



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: November 10, 2020

\* = 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:**

Enhancing Capacity for Infection Prevention in Pima County Long-Term Care Facilities

**\*Purpose:**

This grant seeks to build the Pima County Health Department's (PCHD's) capacity for outreach and response activities, including educating facilities regarding reporting requirements and/or implementation of the Center for Disease Control's Infection Control Assessment and Response (ICAR) tool. The particular focus is on long term care facilities, where COVID-19 has had an especially hard impact.

**\*Procurement Method:**

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

**\*Program Goals/Predicted Outcomes:**

- Provide in-person training on topics related to preventing infection, symptom monitoring, and clinical management.
- Develop a series of weekly video calls focusing on identified "opportunities for improvement".
- Develop signage and promotional materials specific to needs identified in the ICAR reports.
- Provide support and training to other AZ counties on the border with Mexico through phone calls related to infection prevention and use of the ICAR. Other border counties will also be invited to participate in calls with NACCHO.
- Develop database for ICAR findings and ensure that these results could be merged with other relevant databases.

**\*Public Benefit:**

Pima County has 407 long-term care facilities, including 26 skilled nursing facilities and 381 assisted living facilities. Residents in these facilities and other congregate settings are at high risk of infection with SARS-CoV-2 and of severe outcomes associated with COVID-19 disease. According to a study by the Kaiser Family Foundation in June 2020, approximately 45% of all COVID-19 deaths nationally have occurred in long-term care facilities. With this grant, the County is better able to protect the most vulnerable and focus resources on preventing infection in long-term care facilities.

**\*Metrics Available to Measure Performance:**

The Agreement is set up as payment by deliverable. Deliverables include: execution of an agreement with the University of Arizona, a customized infection prevention training plan, a list of identified stakeholders also engaging with high-risk facilities on infection prevention, at least 70 outreach activities including ICAR assessments, an end of project report, and other related deliverables.

**\*Retroactive:**

Yes. The term of the agreement begins July 21, 2020. However, the Agreement was not received by PCHD until October 9, 2020.

*G.M.I. Approved 10/27/2020 [Signature]*

Revised 5/2020

**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 ☐ AmendmentDocument Type: GTAW Department Code: HD Grant Number (i.e., 15-123): 21-68Commencement Date: 07/21/2020 Termination Date: 07/31/2021 Amendment Number: 00☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 90,112.68**\*All Funding Source(s) required:** Centers for Disease Control and Prevention**\*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)?**Received via NACCHOContact: Sharon GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: [Signature] 10/19/20Deputy County Administrator Signature/Date: [Signature] 22 Oct 2020County Administrator Signature/Date: [Signature] 10/22/2020  
(Required for Board Agenda/Addendum Items)

NACCHO CONTRACT # 2020-100313

CONTRACTOR AGREEMENT

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, 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 **Pima County Health Department** (hereinafter referred to as "Contractor"), with its principal place of business at 3950 S Country Club Suite 100 Tucson, AZ 85714.

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of CDC GRANT # 6NU38OT000306-02-08, CFDA # 93.421, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall always act in a professional manner consistent with the standards of the industry.
2. TERM OF AGREEMENT: The term of the Agreement shall begin on July 21<sup>st</sup>, 2020 and shall continue in effect until July 31<sup>st</sup>, 2021, unless earlier terminated in accordance with the terms herein, provided that NACCHO receives an extension of the programmatic activities of the related CDC GRANT 6NU38OT000306-02-08 and subject to CDC's acceptance and approval for NACCHO to continue work with contractor, applicable guidance and federal rules and regulations. NACCHO has been approved through "Expanded Authority" to temporarily continue the program while waiting for the extension approval. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. PAYMENT FOR SERVICES: In consideration for professional services to be performed, NACCHO agrees to pay Contractor an amount not to exceed \$90,112.68. All payments will be made within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. Two invoices must be submitted as follows:

Invoice No.	Amount	Deliverable	Due date
Invoice I	NTE \$16,000.00	As stated in Attachment I, deliverables for Task 1 and Task 2	December 31, 2020

Invoice II	NTE \$34,000.00	As stated in Attachment I, deliverables for Task 3 and Task 4	July 31, 2021
Invoice II	NTE \$40,112.68	As stated in Attachment I, deliverables for Task A, Task B, Task D and Task E	July 31, 2021

NACCHO award number must be included on all invoices. Unless otherwise expressly stated in this Agreement, all amounts specified in, and all payments to be made under, this Agreement shall be in United States Dollars. The parties agree that payment method shall be made by check, via postage-paid first class mail, at the address for the giving of notices as set forth in Section 23 of this Agreement. Any changes of payment method would require a modification signed by both parties. The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Contractor will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.

#### ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.
2. PAYMENT OF TAXES AND OTHER LEVIES: Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
3. LIABILITY: All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.

All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.

4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. ASSIGNMENT: Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.
6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.
7. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.
8. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency.
9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Contractor, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Contractor and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the

differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.

10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.
11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.
13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law's provisions).
14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.
15. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.
16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards), and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), It is the Contractor's responsibility to understand and comply with all requirements set forth therein.
17. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D , Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
18. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to 2 CFR 200 Subpart C,

Contractor will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."

19. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Contractor will certify to NACCHO using the required form that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.
20. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F , Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).
21. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing."
22. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.
23. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:

National Association of County and City  
Health Officials  
Attn: Michelle Cantu  
1201 (I) Eye Street NW 4th Fl.,  
Washington, DC 20005  
Tel. (202) 507-4251  
Fax (202) 783-1583

With a copy to:

National Association of County and City  
Health Officials  
Attn: Ade Hutapea, LL.M., CFCM  
Lead Contracts Administrator  
1201 (I) Eye Street NW 4th Fl.,  
Washington, DC 20005  
Tel. (202) 507-4272

Email: mcantu@naccho.org

Fax (202) 783-1583

Email: ahutapea@naccho.org

FOR CONTRACTOR:  
Pima County Health Department  
Attn.: Erica Smith  
Division Manager  
3950 S Country Club Suite 100  
Tucson, AZ 85714  
Tel. (520) 724-7894  
Email: Erica.Smith@Pima.gov

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

**NACCHO:**

**CONTRACTOR:**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: Jerome Chester

Name: \_\_\_\_\_

Title: Chief Financial Officer

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Federal Tax ID No.: 86-6000543

DUNS No.: 144733792

APPROVED AS TO FORM:

Cindy Nantz 10/16/2020  
Deputy County Attorney

REVIEWED BY: \_\_\_\_\_

Appointing Authority or Designee  
Pima County Health Department



## **NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS**

### **CONTRACTOR AGREEMENT – ATTACHMENT I**

#### **SCOPE OF WORK**

Title: Enhancing Capacity for Infection Prevention in Pima County Long-Term Care Facilities

Mechanism: Building Local Operational Capacity for COVID-19 (BLOC COVID-19)

Funders: National Association of County and City Health Officials (NACCHO) with CDC

Funding Period: Sept. 1, 2020 – July 31, 2021

Notification of Award: July 24, 2020

Meeting to Review Scope of Work: August 11, 2020

Submission of Revised Scope of Work: August 18, 2020

**Task 1:** Completed within 30 days of receiving contract from NACCHO:

- Submission of signed contract
- Completion of pre-assessment provided by NACCHO

**Task 2:** Building local health department (LHD) capacity for outreach and response activities including educating facilities regarding reporting requirements and/or implementation of CDC's Infection Control Assessment and Response (ICAR) tool, completed no later than October 31, 2020:

- Development of an agreement with the University of Arizona including:
  - 0.15 FTE coverage for Dr. Katherine Ellingson, infectious disease epidemiologist with infection prevention expertise in long-term care, for development of training materials, mentoring PCHD staff, supervising students, and implementing ICARs
  - 0.10 FTE coverage for Ferris Ramadan, Senior Research Coordinator for data management, weekly report generation, and logistical planning
  - Part-time (15-20h/week) compensation for hourly graduate student assistance with logistical planning, assistance with development of training materials, and implementing ICARs
  - Funding for printing, laminating, and Spanish Translation
- Development, in partnership with Dr. Ellingson's team, of a customized infection prevention training plan for LHD staff to implement CDC's COVID-19 infection assessment, prevention, and control guidance at the local level

**Task 3:** Coordination and implementation of outreach and response activities including educating facilities regarding reporting requirements and/or conducting ICAR assessments with high-risk facilities, completed no later than July 31, 2021

- List of identified stakeholders also engaging with high-risk facilities on IPC activities, including the state healthcare-associated infection (HAI) program, and other relevant agencies such as the state surveyors or licensing agencies, Veterans Affairs, the Federal

Emergency Management Agency, academic institutions, and/or regional public health and healthcare coalitions (e.g., Quality Innovation Network-Quality Improvement Organizations [QIN-QIOs])

