



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: April 18, 2023

or Procurement Director Award: []

* = Mandatory, information must be provided

*Contractor/Vendor Name/Grantor (DBA):

Arizona Department of Health Services

*Project Title/Description:

COVID-19 Health Disparities. This Intergovernmental Agreement (IGA) creates the mechanism for Pima County to pass-through funds to the Tohono O'odham Nation (TON) from the Arizona Department of Health Service's (ADHS's) statewide grant from the CDC National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, including Racial and Ethnic Minority Populations and Rural Communities.

Amendment #1 extends the grant for an additional year through May 31, 2024.

*Purpose:

This grant is to assist the Tohono O'odham Nation (TON) with their COVID-19 testing and vaccination efforts in an effort to address the disproportionate burden the pandemic placed on racial and ethnic minorities and rural populations.

*Procurement Method:

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

*Program Goals/Predicted Outcomes:

Funding is being used by TON to:

- 1. Expand COVID-19 mobile testing, vaccination and mitigation efforts throughout the Nation;
2. Improve standardized data-tracking tools for use in the field;
3. Expand capacity of the Community Health Workers; and
4. Engage with COVID-19 response teams across Pima County.

*Public Benefit:

Ethnic and racial minority and rural populations have been at a higher risk of exposure, infection, hospitalization and mortality during the COVID-19 pandemic. This grant aims to provide increased support and services to the Tohono O'odham Nation in order to improve access to services, prevent severe impacts, reduce hospitalizations and deaths and mitigate consequences from the pandemic. In addition, TON will be better prepared to address any future public health emergencies due to the experience gained during the COVID-19 pandemic.

*Metrics Available to Measure Performance:

- Work plan submitted and approved by ADHS.
- Monthly expenditure reports will be submitted to the County and then to ADHS.
- Quarterly written progress reports will be submitted to the County and then to ADHS.

*Retroactive:

No.

GMTI approves (RM) 3/31/23

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

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): 23-068
Commencement Date: 06/01/2023 Termination Date: 05/31/2024 Amendment Number: 01
Match Amount: \$ _____ Revenue Amount: \$ 0.00

*All Funding Source(s) required: _____

*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: Karen Spink Digitally signed by Karen Spink Date: 2023.03.30 16:20:03 -07'00' Date:
Deputy County Administrator Signature: Date: 31 Mar 2023
County Administrator Signature: Date: 4/2/2023



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Contract No.: CTR057420

IGA Amendment No: One (1)

Procurement Officer:
Selena Leon

COVID-19 HEALTH DISPARITIES

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Four (4), Contract Administration and Operation, Section 4.2 Contract Renewal, the Contract term is extended for one (1) year through May 31, 2024.
2. Pursuant to the Terms and Conditions, Provision Six (6) Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the following changes are made under this Amendment One (1):
 - 2.1. Scope of Services is revised and replaced;
 - 2.2. Exhibit Two (2) – Work Plan is revised and replaced; and
 - 2.3. Exhibit Four (4) - 2 CFR 200.332 is revised and replaced.

ALL CHANGES ARE REFLECTED IN RED

All other provisions of this agreement remain unchanged.

Pima County

Contractor Name:

3950 S. Country Club Road, Suite 100

Address:

Tucson

AZ

85714

City

State

Zip

County Authorized Signature

Print Name

Title and Date

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 Arizona

3/22/23

Signature

Date

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 _____ 2021.

Jonathan Pinkney

Print Name

Procurement Officer

Contract No.: **CTR057420**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, 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

Print Name

REVIEWED BY:

