

**CITY OF EL PASO, TEXAS  
AGENDA ITEM  
DEPARTMENT HEAD'S SUMMARY FORM**

**DEPARTMENT:** Public Health

**AGENDA DATE:** 3/12/24

**PUBLIC HEARING DATE:**

**CONTACT PERSON NAME AND PHONE NUMBER:** Hector I. Ocaranza, MD, 915-212-6502

**DISTRICT(S) AFFECTED:** ALL DISTRICTS

**STRATEGIC GOAL:** #8 NURTURE AND PROMOTE A HEALTHY AND SUSTAINABLE COMMUNITY

**SUBGOAL:** 8.1 DELIVER PREVENTION, INTERVENTION AND MOBILIZATION SERVICES TO PROMOTE A HEALTHY, PRODUCTIVE AND SAFE COMMUNITY

**SUBJECT:**

**APPROVE** a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? **Be descriptive of what we want Council to approve. Include \$ amount if applicable.**

A resolution that the City Council ratifies and authorizes the Mayor to sign the Amended Interlocal Agreement between the City of El Paso and the Department of State Health Services

**BACKGROUND / DISCUSSION:**

**Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?** Continuing the agreement between the City of El Paso (City) and the Department of State Health Services (DSHS) for the City to provide laboratory analysis of milk samples in exchange for a fee to be paid by DSHS.

**PRIOR COUNCIL ACTION:**

**Has the Council previously considered this item or a closely related one?**

This is an amendment to an agreement that is renewed annually.

**AMOUNT AND SOURCE OF FUNDING:**

**How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?**

N/A

**HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED?**  X  YES   NO

**PRIMARY DEPARTMENT:** Public Health

**SECONDARY DEPARTMENT:**

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:** Hector I. Ocaranza, MD



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(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

## RESOLUTION

**WHEREAS**, on September 1, 2023, the Texas Department of State Health Services (“DSHS”) and the City of El Paso (“City”) entered into an Interlocal Agreement pursuant to Chapter 791 of the Texas Government Code; and

**WHEREAS**, pursuant to the Interlocal Agreement, City provides DSHS with laboratory analyses of milk samples in exchange for a fee paid by DSHS; and

**WHEREAS**, the parties desire to revise the Statement of Work to increase the fees paid to City by DSHS on a fee-for-service/unit rate basis; and

**WHEREAS**, the parties wish to ratify the original Interlocal Agreement as it is missing a statutorily required signature.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:**

**THAT** the Mayor is authorized to sign the Amended Interlocal Agreement between City and DSHS; and

**THAT** the original Interlocal Agreement executed on September 1, 2023 is hereby ratified by the City Council of the City of El Paso.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

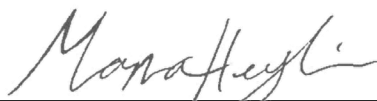
**THE CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leoser  
Mayor


**ATTEST:**

\_\_\_\_\_  
Laura D. Prine  
City Clerk

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Mona M. Heydarian  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

  
\_\_\_\_\_  
Dr. Hector I. Ocaranza, Director  
Department of Public Health

**INTERLOCAL COOPERATION CONTRACT  
DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS001317900001**

**AMENDMENT No. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**SYSTEM AGENCY**” or “**DSHS**”) and **CITY OF EL PASO** (“**PERFORMING AGENCY**” or “**CONTRACTOR**”), each a “Party” and collectively the “Parties,” to that certain contract for laboratory analysis of milk sampling services, effective September 1, 2023 and denominated as DSHS Contract No. HHS001317900001 (the “Contract”), now desire to amend the Contract.

**WHEREAS**, the Parties desire to revise the Statement of Work.

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


- 1. ATTACHMENT A, STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with **ATTACHMENT A-1, REVISED STATEMENT OF WORK**.
- 2.** This Amendment shall be effective as of the date last signed below.
- 3.** Except as modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
- 4.** Any further revisions to the Contract shall be by written agreement of the Parties.
- 5.** Each Party represents and warrants that the person executing this Amendment on its behalf has full power and authority to enter into this Amendment.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS001317900001**

**DEPARTMENT OF STATE HEALTH SERVICES**

**CITY OF EL PASO**

By: DocuSigned by:  
  
F45A36318942488...

