AGENDA MATERIAL
DATE 2-16-21 ITEM NO. BA 9

MEMORANDUM

Date: February 12, 2021

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator

Re: **COVID-19 Pandemic Update for the February 16, 2021 Board of Supervisors Meeting**

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Present State of COVID-19 Infections and Medical System Capacity

As of February 12, 2021, the State reported 106,253 cases in Pima County since the beginning of the pandemic, with 2,053 associated deaths. This brings the monthly total cases reported to date to approximately 4,452. The daily reporting of COVID-19 cases has varied widely this month from as high as 736 cases to a low of 80.

Although the overall case count remains elevated we are beginning to see trends that the peak that occurred in late December and early January is likely over. After peaking during the first week of the year at 8993 cases, Pima County has experienced significant decreases in the number of cases for each of the subsequent weeks. A similar trend is observed in COVID-19 related deaths, which peaked the third week of the year at 165 but have been dropping significantly ever since. Please see the attached graph showing COVID-19 cases and deaths by MMWR Week since inception of the pandemic. (Attachment 1)

In addition, the number of deaths reported from February 1 to February 12 totals 313.

Regarding hospital capacity, the latest report from yesterday indicates the hospital capacity crisis is easing but should be closely monitored. The following statistics are relevant to this issue:

- ED bed availability hit an all-time low since April 2020 with 129 ED beds available
- ICU bed availability: 8 percent with 27 beds available
- Med/surg bed availability: 8 percent with 119 beds available
    - Today is the 100th day in a row that med/surg bed availability has remained <10 percent
- 336 COVID positive inpatients are in Pima County hospitals
- 113 COVID patients are in ICU beds
    - 35 percent of ICU beds are in use by COVID patients
    - 34 percent of COVID inpatients are in ICU beds
- 85 COVID patients are on ventilators
    - 52 percent of ventilators are in use by COVID patients

Weekly Geographic Information System (GIS) Mapping of Newly Reported COVID-19 Cases

Over the last 10 weeks our GIS mapping shows the following statistics:

New COVID-19 Cases Reported	For the Week Ending
3,429	December 5, 2020
3,511	December 12, 2020
3,693	December 19, 2020
2,738	December 26, 2020
4,588	January 2, 2021
4,806	January 9, 2021
2,041	January 16, 2021
3,066	January 23, 2021
2,328	January 30, 2021
1,477	February 6, 2021

This weekly data indicates infections are declining week to week since the first week in January; however, I would not celebrate until we see what uptick in infections occur from Super Bowl weekend.

Pima County Vaccination Report – February 10, 2021

On February 8, 2021, I transmitted to the Board of Supervisors a memorandum identifying the age distribution of Pima County residents who were vaccinated as of February 5, 2021. This report covered 131,322 vaccinations.

The report is updated twice each week and as of February 10, 2021, 156,561 vaccines have been administered to Pima County residents. The target populations are residents 70 years of age or older, healthcare workers, protective service employees, teachers and childcare workers. The population that represents age 60 or older is 51 percent of the total vaccines applied. More importantly, of our residents age 70 or older, 36 percent of the vaccines have been administered to this group while this group represents only 14 percent of the regional population. We are clearly having a major affect in targeting those who are 70+ for vaccination. (Attachment 2a)

This vaccine report, which includes a cumulative report of vaccines administered by facility, is attached for your information. (Attachment 2b)

As of February 12, the State website shows we have completed 171,661 vaccinations out of 189,725 ordered or 91 percent. Vaccines allotted to Pima County are not sitting around on a shelf.

On Wednesday, February 10, 2021, the *Wall Street Journal* reported that the Biden Administration will increase weekly COVID-19 vaccine doses to states, territories and tribes from 8.6 million to 11 million, an increase of 28 percent. The Administration, also on January 26, 2021 said it would boost the supply of Coronavirus vaccines sent to states by 16 percent; on February 2, 2021 the Administration said it would boost weekly vaccine supplies to states by an additional five percent for three weeks in addition to the already referenced 16 percent increase. We are hopeful that this increase in vaccine supply will trickle down to the local public health agencies who are applying the vaccines to their local population.

Promoting Vaccine Equity for Vulnerable Populations

The Pima County Health Department has been working on a comprehensive plan to ensure there is equitable vaccine distribution for vulnerable populations in Pima County. It has been historically documented that our most vulnerable populations have the least access to medical care, the highest risk employment, coupled with social determinants of health, which are income, race, education, access to transportation and internet/phone service. Many of these factors have historically contributed to delay in access to healthcare and medical

interventions. The Health Department has created a plan dated February 10, 2021 to promote vaccine equity in Pima County in response to known historical disparities. (Attachment 3)

The COVID-19 pandemic has highlighted the known health disparities and lack of equity across the United States as well as in our community. Our most vulnerable populations often have the least access to medical care and the highest risk employment; this is coupled with other social determinants of health (income, race, education, access to transportation and internet/phone) that have historically contributed to ongoing delays in access to care and interventions.

For this reason, we have developed a strategy to reach the most vulnerable. (Attachment 3)

Mobile Vaccination Point of Distribution (POD) to Reach Disadvantaged Populations

As described above the Health Department has developed a specific supplement to our Accelerated Vaccination Plan designed to reach disadvantaged populations where income, ethnicity, age, access to transportation, access to computers and the internet make these disadvantaged populations more vulnerable to severe outcomes if they contract COVID-19. It is these populations that are a high priority for vaccination behind those assisted living facilities not enrolled in the federal long term care vaccination program.