3/22/23
Appointing Authority or Designee
Pima County Health Department



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SCOPE OF SERVICES

1. Background

- 1.1. The Arizona Department of Health Services (ADHS) has a long-standing commitment to addressing health disparities and advancing health equity. ADHS has an Office of Health Equity that includes dedicated staff to support these efforts. Additionally, the Arizona Health Improvement Plan (AzHIP) recognizes health equity as the foundation of improving health in Arizona and is one (1) of five (5) health priorities;
- 1.2. The COVID-19 Pandemic and its impacts have touched the lives of all Arizona residents. Underserved communities and populations have been disproportionately placed at higher risk by the COVID-19 pandemic, especially those individuals in rural, medically underserved, and/or racial and ethnic minority groups. These groups are at higher risk of exposure, infection, hospitalization and mortality. Coupled with known disproportionate rates of chronic diseases, this has increased the severity of COVID-19 infections. These populations also experience challenges in accessing testing, treatment and vaccinations against COVID-19;
- 1.3. The Center for Disease Control (CDC) recently awarded ADHS a two (2)-year, non-competitive grant titled: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Populations and Rural Communities. Funding was made available through the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M);
- 1.4. Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 (P.L. 117-2) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation. In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>. Further, consistent with the full scope of applicable federal grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement. This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 18 th Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR057420	IGA Amendment No: One (1)	Procurement Officer: Selena Leon

COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward;

- 1.5. ADHS, with our partners, will implement the grant’s four (4) overarching strategies:
 - 1.5.1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved,
 - 1.5.2. Increase/ improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic,
 - 1.5.3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved, and
 - 1.5.4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they related to COVID-19 health disparities among populations at higher risk and that are underserved.
- 1.6. By strengthening existing partnerships with local health department leaders and community-based organizations, and establishing new partnerships, the ADHS will focus its work in rural counties where residents have poorer health outcomes, higher uninsured rates, less access to health and social services, higher disparities in chronic diseases, infection, hospitalization and deaths related to COVID-19, especially among American Indian, Latino, African American, communities with disabilities, low socio-economic, and older adult populations.

2. Purpose

- 2.1. The purpose of this IGA is to leverage partnerships between ADHS, Local Health Departments and Statewide Partners by providing CDC COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities funding to support the implementation of the four (4) overarching strategies identified in this CDC grant. This IGA is intended to provide support to the unique needs of local communities identified by local health departments and statewide partners and approved strategies described in respective work plans and budgets;
- 2.2. The intended outcomes of this grant funding are:
 - 2.2.1. Reduced COVID-19 related health disparities,
 - 2.2.2. Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities, and
 - 2.2.3. Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT OF
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Phoenix, Arizona 85007

Contract No.: CTR057420

IGA Amendment No: One (1)

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3. Objectives

Local health departments and statewide partners, shall implement one or more of the following strategies:

- 3.1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved;
- 3.2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic;
- 3.3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved; and/or
- 3.4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

4. Scope of Work

- 4.1. This IGA offers four (4) overarching strategies designed to reduce the burden of COVID-19 in rural and racial/ ethnic communities, including African American, Latino, Indigenous and Native American people, Asian American and Pacific Islanders, other people of color, other disadvantaged or marginalized groups, including members of religious minorities, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people, people with disabilities, people over the age of sixty-five (65) and people otherwise adversely affected by persistent poverty or inequality; to advance health equity and address social determinants of health. Contingent upon available funding, local health departments and statewide partners are expected to implement strategies and activities in response to local needs for mitigation, prevention resources and services to reduce COVID-19 disparities;
- 4.2. Contractor shall implement activities identified in approved and agreed upon budget plans (see Price Sheet) and work plans (see Exhibit 2 – Work Plan) that align and support the overarching strategies to reduce the burden of COVID-19. The budget and performance period will begin June 1, 2021 and end May 31, 2024.

5. Tasks

ADHS shall provide technical assistance and support to local health departments and statewide partners on quarterly reports and other reporting requirements as defined and required by the CDC:

- 5.1. Develop, submit and implement approved and agreed upon **three (3)-year budget that aligns with budgeted grant funds outlined in the Price Sheet.**
- 5.2. Implement the approved and agreed upon **Work Plan** (Exhibit Two (2)) with identified strategies and actions by the end of the **three (3)-year grant period.**



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HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

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IGA Amendment No: One (1)

