



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: Sept. 6, 2016

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): Arizona Department of Health Services (ADHS)

Project Title/Description:

Well Woman Healthcheck Program

Purpose:

Provide access for uninsured and/or underinsured women to receive breast and cervical cancer screening and follow up services.

Procurement Method:

N/A - grant award

Program Goals/Predicted Outcomes:

The program aims to provide:

- Clinical breast exams, mammograms and pap tests to eligible women;
- Diagnostic services to detect breast and cervical cancers for women with abnormal screening results;
- Case management to ensure that women access and receive services; and
- Training and education about the program to community members and health professionals.

Public Benefit:

The WWHC program in Pima County has been providing screening and diagnostic services since 1995 through subcontracts with community providers. In FY15-16, 1,062 women were screened, 414 were referred for further diagnostics, and 24 were referred for cancer treatment. In addition to screening and diagnostic services, the program educated more than 700 women about breast and cervical health, the importance of regular screening and early detection, and community resources for women.

Metrics Available to Measure Performance:

- # of clinical breast exams
- # of mammograms provided
- # of pap tests
- # of women referred for future diagnostics
- # of women referred for cancer treatment

Retroactive:

No.

Original 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): _____

Cost to Pima County General Fund: _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards
Were insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards
Vendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment Information

Document Type: GTAM Department Code: HD Contract Number (i.e., 15-123): 17*09
Amendment No.: One AMS Version No.: 1
Effective Date: Upon signature New Termination Date: 01/28/2018
☐ Expense ☒ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ no change in price
Funding Source(s): ADHS / CDC

Cost to Pima County General Fund: \$0.00

Contact: Sharon Grant
Department: Health Telephone: 724-7842
Department Director Signature/Date: _____ 9 Aug 2016
Deputy County Administrator Signature/Date: _____ 8/15/2016
County Administrator Signature/Date: _____ 8/16/16
(Required for Board Agenda/Addendum Items)



CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES

150 N. 18th Ave. Suite 280
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 FAX

Contract No: **ADHS14-064601**

Amendment No: 1

Procurement Specialist
Russell Coplen

Well Woman Healthcheck Program

Effective upon signature, it is mutually agreed that the Agreement referenced above is amended as follows:

1. Pursuant to Special Terms and Conditions, Provision Three (3), Contract Extensions Five (5) Year Maximum, the contract shall be extended for the fourth (4th) year through January 28, 2018.

All other Provisions shall remain in their entirety.

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date.

The above referenced Contract Amendment is hereby executed this _____ day of _____, 2016 at Phoenix, Arizona

Signature / Date

Chief Procurement Officer

Authorized Signatory's Name and Title

Pima County

Contractor's Name

REVIEWED BY:

Appointing Authority or Designee
Pima County Health Department

APPROVED AS TO FORM:

Deputy County Attorney