Our first pilot mobile vaccination clinic occurred on Saturday, February 6, 2021 at St. John's Evangelist Church near Valencia Road and 12th Avenue. The successful event was operated by Health Department staff, Tucson Medical Center staff and volunteers. The clinic vaccinated 511 area residents who reflected the targeted population; many, if not most were bi-lingual, English and Spanish. (See section on Vaccine Distribution Equity for age/ethnicity distribution of those vaccinated)

Based on vaccine supply availability, we will continue to operate these mobile vaccination PODs for disadvantaged communities, preferably twice each week. The next scheduled mobile vaccination day was initially scheduled for Saturday, February 13, 2021 at a location designed to serve the African American community but I have directed this event be rescheduled for next week due to the lack of vaccine availability.

It is very important that we continue to operate these mobile vaccination clinics on a routine basis to ensure we are reaching the most disadvantaged populations. Equitable vaccination is a high priority of the County and the public health agency. Their continuation is dependent on vaccine supply.

Vaccine Rationing

It is apparent the County, through our regional, distributed and mobile Accelerated Vaccination Plan, now has significantly more vaccination capacity than vaccine supply. Combined, our vaccination network can administer approximately 8,000 vaccines per day while the vaccine supply has averaged 3,600 per day from the State.

Because of the limited vaccine supply, it may be necessary to carefully manage the vaccine allotment (which is rationed by AzDHS). Our county based allocation is under the control of the County public health agency. The PCHD decisions are guided by the following rubric that informs vaccine priorities when there are limited vaccine supplies.

- Tier 1 – Assisted living facilities that did not enroll in the federal pharmacy program for vaccination of long term care/assisted living facilities. These vaccines are generally being administered by Health Department staff and our contractor, the Premier Medical Group (PMG). As of today, we have vaccinated residents in 21 of the 83 facilities that are not part of the federal enrolled long-term program response or have not been previously immunized.

- Tier 2 – Vulnerable populations may be defined by age, ethnicity and low income. This includes communities with the highest rate of COVID-19 infection and mortality, those who live in HUD housing, those who are disabled, and those who live in census tracks with a high social vulnerability. These populations will generally be reached through mobile vaccination clinics operated by the County, Tucson Medical Center or other organizations, Premier Medical Group (PMG) as well as home-based vaccinations. A critical partner in reaching this population are the federally qualified centers that are uniquely positioned especially in the periphery of the County to serve low-income populations in rural and semi-rural areas. We estimate that more than 6,000 vaccine doses have been delivered by the Marana, United and Desert Senita community health centers in these settings.

- Tier 3 – Second dose vaccines where the first dose was administered by the County vaccination network.

- Tier 4 – First doses administered by the County vaccination network for the 1B priority group populations including those age 70+.

- Tier 5 – First doses for all eligible population based on current priority and those age 65+.

- Tier 6 – A State operated 24/7 point of distribution (POD) vaccination site. (our priority however the County has no authority over the State)

These tiers will remain in rank order; however, as we are able to achieve substantial vaccine coverage. For example, the group in Tier 1, this group will fall off the priority list and the next group will become Tier 1.

We will allocate our limited vaccines in the order recommended. This approach helps ensure that we reach the population that is most vulnerable and susceptible to severe illness and death if COVID-19 is contracted. It is also important to vaccinate as many individuals as

possible as quickly as practicable to mitigate against the threat posed by emerging COVID-19 variants which may make vaccination less effective than originally believed. We will publish weekly our allocation of available vaccine to provide transparency to the public.

Present Necessity to Ration Vaccine Supply

Pima County is, on a daily basis, registering and vaccinating over 5,000 to 7,000 individuals who meet the priority group criteria. The present vaccine supply is not keeping up with this pace of vaccination. We have accelerated our immunization efforts consistent with the strategy that was submitted to the state at the beginning of the year. The implementation of this strategy is designed to ensure that Pima County can achieve significant countywide immunization by June, 2021.

The lack of predictability and weekly fluctuations in vaccine supply, has impacted our ability to commit to future vaccination schedules that accommodate the needs of our community. Despite embracing the States own direction of effectively and efficiently administering COVID-19 immunizations and meeting our published monthly interim goals, we have not been assured by the State that there is adequate vaccine to continue on this path.

Our Health Director indicated a concern that our vaccination sites will be nearing or down to zero supply by late next week. To facilitate transparency with Arizona Department of Health Services our Health Department Director sent an email to State Health Officials requesting 39,400 doses. This amount reflected the accelerated needs of meeting our vaccine priorities as noted above (including supporting community based clinics), as well as continuing to operate our PODS in the efficient manner that is essential to our roadmap. She received a response from State Health Officials that indicated they would likely not be able to provide this amount. It was stated, "I do not believe we will be able to get up to that number for Pima County." This was based on the projected allocation that the State would receive.

As of the evening of February 11, 2021, we have received notice that we will receive even less vaccine this week (16,300; doses of Moderna and Zero doses of Pfizer) as compared to last week (17,850; 12,000 Moderna, 5,850 Pfizer). Instead the State retained control of all Pfizer vaccine and will be allocating it directly to vaccinators. (See Attachment 4 for a weekly history of doses received by the County from the State). Analysis of this information indicates that, over 10 weeks of vaccine distribution from the State, the average weekly distribution is 19,850 doses. Anything less is going backwards and losing ground on vaccinations. One would think we should be ramping up vaccine distribution so the average should be substantially higher.