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- 5.3. Participate in all calls (monthly, bi-monthly, quarterly and ad hoc), technical assistance calls, webinars, meetings, training and scheduled site visits (as needed);
- 5.4. Participate in the development of a shared comprehensive evaluation plan and report out on any performance measures related to the implementation of their activities (process and/or intermediate), or as defined by the funding source;
- 5.5. Complete tagging and inventory of equipment in compliance with the policy of the [State of Arizona Accounting Manual](#) (SAAM):
 - 5.5.1. Stewardship
<https://gao.az.gov/sites/default/files/2535%20Stewardship%20190304.pdf>
 - 5.5.2. Submit documents to the COVID-19 Health Equity Coordinator/ Program Manager pertaining to the asset (ie., receiving papers, invoice, purchase order, receipts, etc.), and
 - 5.5.3. Documents shall include the make, model, serial number, and acquisition date of the asset.
- 5.6. Ensure that all out-of-state travel language follows the travel and per diem policies as outlined in the [State of Arizona Accounting Manual](#):
 - 5.6.1. Travel Responsibilities:
<https://gao.az.gov/sites/default/files/5009%20Traveler%20Responsibilities%20Draft%20200113.pdf>, and
 - 5.6.2. Travel Reimbursement Rates:
<https://gao.az.gov/sites/default/files/5095%20Reimbursement%20Rates%20%20190102%20a.pdf>
- 5.7. Comply with all federal reporting requirements; and
- 5.8. Timely submission of Quarterly Progress Reports.

6. Funding Restrictions

Funds cannot be used for any of the following: (per CDC Notice of Funding Opportunity for this grant):

- 6.1. Restrictions that must be considered while planning the programs and writing the budget are:
 - 6.1.1. Recipients may not use funds for research;
 - 6.1.2. Recipients may not use funds for clinical care except as allowed by law, and
 - 6.1.3. Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- 6.2. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget;



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- 6.3. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient;
- 6.4. Other than for normal and recognized executive-legislative relationships, funds may not be used for:
 - 6.4.1. Publicity or propaganda purposes,
 - 6.4.2. The preparation, distribution, or use of any materials designed to support or defeat the enactment of legislation before any legislative body, and
 - 6.4.3. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- 6.5. See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#); and
- 6.6. The direct and primary recipient in a cooperative agreement must program a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

7. Approvals

- 7.1. The quarterly reports, work plans, budget workbook, and monthly Contractor Expenditure Reports (CER) with receipts supporting expenditures billed for in-state and out-of-state travel and equipment purchases or \$250 or more, as required and/or requested, shall be submitted and approved by ADHS prior to payment reimbursement;
- 7.2. Upon approval of Work Plan, any changes to the approved activities or strategies must be resubmitted to ADHS for review and approval prior to implementation;
- 7.3. Any requests to provide additional information on expenditure reports and quarterly progress reports;
- 7.4. All marketing materials (use of ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) which have been developed, written, published, recorded by the local health departments and/or statewide partners and paid for funds from this award must be first approved by ADHS prior to the dissemination of such materials or airing or use of such announcement;
- 7.5. Any evaluation or study to be conducted that involves human subjects must be approved by ADHS prior to conducting, and have prior approval (as applicable);
- 7.6. Request approval in writing to the ADHS COVID-19 Health Equity Officer for purchases of single items of capital equipment at or above the purchase price of five thousand dollars (\$5,000.00):
 - 7.6.1. Requests can be made via email and shall include the following information:



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

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HEALTH SERVICES
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Contract No.: CTR057420

IGA Amendment No: One (1)

Procurement Officer:
Selena Leon

- 7.6.1.1. Type of equipment requesting to be purchased,
 - 7.6.1.2. Cost of equipment, and
 - 7.6.1.3. How the proposed purchase supports the current approved scope of work and work plan.
- 7.7. Any requests to transfer budget exceeding twenty-five percent (25%) of total budget shall be submitted to ADHS for review and approval:
- 7.7.1. Request to transfer budget amount between line items, exceeding twenty-five percent (25%) of total budget or to a non-funded line item, will require a revised budget be submitted to the COVID-19 Health Equity Coordinator / Program Manager and a contract amendment issued by ADHS Procurement, and
- 7.8. Contractor shall submit brochures, posters, public service announcements, paid media, videos, sponsorships, etc. to be paid for with funds from this contract prior to development and use to ADHS for review and approval.

