



BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: December 18, 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. Amendment #7 is to add the remaining three quarters of funding for the Accreditation program.

***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 #7 of this agreement includes funding for three additional quarters for the Accreditation program. Total year four funding in this amendment increases from \$1,614,131 to \$1,701,284.

***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): 19-23

Effective Date: 12/18/2018 Termination Date: _____ Amendment Number: 07

Match Amount: \$ _____ Revenue Amount: \$ 87,153.00

***All Funding Source(s) required:** The increase in this amendment is funded by the Centers for Disease Control (CDC).

***Match funding from General Fund?** Yes No If Yes \$ _____ % _____

***Match funding from other sources?** Yes No If Yes \$ _____ % _____

***Funding Source:** This amendment is funded by a CDC Preventive Health & Health Services Block Grant

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

Federal funds received via ADHS 16-102323

Contact: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature/Date: Mary M. Tenayon 11.28.2018 11/29/18

Deputy County Administrator Signature/Date: J. Dur 11/28/2018

County Administrator Signature/Date: C. D. Dubbey 11/30/18
(Required for Board Agenda/Addendum Items)



**INTERGOVERNMENTAL AGREEMENT(IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**

150 North 18th Avenue, Suite 260
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Agreement No: **ADHS16-102323**

Amendment No. **7**

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 the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders:
 - 1.1 The Price Sheet is revised and replaced by the Price Sheet of this Amendment Seven (7).

All other terms and conditions will remain in effect.

<p>Pima County</p> <p>Contractor Name</p> <p>3950 S. Country Club Suite 100</p> <p>Address</p> <p>Tucson, AZ 85714</p> <p>City State Zip</p>	<p align="center">CONTRACTOR SIGNATURE</p> <hr/> <p>Contractor Authorized Signature</p> <hr/> <p>Printed Name</p> <hr/> <p>Title</p>
<p align="center">CONTRACTOR ATTORNEY SIGNATURE</p> <p>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.</p> <p> 11/21/18</p> <p>Signature Jonathan Pinkney Date</p> <p>Printed Name</p> <p>Contract No. ADHS16-102323, 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.</p> <p>Signature Assistant Attorney General Date</p> <p>Printed Name:</p>	<p>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.</p> <p>State of Arizona</p> <p>Signed this _____ day of _____ 2018</p> <hr/> <p>Procurement Officer</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>REVIEWED BY: </p> <p>Appointing Authority or Designee Pima County Health Department</p> </div>



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**PRICE SHEET
HEALTHY PEOPLE HEALTHY COMMUNITIES**

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

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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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PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT- ACCREDITATION

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
		3	\$29,051.00	\$87,153.00
TOTAL		1	\$29,051.00	\$116,204.00

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				\$1,701,284.00