



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: September 5, 2017

* = Mandatory, information must be provided

or Procurement Director Award

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

National Association of County and City Health Officials (NACCHO)

***Project Title/Description:**

Identifying Optimal Uses of the Rapid Syphilis Test (RST)

***Purpose:**

The Identifying Optimal Uses of the Rapid Syphilis Test project aims to obtain more systematic information on RST performance, implementation, outcomes and costs on the newly released RST. The results of Pima County's pilot project will be shared with NACCHO to combine with other grantees across the country.

***Procurement Method:**

N/A - grant award amendment

***Program Goals/Predicted Outcomes:**

- 1) Identify best practices and lessons learned
- 2) Create a standard operating procedure for RST implementation
- 3) Evaluate RST implementation processes, outcomes and cost measures

***Public Benefit:**

Same day testing and treatment of Syphilis for high risk, at risk, and partners of infected individuals.

***Metrics Available to Measure Performance:**

- 1) Provide RST to 200 individuals
- 2) Reference testing is done on 100% of RST reactive tests
- 3) Data will be collected and submitted to NACCHO

***Retroactive:**

Yes. This grant ended June 30, 2017 and NACCHO was unsure whether they would be able to extend the term. When they heard from the donor, they sent us a retroactive amendment on August 11, 2017.

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

***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): 18-005

Effective Date: 6/30/2017 Termination Date: 6/30/2018 Amendment Number: One

Match Amount: \$ _____ Revenue Amount: \$ 0 - no cost extension

***All Funding Source(s) required:** Centers for Disease Control and Prevention, CFDA 93.424, via subaward agreement from NACCHO

***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)?** CDC federal funds received via agreement with NACCHO

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: Nancy M. [Signature] 8.17.2017

Deputy County Administrator Signature/Date: [Signature] 8-21-2017

County Administrator Signature/Date: C. [Signature] 8/22/17

(Required for Board Agenda/Addendum Items)

Modification of Agreement

This Modification of Agreement (“Modification”) is entered into, by and between the **National Association of County and City Health Officials** (hereinafter referred to as “NACCHO”), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005, and the following hereinafter referred to as “Sub-recipient.”

Pima County on behalf of the Pima County HD	86-6000543
Sub-recipient	Federal Tax ID Number
<hr/>	
3950 S. Country Club Rd., Suite 100	
Address	
<hr/>	
Tucson, AZ 85714	(520)724-3972
City, State and Zip	Phone

WHEREAS, the parties entered into Contract # 2016-121501 on the 27th day of January, 2017 (“Agreement”) and,

WHEREAS, the general purposes of the Agreement are unchanged; and

WHEREAS, both parties wish to make modifications to the Agreement, as described below;

THEREFORE, for the mutual consideration described in the Agreement, the parties agree to the modifications below through the signatures of the person(s) who have the authority to bind the parties to the changes in the Modification:

1. Term of Agreement: Article I, Section 2 of the Agreement is modified to extend the term of the Agreement to June 30, 2018. This modification is effective as of June 30, 2017.
2. Payment for Services: Article I, Section 3 of the Agreement is modified to amend payment by NACCHO to Sub-recipient for services performed as follows:

Invoices for reimbursement may be submitted by the Pima County Health Department quarterly (every 3 months) and final invoice must be received by NACCHO no later than 30 days after the end date of the Agreement.

3. Scope of Work: The Scope of Work attached hereto as Attachment I to the Modification is incorporated into the Agreement and made a part thereof.
4. All other terms and conditions of the Agreement remain unchanged.