8. ADHS Responsibilities

- 8.1. Review, feedback, and approval of the two (2) year work plan within thirty (30) days of submission;
- 8.2. Review, feedback, and approval of the Budgets Workbooks, CERs and supporting documentation within thirty (30) days of submission;
- 8.3. Feedback, technical assistance, and training to support the approved work plan, budget, quarterly reporting, and supporting documentation;
 - 8.3.1. Samples of evidence-based and/or evidence-informed strategies and supporting resources,
 - 8.3.2. A Quarterly Reporting template,
 - 8.3.3. A Work Plan template, and
 - 8.3.4. Budget Workbook and CER templates,
- 8.4. Access to virtual technical assistance and guidance from ADHS staff, local health department peers/mentors, statewide partners, and subject matter experts related to the strategies for which the contractor has received funding; and
- 8.5. Coordinate and conduct annual Contractor site visits, as needed.

9. Deliverables

- 9.1. **Three (3) year work plan as submitted and approved for the grant budget period (June 1, 2021- May 31, 2024);**



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150 18th Ave Suite 530
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Contract No.: CTR057420

IGA Amendment No: One (1)

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- 9.2. Submit monthly Contractor Expenditure Report (CER) to ADHS, due thirty (30) days following each month of service and shall maintain sufficient documentation in the form of receipts in support of expenses incurred for any purchases that are being claimed for reimbursement:
 - 9.2.1. Upon request from ADHS, all receipts supporting expenses billed for a selected CER shall be submitted for review. CER will not be reviewed and submitted for payment until supporting documentation is received, and
 - 9.2.2. Supporting documentation shall be kept by the contractor and does not need submitted with CER's with the exception of travel documentations (in-state and out-of-state) and single purchased of equipment exceeding \$250,
- 9.3. Receipts supporting expenses billed for any in-state/out-of-state travel and equipment purchases of \$250 or more are to also be submitted with the monthly CER for the month in which the travel expenses are incurred;
- 9.4. Written Quarterly Progress Reports, due 60 days into the contract and at the end of each fiscal quarter thereafter through the performance/budget period (which would be **July 31st, October 31st, January 31st, and April 30th**);
- 9.5. A final CER invoice no later than thirty (30) days following the end of each contract year;
- 9.6. Provide the COVID-19 Health Equity Coordinator/Program Manager with contract information of all program staff funded under this IGA within thirty (30) days of contract execution to include:
 - 9.6.1. Name, title, email, phone, and
 - 9.6.2. Program area assigned, and
- 9.7. Submit to the COVID-19 Health Equity Coordinator/ Program Manager all staffing and programmatic changes within fifteen (15) days providing all information outlined in section 9.6.

10. State Provided Items

ADHS will provide:

- 10.1. Exhibit One (1) – Contractor Expenditure Report (CER);
- 10.2. Exhibit Two (2) – **Three (3)** -Year Work Plan;
- 10.3. Exhibit Three (3) – Budget Line Item Move Tool;
- 10.4. Exhibit Four (4) – 2 CFR 200.332; and
- 10.5. Quarterly Report Template (to be provided after execution of contract)

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 18 th Ave Suite 530 Phoenix, Arizona 85007
	Contract No.: CTR057420	IGA Amendment No: One (1)	Procurement Officer: Selena Leon

11. Notices, Correspondence, Reports and Invoices

11.1. Notices, correspondence, reports, supporting documentation and CERs from the contractors to ADHS shall be sent to:

Arizona Department of Health Services
 Chavon Woods
 Arizona COVID-19 Health Equity Coordinator / Program Manager
 150 N. 18th Avenue
 Phoenix, AZ 85007
 Email: chavon.woods@azdhs.gov

