

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

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COUNTY AUDITOR
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The Department of State Health Services (DSHS) and **COLLIN COUNTY HEALTH CARE SERVICES** (Contractor) agree to amend the Program Attachment # **001** (Program Attachment) to **Contract # 2010-033502** (Contract) in accordance with this **Amendment No. 001A: Community Preparedness Section / Public Health Emergency Response (PHER)**, effective 10/01/2009.

This Amendment is necessary because: Amending contract to incorporate PHER Focus Area 1, Phase 3 funds to support H1N1 mass vaccination implementation and activities related to implementation of a mass vaccination campaigns.

This Amendment has a retroactive effective date because: The funds associated with this amendment are in support of H1N1 vaccine administration. It is critical that the funds are available to Contractors on 10/01/09 to ensure their ability to hold H1N1 vaccination clinics.

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2010-033502 as written below. All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

Therefore, DSHS and Contractor agree as follows:

SECTION I. STATEMENT OF WORK: paragraph 1 is revised as follows:

Contractor shall perform activities in support of the Centers for Disease Control and Prevention (CDC) Cooperative Agreement Work Plan for Public Health Emergency Response (**PHER**) (Funding Opportunity CDC-RFA-TP09-902-H1N109) Focus Area I. ~~Contractor shall identify gaps related to mass vaccination planning and implementation, vaccine delivery, vaccine administration, and related communications planning and implementation. Contractor shall perform activities to remedy the identified gaps. The following activities are allowed:~~

SECTION I. STATEMENT OF WORK: following paragraph 1, the following paragraph is hereby added:

For PHER Focus Area I, Phases I and II, Contractor shall identify gaps related to mass vaccination planning and implementation, vaccine delivery, vaccine administration, and related communications planning and implementation. Contractor shall perform activities to remedy the identified gaps. The following activities are allowed:

SECTION I. STATEMENT OF WORK: paragraph 1, 3rd bulleted item is revised as follows:

- Purchasing supplies that will be needed during the event (e.g., storage space, cold chain supplies, ancillary supplies for vaccination, lab testing supplies, general supplies, personal protective equipment and antivirals for public health response workers in accordance with the Centers for Disease Control (CDC) and the National Institute for Occupational Safety and Health guidelines, and non-pharmaceutical

pharmaceutical supplies).

SECTION I. STATEMENT OF WORK: paragraph 1, 4th bulleted item is revised as follows:

- ~~Purchasing the H1N1 vaccine.~~ In addition to the H1N1 vaccine, the state of Texas will receive from CDC and distribute (free of charge) to registered providers supplies including, but not limited to, syringes, needles, alcohol swabs, and needle disposal containers to administer the H1N1 vaccine during a clinic. Funds may be used to purchase additional supplies as needed.

SECTION I. STATEMENT OF WORK: after the bulleted items in paragraph 2, the following paragraph is hereby added:

For PHER Focus Area 1, Phase III, Contractor will address gaps in capabilities for mass vaccination implementation and to support activities related to the implementation of mass vaccination campaigns at the state, local, territorial, and tribal levels. Specifically, PHER Phase III is intended for vaccine administration at the state, local, tribal, and territorial levels as well as to enhance the capabilities of the private sector to administer vaccine.

SECTION I. STATEMENT OF WORK: following paragraph 4 from the original document the paragraphs below are hereby added:

Contractors must account for Phase III funds separately from Phase I and II funds. Contractors must distinguish Phase III funds separately from Phase I and II funds on all cost reimbursement invoices sent to DSHS for processing.

Contractors may not comingle Phase III funds with PHER Focus Area 1, Phase I and II funds or PHEP funds.

SECTION II. PERFORMANCE MEASURES: the numbered items under paragraph 1 are revised as follows and items 2, 11 and 12 are hereby added:

1. Complete and submit to DSHS the CDC gap analysis ~~and work plan templates~~ no later than October 15, 2009. The analysis ~~and work plan~~ shall be sent electronically to PHP.Contracts@dshs.state.tx.us
2. Complete and submit to DSHS a work plan in a format to be provided by DSHS. The work plan shall be due 15 days after the work plan template is provided to the Contractor.
- 2.3. Contractor must initiate contact with Tribal organizations within Contractor's boundaries no later than October 31, 2009. Contractor shall ensure that Tribal organizations have adequate vaccination information and a vaccination plan in place. Contractor shall ensure Tribal organizations have access to funding necessary to achieve this goal.
- 3.4. Complete a mid-year report and an end of year report as requested by and in a format to be provided by DSHS. DSHS will notify contractors when the Centers for Disease Control (CDC) has released the reporting formats for completion and will provide 15 days to complete the required reports.
- 4.5. Coordinate with DSHS immunizations program staff to assist with education of local providers about the ordering process for H1N1 vaccine when that process is made available.
- ~~5.6. Conduct mass H1N1 vaccination clinics within the Contractor's jurisdiction, if mass vaccination clinics are deemed necessary by CDC. DSHS will notify Contractor of CDC mass vaccination declarations including the guidelines.~~

6.7. Coordinate vaccine planning with other local preparedness and response partners, including but not limited to local emergency management coordinator, trauma service area regional advisory councils, local hospitals, large medical clinics, federally qualified health centers, local Independent School Districts and other community schools, colleges or universities.

