



### Tooele County Council Agenda Item Summary

Department Making Request:

Health

Meeting Date:

*Public Hearing*

Mark Options That Apply:

Grant  
*1 time*

Contract  
*1 yr. or less*

Purchase

*Exp date: 7/31/2022*

Grant  
*With County Match*

Contract  
*More than 1 yr.*  
*Exp date: \_\_\_\_\_*

Budget Impact:

In Budget

Over Budget

Requested Amount: \$ \_\_\_\_\_

Item Title:

*Please answer the who? what? when? why?*

Amendment to increase Violence and Injury Prevention Program contract by \$20,582.62. Opioid Overdose component increases by \$4,922.62. Core component increases by \$6,000.00. Adds a new component in the amount of \$9,660.00 for Improving Health of People With Mobility Limitations and Disabilities.

Budget will be amended as we determine how additional funds will be spent. It is not anticipated that additional employees will be needed.

List who needs copies when approved: None needed.



## UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

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

2226325  
Department Log Number

222700553  
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Tooele County Health Department - FY22 Violence and Injury Prevention Program Amendment 1.
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:** is to increase the contract amount and add CORE SVIPP Grant activities listed in attachment E and Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities activities listed in Attachment F in exchange for continued services.

**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. Amendment 1 is increasing the contract amount by \$20,582.62. Utah Overdose Data to Action Grant is increasing by \$4,922.62. Adding CORE SVIPP Grant activities listed in attachment E by \$6,000.00 and Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities activities listed in Attachment F by \$9,660.00. New contract amount is \$61,280.32.
2. Amendment 1 is updating attachment A. Reference Section I Funding, added item A and updated item B. Added B.2.b, B.4.a and B.5.a.
3. Amendment 1 is updating Utah Overdose Data to Action Grant; activities listed in Attachment C. Reference Section I Funding, added item A and updated item B. Added B.1 and B.2.
4. Amendment 1 is adding Core SVIPP Grant; activities listed in Attachment E.
5. Amendment 1 is adding Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities; activities listed in Attachment F.

DUNS: 094650249

Indirect Cost Rate: 0%

Add

Federal Program Name:	UTAH OVERDOSE DATA TO ACTION	Award Number:	5 NU17CE925013-03-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU17CE925013

CFDA Title:	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS	Federal Award Date:	7/29/2021
CFDA Number:	93.136	Funding Amount:	\$4922.62

Add

Federal Program Name:	CORE STATE VIOLENCE AND INJURY PREVENTION PROGRAM	Award Number:	6 NU17CE924839-05-02
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU17CE924839
CFDA Title:	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS	Federal Award Date:	8/26/2021
CFDA Number:	93.136	Funding Amount:	\$6000.00

Add

Federal Program Name:	Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities	Award Number:	1 NU27DD00031-01-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU27DD00031
CFDA Title:	DISABILITIES PREVENTION	Federal Award Date:	7/30/2021
CFDA Number:	93.184	Funding Amount:	\$9660.00

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

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 01/01/2022
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 # 2226325**

IN WITNESS WHEREOF, the parties enter into this agreement.

**CONTRACTOR**

**STATE**

By: *Jeff R. Coombs* 2-14-22  
Jeff Coombs Date  
Health Officer

By: *Shari A. Watkins* 2/17/2022  
Shari A. Watkins, C.P.A. Date  
Director, Office Fiscal Operations

**APPROVED AS TO FORM:**

*Colin Winchester 02/28/2022*  
Colin R. Winchester  
Deputy Tooele County Attorney

*Jan A. Weld*  
County Manager  
3/2/22



**Special Provisions – Attachment A  
Tooele County Health Department  
Violence & Injury Prevention Program  
October 1, 2021 – September 30, 2022**

**Amendment 1  
Effective January 1, 2022**

**I. FUNDING:**

- A. *(added)* Amendment 1 is increasing funding by \$20,582.62.
- B. *(updated)* New contract total funding is \$61,280.32 in federal and state funding.
  - 1. Maternal and Child Health Block Grant; activities listed in Attachment B.
    - a) \$13,403.00 shall be reimbursed for the period of October 1, 2021 to September 30, 2022.
  - 2. Utah Overdose Data to Action Grant; activities listed in Attachment C.
    - a) \$22,794.70 shall be reimbursed for the period September 1, 2021 to August 31, 2022.
    - b) *(added)* \$4,922.62 shall be reimbursed for the period January 1, 2022 to August 31, 2022.
  - 3. Traumatic Brain Injury Fund; activities listed on Attachment D.
    - a) \$4,500.00 shall be reimbursed for the period July 1, 2021 to June 30, 2022.
  - 4. *(added)* Core SVIPP Grant; activities listed in Attachment E.
    - a) *(added)* \$6,000.00 shall be reimbursed for the period January 1, 2022 to July 31, 2022.
  - 5. *(added)* Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities; activities listed in Attachment F.
    - a) *(added)* \$9,660.00 shall be reimbursed for the period of October 1, 2021 to July 31, 2022.
- C. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum amount of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
  - 1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
  - 2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
  - 3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the MER submitted to the DEPARTMENT.