Ongoing lack of predictable vaccine supply continues to impede our accelerated vaccination goals. The current inadequate allocation has resulted in our inability to fully utilize our developed and in place infrastructure, limiting new first dose appointments (an in some cases

possibly delaying immunization of those 70 and over), and delaying our planned vaccination for at risk population.

As a final note, since the University of Arizona is transitioning to a State POD, they will receive a separate allocation from the State; the impact of that allocation on our weekly supply, supply for County vaccination activities is unknown. We understand that the University of Arizona will be allocated 2,000 Moderna doses from the County allocation.

Hours of Operations at Certain Regional Vaccination Centers will be reduced due to Shortage of Vaccine Supply

A number of our regional vaccination centers had been poised to significantly increase vaccination capacity. Based now on the State vaccine supply, we have now asked that they remain at their steady state or reduce vaccination capacity. As a result, the Tucson Convention Center schedule will be reduced in time by five hours per week and limited to a vaccination supply of 1,050 rather than their normal ability to vaccinate 1,500 individuals.

In addition, the Banner North site will close in March and if vaccine is available the Banner South site at the Kino Sports Complex will expand.

Opening a State POD in Pima County

The State recently announced through the Governor and Arizona Department of Health Services that the University of Arizona was selected as a site to operate the State Vaccination Site. This is instead of the site the County requested to be located at Rillito.

The State has chosen to locate it at the University of Arizona of Mall which is acceptable since we have partnered with the University and this POD has been in operation since January 20, 2021. The plan is to transition to more appointments beginning February 18, 2021, and registration will be using the State system that has had some difficulty in registering individuals.

We certainly hope that the system will work effectively for the State as our call center will not be able to support the State registrations site. Adding a third registration system for Pima County residents will inevitably cause additional confusion.

We understand the target capacity of this POD is to be 6,000 per day. I have, since the beginning of planning for this State run POD, continually cautioned that it should not open until there is an assured vaccine supply as our existing PODs in Pima County are concurrently using all the vaccine that can be supplied by the State. Based on the States lack of assurance about the required vaccine supply for Pima County, I do not understand the push to open another State vaccination site at the University of Arizona at this time.

My main concern is that if this POD begins operation during scarcity of vaccine, it will simply detract from our ability to provide vaccinations to our other partner sites that are prioritized for age vulnerability and disadvantaged communities. Vaccines supplied by the Federal government to the State each week is a fixed amount. Opening a State POD will reduce County vaccine supply as this is a zero sum game. What the State takes for their POD decreases everyone else's supply.

In summary, the State asked Pima County to set up a system of mass vaccination. We did. We now have capacity to vaccinate up to 10,000 people a day, possibly 14,000 to 15,000 if we open the Rillito pod. The limiting factor is the supply of vaccine. The Health Department and our vaccination partner agencies have made considerable effort to create a registration and appointment system that has a 1-to-1 ratio with available vaccine; we do not want anyone showing up for a scheduled appointment and being turned away because the POD ran out of vaccine.

Over three consecutive weeks the state delivered to the County between 25,000 and 29,000 doses of vaccine. While the state's allotment system has been frustratingly opaque, Pima County believed in good faith the state would only maintain or increase that weekly allotment over time. We then allowed our registration system to create appointments into the future based on that expected supply. The state has cut our allotment nearly in half, which means we will limit our first dose appointments for the near future. This situation is made worse by the state's intention to supply the new State POD at the University of Arizona from the County's weekly allotment.

In short, opening a State-run vaccination POD in Pima County without increasing vaccine supply to support it greatly diminishes our ability to effectively operate the vaccination system the state asked us to create.

Vaccine Distribution Equity

One of our major concerns with opening additional vaccine capacity, particularly drive-through sites, is that they often bypass the disadvantaged or our vulnerable communities. For that reason, the County has established a practice of standing up mobile testing and now mobile vaccination PODs or clinics in low-income and vulnerable communities most impacted by COVID-19 infection and death. We recently initiated this program through a pilot that occurred on Saturday, February 6th. There were 511 vaccines given during that event.

The race/ethnicity from this event indicated in the table below clearly indicates that we are meeting our goal to reach disadvantaged communities. Our primary goal with this site was to reach the elderly Hispanic community, of the vaccines administered 72 percent went to individuals over age 70 and 72 percent went to Hispanics and 54 percent were Spanish speakers.

Mobile Clinic Data – February 6, 2021

Race/Ethnicity	Percent
Asian	1.40%
Black	3.30%
Native American	2.50%
Pacific Islander	0.20%
Hispanic	72.16%
Other/Unknown	1.20%
White Only, Non-Hispanic	19.24%

Also, below are the preliminary demographics as of February 11, 2021 at 10:00 am from the two State run PODs in the Phoenix Metropolitan area and the demographics associated with our vaccines that have been given since we started the vaccination process with the 1A population in mid-December.