- Summary of coordination with the state HAI program and, if appropriate, other stakeholders on engaging high-risk facilities
- Development of a prioritized list of facilities to target for outreach and response activities
  - Prioritization of facilities for outreach will be evaluated routinely based on emerging outbreaks and weekly situational update reports drawing on multiple data streams
  - A process for prioritizing facilities for additional infection prevention follow-up will be developed and shared with PCHD and other stakeholders
- Complete and track at least 70 outreach and response activities including ICAR assessments via telephone, video chat, or in-person with the initial proposed distribution (subject to change based on changing prioritization of high-risk facilities and facility willingness to engage):
  - Number of Pima County skilled nursing facilities (ideal goal of 25)
  - Number of *large* assisted living facilities (ideal goal of 27)
  - A random sample of appropriate number of smaller assisted living facilities or smaller ALFs defined as high-risk
  - goal: 45 baseline ICARs, 20 follow-up assessments, 5 additional activities for facilities with continuing need

**Task 4:** Coordination with NACCHO and participation in peer sharing and technical assistance opportunities, completed no later than July 31, 2021:

- Participation in at least 80% of community of practice calls and/or check-in polls
- Completion of mid- and post-assessment\*
- Submission of end of project report to articulate challenges, lessons learned, successes, and future needs and final evaluation measures as requested by NACCHO\*
- Support of at least one communications product to share lessons learned and best practices, as requested\*

*\*Templates for these deliverables will be provided by NACCHO in advance of due date.*

**Task A:** Provision of additional support to high-risk facilities requiring further education or assistance, completed no later than July 31, 2021:

- Documentation of written feedback for 95% of ICAR assessments executed and participation in follow-up calls with at least 50% of those high-risk facilities who have completed an ICAR (conducted by the applicant or by the state HAI program or other entity) to provide additional education or assistance to address gaps identified through the assessment
- Anticipated number of anticipated follow-up visits by member of PCHD staff and UA consultant team with high-risk facilities: at least 20

**Task B:** Development of materials (checklists, toolkits, educational resources, trainings, handouts, signs, etc.) to support LHD implementation of federal guidance related to monitoring and responding to HAIs and emerging threats including COVID-19 in high-risk facilities completed no later than July 31, 2021.

- At least four video calls (quarterly to monthly) to address identified opportunities for improvement from aggregated ICAR results using Microsoft Teams platform currently available at PCHD
  - Calls will target all facilities willing to participate
  - Additional calls may be scheduled for facilities with unique identified needs or situations with the intent of a smaller call allowing callers to share strategies in a collaborative discussion (e.g., can involve presentation by “positive deviants” – i.e., those who have overcome a particular infection prevention challenge)
- Translated checklists and other resources to support high-risk facilities
  - Materials can include physical signage, checklists, or pamphlets
  - Online toolkit materials will be adapted and localized to emphasize relevant concepts and guidance for Pima County and border facilities
  - Number and format will vary depending on suite of existing materials that can be adapted and feedback from the LTC community regarding which formats for materials (printed, laminated, virtual) are most helpful

**Task D:** Development of a regional approach or strategy for IPC, completed no later than July 31, 2021:

- Host coordination calls with stakeholders identified in neighboring border counties as well as neighboring county health departments on the US-Mexico border (Cochise, Santa Cruz, and Yuma) including participation in the quarter (at least) calls hosted by PCHD to share experiences from aggregate ICAR reports
- At least 1-2 ICARs per surrounding border county conducted in support of neighboring counties if identified by the counties
- Development of an approach or strategy document and initial materials reflecting coordination of local infection assessment, prevention, and control activities with partners at the state, local, and/or regional level such as public health leaders, preparedness programs, and state and regional HAI programs, including
  - Specific approaches relevant to infection prevention in border and tribal regions
  - Coordination and communication with the Office of Border Health and with Indian Health Service as well other regional stakeholders so that they are aware of efforts to develop and coordinate infection prevention resources in their jurisdictions
  - These specialized approaches may be incorporated into general toolkits for LTC developed by other grantees

**Task E:** Enhancement in reporting, understanding, and use of data to respond to outbreaks, infection control and containment needs, completed no later than July 31, 2021:

- Development of a database for ICAR findings that can be merged with other relevant databases
- Facility level dashboards with facility data, findings from the ICAR, and links to resources tailored to their needs.
- The team would also help facilities manage, understand and interpret their own data, including data that they are required to submit to the CDC's National Healthcare Safety Network, as recently required by CMS
- Based on feedback from the LTC communities about guidance for using data for action, develop more formal guidance and incorporate into suite of materials developed as part of Task B

