



Tooele County Council Agenda Item Summary

Department Making Request:

Health

Meeting Date:

Item Title:

EPICC, amendment 7

Summary:

Amendment to grant from Utah Department of Health for \$41,579.46 for the period of July 2021 through June 30, 2022, for providing education and programs regarding diabetes, nutrition and physical activity for the community. Grant is included in budget and is renewable annually if funding is available.

Contract is signed and all parties have copies.



UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

1931302
Department Log Number

192700379
State Contract Number

1. **CONTRACT NAME:** The name of this contract is 2019-2023 EPICC -Tooele County Health Department Amendment 7.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health (DEPARTMENT) and Tooele County Health Department (CONTRACTOR).
3. **PURPOSE OF CONTRACT AMENDMENT:** to replace Attachment A, special provisions, which updates FY22 continued services and add 1817/1807 funding.

Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.

4. **CHANGES TO CONTRACT:**

1. Attachment A, effective 09/30/2021, is replacing Attachment A, which was effective 07/01/2021.
2. The contract amount is being changed. The original amount was \$275,873.19. The funding amount will be increased by \$41,579.46 in federal funds. New total funding is \$317,452.65.

DUNS: 094650249

Indirect Cost Rate: 0%

Add

Federal Program Name:	Utah State Physical Activity and Nutrition Plan	Award Number:	5 NU58DP006496-04-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006496
CFDA Title:	STATE PHYSICAL ACTIVITY AND NUTRITION (SPAN)	Federal Award Date:	6/25/2021
CFDA Number:	93.439	Funding Amount:	\$6479.46

Add

Federal Program Name:	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes	Award Number:	5 NU58DP006609-04-00
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	and Heart Disease and Stroke		
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006609
CFDA Title:	INNOVATIVE STATE AND LOCAL PUBLIC HEALTH STRATEGIES TO PREVENT AND MANAGE DIABETES AND HEART DISEASE AND STROKE	Federal Award Date:	6/25/2021
CFDA Number:	93.435	Funding Amount:	\$17550.0

Add

Federal Program Name:	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke	Award Number:	5 NU58DP006609-04-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU58DP006609
CFDA Title:	INNOVATIVE STATE AND LOCAL PUBLIC HEALTH STRATEGIES TO PREVENT AND MANAGE DIABETES AND HEART DISEASE AND STROKE	Federal Award Date:	6/25/2021
CFDA Number:	93.435	Funding Amount:	\$17550.

All other conditions and terms in the original contract and previous amendments remain the same.

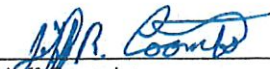
5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 09/30/2021
6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
 - A. All other governmental laws, regulations, or actions applicable to services provided herein.
 - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
 - C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.
7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

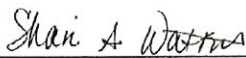
Contract with Utah Department of Health and Tooele County Health Department, Log # 1931302

IN WITNESS WHEREOF, the parties enter into this agreement.


CONTRACTOR


STATE

By:  9-5-21
Jeff Coombs Date
Health Officer

By:  10/6/2021
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

APPROVED AS TO FORM:

 10/15/2021
Colin R. Winchester
Deputy Tooele County Attorney

 10/15/21
County Manager

Attachment A - Special Provisions – 9/28/2021
Tooele County Health Department FY22 1807-1815-1817

Healthy Living through Environment, Policy and Improved Clinical Care (EPICC)

I. DEFINITIONS

DEPARTMENT	Utah Department of Health—EPICC Program
EXECUTIVE ULACHES	A small group of Local Health Officers and Local Health Promotion Directors
GOVERNANCE	Representatives of State and Local Health Department Leadership who meet to give approval to UDOH program staff to apply for federal grant funding and make decisions on allocation to local health departments
SUB-RECIPIENT	Local Health Department
ULACHES	Utah Local Association of Certified Health Education Specialists—Local Health Department Health Promotion Directors
CATALYST	Reporting system, where local health departments will be reporting completed activities, successes, and/or challenges