FIRST DOSE VACCINES ADMINISTERED

People who have received at least one dose by race/ethnicity				
Race/Ethnicity	**State of Arizona**	**State PODs**	**Maricopa County**	**Pima County**
White	407,145 (48.2%)	116,938 (62.4%)	164,172 (50.6%)	58,001 (40.2%)
Other Race/Unknown	308,866 (36.6%)	55,203 (29.4%)	111,541 (34.4%)	58,860 (40.8%)
Hispanic or Latino	69,446 (8.2%)	6,932 (3.7%)	21,114 (6.5%)	19,942 (13.8%)
American Indian or Alaska Native	25,513 (3.0%)	942 (0.5%)	8,076 (2.5%)	3,020 (2.1%)
Asian	19,374 (2.3%)	4,625 (2.5%)	11,246 (3.5%)	2,256 (1.6%)
Black or African American	12,241 (1.4%)	2,542 (1.4%)	7,201 (2.2%)	1,550 (1.1%)
Native Hawaiian or Other Pacific Islander	1,940 (0.2%)	341 (0.2%)	845 (0.3%)	490 (0.3%)

Source - Arizona Department of Health Services updated on 02/12/202

While there is a fairly large percentage of individuals who do not report ethnicity similar to what occurs in our testing results, the low percentage of minority population access to State PODs is of concern. The State POD at the University of Arizona may only widen disparity with Hispanics or minority populations over the age of 65.

Communication with the State

Communication with the State is limited. For this reason, the County Supervisors Association, through their Executive Director Craig Sullivan, arranged for at least two calls with Governor's staff among all county managers and administrators to obtain information or clarifications of State policy and intentions regarding COVID-19 related matters. The most recent call took place on February 4, 2021. I asked the following four questions:

1. What is the reason that both Maricopa and Pima Counties vaccine allocations dramatically decreased this week?

2. Why is Pima County only receiving 10 percent of the Pfizer vaccine allocation when only Pima and Maricopa Counties can utilize the Pfizer vaccine due to storage and handling requirements?

   It appears 90 percent of the Pfizer vaccine has been used in Maricopa County and a substantial portion has been used by the State-operated 24/7 PODs in Maricopa County.

3. We would appreciate transparency on the State's vaccine distribution formula. At present, it is no more than a black box with no transparency.

4. When and how does the State plan to begin distributing the $416 million they received for COVID-19 testing?

To date, we have not received a clear response, clarification or answer regarding these questions. In fact, the State response to news articles highlighting the reduction in vaccine supply to Pima and Maricopa Counties resulted in the State claiming it was because we had not used a significant portion of our allocation. This is a demonstrably inaccurate statement based on the State's own data and Vaccines by County webpage.

During times of public health emergency, it is more important than ever that communications be clear and concise. It appears everyone continues to try and work to attain that standard.

Rural Vaccine Immunization Plan/Disadvantaged Communities

There are a number of communities in Pima County that are not either rural or on the suburban fringe of metropolitan Pima County. A plan is being developed to further enhance vaccine distribution in these areas and it is being coordinated by a series of County and nonprofit entities, community health centers and/or fire districts. To date pop-up vaccination clinics have already occurred in diverse locations across Pima County including the following: Desert Senita Clinic, at Ajo Unified School District, Amado at Sopori Elementary School, Old Vail Middle School, Sahuarita High School, Three–Points at Robles Elementary, Green Valley Performing Arts Center, Green Valley Fire, Marana Community Health Center at Marana and the Town of Oro Valley. More communities and partners are actively being identified to continue this important work.

Because Pima County is committed to ensuring access to vaccination in our rural communities. We have partnered with three different Federally Qualified Health Centers (FQHCS) (Marana, United Community Health Centers, and Desert Senita in Ajo) to extend our reach into these different areas of the County.

Consistent with the current prioritization system, more than 6,000 vaccines have been administered by this group of partners. In addition, Pima County supported a three-day

immunization event in Green Valley where over 3,000 vaccines were administered under the leadership of the Green Valley Fire Department. Initially, we had committed to ongoing mobile vaccine sites in this as well as other rural areas; however, the lack of vaccine availability has put those endeavors in jeopardy.

Fiscal Transparency in Coronavirus Expenditures and Revenues

At the beginning of the COVID-19 pandemic, the federal government awarded grant funding through the Treasury Department regionally and to States with population centers over 500,000. The Coronavirus Relief Act awarded $87.1 million to Pima County as well as $95.6 million to the City of Tucson. The City of Phoenix received $293.3 million, Mesa received $90.3 million and Maricopa County received $398.9 million. The State also separately received $1.856 billion and only reallocated only $440.7 million of that to all other cities, towns and counties in Arizona.

I have previously indicated to the Board our expenditures have been made exclusively in response to the pandemic. Recently, a member of the Arizona Legislature introduced a bill that would require the reporting of the use of all monies received under the Coronavirus Relief Act. We believe public transparency in how these funds are spent is important to ensure integrity of those receiving the funds as well as instill public trust that federal tax dollars are being spent appropriately.

Our Lobbyist indicated that Pima County supported the legislation, but we would also ask that the State of Arizona be included in the disclosure of Coronavirus Relief Act fund expenditures. This is particularly important since the State has received $1.86 billion that could be distributed to cities, towns and counties that did not meet the Treasury Department's population threshold and only $441 million was distributed.

This disclosure is even more important now that the second Coronavirus Relief bill, the 2021 Consolidated Appropriations Act, has allocated specific funding to the State for use in COVID-19 vaccination and testing. The State has received $416 million for testing and $66 million for vaccinations. To date, we have not received any of these funds for those purposes even though we continue to make significant expenditures in support of our regional vaccination centers and COVID-19 testing.