11.2. Notices, Correspondence, Reports, and Payment from ADHS to the Contractor shall be sent to:

Pima County Health Department
 Attn: Theresa Cullen, MD, MS, Director
 3950 S. Country Club Road, Suite 100
 Tucson, AZ 85714
 Phone: (520) 724-7770
 Email: Theresa.Cullen@pima.gov



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Exhibit Two (2) Work Plan

Pima County Health Department	\$199,998
130 W CONGRESS, TUCSON, Arizona 85701	
Method of Selection: Intergovernmental Agreement between Public Entities	
Period of Performance: 24 months (estimated June 1, 2021-May 31, 2023) May 31, 2024	
<p>Summary of Activities: Pima County Health Department (PCHD) will support the Tohono O'odham Tribe, located in rural areas of Pima County, to address COVID-19-related health disparities among Tohono O'odham tribal members. Activities include: 1. Expand COVID-19 testing: Pima County Health Department (PCHD) will work closely with the Tohono O'odham Department of Health and Human Services (TODHHS) Community Health Representative (CHR) and other programs, along with the Tohono O'odham Nation Health Care (TONHC) Public Health Nursing (PHN) program, to provide assistance with at-home, self-administered COVID-19 testing. Mobile testing will also be expanded throughout the districts and communities on the Tohono O'odham Nation in partnership with TONHC and community partners and businesses where people live, work, worship, and play. 2. PCHD will provide assistance to the TODHHS COVID-19 Response Team to develop and use a standardized data-tracking tool for use in the field to track and report services provided under the grant and improve outreach efforts. 3. Expand capacity of the Community Health Worker (CHW) workforce: Build upon the existing TONHC PHN and TODHHS CHR programs to form a TONHC/TODHHS Response team and offer additional training in identified areas of need including Contact Tracing and Contact Investigation, COVID-19 education and updates, motivational interviewing, grief and loss and trauma informed care, data collection in the field, systems navigation, wrap-around resources available both on and off reservation. PHNs will act on referrals received and send referrals, as appropriate, to CHRs, behavioral health and social service programs; transportation, education; testing services; and other areas of need to address the social determinants of health. 4. Engagement with COVID-19 response teams across Pima County: Shared training opportunities, practice support, lessons learned and promising practices will be made available through the PCHD and other CDC-funded COVID-19 Health Disparities grant partners to strengthen support and capacity of the Tohono O'odham Nation COVID-19 Response team. Response team will participate in training as needed, professional development opportunities and community of practice support to build capability, capacity and collaboration across jurisdictions.</p>	
<p>Method of Accountability: The Finance and Contract Specialist will be responsible for contract management and contractor oversight; ensuring the scope of work and all deliverables are completed by Pima County Health Department for payment of invoices for service. Quarterly progress reports will be required.</p>	



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Exhibit Two (2) – Work Plan (continued)

