TEXAS Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
*Commissioner*

The Honorable KP George, County Judge
Fort Bend County
301 Jackson Street
Richmond, Texas 77469

Subject: COVID-19 Vaccination Capacity Contract
Contract Number: HHS001019500016, Amendment No. 1
Contract Amount: $5,971,981.00
Contract Term: May 10, 2021 through June 30, 2024

Dear Judge George:

Enclosed is the COVID-19 vaccination capacity contract between the Department of State Health Services and Fort Bend County.

The purpose of this contract is to increase COVID-19 vaccination capacity for the jurisdiction.

This Amendment increases the Contract amount by $3,369,758.00.

Please let me know if you have any questions or need additional information.

Sincerely,

Holly Zoerner, CTCM
Contract Manager
512-776-3767
Holly.Zoerner@dshs.texas.gov

# DEPARTMENT OF STATE HEALTH SERVICES
# CONTRACT NO. HHS001019500016
# AMENDMENT NO. 1

The **DEPARTMENT OF STATE HEALTH SERVICES** ("**SYSTEM AGENCY**"), a pass-through entity, and **FORT BEND COUNTY**, ("**GRANTEE**") who are collectively referred to herein as the "Parties," to that certain Immunizations/COVID-19 Contract effective May 10, 2021 and denominated DSHS Contract No. HHS001019500016 ("the Contract"), now desire to further amend the Contract.

**WHEREAS**, DSHS desires to add funding for Coronavirus Disease 2019 (COVID-19) activities; and

**WHEREAS**, DSHS desires to amend the Statement of Work to add objectives and activities for Coronavirus Disease 2019 (COVID-19); and

**NOW, THEREFORE**, the Parties hereby amend and modify the Contract as follows:

1. **SECTION IV** of the Contract, **BUDGET** is hereby amended to add COVID-19 funds to the Contract of $3,369,758.00. The Contract shall not exceed the amount of $5,971,981.00. All expenditures of the additional funds must conform with **ATTACHMENT B-1, SUPPLEMENTAL BUDGET**.

2. **ATTACHMENT A** of the Contract, **STATEMENT OF WORK** is hereby supplemented with the addition of **ATTACHMENT A-1, SUPPLEMENTAL STATEMENT OF WORK**.

3. **ATTACHMENT B**, **BUDGET**, is hereby supplemented with **ATTACHMENT B-**1, **SUPPLEMENTAL BUDGET** (attached hereto).

4. This Amendment No. 1 shall be effective upon the date of the last signature.

5. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract, as amended, shall remain in full force and effect.

6. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1**
**DEPARTMENT OF STATE HEALTH SERVICES**
**CONTRACT NO. HHS001019500016**

| SYSTEM AGENCY | GRANTEE |
|---|---|
| DocuSigned by: Kirk Cole 04DD3FAAF59048D... | DocuSigned by: KP George F546587DD2BD433... |
| Signature | Signature |
| Printed Name: Kirk Cole | Printed Name: KP George |
| Title: Deputy Commissioner | Title: County Judge |
| Date of Execution: September 16, 2021 | Date of Execution: September 14, 2021 |

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE CONTRACT:**

**ATTACHMENT A-1 SUPPLEMENTAL STATEMENT OF WORK**
**ATTACHMENT B-1 SUPPLEMENTAL BUDGET**

**ATTACHMENTS FOLLOW**

**ATTACHMENT A-1**
**SUPPLEMENTAL STATEMENT OF WORK**

**I.** Grantee will conduct all of the following objectives that are aligned with an approved workplan.

**A. Objective 1**

1. Grantee will utilize relevant U.S. Census tract data at the Zip Code level to identify geographic areas within their jurisdiction with increased populations of the following racial and ethnic minority groups:

    a) Non-Hispanic American Indians
    b) Alaska Native
    c) Non-Hispanic Black
    d) Hispanic

    Grantee may hire or contract Data Analysts, Statisticians, Epidemiologists, Social Workers, and Public Health specialists to identify these populations. Grantee is encouraged to map vaccination coverage within their jurisdiction by ZIP Code using ImmTrac vaccination data and/or other local programs which capture COVID-19 vaccination data.