We understand there may not be sufficient support to pass this transparency bill, which is unfortunate as I believe everyone could benefit from governmental transparency. The lack of transparency often leads to questionable fund allocations. I have always supported maximum transparency to ensure public trust.

Call Center Report

Pima County has established a call center, formerly the Pima County vaccine registration telephone line. This center provides timely and accurate information about the County's

COVID-19 Accelerated Vaccination Plan, assist individuals who have issues with technology (no email, internet or computer) to register online and provide troubleshooting help for the platforms used by the County to register and develop appointments for individuals for vaccination. The call center is open Monday through Sunday, from 8:30 am to 8:00 pm at 520.222.0119.

Assistance and services are provided both in English and Spanish. The 25-station call center is staffed by volunteers and multiple community departments, including Library, Information Technology, Facilities, Human Resources and Health Department staff.

This endeavor has made it possible for disadvantaged community members, whether it be by age, circumstance, language or access to email, internet or computer, to obtain access to vaccine registration and appointments. The center received telephone calls since January 14, 2021, within Library staff taking the lead. The call center has responded to 28,000 calls from community members seeking information assistance related to the COVID-19 vaccine. More than 1,500 individuals with medical complications and transportation difficulties have received specialized assistance from the Health Department because of this registration call center. The staff will continue to support community members until the pandemic is over.

It is important to remember that the County's call center will not be able to assist community members who are attempting to register on the State's registration website, which is www.azdhs.gov/covid19vaccines . If calls are received regarding State registration, they will be referred to the helpline established by the State, which is 1-844-542-8201.

Fiscal Position of the County Becoming Critical due to Unreimbursed Expenses for COVID-19

Arizona's 15 counties are on the frontline regarding the COVID-19 response. Each county public health agency is entirely responsible for the response whether it be testing, vaccination, isolation or other public health actions. The State has initially provided regulatory guidance, some testing and just recently two State point of dispensing vaccination centers in Maricopa County.

The fiscal response by the State in support of the counties in this primary public health response activity needs improvement. The second round of Coronavirus Relief allocated funds directly to the State, yet it has not made any distribution of those funds to the frontlines, the county public health agencies.

Because of the lack of reimbursement for our COVID-19 continuing expenses, our fiscal position has significantly deteriorated. As the Board recalls, I previously indicated that we have more than likely exceeded our $87. 1 million CARES Act funding by as much as $10 million. We are currently attempting to develop precise estimates of this exceedance in hopes that we can recapture some of it through the misdirection by the Federal Emergency Management Agency (FEMA) in not acting on $5.5 million of funding requests through their program.

In addition, since the first of January, we have incurred approximately an additional $10 million to $12 million in expenses related to COVID-19 testing, operating five regional vaccination PODs and normal contract tracing and case investigation costs. All of these costs remain unreimbursed as of this date. Our projected ending fund balance for the end of the current fiscal year, June 30, 2021, has dropped from a projected high of $111 million to now approximately $53 million. However, we continue to incur costs in our COVID-19 response of approximately $58 million each year. This means that if we are able to end this fiscal year with a fund balance of $53 million and continue to incur expenses that we have incurred to date without reimbursement, our fund balance will decrease to $0 for budget planning in Fiscal Year 2021/22 that begins July 1, 2021.

For this reason, I will be asking the Board to consider actions that will limit our continuing liability with regard to the COVID-19 response. Two major areas of expense continue to be vaccination and testing. While it is difficult to make a choice, I do believe that at this point in the pandemic, the vaccination process is more important than COVID-19 testing. Therefore, unless we begin to receive some clarity on our reimbursement for these expenses, I believe it would be appropriate for the Board to consider terminating or suspending COVID-19 testing at the March 2, 2021 Board of Supervisors Meeting.

Complaint Pursuant to Arizona Revised Statutes 41-194.01 filed by Senator Vince Leach and Representative Bret Roberts

Attachment 5 is a copy of a letter addressed to the Attorney General making a complaint against the Pima County Board of Supervisors action on February 2, 2021 regarding evictions.

The County Attorney will advise the Board as to actions that may be considered in Executive Session. The Board will provide appropriate direction at that time in response to the letter or in response to an inquiry from the Attorney General on this matter.

Pending Emergency Housing/Shelter Crisis Related to Immigration

In addition to the current pandemic and public health crisis, we potentially face another emergency shelter and housing crisis if immigrants there is an increase entering the United States seek asylum. We have been advised by US Customs and Border Protection, through the Border Patrol, that the number of individuals being received for asylum could be triple what was formerly processed during 2018 and 2019. If so, this will put a substantial, additional burden on Pima County and the community.

Our Casa Alitas temporary shelter is designed to hold up to 180 individuals on a normal day, but with COVID-19 nothing is normal and the shelter capacity at Casa Alitas has now diminished to approximately 60 individuals. We are prepared to provide rapid COVID-19 testing for all individuals released to the custody of Catholic Community Services which

operates Casa Alitas for asylum transition, processing and transfer to their ultimate destination.

We have also prepared contingency plans for housing those who test positive for COVID-19. What has not been anticipated is the significant need for additional emergency housing. In the past, the Federal Emergency Management Agency (FEMA) reimbursed the County for expenses related to Casa Alitas. Such is problematic since we have not been reimbursed any costs from the State, through the Federal government, for COVID-19 testing and vaccination. We have nothing to advance for reimbursement.