Strategy 1

Activity 25 Title								Pima County and Tohono O'odham: Expand COVID-19 testing strategies throughout the districts on the Tohono O'odham Nation	
Activity Focus (Select all that apply)								Testing Contact tracing and case investigation Evidence-based policies, systems, and environmental strategies to address COVID-19	
Other Activity Focus (if applicable)									
Racial and Ethnic Population(s) of Focus (Select all that apply)		American Indian		Describe the Racial and Ethnic Population(s) (if applicable)		Tohono O'odham Nation tribal members living on the main reservation in Pima County			
Other Population(s) of Focus (Select all that apply)		People living in rural areas People with disabilities Adults aged 65 and over People living in other congregate housing		Describe the Rural Community Served (if applicable)		The Tohono O'odham Nation consists largely of many small rural and remote communities throughout 11 districts with high social vulnerability index, limited transportation and significant barriers to health services.			
Other Population (if applicable)									
Estimated Reach of Population(s) of		20,000+ members living on the Tohono O'odham Nation							
Geographic Area		Rural							
Setting (Select one)		Tribal nation or area Home							
Other Setting (if applicable)								Where people live, work, study, play, and worship	
Activity Description		Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date	
<p>Expand testing strategies throughout the districts on the Tohono O'odham Nation, including at-home testing kits and increased mobile testing to ensure accessible, available, timely, and equitable COVID-19 detection, education, and prevention.</p> <p>Mitigate the spread of COVID-19 in Pima County by expanding and enhancing testing strategies, decreasing barriers to testing, and ensuring that access to testing is equitable and timely. Pima County Health Department (PCHD) will work closely with the Tohono O'odham Department of Health and Human Services (TODHHS) Community Health Representative (CHR) and other Programs, along with the Tohono O'odham Health Care (TOHC) Public Health Nursing program to provide assistance with at-home, self-administered COVID-19 testing. Mobile testing will also be expanded throughout the districts and communities on the Nation in partnership with TOHC and community partners and businesses where people live, work, worship, and play.</p> <p>Process for implementation:</p> <ol style="list-style-type: none"> 1. Distribute at-home COVID test kits to positive case contacts and family members (September 01, 2021- May 31, 2023) 2. Develop data tracking system for at-home test kits (June 01, 2021-June 30, 2021) 3. Co-design culturally, linguistically, and literacy-level appropriate educational materials for at-home testing and COVID-19 related messaging. (October 1, 2021- May 31, 2023) 4. Collaborate with community partners, schools, districts, businesses and events to expand testing strategies. (September 1, 2021- May 31, 2023) 		FCHD – Health Disparities grant team	Local governmental agencies and community leaders		<p>Arizona Department of Health Services (ADHS) will contract with the Pima County Health Department (PCHD), who will contract with the Tohono O'odham Nation to implement this activity.</p>	<ol style="list-style-type: none"> 1. Distribute at least 50 test kits per month 3. At least 75% of test kits go to homes in rural and remote areas 2. Increase the number of data tracking systems for at-home test kits from 0 to 1 3. Incorporate monthly data tracking and reports to PCHD for grant reporting purposes 3. Produce at least one culturally, linguistically, and literacy-level appropriate educational printed and digital flyer and messaging for at-home testing 4. Increase partnerships for testing by at least 20% 5. Increase new testing site locations by at least 50%, i.e. district offices, community gathering places, schools, colleges, community events in areas at high risk for COVID-19 morbidity and mortality. 	8/1/21	6/30/23 05/31/24	
		Tohono O'odham Health Care PHN program	Tribes, tribal organizations						
		TODHHS – CHR program and other supports	Tribes, tribal organizations						
		Arizona Community Health Worker Association (AzCHOW)	Community-based and civic organizations						
		Maximus – contract tracing (CT) and contact investigation (CI) where needed	Health-related organizations (e.g., pharmacies, testing centers, community health workers)						
		Premier Medical Group – as needed for mobile vaccine	Healthcare providers						



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

ARIZONA DEPARTMENT OF
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Contract No.: CTR057420

IGA Amendment No: One (1)

Procurement Officer:
Selena Leon

Exhibit Two (2) – Work Plan (continued)