2. Once identified, Grantee will perform targeted education and outreach regarding COVID-19 vaccination to these communities. Methods of education and outreach can include, but are not limited to:

    a) Door-to-door educational pamphlet placement
    b) Town hall meetings
    c) Neighborhood association meetings
    d) Festival/fair, or other community event

3. Grantee will share this data with other organizational entities within the jurisdiction to assist with the outreach. These entities can include health department programs like HIV/STD, WIC, and Rural Health, as well as other agencies who regularly interact with these racial and ethnic minority groups. These groups can include the jurisdictional fire department, police department, public works department, and community services department.

    a) Grantee will investigate pathways to incorporate these external organizations to assist in delivery of outreach and educational messages.

**B. Objective 2**

1. Using the data from the identified disproportionate population identified, Grantee will develop and implement outreach campaigns to identify and train trusted messengers to deliver COVID-19 vaccine safety and effectiveness to

these communities and populations. These trusted messengers can include, but are not limited to:

a) Faith leaders
b) Teachers
c) Community health workers
d) Radio DJ's
e) Barbers
f) Local Proprietors
g) Community and civic leaders

2. These trusted messengers will deliver their COVID-19 vaccine promotion material and information through local media outlets, social media, faith-based venues, community events, and other culturally appropriate venues.

3. Within the jurisdiction, the Grantee will contact and engage the following entities to develop and operate temporary or mobile COVID-19 vaccination sites, especially in high-disparity communities. The following are recommendations:

a) Places of worship
b) Community-based centers (libraries, event centers)
c) Recreation centers
d) Food banks
e) Schools/colleges
f) Grocery stores
g) Salons/barbershops
h) Major employers

**C. <u>Objective 3</u>**

1. Grantee will continue to increase access to vaccination sites and appointments throughout the jurisdiction by using multiple locations and with flexible hours (evening hours) which are accessible to and frequented by the identified disproportionate populations. Sites should include, but are not limited to:

a) Pharmacies
b) Healthcare facilities
c) Community-based sites
d) Mobile sites

2. Grantee must coordinate with local community-based organizations to plan and implement mobile vaccination clinics and is encouraged to work with minority community health workers, nursing students/schools, and historical black colleges and universities, as applicable.

3. Grantee is required to simplify the COVID-19 vaccine patient registration procedure through the following avenues:

    a) Prioritize options which do not require pre-registration
    b) Ensure patient registration options do not require the internet or digital platforms
    c) Registration is accessible to those with limited English proficiency or limited literacy
        i. Registration does NOT require nonessential documentation.

4. Grantee is encouraged to support free or subsidized transportation options to access vaccination appointments either directly or indirectly through community partners.

**D. <u>Objective 4</u>**

1. Grantee will fund and hire a dedicated health communicator to support and implement the jurisdiction's specific vaccine communication, education, and outreach. This position will assist the Grantee in:

    a) Developing and implementing community-based and culturally and linguistically appropriate messages which focus on COVID-19 spread, symptoms, treatment, and prevention, AND benefits of vaccination
    b) Fund communications strategies that accommodate different levels of health literacy, digital literacy, and science literacy
    c) Develop toolkits, checklists, quick guides, etc., to increase vaccine education
    d) Continue training of local trusted messengers to deliver messages regarding vaccine hesitancy and misinformation
    e) Develop localized testimonial campaigns

**E. <u>Objective 5</u>**

1. Grantee will fund and hire an adult immunization coordinator to focus on COVID-19, influenza, and other necessary vaccines for these disproportionate populations within their jurisdiction to serve as a safety net for at-risk individuals. The coordinator will focus on:

    a) Quality improvement
    b) Reminder recall
    c) Other relevant activities to improve adult coverage rates

# ATTACHMENT B-1
# SUPPLEMENTAL BUDGET

| Budget Categories | Total Amount<br><br>Upon execution to June 30, 2024 |
|---|---|
| Personnel | $2,099,196.00 |
| Fringe | $1,150,600.00 |
| Travel | $42,129.00 |
| Equipment | $0.00 |
| Supplies | $26,273.00 |
| Contractual | $0.00 |
| Other | $51,560.00 |
| Total Direct | $3,369,758.00 |
| Indirect | $0.00 |
| **Total** | **$3,369,758.00** |