**II. RESPONSIBILITIES OF DEPARTMENT:**

- A. DEPARTMENT agrees to provide written confirmation of receipt of reports within 10 working days.
- B. DEPARTMENT agrees to provide written or over the phone feedback on results/progress within 20 working days of receipt of report.
- C. DEPARTMENT agrees to provide training and technical assistance as requested/needed.
- D. DEPARTMENT agrees to conduct one site visit during the contract period at mutually agreed upon times with a jointly developed agenda during contract period.

**III. RESPONSIBILITIES OF SUB-RECIPIENT:**

- A. Reports on the progress report measures for each of their activities as listed in the Catalyst web-based application system or other agreed upon reporting system. Progress reports shall be submitted quarterly by the 15<sup>th</sup> of December, March, June, and September.

**IV. ADMINISTRATIVE REQUIREMENT:**

- A. The CONTACTOR 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.

**Attachment C**  
**Tooele County Health Department**  
**Violence & Injury Prevention Program**  
**September 1, 2021 – August 31, 2022**

**Amendment 1**  
**Effective January 1, 2022**

**Overdose Data to Action Grant**

Grant # 5NU17CE925013-03-00 - CFDA 93.136 - LEJ-3806-ODA22-PRV2

**I. DEFINITIONS:**

- A. "Opioid Overdose Community Crisis Response Plan" means a specific plan, addressing opioid overdose from a community level approach, in the event of a crisis, or spike in overdose data.
- B. "Opioid Overdose Community Crisis Response Teams" means a public health formed team, formed to address opioid overdose, with a community-level approach.
- C. "Catalyst" means a reporting system, where local health departments will be reporting completed activities, successes, and/or challenges.
- D. "UCO-OP Steering Committee" means the Utah Coalition for Opioid Overdose Prevention Steering Committee.
- E. "Naloxone Training" means a training that teaches individuals how to administer naloxone.
- F. "Stop the Opidemic" means a campaign focused on raising awareness surrounding opioid overdose.
- G. "Talk to Your Pharmacist Month" means a month dedicated to raising awareness surrounding pharmacist support in regards to prescriptions.
- H. "2-1-1 Substance Use Disorder Helpline" means a hotline focused on providing support surrounding mental health and substance abuse.
- I. "Chronic Pain Self-Management Programs" means a program focused on providing support for self-managing pain, in ways other than using prescription pain medications.
- J. "Naloxone for Opioid Overdose 101" means a training that teaches individuals what to look for in regards to overdose and administering naloxone.

**II. FUNDING:**

- A. *(added)* Amendment 1 is increasing funding by \$4,922.62 for January 1, 2022 thru August 31, 2022.
- B. *(updated)* Overdose Data 2 Action contract amount is \$27,717.32.
  - 1. *(added)* \$22794.70 for September 1, 2021 thru August 31, 2022.

2. *(added) \$4,922.62 for January 1, 2022 thru August 31, 2022. (3806-ODA22-PRV2-EXAT)*
- C. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
  1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
  2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
  3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

III. **DEPARTMENT CONTACT:** The day to day program contact is Lauren Radcliffe, [lradcliffe@utah.gov](mailto:lradcliffe@utah.gov) or at 385-303-2303.

IV. **RESPONSIBILITIES OF SUB-RECIPIENT:**

The SUB-RECIPIENT shall:

- A. Serve as the lead agency and/or coordinator for a multi-disciplinary data focused group.
  1. Hold at least (4) meetings during the contract period.
  2. Maintain or develop partnerships with organizations that have similar purpose of prevention opioid misuse and overdose, including public safety.
  3. Provide data updates to inform potential actions from the Opioid Overdose Community Crisis Response Plan or Opioid Overdose Community Crisis Response Teams.
- B. Conduct at least one (1) additional Opioid Misuse and Prevention activity during the contract period. Inform the DEPARTMENT of selected activity in Catalyst by December 15, 2021.
- C. Participate in UCO-OP Steering Committee meetings.
- D. Provide community level events to the DEPARTMENT to post on UCO-OP calendar of events.
- E. Provide at least one (1) overdose education and naloxone training, including naloxone dissemination (if available through alternative funding sources), to populations of increased risk for overdose or responding to an overdose.
- F. Promote DEPARTMENT events, resources and materials for Stop the Opidemic, Talk to Your Pharmacist Month, 2-1-1 Substance Use Disorder Helpline, Chronic Pain Self-Management Programs, and Naloxone for Opioid Overdose 101 (<https://naloxone.utah.gov/n-training>) training to the community.
- G. Work with community pharmacies to enroll in Utah's Standing Order for Naloxone.
- H. Develop an inventory of community resources and services related to opioids and identify gaps.
- I. Perform other duties as needed and as mutually agreed upon with the DEPARTMENT.



