



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: August 7, 2018

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**
Arizona Department of Health Services (ADHS)

***Project Title/Description:**
Healthy People Healthy Communities. The Scope of Work from the award document is included here as an attachment.

***Purpose:**

The purpose of the Healthy People Healthy Communities Integrated IGA is to leverage multiple public health funding sources to work towards implementation of health priorities identified in the Arizona Health Improvement Plan and the Community Health Improvement Plan. This IGA is intended to provide flexibility to the Health Department to best meet the needs of our community through high impact strategies that achieve agreed upon outcomes. Programs in this IGA address several Pima County health priorities including but not limited to: tobacco prevention and cessation, chronic diseases, public health policy, teen pregnancy, family planning, and maternal and child health. This IGA also addresses several performance improvement initiatives including accreditation, quality improvement, strategic planning, performance management, and workforce development.

Amendment #6 of this agreement includes funding for fiscal year 2018-19 in the same annual amount as last year. This amendment adds \$1,614,131, which only includes one quarter of accreditation funds. It is anticipated that the remaining three quarters of accreditation funds will be added in a future amendment, as they were for FY2017-18.

***Procurement Method:**

N/A (grant award)

***Program Goals/Predicted Outcomes:**

The Health Department will implement evidence-based strategies at the local community level that:

1. Promote and implement healthy communities' interventions that target policy, system, and environmental approaches that will shape the communities in which we live.
2. Promote and implement healthy people interventions that target individual behavior and support making healthy choices.

***Public Benefit:**

This IGA offers a variety of evidence-based strategies designed to impact policy, system, and environmental change at the community, organizational, individual, and policy levels in order to promote county-wide health changes so that public health impact will be maximized. The Health Department will emphasize complementary policy, environmental, programmatic, and infrastructure activities that integrate and build on each other to optimize the health improvements of the community.

***Metrics Available to Measure Performance:**

Metrics are determined for each individual program funded in this IGA through the development of program specific work plans that are approved by ADHS during the first quarter of funding.

***Retroactive:**

No. Amendment is effective upon signature.

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 22-73.

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 Amendment

Document Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 19*03

Effective Date: 08/07/18 Termination Date: no change Amendment Number: 06

Match Amount: \$ _____ Revenue Amount: \$ 1,614,131.00

***All Funding Source(s) required:** Prop 200 (Tobacco), Prop 303 (Chronic Disease and HAPI), CDC Preventive Health Block Grant (Accreditation), Lottery funds and Title V Maternal and Child Health Block Grant

***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)?** via Arizona Department of Health Services, ADHS 16-102323

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: Frank S. Hurdel 20 July 2018

Deputy County Administrator Signature/Date: Deur 7/23/18

County Administrator Signature/Date: C. A. [Signature] 7/23/18
(Required for Board Agenda/Addendum Items)



**INTERGOVERNMENTAL AGREEMENT(IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 North 18th Avenue, Suite 280
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax
Procurement Officer:
Russell Coplen

Agreement No: **ADHS16-102323**

Amendment No. **6**

Healthy People Healthy Communities

Effective upon signature, it is mutually agreed that the Agreement referenced above 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 is revised and replaced by the Scope of Work of this Amendment Six (6).
 - 1.2 Exhibit C is revised and replaced by the Exhibit C of this Amendment Six (6).
 - 1.3 The Price Sheet is revised and replaced by the Price Sheet of this Amendment Six (6).

All other terms and conditions will remain in effect.

CONTRACTOR SIGNATURE

Pima County

Contractor Name

3950 S. Country Club Suite 100

Address

Tucson, AZ 85714

City State Zip

Contractor Authorized Signature

Printed Name

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.

Paula J. Perrera 7-17-18
Signature Date

Paula J. Perrera
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 _____ 2018

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:

REVIEWED BY:

Travis Handell
Appointing Authority or Designee
Pima County Health Department



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SCOPE OF WORK

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

2.1. 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:

Program Manager
Arizona Department of Health Services
150 N. 18th Avenue, Suite 300
Phoenix, AZ 85007
(602) 542-8953


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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. Establish or 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 that 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. Establish or 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;



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- 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. Establish or increase opportunities for physical activity in the workplace;
 - 1.1.4.2. Establish or increase incentive programs, such as flextime, rewarding and/or recognizing employee healthy behaviors;
 - 1.1.4.3. Provide or refer employees to 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. Establish or 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/Community Health Worker (CHW) 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. Integrate or implement 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;



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1.1.5.7. Establish health insurance literacy for 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. Establish or increase efforts to promote public awareness of Alzheimer's disease and available resources for patients, caregivers, and/or family members and health care providers, ;

2.1.2. Establish or increase efforts to promote public awareness of risk factors and detection of pulmonary disease.

2.1.3. Promote and implement activities and strategies outlined in the Million Hearts Initiative;

2.1.4. Implement or develop referral mechanisms for chronic disease and/or chronic pain self-management programs (including Spanish versions);

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>.

