



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: August 8, 2023

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Arizona Department of Health Services

***Project Title/Description:**

Health Start Program

***Purpose:**

The Health Start program is a home visiting program for prenatal families and families with children under the age of two. Health Start Community Health Workers provide high quality home visitation with families to provide education and community resources.

Amendment #3 extends the term for a fourth year through July 5, 2024. Although the amendment does not mention additional funding, we anticipate that we will receive a Purchase Order for \$201,860 for the coming year as we have on other years. Our Annual Budget Development Worksheet for that amount was accepted by the Arizona Department of Health Services.

***Procurement Method:**

This Revenue Contract is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

Education topics include the importance of prenatal care, nutrition, physical activity, home/environment safety, childhood developmental milestones, and parenting skills. Families are also screened for postpartum depression, alcohol, tobacco, and other substance use and referred to resources as needed. Program goals include:

- 1) Increase prenatal care services to pregnant women;
- 2) Reduce the incidence of infants who at birth weigh less than 1,500 grams (3 lbs 4 oz) and who require more than seventy-two hours of neonatal intensive care;
- 3) Reduce the incidence of children affected by childhood diseases;
- 4) Increase the number of children receiving age appropriate immunizations by two years of age; and
- 5) Educate families on the importance of good nutritional habits to improve the overall health of their children; the need for developmental assessments to promote the early identification of learning disabilities, physical handicaps or behavioral health needs; the benefits of preventative health care; and the need for screening examinations such as hearing and vision.

***Public Benefit:**

Low birth weight babies are 40 times more likely to die in the first month of life, and are at greater risk for long-term health and developmental problems. Babies born to women with no prenatal care are 16 times more likely to die in the first month of life than babies of women who had more than five prenatal visits.

***Metrics Available to Measure Performance:**

- 1) Number of enrolled women that receive early and regular prenatal care;
- 2) Number of low birth weight and very low birth weight infants born to enrolled clients;
- 3) Gestational age of infants born to enrolled women; and
- 4) Immunization status of enrolled children.

***Retroactive:**

Yes. This Amendment takes effect on July 6, 2023 but it was not received by the County until June 28, 2023. If not accepted, Pima County will be limited in its ability to provide this education to families in need.

GMI approves
7/20/23

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: GTAM Department Code: HD Grant Number (i.e., 15-123): 24-002
 Commencement Date: 07/06/2023 Termination Date: 07/05/2024 Amendment Number: 03
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 201,860.00

***All Funding Source(s) required:** Proposition 203, State lottery funds

*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)?

Contact: Sharon Grant

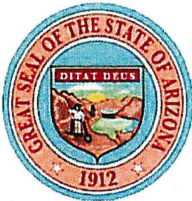
Department: Health

Telephone: 724-7842

Department Director Signature:  Date: 7/17/2023

Deputy County Administrator Signature:  Date: 7/19/2023

County Administrator Signature: _____ Date: 7/21/23



CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF
HEALTH SERVICES
OFFICE OF PROCUREMENT
150 N 18th Ave., Ste. #530
Phoenix, Arizona 85007

CONTRACT NO.: CTR050602

AMENDMENT NO.: THREE (3)

PROCUREMENT OFFICER
PAUL EVANS

HEALTH START PROGRAM

Effective upon signature by both parties, it is mutually agreed that the Contract referenced in this Amendment Three (3) is amended as follows:

1. Pursuant to the Special Terms and Conditions, Provision Three (3), Contract Extensions Five (5) Year Maximum, the Contract is extended for the fourth (4th) year through July 5, 2024.

ALL OTHER PROVISIONS SHALL REMAIN IN THEIR ENTIRETY

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date

The above referenced Contract Amendment is hereby executed this ____ day of _____ 20____ at Phoenix, Arizona

(To be filled out by Procurement Office)

Contractor Signature

Contractor Signature Date

Authorized Signatory's Name and Title

Pima County Health Department

Contractor's Name
APPROVED AS TO FORM:

Deputy County Attorney

Jonathan Pinkney

Procurement Officer Signature

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department