Hence, we cannot operate an emergency housing/shelter program on a federal grant reimbursement basis. On a Humanitarian Working Group phone call, we have made requests of our Congressional Delegation to obtain a rapid response from the Federal agency most appropriate to fund emergency shelter, FEMA, for an advance grant program to pay for this pending housing emergency.

CHH/anc

Attachments

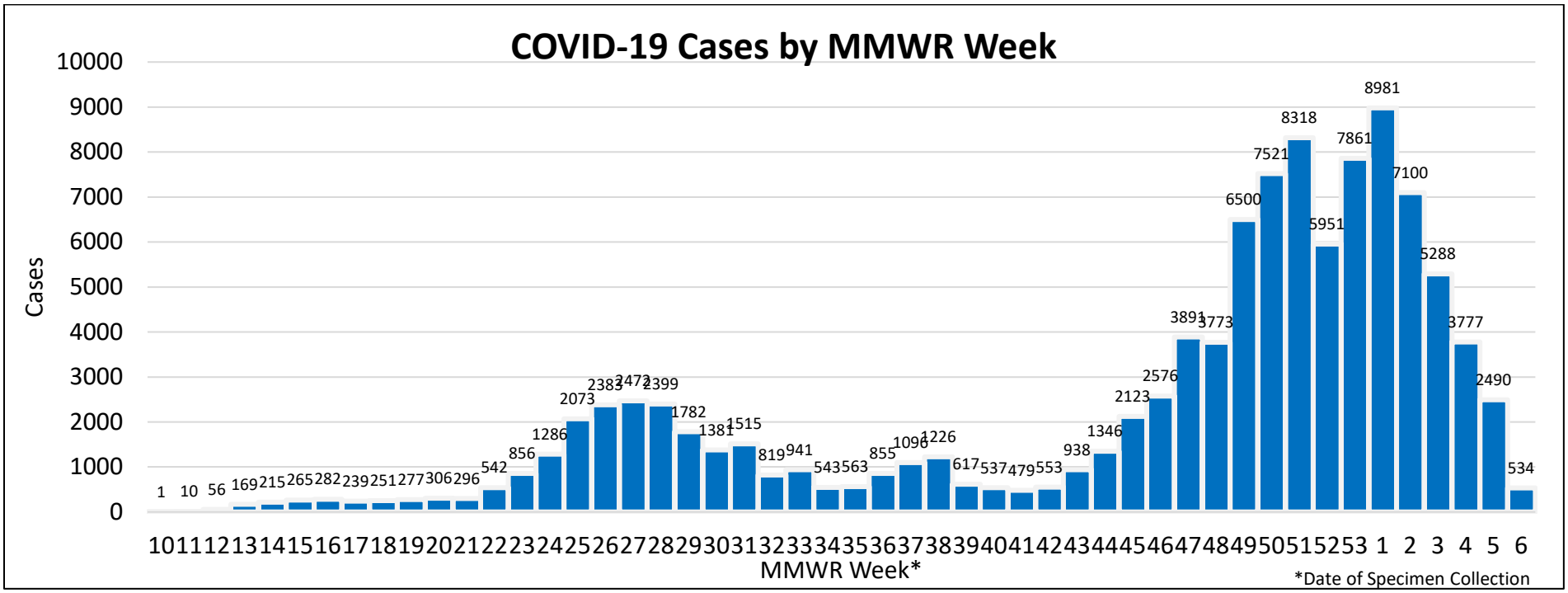
c: Jan Lesher, Chief Deputy County Administrator
Carmine DeBonis, Jr., Deputy County Administrator for Public Works
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer, Health and Community Services
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department

