



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

Award Contract Grant

Requested Board Meeting Date: June 7, 2022

* = 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. This program aims to increase the number of women receiving prenatal care and assist with education and monitoring until the child is two years of age. The program relies on a supportive relationship between the client and community health workers. The Pima County Health Department (PCHD) has been awarded this grant program for over 20 years.

***Purpose:**

Health Start provides community health workers to provide program information to the community throughout Pima County and enroll high-risk pregnant women and families into the program. The Community Health Workers provide prenatal, postpartum and parenting information and screen for alcohol, tobacco and other substance use, perinatal depression, relationship issues, child growth and development, home/environment safety hazards, and refer families to other community resources as appropriate.

Amendment #2 extends the term for a year. Although PCHD cannot know for sure how much funding will be added for the coming year, we are budgeting for the same amount as the current year.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

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. During the current grant year, 2021-2022, the program enrolled 43 families and conducted 348 home visits in-person or virtually.

***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:**

No.

*GMT Approves
AF 5/19/22*

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): 22-090

Commencement Date: 07/06/2022 Termination Date: 07/05/2023 Amendment Number: 02

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)?** N/A

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 5/17/22

Deputy County Administrator Signature/Date: [Signature] 20 May 2022

County Administrator Signature/Date: [Signature] 5/20/2022
(Required for Board Agenda/Addendum Items)