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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 the Stanford Chronic Disease Self-Management (CDSME) program model (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 and trainings held by Arizona Living Well Institute and will increase the number of CDSME training/workshop opportunities held in their communities. The County will increase the number of Arizonans statewide who participate in CDSME. They will also increase the number of trained lay leaders and master leaders and will expand public and professional awareness and knowledge about CDSME amongst community organizations, agencies, health systems, behavioral health systems and providers for the purpose of increasing referrals and the number of host organizations.



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Amendment No. **6**

**PRICE SHEET
HEALTHY PEOPLE HEALTHY COMMUNITIES**

**PIMA - ADHS16-102323
JULY 1, 2018 - JUNE 30, 2019**

ACTION PLAN

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Action Plan – All Programs	EA	1	\$130,448.00	\$130,448.00
TOTAL		1	\$130,448.00	\$130,448.00

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	\$246,717.84	\$986,871.36
TOTAL		4	\$246,717.84	\$986,871.36

HEALTH IN ARIZONA POLICY INITIATIVE

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Alzheimer's, Chronic Pulmonary Disease, Hypertension, Self-Management Procurement, Healthy Community Design, School Health, Worksite Wellness, Clinical Care, and Special Health Care Needs)	QTR	4	\$51,540.16	\$206,160.64
TOTAL		4	\$51,540.16	\$206,160.64



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PIMA

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	\$29,051.00	\$29,051.00
TOTAL		1	\$29,051.00	\$29,051.00

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	\$40,400.00	\$161,600.00
TOTAL		4	\$40,400.00	\$161,600.00

TEEN PREGNANCY PREVENTION

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies	QTR	4	\$25,000.00	\$100,000.00
TOTAL		4	\$25,000.00	\$100,000.00

TOTAL

ITEM/SERVICE DESCRIPTION				TOTAL
GRAND TOTAL				\$1,614,131.00

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA) SCOPE OF WORK
ADHS15- 094985	

1. Background

The vision of the Arizona Department of Health Services (ADHS) is "Health and Wellness for all Arizonans." In December of 2013, ADHS completed a State Health Assessment (SHA). The SHA utilized Community Health Assessments conducted by local county health departments to assess the needs and capacity of public health in Arizona. This work resulted in the identification of fifteen (15) leading public health issues affecting the health of our communities. With stakeholder input, the Arizona State Health Improvement Plan (AzHIP) will set forth a roadmap to improve the health of Arizonans over the next five (5) years through the development of partnerships and resources to work collectively on shared health improvement goals and strategies.

The AzHIP has two (2) flagship goals to address the fifteen (15) public health issues: Healthy Communities, and Healthy People. The AzHIP defines healthy communities as interventions at the community or society level, targeting policy, systems and environmental approaches that shape the communities in which we live. Healthy People are interventions at the individual level, targeting individual behavior and promoting their making healthy choices

These goals can be accomplished through a collaborative approach that engages local, state and national partners to improve the health and well-being of Arizonans. Collectively, we implement evidence based preventative health strategies, designed to impact health through health policy, system and environmental change initiatives, health promotion and education for individuals and communities, and enhancement of the public health infrastructure.

