

**FORSYTH COUNTY
BOARD OF COMMISSIONERS**

**BRIEFING
DRAFT**

MEETING DATE: MAY 09, 2019

AGENDA ITEM NUMBER: 6

**SUBJECT: RESOLUTION AUTHORIZING EXECUTION OF AN AGREEMENT BETWEEN
PIEDMONT HEALTH SERVICES AND SICKLE CELL AGENCY AND FORSYTH
COUNTY TO PROVIDE THE HEALTHY START INITIATIVE
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:

SUMMARY OF INFORMATION:

The Department of Public Health submitted in partnership with Piedmont Health Services and Sickle Cell Agency a grant application for the Healthy Start Initiative in December 2018. Commissioner authorization to submit for the grant occurred at the December 20, 2018, meeting.

Piedmont Health Services and Sickle Cell Agency, being the primary agency, and Forsyth County Department of Public Health, a sub-grantee, were provided a notice of award at the end of March from the Health Resources and Service Administration (HRSA).

The purpose of the Healthy Start Initiative, locally known as the Triad Baby Love Plus Program, is to improve health outcomes before, during, and after pregnancy; and to reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. The grant period of performance is April 1, 2019, to March 31, 2024.

The Department of Public Health has received grant funding for this program for the past 20 years.

The agreement's funding is for the next five years and totals \$1,463,847. Continued funding after Year 1 is dependent upon federal appropriation for each subsequent year. Public Health's award budget for Year 1 is in the amount of \$275,459; Year 2: \$286,478; Year 3: \$295,072; Year 4: 300,973; and, Year 5: \$305,865. The County will use the grant to cover 4.20 full-time equivalent positions, supplies, operational costs, and required travel and training necessary to provide services under this agreement.

ATTACHMENTS: YES NO

SIGNATURE: _____

COUNTY MANAGER

DATE: _____

**RESOLUTION AUTHORIZING EXECUTION OF AN AGREEMENT
BETWEEN PIEDMONT HEALTH SERVICES AND SICKLE CELL AGENCY
AND FORSYTH COUNTY TO PROVIDE THE HEALTHY START INITIATIVE
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

WHEREAS Piedmont Health Services and Sickle Cell Agency and Forsyth County submitted a grant application to the Health Resources and Services Administration (HRSA) in December 2018 as authorized by the Forsyth County Board of Commissioners on December 20, 2018;

WHEREAS Piedmont Health Services and Sickle Cell Agency and Forsyth County were awarded the grant in March 2019;

WHEREAS Piedmont Health Services and Sickle Cell Agency serves as the primary grantee and Forsyth County the sub-grantee;

WHEREAS Piedmont Health Services and Sickle Agency wishes to enter into an agreement with Forsyth County and its Department of Public Health to carry out the scope of work for the Healthy Start Initiative, locally known as Triad Baby Love Plus Program, in Forsyth County; and

WHEREAS Piedmont Health Services and Sickle Agency has agreed to pay Forsyth County a total of \$1,463,847 over five years to recruit and enroll women and families to receive preconception and interconception healthcare coordination and support and other services as set forth in the agreement between the parties;

NOW, THEREFORE, BE IT RESOLVED, by the Forsyth County Board of Commissioners that the County Manager and the Clerk to the Board are hereby authorized to execute an agreement, which is attached hereto and incorporated herein by reference, on behalf of Forsyth County with Piedmont Health and Sickle Cell Agency, subject to a pre-audit certificate thereon by the County Chief Financial Officer, if applicable, and approval as to form and legality by the County Attorney.

Adopted this 9th day of May 2019.

**FORSYTH COUNTY CONTRACT NO. 102069-03/12-191
PIEDMONT HEALTH SERVICES AND SICKLE CELL AGENCY**

**STATE OF NORTH CAROLINA
COUNTY OF FORSYTH**

**PIEDMONT HEALTH SERVICES AND
SICKLE CELL AGENCY**

AND

**FORSYTH COUNTY via its DEPARTMENT
OF PUBLIC HEALTH**

THIS AGREEMENT (the "Agreement") is made and entered into this **1st day of April, 2019**, covering the period April 1, 2019 through March 31, 2024, by and between the **FORSYTH COUNTY** via its **DEPARTMENT OF PUBLIC HEALTH**, hereinafter referred to as the "FCDPH," and **PIEDMONT HEALTH SERVICES AND SICKLE CELL AGENCY**, hereinafter referred to as "PHSSCA" The FCDPH and PHSSCA shall be collectively referred to as "the Parties."

WITNESSETH:

WHEREAS: The Parties have a mutual interest and deem it advantageous to provide appropriate resources of the **FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH** to potential clients for the **Triad Baby Love Plus Program (TBLP)**.