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## Certificate Of Completion

Envelope Id: F577ECBC012840478966C8DDFB450917
Status: Completed
Subject: $5,971,981.00 HHS001019500016 Fort Bend County A1 IMM/COVID
Source Envelope:
Document Pages: 7
Signatures: 2
Certificate Pages: 5
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Envelope Originator:
CMS Internal Routing Mailbox
11493 Sunset Hills Road
#100
Reston, VA 20190
CMS.InternalRouting@dshs.texas.gov
IP Address: 160.42.85.9

## Record Tracking

Status: Original
9/2/2021 9:56:42 AM
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| Signer Events | Signature | Timestamp |
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| KP George<br>county.judge@fortbendcountytx.gov<br>County Judge<br>Fort Bend County<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br>kp George<br>F546587DD2BD433...<br>Signature Adoption: Pre-selected Style<br>Using IP Address: 209.184.91.105 | Sent: 9/2/2021 10:01:56 AM<br>Viewed: 9/7/2021 4:28:04 PM<br>Signed: 9/14/2021 2:38:50 PM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 8/2/2021 3:59:58 PM<br>ID: 474773d2-9ba5-441a-b77e-59bd9f48590f | | |
| Helen Whittington<br>helen.whittington@dshs.texas.gov<br>Security Level: Email, Account Authentication (None) | **Completed**<br>Using IP Address: 160.42.85.12 | Sent: 9/14/2021 2:38:52 PM<br>Viewed: 9/14/2021 2:57:08 PM<br>Signed: 9/14/2021 2:59:36 PM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 9/14/2021 2:57:08 PM<br>ID: f4efeddb-69ff-4217-9d73-37a1efd723b5 | | |
| Patty Melchior<br>Patty.Melchior@dshs.texas.gov<br>Director, DSHS CMS<br>Security Level: Email, Account Authentication (None) | **Completed**<br>Using IP Address: 160.42.85.12 | Sent: 9/14/2021 2:59:38 PM<br>Viewed: 9/14/2021 3:35:40 PM<br>Signed: 9/14/2021 3:35:58 PM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 9/14/2021 3:35:40 PM<br>ID: a032afdd-14f4-4984-9eb0-fb1cf659361d | | |
| Kirk Cole<br>Kirk.Cole@dshs.texas.gov<br>Deputy Commissioner<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br>Kirk Cole<br>04DD3FAAF59048D...<br>Signature Adoption: Pre-selected Style<br>Using IP Address: 160.42.85.12 | Sent: 9/14/2021 3:36:00 PM<br>Viewed: 9/16/2021 6:56:57 PM<br>Signed: 9/16/2021 6:57:40 PM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 9/16/2021 6:56:57 PM<br>ID: 35b10f8d-0049-4aec-ace4-008b3292bffe | | |

| In Person Signer Events | Signature | Timestamp |
|---|---|---|

| Editor Delivery Events | Status | Timestamp |
|---|---|---|

| Agent Delivery Events | Status | Timestamp |
|---|---|---|

| Intermediary Delivery Events | Status | Timestamp |
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| Lillie Powell<br>lillie.powell@dshs.texas.gov<br>Contract Manager<br>Texas Health and Human Services Commission<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 9/2/2021 10:01:57 AM<br>Viewed: 9/2/2021 10:04:18 AM |
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| Witness Events | Signature | Timestamp |
|---|---|---|

| Notary Events | Signature | Timestamp |
|---|---|---|

| Envelope Summary Events | Status | Timestamps |
|---|---|---|
| Envelope Sent | Hashed/Encrypted | 9/2/2021 10:01:57 AM |
| Certified Delivered | Security Checked | 9/16/2021 6:56:57 PM |
| Signing Complete | Security Checked | 9/16/2021 6:57:40 PM |
| Completed | Security Checked | 9/16/2021 6:57:41 PM |

| Payment Events | Status | Timestamps |
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: alison.joffrion@hhsc.state.tx.us

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