ATTACHMENT 1

PIMA COUNTY
HEALTH DEPARTMENT

Pima County COVID-19 Deaths, Cases, and Hospitalizations Report

Chart 1: Pima County COVID-19 cases by MMWR Week

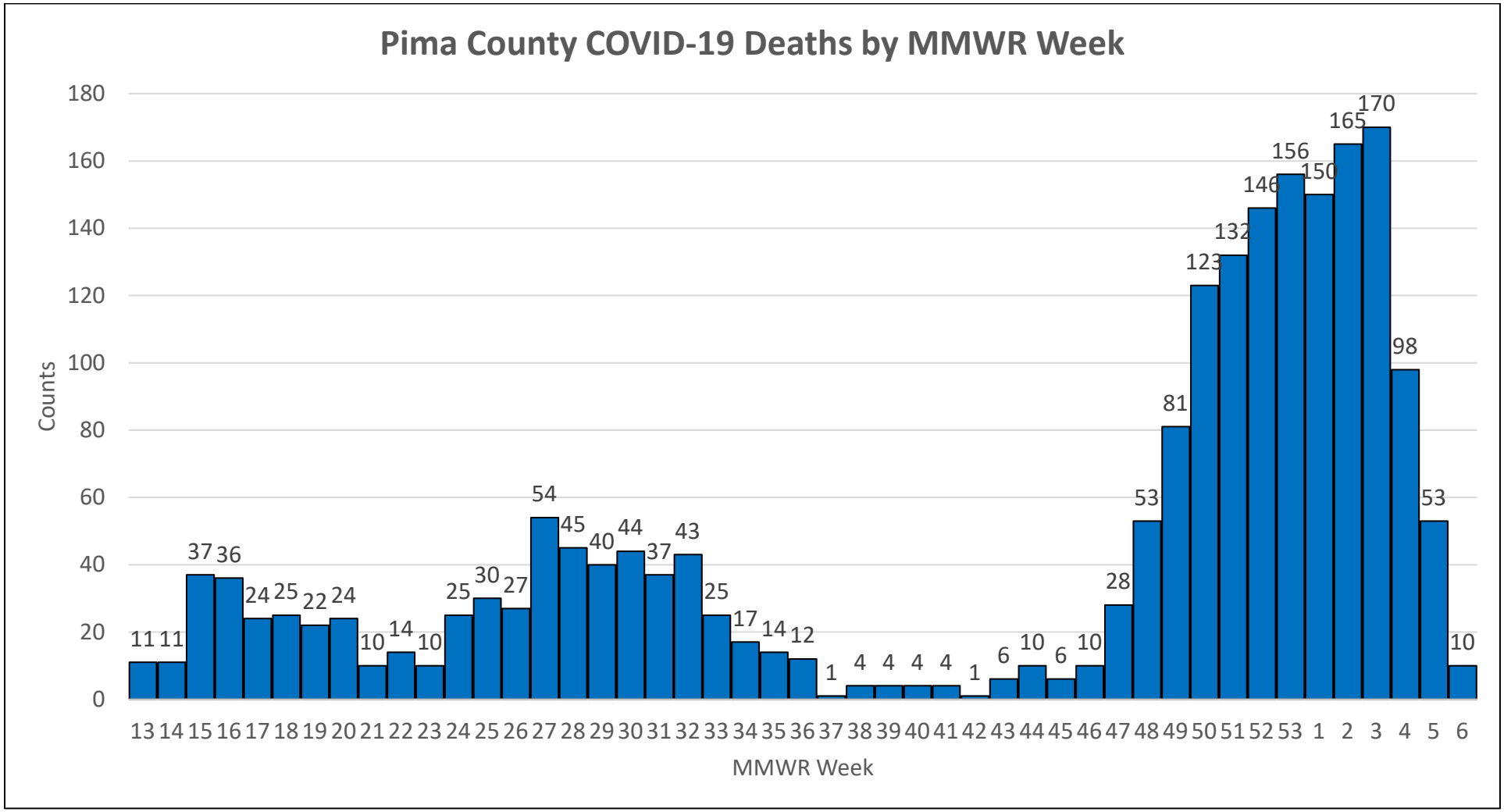


Week 10: 3/1/20-3/7/20 — **Week 11:** 3/8/20-3/14/20 — **Week 12:** 3/15/20-3/21/20 — **Week 13:** 3/22/20-3/28/20 — **Week 14* (Stay at Home Order): 3/29/20-4/4/20**—**Week 15:** 4/5/20-4/11/20 —**Week 16:** 4/12/20-4/17/20 — **Week 17:** 4/19/20-4/25/20 — **Week 18:** 4/26/20-5/2/20—**Week 19:** 5/3/20-5/9/20—**Week 20* (Stay at Home Order Lifted): 5/10/20-5/16/20**—**Week 21:** 5/17/20-5/23/20—**Week 22 (Memorial Day): 5/24/20-5/30/20**—**Week 23**: 5/31/20-6/6/20—**Week 24**: 6/7/20-6/13/20—**Week 25* (Mandatory masks): 6/14/20-6/20/20**—**Week 26**: 6/21/20-6/27/20—**Week 27:** 6/28/20-7/4/20-- **Week 28**: 7/5/20 – 7/11/20-- **Week 29:** 7/12/20-7/18/20-- **Week 30:** 7/19/20 – 7/25/20--**Week 31:** 7/26/20 -- 8/1/20-- **Week 32:** 8/2/20 – 8/8/20 **Week 33**: 8/9/20 – 8/15/20 – **Week 34:** 8/16/20 – 8/22/20 – **Week 35:** 8/23/20 – 8/29/20 – **Week 36**:8/30/20 – 9/5/20 -- **Week 37**: 9/6/20 – 9/12/20 – **Week 38**: 9/13/20 – 9/19/20 – **Week 39:** 9/20/20 – 9/26/20 – **Week 40:** 9/27/20 – 10/3/20 – **Week 41:** 10/4/20 – 10/10/20 – **Week 42:** 10/11/20 – 10/17/20 **Week 43:** 10/18/20 – 10/24/20 **Week 44:** 10/25/20 – 10/31/20 **Week 45:** 11/1/20 – 11/7/20 **Week 46:** 11/8/20 – 11/14/20 **Week 47**: 11/15/20 – 11/21/20 **Week 48:** 11/22/20 – 11/28/20 **Week 49:** 11/29/20 – 12/5/20 **Week 50:** 12/6/20 – 12/12/20 **Week 51:** 12/13/20 – 12/19/20 **Week 52:** 12/20/20 – 12/26/20 **Week 53:** 12/27/20 – 1/2/21 **Week 1 (first week of 2021):** 1/3/21 – 1/9/21 **Week 2:** 1/10/21 – 1/16/21 **Week 3:** 1/17/21 – 1/23/21 **Week 4:** 1/24/21 – 1/30/21 **Week 5:** 1/31/21 – 2/6/21 **Week 6:** 2/7/21 – 2/13/21

