involve presentation by “positive deviants” – i.e., those who have overcome a particular infection prevention challenge)</li> </ul>	\$ 4,000.00
	B. 2. Translated checklists and other resources to support high-risk facilities <ul style="list-style-type: none"> <li>o Materials can include physical signage, checklists, or pamphlets</li> <li>o Online toolkit materials will be adapted and localized to emphasize relevant concepts and guidance for Pima County and border facilities</li> <li>o Number and format will vary depending on suite of existing materials that can be adapted and feedback from the LTC community regarding which formats for materials (printed, laminated, virtual) are most helpful</li> </ul>	\$ 4,000.00
<b>Task D:</b> Development of a regional approach or strategy for IPC	D.1. Host coordination calls with stakeholders identified in neighboring border counties as well as neighboring county health departments on the US-Mexico border (Cochise, Santa Cruz, and Yuma) including participation in the quarter (at least) calls	\$ 2,000.00

	hosted by PCHD to share experiences from aggregate ICAR reports	
	D. 2. At least 1-2 ICARs per surrounding border county conducted in support of neighboring counties if identified by the counties	\$ 3,000.00
	D. 3. Development of an approach or strategy document and initial materials reflecting coordination of local infection assessment, prevention, and control activities with partners at the state, local, and/or regional level such as public health leaders, preparedness programs, and state and regional HAI programs, including <ul style="list-style-type: none"> <li>o Specific approaches relevant to infection prevention in border and tribal regions</li> <li>o Coordination and communication with the Office of Border Health and with Indian Health Service as well other regional stakeholders so that they are aware of efforts to develop and coordinate infection prevention resources in their jurisdictions</li> <li>o These specialized approaches may be incorporated into general toolkits for LTC developed by other grantees</li> </ul>	\$ 3,000.00
<b>Task E:</b> Enhancement in reporting, understanding, and use of data to respond to outbreaks, infection control and containment needs	E.1. Development of a database for ICAR findings that can be merged with other relevant databases	\$ 4,000.00
	E.2. Facility level dashboards with facility data, findings from the ICAR, and links to resources tailored to their needs.	\$ 4,000.00
	E.3. The team would also help facilities manage, understand and interpret their own data, including data that they are required to submit to the CDC's National Healthcare Safety Network, as recently required by CMS	\$ 4,000.00
	E.4. Based on feedback from the LTC communities about guidance for using data for action, develop more formal guidance and incorporate into suite of materials developed as part of Task B	\$ 4,112.68