In order to best implement these goals, the Division of Public Health – Prevention Services has led a process to align strategies and improve integration of public health prevention programs. The Bureaus of Tobacco and Chronic Disease, Women's and Children's Health, Health Systems Development, and Nutrition and Physical Activity, Office of the Director - Local Health Liaison, and Office of Assistant Director have collaborated on the development of this Intergovernmental Agreement (IGA) which combines seven (7) programs into one shared IGA. Programs included in this IGA address several health priorities from the AzHIP, including but not limited to: cardiovascular disease, chronic lower respiratory diseases, diabetes, unintentional injury, obesity, teen pregnancy, tobacco, and access to well care. This IGA includes opportunities to address crosscutting strategies, such as enhancing the physical and built environment, school health, and worksite wellness

Implementation of this IGA will be completed in three (3) phases that will occur in the first year of the IGA to accommodate funding cycles Phase I will include Tobacco, Chronic Disease and Health in Arizona Policy Initiative (HAPI) and will begin July 2015. Phase II will include the Public Health and Health Services Block Grant and will begin October 2015. Phase III will include Teen Pregnancy Prevention, Family Planning and Maternal and Child Health will begin in January 2016. All three (3) phases will be operational and fully implemented in years two (2) through five (5) with annual start dates of July 1st.

2. Purpose

The purpose of this IGA is to leverage multiple public health funding sources to support implementation of health priorities identified in the AzHIP and the Community Health Improvement Plans. This IGA is intended to provide flexibility to the County Health Departments to best meet the needs of their local communities through high impact strategies that realize the agreed upon outcomes. The IGA provides a pathway to improved coordination of multiple prevention programs while streamlining the administrative functions for the programs that were previously administered separately.

3. Objectives

Counties will implement evidence-based strategies at the local community level that:

- 3.1 Promote and implement healthy communities' interventions that target policy, system and environmental approaches that will shape the communities in which we live
- 3.2 Promote and implement healthy people interventions that target individual behavior and support making healthy choices.

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA) SCOPE OF WORK
ADHS15- 094985	

4. Scope of Work

This IGA offers a variety of evidence-based strategies designed to impact policy, system and environmental change at the community, organizational, individual, and policy levels in order to promote county-wide health changes so that public health impact will be maximized. Contingent upon available funding, Counties are expected to implement at multiple levels, in accordance with local community needs, and should emphasize complementary policy, environmental, programmatic, and infrastructure activities that integrate and build on each other to optimize the health improvements of the community. Counties have the option to select from a menu of evidence-based strategies that influence individual behaviors, policy, organizational practices, systems and environment through the following program areas:

- 4.1 Commercial Tobacco Use;
- 4.2 Chronic Disease Prevention and control strategies to address the four leading causes of disease related death (Cancer, heart disease, pulmonary disease, and Alzheimer's);
- 4.3 Procurement of Healthy Foods;
- 4.4 Healthy Community Design;
- 4.5 School Health;
- 4.6 Worksite Wellness;
- 4.7 Clinical Care;
- 4.8 Children with Special Health Care Needs;
- 4.9 Public Health Accreditation Preparation;
- 4.10 Teen Pregnancy;
- 4.11 Title V Family Planning; and
- 4.12 Maternal and Child Health.

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 - Chronic Disease;
- 5.3 Exhibit C - Health in Arizona Policy Initiative (HAPI);
- 5.4 Exhibit D - Public Health Accreditation Preparation;

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	SCOPE OF WORK

- 5.5 Exhibit E - Teen Pregnancy Prevention;
- 5.6 Exhibit F - Family Planning; and
- 5.7 Exhibit G - Maternal and Child Health.

6. Evaluation

Performance measures and evaluations allow the counties and ADHS to collaboratively track progress, process indicators, outcomes measures, and impacts. As part of the local evaluation plan, the counties will be responsible for measuring the short term, and intermediate outcomes. Monitoring progress on short-term outcomes provides an opportunity for the counties to make adjustments to strategies to ensure increased long-term impact. ADHS in coordination with the counties will be responsible for measuring the long-term and impact outcomes. Process indicators, outcomes measures, and impacts must clearly relate to the selected strategies and activities identified within each County's Annual Action Plan.

7. Tasks

The County shall provide all of the tasks listed below:

- 7.1 Develop and implement an Annual Action Plan and a Budget Plan within the first forty-five (45) days of each budget period;
- 7.2 Participate in all calls (monthly, bi-monthly, quarterly), technical assistance calls and/or webinars, meetings and trainings;
- 7.3 Implement the approved strategies, and
- 7.4 Participate in the development of a shared comprehensive evaluation plan.

8. Requirements

The County shall meet the requirements listed below:

- 8.1 All revisions to the Annual Action Plan strategies, goals, objectives and timelines will require joint review and approval from ADHS staff;
- 8.2 All staffing changes will be reported to the ADHS Program Coordinator within fifteen (15) days;
- 8.3 All requests for a single item of capital equipment at or above the purchase price of five thousand dollars (\$5,000.00) will be requested in writing and submitted to the ADHS Program Coordinator for approval; and
- 8.4 Comply with all federal reporting requirements.