<b>BLOC-COVID Deliverable Budget</b>					
<b>Pima County Health Department</b>					
<b>Expected Invoice Period</b>	<b>Deadline</b>	<b>Task</b>	<b>Deliverable</b>	<b>Cost</b>	<b>Total Invoice Amount</b>
<b>Baseline Activity</b>					
<b>Invoice 1 : December 31, 2020</b>	30 days of receiving contract	<b>Task 1:</b> Completed within 30 days of receiving contract from NACCHO	1.1 Submission of signed contract	\$ 1,000.00	\$ 16,000.00
	September 30, 2020		1.2. Completion of pre-assessment provided by NACCHO	\$ 2,500.00	
	October 31, 2020	<b>Task 2:</b> Building local health department (LHD) capacity for outreach and response activities including educating facilities regarding reporting requirements and/or implementation of CDC's Infection Control Assessment and Response (ICAR) tool	2.1. Development of an agreement with the University of Arizona including: o 0.15 FTE coverage for Dr. Katherine Ellingson, infectious disease epidemiologist with infection prevention expertise in long-term care, for development of training materials, mentoring PCHD staff, supervising students, and implementing ICARs o 0.10 FTE coverage for Ferris Ramadan, Senior Research Coordinator for data management, weekly	\$ 5,000.00	

			<p>report generation, and logistical planning</p> <ul style="list-style-type: none"> <li>o Part-time (15-20h/week) compensation for hourly graduate student assistance with logistical planning, assistance with development of training materials, and implementing ICARs</li> <li>o Funding for printing, laminating, and Spanish Translation</li> </ul>		
	October 31, 2020		2.2. Development, in partnership with Dr. Ellingson's team, of a customized infection prevention training plan for LHD staff to implement CDC's COVID-19 infection assessment, prevention, and control guidance at the local level	\$ 7,500.00	
<b>Invoice 2:</b> July 31, 2021	July 31, 2021	<b>Task 3:</b> Coordination and implementation of outreach and response activities including educating facilities regarding reporting requirements and conducting ICAR assessments with high-risk facilities	3.1. List of identified stakeholders also engaging with high-risk facilities on IPC activities, including the state healthcare-associated infection (HAI) program, and other relevant agencies such as the state surveyors or licensing agencies, Veterans Affairs, the Federal Emergency Management Agency, academic institutions, and/or regional public health and healthcare coalitions (e.g., Quality Innovation Network-Quality Improvement Organizations [QIN-QIOs])	\$ 2,000.00	\$ 34,000.00
	July 31, 2021		3.2. Summary of coordination with the state	\$ 4,000.00	

		HAI program and, if appropriate, other stakeholders on engaging high-risk facilities		
	July 31, 2021	3.3. Development of a prioritized list of facilities to target for outreach and response activities <ul style="list-style-type: none"> <li>o Prioritization of facilities for outreach will be evaluated routinely based on emerging outbreaks and weekly situational update reports drawing on multiple data streams</li> <li>o A process for prioritizing facilities for additional infection prevention follow-up will be developed and shared with PCHD and other stakeholders</li> </ul>	\$ 3,500.00	
	July 31, 2021	3.4. Complete and track at least 70 outreach and response activities including ICAR assessments via telephone, video chat, or in-person with the initial proposed distribution (subject to change based on changing prioritization of high-risk facilities and facility willingness to engage): <ul style="list-style-type: none"> <li>o Number of Pima County skilled nursing facilities (ideal goal of 25)</li> <li>o Number of large assisted living facilities (ideal goal of 27)</li> <li>o A random sample of appropriate number of smaller assisted living facilities or smaller ALFs defined as high-risk</li> </ul>	\$ 10,000.00	