II. FUNDING

- A. The source of funding provided for this agreement is allocated annually from the following federal programs and awards:

Total amount funded with CDC 1807 Grant (4287) \$6,479.46

CFDA number	93.439
CFDA title	Assistance Programs for Chronic Disease Prevention and Control
Award name	State Physical Activity and Nutrition Program
Award number	5 NU58DP006496-4-00
Award date	June 25, 2021
Annual Funding Cycle	September 30, 2021- September 29, 2022
Name of Federal Agency	DHHS-PHS-CDC
Pass through Agency	State of Utah, Department of Health

Total amount funded with CDC 1815 Grant (4230) \$10,530.00

CFDA number	93.426
CFDA title	Interventions in Utah that will improve outcomes for the residents of Utah specific to diabetes and hypertension and related risk factors
Award name	Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke- Financed in part by 2018 Prevention and Public Health
Award number	6 NU58DP006512-03-02
Award date	June 30, 2021
Annual Funding Cycle	June 30, 2021- June 29, 2022
Name of Federal Agency	DHHS-PHS-CDC
Pass through Agency	State of Utah, Department of Health

Total amount funded with CDC 1817 Grant (4260)

\$35,100.00

CFDA number	93.435
CFDA title	Innovation Awards—Diabetes, Heart Disease and Stroke
Award name	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke
Award number	5 NU58DP006609-04-00
Award date	June 25, 2021
Annual Funding Cycle	September 30, 2021- September 29, 2022
Name of Federal Agency	DHHS-PHS-CDC
Pass through Agency	State of Utah, Department of Health

- B. DUNS Number: 094650249
- C. Indirect Cost Rate: [0%]
- D. As set forth in the funding periods below, the DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of \$52,109.46 per annual funding cycle for expenditures made by the SUB-RECIPIENT directly related to this project as described in Section III Services A - D.
 - i. Allowable expenditures include wages and salaries, fringe benefits, supplies, travel, subcontract costs, consultants and current expense.
 - ii. The SUB-RECIPIENT will report monthly expenditures, using a separate line item for each allocation coding as shown in the table below, on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
- E. By March 1, 2022 expenditures will be reviewed jointly by the DEPARTMENT and the SUB-RECIPIENT to determine if at least 35% of funds have been expended on activities as allocated.
 - i. If SUB-RECIPIENT is below 35% expenditures a written plan of action will be submitted to ensure utilization of remaining funds for contract and funding purposes.
 - ii. Over a three-year time period if SUB-RECIPIENT consistently underspends funds, the DEPARTMENT will work with Executive ULACHES and Governance to determine appropriate reallocation of funds.
- F. Funds can only be used for services provided up to the maximum amounts listed in the tables in the Services section below:

III. SERVICES

Amount	Shall be reimbursed by the DEPARTMENT for expenditures under:	Funds may be expended between:	Allocation Coding
<u>Up to \$6,479.46</u>	CDC 1807 Grant (Physical Activity and Nutrition)	September 30, 2021 and September 29, 2022	4287/PN22

- A. The SUB-RECIPIENT shall conduct the following activities related to the 1807 grant:
 - i. Strategy 1—Implement and integrate nutrition and physical activity standards into Early Care and Education (ECE) systems
 - 1. TOP Star
 - a. Maintain at least one trained TOP Star Consultant; promote TOP Star among child care providers; and increase the number of child care facilities that are TOP

- Star endorsed with an emphasis on re-endorsements and retention
2. TOP Star Outreach and Marketing
 - a. Perform outreach and marketing efforts and maintain partnership with local Care About Childcare Agency to recruit and provide TOP Star training to child care providers in jurisdiction
 - ii. Strategy 2—Increase Physical Activity Opportunities
 1. Active Transportation Plans
 - a. Contribute to a state database of cities and towns that have adopted Active Transportation plans
 2. Transportation and Planning Coalitions
 - a. Participate in local or regional transportation and planning coalitions/committees
 3. Develop State Database of Video Intercept Surveys
 - a. Conduct at least (1) video intercept (or audio with picture) surveys
 4. Develop a parks, playgrounds, and recreation areas inventory
 - a. Conduct an inventory of parks, playgrounds, and recreation areas within the local health department jurisdiction including location and features to be submitted to EPICC.