9. Deliverables

9.1 The County shall submit the deliverables listed below to the ADHS Program Coordinator:

- 9.1.1 Contractor Expenditure Report (CER), an electronic version will be provided, upon request, to ADHS, due thirty (30) days after each quarter end (Q1: July – September; Q2: October – December; Q3: January – March; and Q4: April – June);
- 9.1.2 A written Quarterly Report, due thirty (30) days after each quarter end (Q1: July – September; Q2: October – December; Q3: January – March; and Q4: April – June);

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ADHS15- 094985	

- 9.1.3 A final CER invoice not later than forty-five (45) days following the end of each contract year;
 - 9.1.4 Provide the name, email address and phone numbers of all program staff funded under this Agreement within thirty (30) days of hire;
 - 9.1.5 Notify ADHS Program Coordinator of any change in program staff under this Agreement within fifteen (15) days of the change;
 - 9.1.6 Collaborate and participate with ADHS on the development of a logic model;
 - 9.1.7 For YEAR One (1) Phase One (I), submit an annual action plan and budget plan by August 15 for programs selected in Phase One (I) (Tobacco, Chronic Disease, and HAPI).
 - 9.1.8 For YEAR One (1), Phase Two (II), submit an annual action plan and budget plan by November 15 for programs selected in Phase Two (II) (Preventive Health and Health Services Block Grant/Public Health Accreditation).
 - 9.1.9 For Year One (1) Phase Three (III), submit an annual action plan and budget plan by February 15 for programs selected in Phase Three (III) (Teen Pregnancy Prevention, Family Planning, Maternal and Child Health)
 - 9.1.10 For Years Two through Five (2 – 5), submit an annual action plan and budget plan by August 15.
 - 9.1.11 Submit an Annual Report forty-five (45) days following the end of each Contract year;
 - 9.1.12 Submit a written request to use the ADHS Logo in any print, web documents, publications and video recordings prior to use; and
 - 9.1.13 Submit a written request for the development of brochures, posters, public service announcements, paid media, videos, sponsorships, etc , to be paid for with funds from this Agreement prior to development.
- 9.2 ADHS will:
- 9.2.1 Review, provide feedback and approve the Annual Action Plan(s) within thirty (30) days of submittal;
 - 9.2.2 Provide evidence-based strategies and supporting resources;
 - 9.2.3 Provide a Quarterly Reporting Template;
 - 9.2.4 Provide the Annual Action Plan Template;
 - 9.2.5 Provide a Budget Plan Template;
 - 9.2.6 Collaborate and work with the County to develop a comprehensive Logic Model Template;
 - 9.2.7 Provide Outcome Measures;
 - 9.2.8 Provide a Financial Guidance Document;
 - 9.2.9 Provide feedback, technical assistance and training to support the approved Annual Action Plan(s), Reporting and Evaluation(s);
 - 9.2.10 Access to virtual technical assistance and guidance from ADHS staff, local Health Department peers/mentors, and/or subject matter experts related to the strategy for which the County

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	SCOPE OF WORK

received funding;

9.2.11 Coordinate and conduct site visits; and

9.2.12 Provide the list of Title V priorities that the County may develop strategies

10. Approvals

ADHS must approve:

- 10.1 The Annual Action Plan and any subsequent changes or updates to the Action Plan, that will be implemented during the next Contract period, shall be submitted to ADHS for approval.
- 10.2 The quarterly Contractor's Expenditure Report (invoice) shall be approved by ADHS prior to reimbursement.
- 10.3 Capital Equipment (Single item purchase of \$5,000 or more) purchased for the program: A written request shall be submitted to ADHS for review and approval prior to any purchase on a case-by-case basis. The written request shall include details of how the proposed purchase supports current approved scope of work and annual action plan. Ownership will be retained by the Contractor for continued use in the objectives of the Action Plan.
- 10.4 All marketing materials (The use of ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) which have been developed, written, published or recorded by the Grantee and paid for with funds from this grant award must be first approved by ADHS prior to the dissemination of such materials or airing or use of such announcements.
- 10.5 Quarterly Reports.
- 10.6 All evaluation components that involve human subjects.
- 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 – Chronic Disease
 - 10.7.3 Exhibit C - Health in Arizona Policy Initiative (HAPI);
 - 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 – Family Planning
 - 10.7.7 Exhibit G– Maternal and Child Health