Strategy 2

Activity 25 Title	Pima County and Tohono O'odham: Data on testing, incidence, vaccination, and severe outcomes by membership in one or more population groups known to be disproportionately affected by health disparities						
Activity Focus (Select all that apply)	Testing Contact tracing and case investigation Vaccine administration support						
Other Activity Focus (if applicable)							
Racial and Ethnic Population(s) of Focus	American Indian	Describe the Racial and Ethnic		Populations disproportionately impacted by COVID-19			
Other Population(s) of Focus	People living in rural areas	Describe the Rural Community					
Other Population (if applicable)							
Estimated Reach of Population(s) of	20,000						
Geographic Area	Rural						
Setting	Tribal nation or area						
Other Setting (if applicable)							
Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/Outputs	Start Date	End Date
<p>Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by membership in one or more population groups known to be disproportionately affected by health disparities. The grant will require a consistent and easy to use method of tracking activity, including standard de-identified demographics and services provided for improved service coordination and reporting purposes. Pima County Health Department (PCHD) will provide assistance to the TOCHHS COVID-19 Response Team to adapt a standardized data-tracking tool for use in the field for the sole purpose of tracking and reporting services provided under the grant and improve outreach efforts.</p> <p>Process Implementation:</p> <ol style="list-style-type: none"> Review current COVID-19 data collection and tracking tools by Tohono O'odham Department of Health and Human Services (TOCHHS) and Tohono O'odham Nation Health Care (TONHC) and develop a standardized intake and tracking form for use in the field Develop a standard operating protocol to ensure safety and consistency of use across the Response team Train staff in Response team on use of data collection tool and improve efficiency of use 	Pima County Health Department (PCHD)	Local governmental agencies and community leaders	Local county health department	<p>Arizona Department of Health Services (ADHS) will contract with the Pima County Health Department (PCHD), who will contract with the Tohono O'odham Nation to implement this activity.</p>	<ol style="list-style-type: none"> Updated data collection and tracking tool Staffed trained on use of data tracking tool Standard operating protocol developed for data collection and tracking by Response team members 	6/1/2021	05/31/21 05/31/24
	Tohono O'odham Department of Health and Human Services (TOCHHS) - Community Health Representative	Tribes, tribal organizations	Tribal nation health department				
	Tohono O'odham Nation Health Care (TONHC) - Public Health Nursing	Tribes, tribal organizations	Health care provider				



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Exhibit Two (2) – Work Plan (continued)

Strategy 3

Activity 16 Title	Pima County and Tohono O'odham: Expand the Community Health Worker (CHW) workforce						
Activity Focus (Select all that apply)	Testing Contact tracing and case investigation Quarantine and Isolation Vaccine administration support Evidence-based policies, systems, and environmental strategies to address COVID-19 Other						
Other Activity Focus (if applicable)	Community Engagement						
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Hispanic	Describe the Racial and Ethnic Population(s) (if applicable)					
Other Population(s) of Focus (Select all that apply)	People living in rural areas Adults aged 65 and over	Describe the Rural Community Served (if applicable)					
Other Population (if applicable)	Justice-involved; Refugees, Asylum-seekers, Immigrants, and Migrants; People at or below the federal poverty level						
Estimated Reach of Population(s) of							
Geographic Area	Rural						
Setting	Tribal nation or area						
Other Setting (if applicable)							
Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/ Outputs	Start Date	End Date
<p>Problem: Historical trauma, mistrust, and misinformation and high rates of social vulnerability on Tribal Nations all contribute to low participation in health services, contact tracing, and testing and screening efforts. History has demonstrated that Community Health Workers or Representatives on Tribal Nations (CHRs) with an emphasis on public health, as trusted members of the community, are effective in providing culturally and linguistically appropriate services, improve access to health care services and health outcomes. As members of the communities they serve themselves, CHRs act as a bridge between the community members and the health care and other service provider. TODHHS will expand coordination of the CHRs reach into the community, particularly those most impacted by COVID-19, by taking the following steps:</p> <p>Process implementation:</p> <p>a Building upon the existing Tohono O'odham Nation Health Care (TONHC) Public Health Nurses (PHNs) and Tohono O'odham Department of Health and Human Services (TODHHS) Community Health Representatives (CHRs) programs to form a TONHC/TODHHS Response team and offer additional training in identified areas of need including Contact Tracing and Contact Investigation, COVID-19 education and updates, motivational interviewing, grief and loss and trauma informed care, data collection in the field, systems navigation, wrap-around resources available both on and off reservation. (September 1, 2021- May 31, 2023)</p> <p>b PHNs will act on referrals received and send referrals, as appropriate, to CHR's, behavioral health and social service programs, transportation, education, testing services, and other areas of need to address the social determinants of health (September 1, 2021- May 31, 2023)</p> <p>c Expand the existing CHR capacity by providing training and technical assistance. (September 1, 2021- May 31 2023)</p>	Pima County Health Department (and health disparities grant team)	Local governmental agencies and community leaders	County health department	Arizona Department of Health Services (ADHS) will contract with the Pima County Health Department (PCHD), who will contract with the Tohono O'odham Nation to implement this activity.	Written Quarterly Progress Reports; monthly expense reporting; number of referral provided	6/1/2021	05/31/24 05/31/24
	Tohono O'odham Department of Health and Human Services (TODHHS)	Tribes, tribal organizations	Tribal nation health department				
	Tohono O'odham Nation Health Care (TONHC)	Healthcare providers					
	Arizona Community Health Worker Association (AZCHOW)	Community-based and civic organizations					