			o Goal: 45 baseline ICARs, 20 follow-up assessments, 5 additional activities for facilities with continuing need		
	July 31, 2021	<b>Task 4:</b> Coordination with NACCHO and participation in peer sharing and technical assistance opportunities	4.1. Participation in at least 80% of community of practice calls and/or check-in polls	\$ 5,000.00	
	July 31, 2021		4.3. Completion of post-assessment	\$ 2,500.00	
	July 31, 2021		4.3. Submission of end of project report to articulate challenges, lessons learned, successes, and future needs and final evaluation measures as requested by NACCHO	\$ 5,000.00	
	August 1, 2021		4.4. Support at least one communications product to share lessons learned and best practices, as requested	\$ 2,000.00	
<b>Total of Baseline Activities</b>					<b>\$ 50,000.00</b>
<b>Supplemental Activity</b>					
<b>Invoice 2:</b> July 31, 2021	July 31, 2021	<b>Task A:</b> Provision of additional support to high-risk facilities requiring further education or assistance	A. 1. Documentation of written feedback for 95% of ICAR assessments executed and participation in follow-up calls with at least 50% of those high-risk facilities who have completed an ICAR (conducted by the applicant or by the state HAI program or other entity) to provide additional education or	\$ 4,000.00	\$ 8,000.00

			assistance to address gaps identified through the assessment		
	July 31, 2021		A. 2. Anticipated number of anticipated follow-up visits by member of PCHD staff and UA consultant team with high-risk facilities: at least 20	\$ 4,000.00	
	July 31, 2021	<b>Task B:</b> Develop materials (checklists, toolkits, educational resources, trainings, handouts, signs, etc.) to support LHD implementation of federal guidance related to monitoring and responding to HAIs and emerging threats including COVID-19 in high-risk facilities	<p>B. 1. At least four video calls (quarterly to monthly) to address identified opportunities for improvement from aggregated ICAR results using Microsoft Teams platform currently available at PCHD</p> <ul style="list-style-type: none"> <li>o Calls will target all facilities willing to participate</li> <li>o Additional calls may be scheduled for facilities with unique identified needs or situations with the intent of a smaller call allowing callers to share strategies in a collaborative discussion (e.g., can involve presentation by “positive deviants” – i.e., those who have overcome a particular infection prevention challenge)</li> </ul>	\$ 4,000.00	\$ 8,000.00



	July 31, 2021		<p>B. 2. Translated checklists and other resources to support high-risk facilities</p> <ul style="list-style-type: none"> <li>o Materials can include physical signage, checklists, or pamphlets</li> <li>o Online toolkit materials will be adapted and localized to emphasize relevant concepts and guidance for Pima County and border facilities</li> <li>o Number and format will vary depending on suite of existing materials that can be adapted and feedback from the LTC community regarding which formats for materials (printed, laminated, virtual) are most helpful</li> </ul>	\$ 4,000.00	
	July 31, 2021	<b>Task D:</b> Development of a regional approach or strategy for IPC	D.1. Host coordination calls with stakeholders identified in neighboring border counties as well as neighboring county health departments on the US-Mexico border (Cochise, Santa Cruz, and Yuma) including participation in the quarter (at least) calls hosted by PCHD to share experiences from aggregate ICAR reports	\$ 4,000.00	\$ 8,000.00
	July 31, 2021		D. 2. At least 1-2 ICARs per surrounding border county conducted in support of neighboring counties if identified by the counties	\$ 4,000.00	

	July 31, 2021		<p>D. 3. Development of an approach or strategy document and initial materials reflecting coordination of local infection assessment, prevention, and control activities with partners at the state, local, and/or regional level such as public health leaders, preparedness programs, and state and regional HAI programs, including</p> <ul style="list-style-type: none"> <li>o Specific approaches relevant to infection prevention in border and tribal regions</li> <li>o Coordination and communication with the Office of Border Health and with Indian Health Service as well other regional stakeholders so that they are aware of efforts to develop and coordinate infection prevention resources in their jurisdictions</li> <li>o These specialized approaches may be incorporated into general toolkits for LTC developed by other grantees</li> </ul>	\$ 4,000.00	
	July 31, 2021	<b>Task E:</b> Enhancement in reporting, understanding, and use of data to respond to outbreaks, infection control and containment	E.1. Development of a database for ICAR findings that can be merged with other relevant databases	\$ 4,000.00	\$ 16,112.68
	July 31, 2021		E.2. Facility level dashboards with facility data, findings from the ICAR, and links to resources tailored to their needs.	\$ 4,000.00	

	July 31, 2021	needs	E.3. The team would also help facilities manage, understand and interpret their own data, including data that they are required to submit to the CDC's National Healthcare Safety Network, as recently required by CMS	\$ 4,000.00		
	July 31, 2021		E.4. Based on feedback from the LTC communities about guidance for using data for action, develop more formal guidance and incorporate into suite of materials developed as part of Task B	\$ 4,112.68		
Total of Supplemental Activities					\$ 40,112.68	
TOTAL BUDGET					\$ 90,112.68	