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA) SCOPE OF WORK
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11. Deliverables and Delivery Schedule

NOTICES, CORRESPONDENCE, AND REPORTS

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

Sherry Haskins
 Program Manager
 Arizona Department of Health Services
 150 N. 18th Avenue, Suite 300
 Phoenix, AZ 85007
Sherry.Haskins@azdhs.gov
 602-364-0606

11.2 Notices, correspondence, and reports (and payments if sent to same address) from ADHS to the Contractor shall be sent to:

Main Contact for Program Management Correspondence	Name: Javier Herrera Title: Program Coordinator Email: javier.herrera@pima.gov Phone: (520) 724-7741
Main Contact for Finance Management Correspondence	Name: Garrett Hancock Title: Division Manager Email: garrett.hancock@pima.gov Phone: (520) 724-7833

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA) EXHIBIT A EVIDENCE-BASED STRATEGIES FOR TOBACCO
ADHS15- 094985	

Evidence-Based Strategies for Tobacco

The County may select one (1) or more strategies from this strategic area.

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

1. Strategic Area: Tobacco

1.1 Program Strategy(s):

- 1.1.1 Utilize community outreach, education and policy advocacy at the community level to prevent youth tobacco use
- 1.1.2 Promote the use of cessation treatments among adult and youth smokers.
- 1.1.3 Engage in peer-based approaches to prevent commercial tobacco use.
- 1.1.4 Improve public awareness of the risks of secondhand smoke/vapors.
- 1.1.5 Assist in tobacco enforcement activities.
- 1.1.6 Other evidence-based related strategy

1.2 Tobacco Specific Tasks and Requirements:

- 1.2.1 Adhere to the guidelines and principles set forth in the ADHS-BTCD Sustaining Arizona's Tobacco Program Plan and the 2014-2015 ADHS-BTCD Chronic Disease Prevention and Control Strategies that pertain to the services and activities identified in the corresponding Action Plans. These documents can be found on the ADHS Tobacco Free Arizona website <http://www.azdhs.gov/diro/reports/strategicplan.htm> (<http://tobaccofreearizona.com/reports/pdf/tfa-strategic-plan.pdf>) and the ADHS Chronic Disease website (<http://www.azdhs.gov/phs/chronicdisease>).

Listed below are specific tasks and requirements related to the Program Strategy Options for tobacco.

1.3 Cessation Activity:

- 1.3.1 The County will work with the ASHLine Community Development Team (CDT) to create/implement ASHLine Outreach/Referral Development Action Plan
- 1.3.2 The County will participate in quarterly calls with the ASHLine CDT Representative to discuss status of the ASHLine Outreach/Referral Development Action Plan and to cover any possible technical assistance needs.

1.4 Prevention – Youth Coalition:

- 1.4.1 The County will work with BTCD selected contractor for youth coalition to develop and implement a Youth Coalition Action Plan.
- 1.4.2 The County will ensure youth coordinators and youth participate in trainings twice a year and will work with BTCD on any technical assistance needs

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT A EVIDENCE-BASED STRATEGIES FOR TOBACCO

1.5 Enforcement:

1.5.1 Attorney General's Counter Strike Program:

The County shall:

- 1.5.1.1 Participate in the Arizona Attorney General's Office (AGO) Counter Strike Program.
- 1.5.1.2 Promote and recruit youth from the community to participate in the Retailer Compliance Checks, youth must be 16 or 17 years of age, possess a valid Arizona State Identification Card and must be available on nights and weekends; AGO compliance checks will be scheduled at a minimum of twice a year.
- 1.5.1.3 Facilitate and conduct in their county the AGO Merchant Diversion Program with retailers and clerks that have been cited for selling tobacco to underage youth.
- 1.5.1.4 Maintain quarterly communication with the Attorney General's Office Youth Tobacco Program.

1.5.2 Food & Drug Administration – Tobacco Control Act (TCA) Program/SYNAR:

The County shall:

- 1.5.2.1 Participate in the ADHS-FDA TCA program for youth underage buys throughout each fiscal year
- 1.5.2.2 Promote and recruit youth from the community to participate in the FDA youth underage buys, number of inspections will be based on FDA requirements and may vary from year to year.
- 1.5.2.3 Required to have at least two (2) youth available for inspections at all times
- 1.5.2.4 Assist SYNAR in ensuring accurate locations of tobacco retailers within each county
- 1.5.2.5 Maintain bi-monthly communication with the ADHS-FDA TCA Program Staff.

