

BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

| C Award C Contract G Grant | Requested Board Meeting Date: October 5, 2021 | | |
|--|---|--|--|
| * = Mandatory, information must be provided | or Procurement Director Award: | | |
| *Contractor/Vendor Name/Grantor (DBA): | | | |
| Arizona Department of Health Services (ADHS) | | | |
| *Project Title/Description: | | | |
| Enhanced Detection, Response, Surveillance and Prevention COVID-19 | | | |

*Purpose:

Enhanced detection, response, surveillance, and prevention of COVID-19 through testing, rapid transmission of results, asymptomatic monitoring and sample collection to support genomic variant detection and identification.

Amendment #1 adds an additional \$2,000,000 and makes small Scope changes. The additional money must be used in underserved communities in the County.

*Procurement Method:

This Revenue Contract (IGA) is a non-Procurement contract and not subject to Procurement rules.

*Program Goals/Predicted Outcomes:

Using an array of contracted resources, the Pima County Health Department will support RT-PCR testing, supplement rapid PCR testing at potential outbreak locations, and enhance antigen testing, such as BinaxNOW in appropriate situations, to leverage state and local resources to meet international testing guidelines, and enhance genomic evaluation of positive samples for virus variants. Specific goals include:

- Provide a minimum of 100,000 diagnostic COVID-19 RT-PCR tests;
- Achieve a positivity rate at or below 5%;
- Ensure 80% of positive cases enter case investigations and contact tracing within 48 hours of testing; and
- Sequence and identify a minimum of 5% of positive cases for COVID-19 variant strains.

*Public Benefit:

This funding will help to continue and expand COVID-19 testing, particularly in underserved populations and high-risk demographic regions. A robust testing program is essential to getting the virus under control as those that test positive can be isolated and contact tracing can help to identify others that may be infected for them to be tested and/or quarantined.

*Metrics Available to Measure Performance:

- # of diagnostic COVID-19 RT-PCR tests at fixed sites, mobile pop-ups and high risk resident facilities in urban and rural areas.
- Positivity rate of those tested.
- % of positive cases that enter case investigations and contact tracing within 48 hours of testing.
- % of positive cases sequenced and identified for COVID-19 variant strains.
- County transmission rate.

*Retroactive:

No. Although funding can be used from September 1, 2021, the amendment is effective upon final signature.

ami Approved 9/28/21

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 \$* | | | Reven | ue Amount: \$ |
| *Funding Source(s) required: | | | | |
| Funding from General Fund? | Yes 👨 No | If Yes\$ | | % |
| Contract is fully or partially funded v | | | ि No | |
| Were insurance or indemnity clause If Yes, attach Risk's approval. | s modified? | C Yes | ि No | |
| Vendor is using a Social Security Nur If Yes, attach the required form per Ad | | C Yes 22-10. | Ĉ No | · |
| Amendment / Revised Award Info | rmation | | | |
| Document Type: | Department C | ode: | | Contract Number (i.e., 15-123): |
| Amendment No.: | | | AMS | Version No.: |
| Commencement Date: | | | New | Termination Date: |
| | | | Prior | Contract No. (Synergen/CMS): |
| C Expense C Revenue C In | crease | е | Amo | unt This Amendment: \$ |
| Is there revenue included? | Yes 🖰 No 💮 If | Yes \$ | | unt This Amendment. \$ |
| *Funding Source(s) required: | | | | |
| Funding from General Fund? | Yes Ĉ No ☐ If | Yes \$ | | % |
| Grant/Amendment Information (| | | | C Award 🕙 Amendment |
| Document Type: GTAM | Department C | | , | Grant Number (i.e., 15-123): 22 * 02 5 |
| Commencement Date: | Termiı | — nation Date | : | |
| Match Amount: \$ | | \boxtimes | Revenue | Amount: \$ <u>2,000,000.00</u> |
| *All Funding Source(s) required: C | enters for Disease (| Control (CI | DC) / Depa | artment of Health & Human Services |
| *Match funding from General Fun | d? CYes CNo | If Yes | \$ | |
| *Match funding from other source *Funding Source: | | If Yes | \$ | <u> </u> |
| | | tly from th | e Federal | government or passed through other organization(s)? |
| Via the Arizona Department of He | | | | |
| Contact: Sharon Grant | | | | Telephone: 721-7812 |
| Contact: <u>Sharon Grant</u> Department: <u>Health</u> | | | _ | Telephone: <u>724-7842</u> |
| Contact: Sharon Grant Department: Health Department Director Signature: | | |) | Date: 09/22/2, |
| Contact: <u>Sharon Grant</u> Department: <u>Health</u> | | | | |



INTERGOVERNMENTAL AGREEMENT (IGA)

Amendment

Agreement No.: CTR055324 IGA Amendment No: 1

ARIZONA DEPARTMENT OF HEALTH SERVICES

150 18th Ave Suite 530 Phoenix, Arizona 85007

Christine Ruth
Procurement Officer

Enhanced Detection, Response, Surveillance and Prevention COVID-19

- 1. Effective on upon signature by all parties and pursuant to the Terms and Conditions, Provision 6, Contract Changes, Section 6.1, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:
 - 1.1 The Scope of Work is hereby revised and replaced to include additional Requirements related to CER submission; and
 - 1.2 The Price Sheet is hereby revised and replaced to add an additional \$2,000,000 in funding.