Amount	Shall be reimbursed by the DEPARTMENT for expenditures under:	Funds may be expended between:	Allocation Coding
<u>Up to \$5,265.00</u>	CDC 1815 Grant (Category A, Diabetes)	June 30, 2021 and June 29, 2022	4230/HRT22/DIAB
<u>Up to \$5,265.00</u>	CDC 1815 Grant (Category B, Heart Disease)	June 30, 2021 and June 29, 2022	4230/HRT22/HDST

B. The SUB-RECIPIENT shall conduct the following activities related to the 1815 grant:

- i. Strategy A4—Refer prediabetes patients to CDC-recognized lifestyle change programs.
 1. Lifestyle change programs
 - a. Continue to work with (3) Y3 clinics and work with (3) additional Y4 clinic to provide resources to help implement workflow policies to identify patients with prediabetes and refer them to the National DPP. Utilize the AMA STAT Toolkit and engage CHWs to assist with referrals in the National DPP LCP.
- ii. Strategy A5—Collaborate with payers and relevant public and private sector organizations within the state to expand the availability of the National DPP for one or more of the following groups: Medicaid beneficiaries; state/ public employees; employees of private sector organizations.

1. National DPP Coverage
 - a. Use resources from the Coverage Toolkit to facilitate conversations with (1) Y4 worksites about offering coverage of the National DPP for their employees. -State will offer refresher Coverage Toolkit Webinar
 - i. Encourage worksites to:
 1. Offer the National DPP LCP
 2. Refer to existing National DPP LCPs
 3. Develop policy to provide payment of National DPP participation for employees
- iii. Strategy A6— Implement strategies to increase enrollment in CDC-recognized lifestyle change programs
 1. National DPP Enrollment
 - a. Promote and support existing and new National DPPs in your area. Funding (up to two years) can be provided to new organizations who do not currently have an organization code with the DPRP. Provide new programs with:
 - i. Technical assistance
 - ii. Promotion and training of compass
 - iii. Facilitate partnerships among National DPPs
 - b. Facilitate the training of (1) Community Health Worker as a lifestyle coach.
- iv. Strategy B6—Facilitate self-measured blood pressure monitoring
 1. Implement Self-Monitoring Blood Pressure (SMBP) Programs
 - a. Work with (1) clinic to implement self-monitoring blood pressure programs

Amount	Shall be reimbursed by the DEPARTMENT for expenditures under:	Funds may be expended between:	Allocation Coding
<u>Up to \$17,550.00</u>	CDC 1817 Grant (Category A, Diabetes)	September 30, 2021 and September 29, 2022	4260/DSM22/DIAB
<u>Up to \$17,550.00</u>	CDC 1817 Grant (Category B, CVD)	September 30, 2021 and September 29, 2022	4260/DSM22/HDST

- A. The SUB-RECIPIENT shall conduct the following activities related to the 1817 grant:
 - i. Strategy A3- Implement tailored communications/messaging to reach underserved populations at greatest risk for type 2 diabetes to increase awareness of prediabetes and the National DPP
 1. Ad Council Prediabetes Advertisement
 - a. Identify opportunities for free placement of Ad Council prediabetes video advertisements in Utah's high burden subpopulation areas. (Libraries, medical offices, waiting rooms, etc.)
 - ii. Strategy A5—Explore and test innovative ways to eliminate barriers to participation and retention in CDC recognized lifestyle change programs

for type 2 diabetes prevention and/or ADA recognized/AADE-accredited diabetes self-management education and support (DSMES*) programs for diabetes management among high burden populations. Promote the continuing education module on diabetes risk and self-management for low-income WIC participants.