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT B
	EVIDENCE-BASED STRATEGIES FOR CHRONIC DISEASE

Evidence-Based Strategies for Chronic Disease

The County may select one (1) or more strategies from this strategic area.

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

1. Strategic Area: Chronic Disease

1.1 Program Strategy/s:

- 1.1.1 Improve public awareness of Alzheimer’s disease and available resources for patients, caregivers and/or family members and health care providers.
- 1.1.2 Improve public awareness of risk factors and detection of pulmonary disease
- 1.1.3 Promote and implement the Million Hearts Initiative.
- 1.1.4 Implement the Stanford Chronic Disease Self-Management model (including Spanish version) and/or other self-management model.
- 1.1.5 Support the work of schools to implement School Health Index/School Health Assessment and/or school wellness plans.
- 1.1.6 Other evidence-based related strategy

1.2 Specific Tasks and Requirements:

- 1.2.1 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>)

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

1.3 Alzheimer’s/Dementia:

- 1.3.1 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.
- 1.3.2 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.

1.4 Chronic Lower Pulmonary Disease:

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

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT B EVIDENCE-BASED STRATEGIES FOR CHRONIC DISEASE

- 1.4.2 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.
- 1.4.3 The County will work with the American Lung Association/Arizona Chapter to increase early intervention and participation in disease management programs.
- 1.5 Cardiovascular Disease:
 - 1.5.1 The County will work with ADHS/BTCD Office of Chronic Disease to implement and promote the Million Hearts Initiative.
 - 1.5.2 Increase intervention and participation in disease management programs.
- 1.6 Chronic Disease Self-Management:
 - 1.6.1 The County will implement Chronic Disease Self-Management programs (Include related Spanish version(s)).
 - 1.6.2 The County will ensure that staff is trained.
 - 1.6.3 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.
- 1.7 School Health:
 - 1.7.1 The County will coordinate school health activities with any other funding received for school health activities (such as HAPI or Arizona Nutrition Network).

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT C EVIDENCE-BASED STRATEGIES FOR HEALTH IN ARIZONA POLICY INITIATIVE (HAPI)

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

Counties may select one (1) or more strategies from this 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.

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.

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

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT C EVIDENCE-BASED STRATEGIES FOR HEALTH IN ARIZONA POLICY INITIATIVE (HAPI)

schools

1 1.3.4 Target outreach and enrollment efforts to populations disproportionately uninsured

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

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.

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT C EVIDENCE-BASED STRATEGIES FOR HEALTH IN ARIZONA POLICY INITIATIVE (HAPI)

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.
- 1.1.6.5 Other evidence-based related strategy

1.2 HAPI Specific Tasks and Requirements:

- 1.2.1 A portion of activities identified in the action plan must include those that will benefit the health of low-income women, infants, and children.
- 1.2.2 The County will coordinate school health activities with any other funding received for school health activities (such as Chronic Disease or Arizona Nutrition Network).

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA) EXHIBIT D EVIDENCE-BASED STRATEGIES FOR PUBLIC HEALTH ACCREDITATION PREPARATION
ADHS15- 094985	

Evidence-Based Strategies for Public Health Accreditation Preparation

The County must select a minimum of two (2) strategies from this strategic area.

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

1. Strategic Area: Preventive Health and Health Services Block Grant

1.1 Program Strategies:

- 1.1.1 Establish and Monitor a System of Performance Management.
- 1.1.2 Build a Culture of Quality Improvement.
- 1.1.3 Workforce Development.
- 1.1.4 Use award funds for Public Health Accreditation Board (PHAB) Fees.
- 1.1.5 Monitor and measure progress towards accomplishing goals in the County Health Improvement Plan

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT E EVIDENCE-BASED STRATEGIES FOR TEEN PREGNANCY PREVENTION

Evidence-Based Strategies for Teen Pregnancy Prevention

The County may select one (1) or more strategies from this strategic area.