All changes are reflected in red.

| | All other pro | ovisions of this Agreemer | nt remain unchanged. |
|---|--|-----------------------------|--|
| Pima County Health D | epartment | | |
| Contractor Name: | | | Authorized Signature |
| 3950 S. Country Club | Rd., Suite #100 | | Sharon Bronson |
| Address: | | | Print Name |
| Tucson, | AZ | 85714 | Chair, Board of Supervisors |
| City | State | Zip | Title |
| Pursuant to A.R.S. § 11-952 that this Intergovernmental authority granted under the | e, the undersigned public agen Agreement is in proper form an laws of Arizona | nd is within the powers and | 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 |
| Signature | Date | | Signed this day of 2021. |
| Jonathan F | Pinkney | | |
| Print Name | | | Procurement Officer |
| reviewed pursuant to A.R.S. determined that it is in prope | which is an Agreement betwee § 11-952 by the undersigned er form and is within the power | Assistant Attorney, who has | |
| under the laws of the State | | | REVIEWED BY: 09/22/2. |
| Signature | Date | | Appointing Authority or Designee Pima County Health Department |
| | Assistant Attorne | ev General | |

| CONTRACT NUMBER | INTERGOVERNMENTAL AGREEMENT |
|-----------------|-----------------------------|
| CTR055324 | SCOPE OF WORK |

1. Background

- 1.1 Pima County is a large government jurisdiction, geographically the size of the state of New Hampshire. The County is located in southern Arizona and shares the longest international border (132 miles) with Mexico of any county in the United States. In 2018, Pima County had a population of 1.04 million spread throughout five municipalities and unincorporated regions.
- 1.2 Since the onset of the COVID-19 pandemic in March 2020, all of Arizona has faced challenges to disease identification, surveillance and case management. Early testing modalities were inconsistently accurate, difficult to procure, and often required lengthy resulting times. As the pandemic has progressed, testing accuracy and availability has improved. Nationwide hundreds of new businesses entered the testing field, and several new instruments and protocols were developed, with varying degrees of success. Over the past twelve months, Pima County, like most every other jurisdiction, has learned to navigate the testing environment and worked to maximize the value of limited financial resources.
- 1.3 According to ADHS data, Pima County residents have received over 600,000 tests, over ninety percent (90%) of them the diagnostic RT-PCR modality. For a county of approximately 1.1 million residents that is a significant proportion. Capitalizing on that testing, the Pima County Health Department, our contracted contact tracing and case investigation partner (Maximus Public Health), and other regional partners worked to rapidly transit positive cases into tracing and investigation. The value of testing is greatest when it leads to early identification and mitigation of the disease spread. Pima County has successfully developed and implemented rapid case investigation and contact tracing meeting the twenty-four (24) to forty-eight (48) hour ideal timing to help ensure timely case investigation and contact tracing and resulting in decreased transmission of COVID-19 due to successful isolation and quarantine.
- 1.4 Pima County and some municipalities enacted other mitigation strategies (reduced capacities at indoor facilities, mask mandates, temperature checks, etc.) to complement active case management. Public awareness campaigns, remote learning due to school closures and greatly increased telecommuting have become regular components of everyday life. The initiation of COVID-19 vaccination at several sites throughout Pima County has been a welcome addition as well, and is the path to some version of normalcy.
- 1.5 Despite these efforts, Pima County COVID-19 case rates remain at unacceptably high levels. In February, there were approximately two hundred (200) new cases per day and a case rate of 10,500 per 100,000. The death rate is two percent (2%) of known cases, with over 2,200 fatalities. The Percent Positive rate for Pima County remains above twelve percent (12%), well beyond the five percent (5%) guideline established by the World Health Organization indicating sufficient testing and surveillance. With the continued increase in vaccination numbers and growing pandemic fatigue, compliance with mitigation guidelines is expected to wane. The presence and impact of COVID-19 mutant variants are yet to be fully elucidated, and may reduce vaccine efficacy. The only way to successfully identify genetic variance is through genomic testing of positive PCR results. Testing is the only way to identify and acquire positive PCR tests that can be used for genomic evaluation. Closing the pandemic will require greater vigilance and continued aggressive testing, particularly in high-risk areas.
- 1.6 The pillars of Pima County's response to the pandemic remains ongoing testing and rapid identification of positive cases, immediate transmission of case data to public health agencies, facilitating immediate entry into case investigation and contract tracing, and care coordination. The focus of this funding opportunity response is the expansion of testing, particularly in underserved populations and high-risk demographic regions.
- 1.7 Using an array of contracted resources, Pima County proposes to support RT-PCR testing, supplement rapid PCR testing at potential outbreak locations, and enhance antigen testing, such as BinaxNOW in appropriate situations, to leverage state and local resources to meet international testing guidelines, and enhance genomic evaluation of positive samples for virus variants.

