



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

Award Contract Grant

Requested Board Meeting Date: June 20, 2017

* = Mandatory, information must be provided

or Procurement Director Award

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

Tohono O'odham Nation

***Project Title/Description:**

Tohono O'odham Nation Infectious Disease / Expanded Health Services

***Purpose:**

Amendment #2 extends the Agreement for an additional five years and adds responsibilities for each Party related to coordination of vector-borne disease and mosquito control efforts.

***Procurement Method:**

Exempt per BOS Policy D29.4, Section H

***Program Goals/Predicted Outcomes:**

- 1) Improved pregnancy outcomes
- 2) Decreased rates of infant and child mortality
- 3) Improved vaccination rates
- 4) Improved health and safety policies in child care settings
- 5) Increased spacing between consequential pregnancies
- 6) Better management of chronic disease by TO Nation residents
- 7) Better management of vector-borne disease

***Public Benefit:**

Increased access to services that will improve the health and well-being of Tohono O'odham Nation residents.

***Metrics Available to Measure Performance:**

- 1) Number of women experiencing adverse pregnancy outcomes
- 2) Rates of infant and child mortality
- 3) Number of child care centers with health and safety policies in place
- 4) Percent of children fully immunized
- 5) Number of women waiting at least one year before becoming pregnant again
- 6) Number of residents successfully completing Healthy Living session

***Retroactive:**

No

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*To: COB - 6-12-17 - (2)
pgs. - 3
Addendum*

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: CTN Department Code: HD Contract Number (i.e.,15-123): 12-192

Amendment No.: Two AMS Version No.: 4

Effective Date: June 30, 2017 New Termination Date: June 30, 2022

Prior Contract No. (Synergen/CMS): N/A

Expense or Revenue Increase Decrease Amount This Amendment: \$ _____

Is there revenue included? Yes No If Yes \$ _____

*Funding Source(s) required: N/A - No cost

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant Information (for grants acceptance and awards)

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

Match Amount: \$ _____ Revenue Amount: \$ _____

*Funding Source(s) required: _____

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

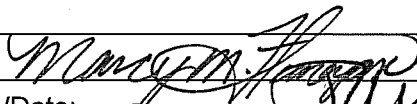
*Match funding from other sources? Yes No If Yes \$ _____


*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/Date:  06.07.2017

Deputy County Administrator Signature/Date:  6-9-2017

County Administrator Signature/Date:  6/9/17
(Required for Board Agenda/Addendum Items)

<p>Pima County Department of Health</p> <p>Project: Tohono O'odham Nation Infectious Disease / Expanded Health Services</p> <p>Contractor: Tohono O'odham Nation</p> <p>Contract No.: CTN-HD-12*0192</p> <p>Contract Amendment No.: Two</p>	<table border="1"> <tr> <td style="text-align: center;">CONTRACT</td> </tr> <tr> <td>NO. <u>CTN-HD-12-192</u></td> </tr> <tr> <td>AMENDMENT NO. <u>02</u></td> </tr> <tr> <td>This number must appear on all invoices, correspondence and documents pertaining to this contract.</td> </tr> <tr> <td>(STAMP HERE)</td> </tr> </table>	CONTRACT	NO. <u>CTN-HD-12-192</u>	AMENDMENT NO. <u>02</u>	This number must appear on all invoices, correspondence and documents pertaining to this contract.	(STAMP HERE)
CONTRACT						
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AMENDMENT NO. <u>02</u>						
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(STAMP HERE)						

Orig. Contract Term: 11/15/2011-06/30/2017	Orig. Amount:	\$0.00
Termination Date Prior Amendment: 06/30/2017	Prior Amendments Amount:	\$0.00
Termination Date This Amendment: 06/30/2022	This Amendment Amount:	\$0.00
	Revised Total Amount:	\$0.00

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. **Background/Statements of Foundational Values.** Change the end of the second paragraph as follows:
From: ...the appearance of emerging diseases, and bioterrorism-related incidents
To: ...the appearance of emerging diseases, and public health emergencies.

2. **Purpose & Scope.** The parties have revised Article I, Purpose & Scope, as follows:
 - 2.1 Change the third sentence of the first paragraph as follows:
From: It allows baseline disease rates to be determined which, in turn, allow outbreaks or other abnormal disease events to be identified and appropriate responses implemented.
To: It allows baseline disease events to be identified and appropriate responses implemented.

 - 2.2 Remove reference to the Newborn Intensive Care Program (NICP) on pages 1 and 2 of Amendment #1, as the Pima County Health Department no longer has this program.

3. **Responsibilities under this IGA (TONHHS), Article II.** Add the following activity:
 16. Coordinate vector-borne disease and mosquito control efforts with Pima County Health Department to increase regional capacity. Response coordination may include;
 - Coordinate public and media messaging
 - Increase mosquito trapping and identification activities

- Direct communication with positive cases, provide bite prevention and transmission information near positive cases.
- Coordinate with healthcare providers for surveillance and requests for testing.
- Provide a baseline of mosquito control resources and supplies for mutual aid assistance.

4. **Responsibilities under this IGA (PCHD), Article III.** Add the following activities:

9. Provide overflow/mutual aid assistance, as resources allow, in the event of outbreaks or other public health emergencies arising in the partnering agency's jurisdiction.

10. Coordinate vector-borne disease and mosquito control efforts with TONHHS to increase regional capacity. Response coordination may include;

- Provide templates for public and media messaging
- Provide resources for increased mosquito trapping and identification activities
- Assist with communication to positive cases
- Coordinate healthcare provider messaging
- Support with resources and supplies as available

5. **Effective Date and Signature.** The Contract is hereby extended for a period of five years as allowed for in Article VII. and terminates on June 30, 2022.

The effective date of this Amendment is June 30, 2017.

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All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

TOHONO O'ODHAM NATION

Chair, Board of Supervisors

Authorized Officer Signature

Date

Printed Name and Title

ATTEST

Date

Clerk of the Board

Date

APPROVED AS TO FORM

Paul J. Herrera
Deputy County Attorney

Paula S. Herrera
Print DCA Name

6.6.17
Date

APPROVED AS TO CONTENT

Marcia S. Lugo
Department Head

06.07.2017
Date