THEREFORE, in consideration of mutual commitments and subject to the conditions contained herein the Parties hereby agree to the following:

FCDPH will

1. Collaborate with PHSSCA to execute overall project in an effort to reach goals of the TBLP Program.
2. Select, collaborate and work with other community partners to locate eligible women to enroll in TBLP, promote education and awareness, and provide care coordination.
3. Participate in local and State Local Action Network meetings to provide data, discuss project progress and report on best practices.
4. Collaborate with PHSSCA to establish partnerships with churches, social service agencies and others to build coalitions to increase access to eligible clients.
5. Promote and utilize Family Care Coordinators and Family Outreach Workers to penetrate community and locate eligible women for services and care coordination.
6. Work to meet the goals and objectives of the TBLP.
7. FCDPH TBLP staff is required to attend TBLP monthly team meetings. New FCDPH TBLP staff will also receive an orientation to the services of the Triad Baby Love Plus, as a collaborating partner.
8. Attend annual trainings requested by TBLP Project Director.

Deliverables

1. Recruit and enroll 150 pregnant women, ages 15-44, their children, up to 18 months after delivery, and families to receive interconception care coordination, home visiting, health promotion, and education/support services
2. Recruit and enroll 150 preconception and interconception, women and infants, families to receive interconception care coordination, home visiting, health promotion, and

- education/support services.
3. Refer 50 male partners to the Fatherhood Coordinator at Parenting Path
 4. To organize 15 health promotion events at local colleges and universities.
 5. Conduct 30 community/neighborhood outreach events.

PHSSCA will

1. Provide technical assistance and ongoing communication for TBLP programing.
2. Work with FCDPH and provide grant oversight
3. Help create sustainable local partnerships within the region to assist with coalition building.
4. Assist with providing educational and training materials, toolkits, branding materials, to assist communities in raising awareness and educating communities.
5. Coordinate ChallengerSoft training.
6. Render timely reimbursement payments for FCDPH submitted invoices
7. Assign a Project Director to meet the goals and objectives of the project.

Both Parties will

1. Adhere to the FCDPH budget below for each fiscal year during the grant's five year term. Any amendments to the budget must be approved in writing by PHSSCA. Each fiscal year is April 01 to March 31st.
 - a Year 1: \$275,459
 - b Year 2: \$286,478
 - c Year 3: \$295,072
 - d Year 4: \$300,973
 - e Year 5: \$305,865
2. Acknowledge that the funding after year 1 is dependent upon federal appropriations each fiscal year for the duration of this agreement and subject to change by the Health Resources and Services Administration.
3. Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out the Agreement.

Reporting Requirements

Forsyth County Health Department shall submit monthly progress reports to:

Kathy Norcott, Project Director
Piedmont Health Services and Sickle Cell Agency
P.O. Box 20964
Greensboro, NC 27420
Or email: Knorcott@piedmonthealthservices.org

By the 7th business day of each month, following the reporting month. Final report should be submitted within 30 days after the annual period of performance, to meet the technical reporting requirements of the prime agreement. This report will include progress made toward project goals, a description of results, and comments on challenges.

For questions contact Kathy Norcott @ (336) 274-1507 or (336) 317-0198.

Invoicing Procedure

Monthly invoices must be submitted to PHSSCA by the 7th business day of the month. All invoices shall be submitted using PHSSCA's standard invoice. At a minimum all invoices shall include the current and cumulative costs, and certification as to truth and accuracy of invoice. PHSSCA shall pay such monthly invoices by the 15th the month.

Email invoices to:

ATTENTION: Janice Darden, CFO
email: jdarden@piedmonthealthservices.org

And copy

Kathy Norcott, ED
email: knorcott@piedmonthealthservices.org

Contract Term

This Agreement represents the entire Agreement between the Parties and its terms or conditions may not be modified without written consent of both Parties. It is the desire of the Parties that this Contract be for Five (5) years, dependent upon continued grant funding from the Health Resources and Service Administration each fiscal year. This Agreement will be reviewed by the Parties annually at least sixty (60) days prior to each anniversary date of the Contract.

Termination

Either Party may terminate this Agreement by giving at least thirty (90) days written notice to the other Party, but such notice must also provide reasonable time for the enrolled program clients to be transferred to other appropriate services if available.

Amendment

Modification or changes to this Agreement may only be made via written Amendment executed by the Parties.

Governing Law

This Agreement shall be construed and governed by North Carolina law and any disputes shall be filed in a North Carolina court of competent jurisdiction.

This agreement shall supersede and cancel all other agreements and understandings, written or oral, relating to this subject matter of this agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be signed by their respective duly authorized officials.

APPROVED AS TO CONTENT:
FORSYTH COUNTY

Health Director, Joshua Swift Date

County Manager, Dudley Watts Date

PIEDMONT HEALTH SERVICES AND
SICKLE CELL AGENCY

ATTEST:

Kathy M. Norcott 4/18/2019

Kathy Norcott, Executive Director Date

Corporate Secretary Date

(CORPORATE SEAL)