7.8. Coordinate with DSHS epidemiology and surveillance staff at regional and state wide levels on collection and submission of influenza surveillance data.

8.9. Collect and submit influenza surveillance and investigation data and specimens as part of state-wide influenza surveillance and local response and surveillance. Influenza surveillance and investigation data should be submitted to DSHS Infectious Disease Control Unit through the DSHS Health Services Region (HSR) as appropriate for the situation. Data from the novel H1N1 case report form for deaths may be submitted via the National Electronic Disease Surveillance System (NEDSS) Based System (NBS) or by fax as agreed upon with the Health Service Region (HSR) within one (1) working day of completing the investigation. Specimens should be submitted to the Laboratory Resource Network (LRN) or DSHS Laboratory according to the specimen collection criteria located at <http://www.dshs.state.tx.us/swineflu/Lab-Test-Protocol.shtm>.

9.10. Attend quarterly DSHS public health preparedness meetings.

11. Complete and submit monthly progress reports which summarize the H1N1 mass vaccination activities conducted. The CDC will develop the reporting template to include questions such as:

- a. Number of doses administered;**
- b. Breakdown of the doses administered by private sector versus public sector (including those working on behalf of public health agencies);**
- c. Number of provider sites enrolled as ship-to-sites;**
- d. Other relevant mass vaccination data, and**
- e. Promising practices and lessons learned.**

Beginning November 5, 2009, monthly progress reports will be due for activities conducted during the preceding month. The reports are due on the 5th of each month or on the following Monday when the 5th falls on a Saturday or Sunday.

12. Complete and submit H1N1 Mass Vaccination After Action Reports (AAR), Improvement Plans (IP), and Corrective Action Programs (CAP). AARs, IPs, and CAPs are due by February 26, 2010, for Mass Vaccination activities that occur during the time period October 1, 2009 to December 31, 2009.

SECTION VI. BILLING INSTRUCTIONS: the following paragraph is hereby added:

Phase III funds shall be identified separately and distinctly on the State of Texas Purchase Voucher (Form B-13) from Phase I and II funds.

Department of State Health Services

Signature of Authorized Official

Date:

11/13/09

Adolfo M. Valadez, M.D., M.P.H.,
Assistant Commissioner

Prevention and Preparedness Division

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7729

Adolfo.Valadez@dshs.state.tx.us

Contractor

Signature of Authorized Official

Date:

11/4/09

Name:

Keith Self

Title:

Board President

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McKinney, TX 75071

Phone:

(972) 548-4631

Email:

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Community Preparedness Section / Public Health Emr

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2010-033502

CONTRACT TERM: 09/15/2009 THRU: 07/31/2010

BUDGET PERIOD: 09/15/2009 THRU: 07/31/2010

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$129,086.00	\$387,347.00	\$258,261.00
Fringe Benefits	\$24,746.00	\$44,502.00	\$19,756.00
Travel	\$1,100.00	\$3,850.00	\$2,750.00
Equipment	\$2,700.00	\$37,145.00	\$34,445.00
Supplies	\$16,578.00	\$38,653.00	\$22,075.00
Contractual	\$509,200.00	\$1,288,908.00	\$779,708.00
Other	\$23,899.00	\$73,449.00	\$49,550.00
Total Direct Charges	\$707,309.00	\$1,873,854.00	\$1,166,545.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$0.00	\$0.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$707,309.00	\$1,873,854.00	\$1,166,545.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$707,309.00	\$1,873,854.00	\$1,166,545.00
Total Reimbursements Limit	\$707,309.00	\$1,873,854.00	\$1,166,545.00
JUSTIFICATION			
Budget adjustments incorporate PHER FA1, Phase 3 funds which will support H1N1 vaccine administration activities which may include Personnel, Travel, Equipment, Supplies, Contractual and Other costs. Phase 3 funds are in addition to Phase 1&2.			

Financial status reports are due: 12/30/2009, 03/30/2010, 06/30/2010, 09/29/2010

DEPARTMENT OF STATE HEALTH SERVICES



**1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199**

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: Community Preparedness Section / Public Health Eme

CONTRACTOR: Collin County Health Care Services

CONTRACT TERM: 09/15/2009 THRU: 07/31/2010

BUDGET PERIOD: 09/15/2009 THRU: 07/31/2010

CONTRACT NO: 2010-033502 **CHG:** 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	True T-49 Commercial Refrigerator, 49 cuft, S/S front. Satinless steel floor, designed to maintain a range of 33F to 38F. Includes 6 each adjustablecoated wire shelves and a 9ft cord. Weight 425lbs, 115Volt/60Hertz/1 Phase.	1	\$2,700.00	\$2,700.00
TOTAL				\$2,700.00

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	AcuTemp AX27L Mobil Temperature Managemnet Unit	2	\$5,390.00	\$10,780.00
2	Dell Thinkpad W500 Mobil Workstation (Intel Core 2 Duo P8400)- this is the Collin County standard laptop.	10	\$1,808.50	\$18,085.00
3	Emergency Outreach Clinic Emergency Kits(Supplies that include epinephrine, diphenhydramine, blood pressure cuffs, etc.)	6	\$930.00	\$5,580.00
4	True T-49 Commercial Refrigerator, Solid 2 door, 49Cu. Ft., S/S Front	1	\$2,700.00	\$2,700.00
TOTAL				\$37,145.00