By: \_\_\_\_\_

Printed Name: Dr Timothy Stevenson

Printed Name: \_\_\_\_\_

Title: Associate Commissioner

Title: \_\_\_\_\_


Date of Signature: February 14, 2024

Date of Signature: \_\_\_\_\_


**THE FOLLOWING DOCUMENT IS HEREBY ATTACHED AND INCORPORATED BY REFERENCE  
TO THE CONTRACT FOR ALL PURPOSES:**

**ATTACHMENT A-1: REVISED STATEMENT OF WORK**

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Mona M. Heydarian  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

  
\_\_\_\_\_  
Dr. Hector I Ocaranza, Director  
Department of Public Health

## **ATTACHMENT A-1 REVISED STATEMENT OF WORK**

### **I. DSHS RESPONSIBILITY**

DSHS will submit milk samples to Performing Agency.

### **II. PERFORMING AGENCY RESPONSIBILITIES**

#### **A. Performing Agency shall:**

1. Provide accurate laboratory analyses of the milk samples and submit the analysis results to DSHS;
2. The analyses of the milk samples shall:
  - a. meet laboratory proficiency standards as established by the National Conference of Interstate Milk Shipments and the current U.S. Public Health Service Grade "A" Pasteurized Milk Ordinance;
  - b. comply with *Texas Health and Safety Code* Chapters 435 and 440; and
  - c. comply with Title 25 *Texas Administrative Code* Chapter 217;

#### **B. Immediately notify DSHS staff in the event a milk sample is in violation of applicable law, regulation, or ordinance regarding milk and dairy safety standards; and**

#### **C. Send final milk testing results to System Agency's Contract Representative and the following address within 24 hours of System Agency's submittal of a milk sample to Performing Agency:**

Department of State Health Services  
Food & Drug Section  
Milk Operations Branch  
PO Box 149347, MC 1987  
Austin, Texas 78714-9347

### **III. PERFORMANCE MEASURES**

System Agency will actively monitor Performing Agency's performance under the Contract including, but not limited to, the requirements set forth in this **ATTACHMENT A-1, REVISED STATEMENT OF WORK** to the Contract. All Work under the Contract shall be provided at a quality level acceptable to System Agency, as determined by System Agency in its sole discretion, and in a manner consistent with acceptable industry standard, custom, and practice.

### **IV. INVOICE AND PAYMENT**

- #### **A. Performing Agency shall request monthly payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.SystemAgency.state.tx.us/grants/forms/b13form.doc>. The State of Texas Purchase Voucher and any supporting documentation shall be mailed or submitted by fax or electronic mail to the number/address below:**

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

Department of State Health Services  
Claims Processing Unit, MC 1911  
1100 West 49<sup>th</sup> Street  
P.O. Box 149347  
Austin, TX 78714-9347  
FAX: (512) 458-7442  
EMAIL: [invoices@dshs.state.tx.us](mailto:invoices@dshs.state.tx.us)

- B.** All invoices must reference the Purchase Order dispatched for the current State Fiscal Year.
- C.** Performing Agency shall be paid on a Fee-for-Service/Unit Rate basis and in accordance with the following rate schedule:

<b>Analysis</b>	<b>Test or Method</b>	<b>Max. Price</b>
Standard Plate Count	SPC/PCA	16.87
Direct Microscopic Somatic Cell Count	DMSCC	22.50
Electronic Somatic Cell Count	ESCC	22.50
Added Water	Cryoscope	5.62
Antibiotics Inhibitor (Disk Assay)	Disc/Inhibitor (Delvo)	12.64
Antibiotics Confirmation Rapid Test	Charm I, II, SNAP, etc.	67.50
Aflatoxin	Aflatoxin	67.50
Phosphatase	Fluorophos	21.07
Coliform	Coli	15.46
Water Supply	Water	42.18
Cooling Water	Glycol-Sweet Water	42.18