1. Clinics; Educate Providers to Refer into DSMES
 - a. Work with (1) clinic to educate providers on how to refer patients with diabetes to DSMES.
 2. The Association of Diabetes Care & Education Specialist (ADCES)/American Diabetes Association (ADA); Increase referrals to, participate in retention of DSMES; Marketing and Promoting
 - a. Work with Utah DSMES programs in your areas to reduce barriers to participation and retention
- iii. Strategy A8— Increase use of clinical decision support within the EHR to promote early detection of chronic kidney disease (CKD) in people with diabetes
1. Early detection of chronic kidney disease (CKD) in EHRs
 - a. Increase use of clinical decision support within the EHR of (1) clinic to promote early detection of chronic kidney disease (CKD) in people with diabetes.
- iv. Strategy B1- Identify patients with undiagnosed hypertension using EHRs/HIT
1. Undiagnosed hypertension (HTN)
 - a. Work with (1) clinic to develop policies/workflows to identify patients with undiagnosed HTN.
 2. Community Action Plan
 - b. Partner with (1) clinic and stakeholders to identify patients in the community with undiagnosed HTN.
- v. Strategy B2- Promote evidence-based quality measure
1. Stratify standard quality measures
 - a. Work with (1) clinic to stratify quality measures by high burden subpopulations (Blacks.African Americans, low-income, Native Americans/Indians.)
 2. Implement clinic interventions to reduce disparities
 - b. Implement clinic interventions with (1) clinic to identify and/or address barriers to achieving blood pressure control and/or cholesterol control.
- vi. Strategy B3- Engage non-physician team members in HTN and Cholesterol management
1. Implement team based care models
 - a. Implement clinic interventions with (1) clinic to identify and/or address barriers to achieving blood pressure control and/or cholesterol control.
- vii. Strategy B4- Promote Medication Therapy Management (MTM)
1. Promote and Increase MTM
 - a. Work with (2) provider to promote and increase MTM

IV. RESPONSIBILITY OF THE SUB-RECIPIENT

- A. The SUB-RECIPIENT shall conform to the Americans with Disabilities Act (ADA) including associated regulations and policies and Civil Rights laws, regulations and

policies, which includes providing reasonable accommodations to those with disabilities and displaying required notices of rights.

- B. The SUB-RECIPIENT staff shall participate in at least (1) site visit with the DEPARTMENT staff.
- C. The SUB-RECIPIENT staff will attend the annual EPICC Forum.
- D. The SUB-RECIPIENT staff will attend the Healthy Living and Chronic Conditions Disease Management (CCDM) workgroups.
- E. The SUB-RECIPIENT shall provide detailed reports on progress and results by the following dates:
 - i. January 15, 2022
 - ii. April 15, 2022
 - iii. July 15, 2022
 - iv. October 15, 2022
- F. The SUB-RECIPIENT shall use CATALYST to document the progress made on the activities to the DEPARTMENT's Program Liaison. The SUB-RECIPIENT shall ensure that necessary information is entered into all required reporting fields.
- G. The SUB-RECIPIENT shall provide progress, results and performance measure data as outlined in CATALYST.
- H. The DEPARTMENT will provide additional evaluation criteria as agreed upon by EPICC and ULACHES.

V. RESPONSIBILITY OF DEPARTMENT

- A. The DEPARTMENT agrees to provide written confirmation of receipt of reports within 10 working days
- B. The DEPARTMENT agrees to provide written feedback on results or progress within 20 working days of receipt of quarterly progress and end-year reports.
 - i. The SUB-RECIPIENT agrees to reply to feedback, in the space provided in CATALYST, within 10 working days of receipt of DEPARTMENT feedback.
- C. The DEPARTMENT agrees to provide training and technical assistance as requested or needed.
- D. The DEPARTMENT agrees to conduct one site visit during the contract period at mutually agreed upon times with a jointly developed agenda during contract period.
- E. The DEPARTMENT agrees to communicate annual spending to the SUB-RECIPIENT.

VI. DEPARTMENT CONTACT

- A. The program contact is McKell Drury, mdrury@utah.gov, 801-538-6896