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

1. Strategic Area: Teen Pregnancy Prevention

1.1 Program Strategies:

- 1.1.1 Implement with fidelity an abstinence plus evidence-based or promising practice program through curriculum delivery to youth ages 11-19 years which may include parent-youth curriculum for guardians of youth ages 11-19. Programs must be culturally relevant, medically accurate and include process and outcome evaluations as outlined in the Teen Pregnancy Prevention Program Policy & Procedures manual.

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT F EVIDENCE-BASED STRATEGIES FOR FAMILY PLANNING

Evidence-Based Strategies for Family Planning

The County may select one (1) or more strategies from this strategic area.

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

1. Strategic Area: Family Planning

1 1 Program Strategies:

- 1 1 1** 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.

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT G EVIDENCE-BASED STRATEGIES FOR MATERNAL AND CHILD HEALTH

Evidence-Based Strategies for Maternal and Child Health

The County may select one (1) or more strategies from this strategic area.

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

1. Strategic Area: Maternal and Child Health (MCH)

1.1. Program Strategies:

- 1.1.1. The Contractor 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 and Child Health (MCH) 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 areas to be selected National Performance Measures, which will in turn influence the National Outcome Measures.

2. Maternal and Child Health Specific Tasks and Requirements:

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 (HRSA), 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.

Contract Number	Intergovernmental Agreement (IGA) Attachment 1 PRICE SHEET PHASE 1
ADHS15- 094985	

PIMA COUNTY

PRICE SHEET PHASE ONE (1)

PHASE 1: JULY 1, 2015 - JUNE 30, 2016

PHASE ONE (1) ACTION PLAN Tobacco and Chronic Disease

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE (UOM)	QUANTITY	UNIT COST	TOTAL
Phase 1 Action Plan Tobacco and Chronic Disease	EA	1	\$55,848	\$55,848
TOTAL		1	\$55,848	\$55,848

TOBACCO

ITEM/SERVICE DESCRIPTION	UOM	QUANTITY	UNIT COST	TOTAL
Specific Service Strategies (See SOW: i.e. Prevention, Cessation, Secondhand Smoke, Enforcement)	QTR	4	\$246,717.84	\$986,871.36
TOTAL		4	\$246,717.84	\$986,871.36

CHRONIC DISEASE

ITEM/SERVICE DESCRIPTION	UOM	QUANTITY	UNIT COST	TOTAL
Specific Service Strategies (See SOW: i.e. Alzheimer's, Chronic Pulmonary Disease, Hypertension, Self-Management, School Health)	QTR	4	\$18,570.16	\$74,280.64
TOTAL		4	\$18,570.16	\$74,280.64

PHASE ONE (1) ACTION PLAN (HAPI)

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Phase 1 Action Plan HAPI	EA	1	\$9,200	\$9,200
TOTAL		1	\$9,200	\$9,200

HEALTH IN ARIZONA POLICY INITIATIVE

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Procurement, Healthy Community Design, School Health, Worksite Wellness, Clinical Care, and Special Health Care Needs)	QTR	4	\$32,970	\$131,880
TOTAL		4	\$32,970	\$131,880

Contract Number	Intergovernmental Agreement (IGA) Attachment 2 PRICE SHEET PHASE 2
ADHS15- 094985	

PIMA COUNTY

PRICE SHEET PHASE TWO (2)

PHASE 2: OCTOBER 1, 2015 – JUNE 30, 2016

PHASE TWO (2) ACTION PLAN

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Phase 2 Action Plan	EA	1	\$7,000.	\$7,000.
PHASE 2 ACTION PLAN TOTAL		1	\$7,000.	\$7,000.

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	3	\$27,301	\$81,903
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT TOTAL		3	\$27,301	\$81,903

PHASE ONE AND PHASE TWO GRAND TOTAL

ITEM/SERVICE DESCRIPTION				TOTAL
PHASE 1 & 2 GRAND TOTAL				\$1,346,983

Contract Number	Intergovernmental Agreement (IGA) Attachment 3 PRICE SHEET PHASE 3
ADHS15- 094985	

PIMA COUNTY

PRICE SHEET PHASE THREE (3)

PHASE 3: JANUARY 1, 2016 – JUNE 30, 2016

PHASE THREE (3) TO BE DETERMINED

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
TOTAL				

PHASES ONE, TWO and THREE: GRAND TOTAL

ITEM/SERVICE DESCRIPTION				TOTAL
PHASE 1, 2 & 3 GRAND TOTAL				