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| | CTR055324 | SCOPE OF WORK |
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2. Purpose

2.1 Enhanced Detection, Response, Surveillance, and Prevention of COVID-19 through testing, rapid transmission of results, asymptomatic monitoring and sample collection to support genomic variant detection and identification.

3. Tasks

The County shall:

- 3.1 Provide a minimum of 100,000 diagnostic COVID-19 RT-PCR or enhanced antigen tests at fixed site, mobile pop-ups, high risk resident facilities, urban and rural areas;
- 3.2 Achieve a positivity rate at or below five percent (5%);
- Ensure eighty percent (80%) of positive cases enter case investigations and contact tracing within forty-eight (48) hours of testing;
- 3.4 Sequence and identify a minimum of five percent (5%) of positive cases for COVID-19 variant strains; and
- 3.5 Achieve a net goal of less than one percent (1%) of transmission rates;
- 3.6 Funding will be available and can be used from September 1, 2021 through the end of the Agreement period, May 1, 2023; and
- 3.7 Use the additional funding to support testing needs in underserved communities within the County.

4. Approvals:

- 4.1 Capital Equipment (Single item purchase of \$5,000 or more) purchased for the program: A written request shall be submitted to ADHS for review and approval prior to any purchase on a case-by-case basis. The written request shall include details of how the proposed purchase supports current approved scope of work;
- 4.2 All marketing materials (the use of ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) which have been developed, written, published, or recorded by the County and paid for with funds from this award must be first approved by ADHS prior to the dissemination of such materials or airing or use of such announcements;
- 4.3 The quarterly Contractor's Expenditure Report (CER/Invoice) and any supporting documentation, when submitted, shall be approved by ADHS prior to payment; and
- 4.4 Quarterly progress report of all project activities and final summary report of project and milestones achieved through project efforts.

5. Requirements

5.1 The County shall notify ADHS of any funding being redirected from the budget to other areas of the project or for uses for prior approval, including any changes of the Scope of Work of the submitted project;

6. Deliverables and Delivery Schedule

The County shall submit the deliverables listed below to the ADHS Program Manager:

6.1 Contractor Expenditure Report (CER) to ADHS within fifteen (15) days after the end of the preceding quarter, for example April 15th, July 15th, October 15th and January 15th;

| CONTRACT NUMBER | INTERGOVERNMENTAL AGREEMENT |
|-----------------|-----------------------------|
| CTR055324 | SCOPE OF WORK |
| | |

- 6.1.1 For the additional funding received, CER submission shall include supporting documentation clearly stating the method of identification of underserved communities and stipulation that the funds were used in this manner,
- 6.2 Provide a weekly report to ADHS with the number of new cases, investigations and contact tracings conducted (completed, lost to follow up, refused, returned) including compiling and reporting COVID-19 testing, case investigation, and contact tracing data in ADHS-approved state investigation data management system or other approved format, unless otherwise submitted by the County;
- 6.3 Provide quarterly progress reports of all project activities and final summary report of project milestones achieved through project efforts; and
- 6.4 Prior to CER submission, the Contractor shall submit a transition plan for support of testing once the additional funding is utilized and expended.

7. Notices, Correspondence, and Reports

7.1 Notices, correspondence, reports and copies of CERs/invoices from the County contractor to ADHS shall be sent to:

Arizona Department of Health Services Bureau of Epidemiology & Disease Control Eugene Livar, Chief 150 18th Avenue North Phoenix, AZ 85007 Email: Eugene.Livar@azdhs.gov

Email: Eugene Livar@azdhs.go Telephone: (602) 364-3846

7.2 Notices, correspondence, and reports (and payments if sent to same address) from ADHS to the contractor shall be sent to:

Pima County Health Department 3950 South Country Club Road, Suite 100 Tucson, Arizona 85714 Attention: Theresa Cullen, Director

Telephone: (520) 724-7765

Email: Theresa.Cullen@pima.gov

With copies to:
Donald Gates, Business Operations Manager
Telephone: (520) 724-7843
Donald.Gates@pima.gov

Sharon Grant, Contracts/Grants Manager Telephone: (520) 724-7842 Sharon.Grant@pima.gov

| CONTRACT NUMBER | |
|-----------------|--|
| CTR055324 | |

INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK

Cost-Reimbursement Price Sheet January 15, 2021 – May 1, 2023

| ACCOUNT CLASSIFICATION | LINE ITEM TOTALS |
|-----------------------------------|------------------|
| PERSONNEL EXPENSES | |
| EMPLOYEE RELATED EXPENSES | |
| IN-STATE TRAVEL | |
| SUPPLIES | |
| | \$16,360,329.00 |
| PROFESSIONAL AND OUTSIDE SERVICES | |
| OTHER | |
| INDIRECT | |

TOTAL \$16,360,329.00

The Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between line items.

Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.