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Exhibit Two (2) – Work Plan (continued)

Strategy 4

Activity 22 Title		Pima County and Tohono O'odham, Engagement with COVID-19 response teams across Pima County and Collaboration via Community of Practice with Pima County District response teams						
Activity Focus (Select all that apply)		Testing Contact tracing and case investigation Vaccine administration support Other						
Other Activity Focus (if applicable)		Partnerships, Collaboration, Best practices, Community Engagement						
Racial and Ethnic Population(s) of Focus		American Indian		Describe the Racial and Ethnic				
Other Population(s) of Focus		People living in rural areas		Describe the Rural Community		Rural and semi-rural areas of Pima County		
Other Population (if applicable)								
Estimated Reach of Population(s) of		20,000						
Geographic Area		Rural						
Setting		Tribal nation or area						
Other Setting (if applicable)								
Activity Description		Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/Outputs	Start Date	End Date
<p>Tohono O'odham Community Health Representatives (CHRs) and Public Health Nurses (PHNs) are primarily responsible for providing community health services and outreach across the Tohono O'odham Nation and often do not have access to resources, support and shared learnings from other jurisdictions and government entities. Shared training opportunities, practice support, lessons learned and promising practices will be made available through the Pima County Health Department (PCHD) and the CDC-funded COVID-19 Health Disparities grant partners to strengthen support and capacity of the Tohono O'odham Nation COVID-19 Response Team.</p> <p>Process implementation: TODHHS Response team will participate in training as needed, professional development opportunities and community of practice support to build capability, capacity and collaboration across jurisdictions (September 1, 2021- May 31, 2023)</p>		Pima County Health Department	Local governmental agencies and community leaders	Local county health department	Arizona Department of Health Services (ADHS) will contract with the Pima County Health Department (PCHD), who will contract with the Tohono O'odham Nation to implement this activity.	a. TODHHS Response Teams develop strong professional networks and expand service coordination across jurisdictions (September 1, 2021- May 31, 2023) b. TODHHS response teams use tools, resources and lessons learned acquired through communities of practice to improve effectiveness and efficiency in service delivery (December 1, 2021 - May 31, 2023)	June 1, 2021	May 31, 2023
		Tohono O'odham Department of Health and Human Services (TODHHS) Response Team	Tribes, tribal organizations	Tribal nation health department				May 31, 2024
		Tohono O'odham Nation Health Care (TONHC) - Public Health Nurses	Tribes, tribal organizations	Health care provider				
		Arizona Community Health Worker Association (AZCHOW)	Community-based and civic organizations					
		Community based organizations	Community-based and civic organizations					
		Community Health centers	Community-based and civic organizations	Health care provider				



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Exhibit Four (4) – 2 CFR 200.332

All pass-through entities must: (a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	Arizona Department of Health Services
UEI#	QMWUG1AMYF65
Federal Award Identification (Grant Number):	6 NH750T000005-01-03
Subrecipient name (which must match the name associated with its unique entity identifier):	Pima County Health Department
Subrecipient's unique entity identifier (UEI #):	U8XUY58VDQS3
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NH750T000005
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	5/26/2021
Subaward Period of Performance Start and End Date;	6/1/2021-5/31/2024
Subaward Budget Period Start and End Date:	6/1/2021-5/31/2024
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	\$199,998.00
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	\$33,866,454.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	\$34,603,661.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	COVID-19 Health Disparities
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	Center for Disease Control and Prevention (CDC)
Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:	93.391
Identification of whether the award is R&D	No
Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414	0%