NACCHO:

SUB-RECIPIENT:

By: _____

By: _____

Name: Jerome Chester

Name: _____

Title: Chief Financial Officer

Title: _____

Date: _____

Date: _____

APPROVED AS TO FORM:

Paul J. Rivera
Deputy County Attorney

REVIEWED BY: *[Signature]*
Appointing Authority or Designee
Pima County Health Department

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

MODIFICATION OF AGREEMENT– ATTACHMENT I

SCOPE OF WORK

A. RST Program Implementation Plan

PCHD, in collaboration with NACCHO, will implement RST testing in HIV Prevention activities (mobile clinic/van) and Syphilis surveillance field investigations beginning January 2, 2017. The goal of the project as stated by NACCHO is to “obtain more systemic information on RST test performance, implementation, outcomes, and costs”. RST will be implemented into HIV Prevention activities where HIV testing is offered. Staff will provide RST in lieu of the syphilis tests we currently do. In addition to RST, 80 Syphilis tests (blood draws) will be conducted on a group of random individuals who had a non-reactive RST result. In the second setting, RST will be implemented in 50 field investigations conducted by CDI’s. Field investigations may be done for individuals testing positive for HIV and/or Syphilis. Field investigations are typically done for very high risk individuals and those that are difficult to engage. The remaining 20 Syphilis tests (blood draws) will be conducted on a group of random individuals in this setting who had a non-reactive RST result.

Project Timeline

Activities	Staff Responsible	Timeline
Prepare and submit purchasing paperwork for RST (Syphilis Health Check)	HIV Program Coordinator	Upon award notice (Dec-Jan 2, 2017)
Draft and execute master agreement for RST purchasing with selected vendor	HIV Program Coordinator	Upon award notice (Dec-Jan 2)
Develop RST laboratory protocol and obtain approval	HIV Program Coordinator	Upon award notice (Dec-Jan 2)
Train staff on RST	HIV Program Coordinator	January 2017
Develop standard operating procedures for RST collection at outreach events and in the field	HIV Program Coordinator CDI Lead	January 2017
Determine where to document RST results in the Electronic Health Record (EHR)	HIV Program Coordinator CDI Lead	January 2017
Begin RST Testing	CDI and Outreach Staff	Mid-January-the end of the project
Develop reporting format (if not supplied by NACCHO)	HIV Program Coordinator CDI Lead	January 2017
Collect data and submit reports	HIV Program Coordinator CDI Lead	On dates specified by NACCHO
Ongoing Project Activities for Completion by June 30, 2018		

Implement RST project in designated settings	CDI and Outreach Staff	Ongoing
Review Operating Procedures	HIV Program Coordinator CDI Lead	Ongoing
Collect and submit data and qualitative information on project implementation and RST testing	HIV Program Coordinator CDI Lead	Ongoing

B. RST Data Collection Plan

During this project, multiple types of data will be collected and submitted to NACCHO: (1) laboratory data; (2) program documentation; (3) qualitative data; and (4) cost input data.

Data Type and Source	Variables Measured	Timeline
RST Results/EHR	% of positive vs negative results	Entered into EHR after each screening event
Syphilis Test Results/EHR (tests done for 100% of reactive RST results and 100 non-reactive RST tests)	% of positive vs negative results and identify new vs old infection	Electronically sent to EHR interface by the lab as soon as results are available
Demographic Info/EHR	Demographic characteristics of population served	During patient enrollment
Cost Info/# of each type of test done	Determine costs of RST implementation	Log after each event and submit to Admin staff for data entry
Cost Info/Employee Activity Logs	Determine costs of RST implementation	Submit at the end of every pay period to Lead staff
Partner Services/PRISM (STD Surveillance Data System)	% of patients receiving partner services according to PCHD SOP's and disease intervention rates	Communicable disease report entered into PRISM within 5 days of positive test results
Treatment Info/ PRISM (STD Surveillance Data System)	% of patients receiving treatment according to STD guidelines and disease intervention rates	Communicable disease report entered into PRISM within 5 days notification of treatment

Qualitative and quantitative data will be collected from staff weekly and reported to NACCHO in report format. Qualitative data will include the number of staff working on the project, training materials developed/used, protocols and operating procedures, staff experiences implementing RST in each setting and any successes/issues/challenges faced. Copies of protocols, operating procedures and materials will be included with each report. All patient centered data will be reported in a de-identified format determined by NACCHO.

Administrative assistant staff will collect and enter (when appropriate) data weekly. At the end of each month, all data/information required for submittal to NACCHO will be gathered by lead staff and prepared for reporting. Reports will be submitted according to NACCHO guidelines/requirements (format and reporting dates).