**Attachment E**  
**Tooele County Health Department**  
**Violence & Injury Prevention Program**  
**January 1, 2022 – July 31, 2022**

**Core SVIPP Grant**

Grant# 6NU17CE924839-05-02 - CFDA 93.136 - LEJ-4352-VPS21

**I. DEFINITIONS:**

- A. "Catalyst" means a reporting system, where local health department will be reporting completed activities, successes, and/or challenges.
- B. "Suicide Safe Messaging" provides tools and best practices for communicating about suicide to the public in ways that support safety, help-seeking, and healing.
- C. "Suicide Prevention 101" means an introductory course about best practices for comprehensive suicide prevention.

**II. FUNDING:**

- A. Total Funding is \$6,000.00 for January 1, 2022 thru July 31, 2022.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
  - 1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
  - 2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
  - 3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

**III. DEPARTMENT CONTACT:**

- A. The day to day program contact is Teresa Brechlin, [tbrechlin@utah.gov](mailto:tbrechlin@utah.gov) or at 385-214-5933.

**IV. RESPONSIBILITIES OF SUB-RECIPIENT:**

The SUB-RECIPIENT shall:

- A. Virtually implement strategies to address the prevention of suicide or adverse childhood experiences.
- B. Staff who implement suicide prevention strategies shall participate in a DEPARTMENT sponsored training on;
  - 1. Suicide Safe Messaging
  - 2. Suicide Prevention 101
- C. Report the following in Catalyst on a quarterly basis:
  - 1. Document one success story related to prevention of suicide or adverse childhood experiences efforts through a virtual environment.
  - 2. Report the number of residents reached by suicide and adverse childhood experiences efforts through a virtual environment.
  - 3. Report tools being developed and anticipated release or publication date.
  - 4. Report brief description of challenges and actions being taken to address them.
  - 5. Report brief descriptions of innovative prevention activities happening or being implemented by partners that may be of interest to CDC, or other key stakeholders.

**Attachment F**  
**Tooele County Health Department**  
**Violence & Injury Prevention Program**  
**October 1, 2021 – July 31, 2022**

**Improving the Health of People with Mobility Limitations and**  
**Intellectual/Development Disabilities**

Grant# 1 NU27DD000031-01-00 - CFDA 93.184 - LEJ-4219-MID22

**I. DEFINITIONS:**

- A. "Accessible" means a site, facility, work environment, service, or program that is easy to approach, enter, operate, and use safely and with dignity by a person with a disability. E.g., In the case of an in-person health promotion program, an accessible location would allow for someone with a disability to independently enter the building, navigate to a room where the program is held, enter the room, and have a place in the room where they could equally participate with their peers.
- B. "Inclusion" means when all community members 1) are presumed competent, 2) are recruited and welcomed as valued members of their community, 3) fully participate and learn with their peers, and 3) experience reciprocal relationships.
- C. "Preventive healthcare" means not limited to primary care, women's health, mental health, dental, vision, and hearing healthcare.

**II. FUNDING:**

- A. Total Funding is \$9,660.00 for October 1, 2021, thru July 31, 2022.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
  - 1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
  - 2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
  - 3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

**III. DEPARTMENT CONTACT:**

- A. The day-to-day program contact is Anna Braner, [abraner@utah.gov](mailto:abraner@utah.gov) at 801-538-6408.

IV. RESPONSIBILITIES OF SUB-RECIPIENT: The SUB-RECIPIENT shall:

- A. Attend Disability Access and Inclusion Training
  - 1. LHD staff (*any staff assigned by the health officer*) will attend two pieces of training on disability access and inclusion, supported or organized by UDOH Disability and Health Program.
  - 2. Flexibility exists for local health departments who would like to host the training onsite within their jurisdiction using a UDOH Disability and Health-approved disability content expert (*e.g., Utah State University Institute for Disability Research, Policy, and Practice <https://idrpp.usu.edu/about/divisions>* )
  - 3. Training content will focus on the laws, regulations, and principles of access and inclusion (including Title II of ADA and website/document accessibility) and the framework and tools for adapting programs, services, and information to be inclusive.
- B. Needs Assessment
  - 1. Each LHD will review the findings from the statewide health equity needs assessment to better understand the level of accessibility and inclusion in health promotion programs and preventive health care services within their jurisdiction.

V. REPORTS:

- A. Pre/post-assessments will be required as an evaluation measure for the training and used for reporting purposes.
  - 1. The UDOH Disability and Health Program will assist in administering and collecting the pre/post-assessments for training events it organizes and provides.
  - 2. For local health districts hosting onsite training provided by an approved disability expert, the pre/post-assessments will be administered by the training provider. The pre/post-assessments will be shared by either the training provider or the local health district with the UDOH Disability and Health program.
- B. Each LHD will submit a brief (*e.g., approx.. 1-2-pages*) written summary response of their review of the needs assessment findings to the UDOH Disability and Health Program to include:
  - 1. Baseline data for the number of accessible and inclusive health promotion programs and preventive health care services within their jurisdiction
  - 2. Identified gaps in disability inclusion and access
  - 3. Identified areas where policy, system, and environmental changes, or inclusive evidence-based health promotion programs could improve disability inclusion and access.