***Note**: Illnesses in the last 4-7 days may not be reported yet

Updated: 2/12/2021

Chart 2: Pima County COVID-19 deaths by MMWR Week



****Note**: Recent deaths may not be reported yet.

Updated: 2/12/2021

ATTACHMENT 2a

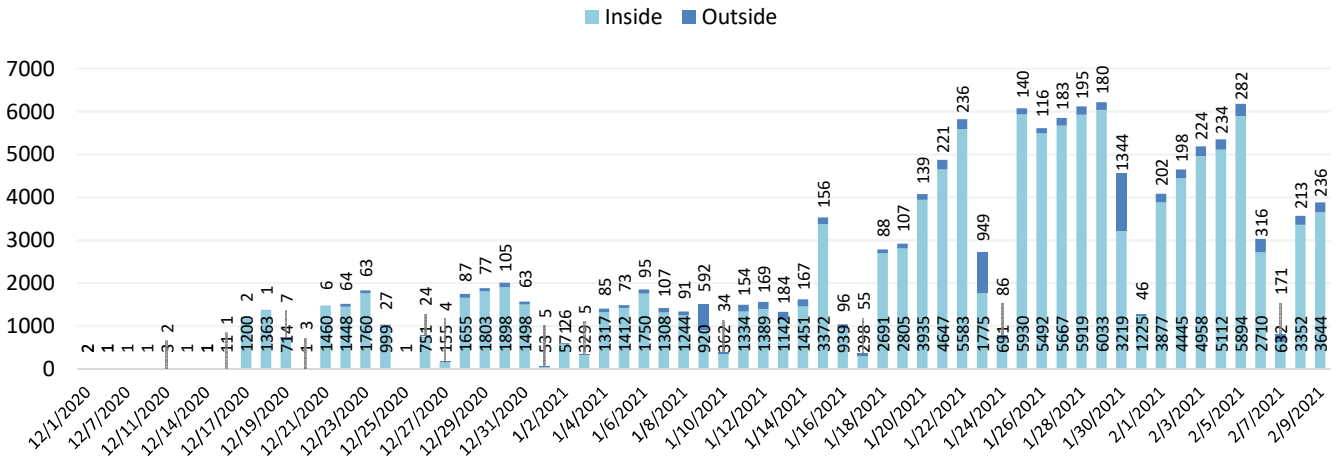
Pima County COVID-19 Vaccination Report

February 10, 2021

Total allocated doses administered to Pima County residents: 156,561

As of February 9, 2021, a total of 134,894 (12.91%) Pima County residents have received their first dose of a COVID-19 vaccine. A total of 126,152 residents were vaccinated by a local provider in Pima County ("inside") and 8,742 residents were vaccinated by a provider outside of the county ("outside"). Note, dates that don't appear in graphs had zero vaccinations.

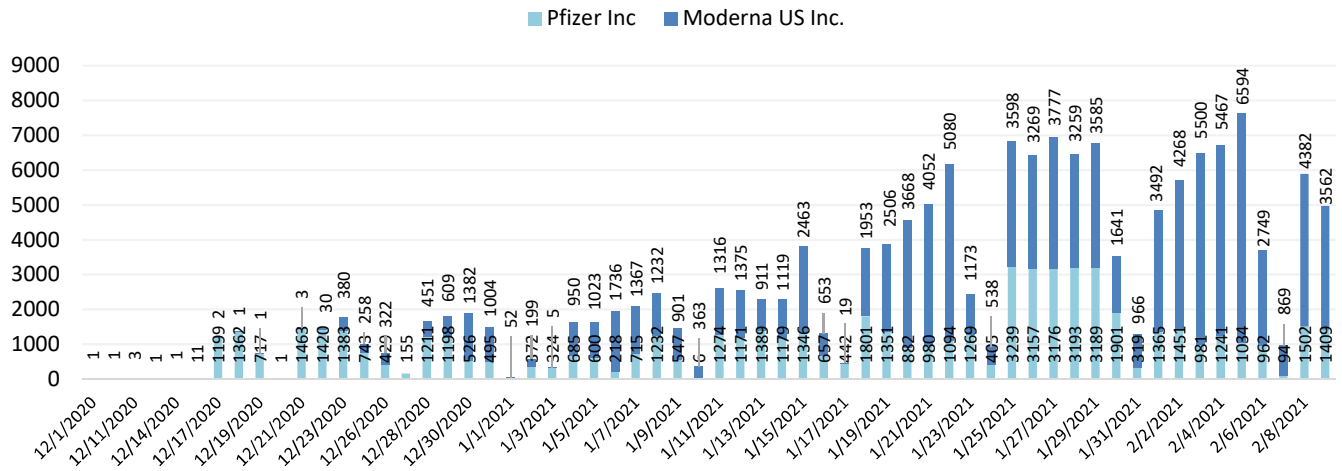
Pima County First Dose Vaccinations by Date and by Location of Service



First Time Vaccinated Residents by Gender and Age Group

	Number vaccinated	*% vaccinated*	*2019 pop. size*	*% of total pop.*
Residents vaccinated	134,894		1,044,675	*13%*
Gender				
Female	82,062	*61%*	530,457	*51%*
Male	52,645	*39%*	514,218	*49%*
Unknown	187	*0%*		
Age group				
0 - 19	685	*1%*	250,118	*24%*
20 - 29	12,776	*9%*	164,060	*16%*
30 - 39	17,373	*13%*	122,736	*12%*
40 - 49	17,222	*13%*	114,326	*11%*
50 - 59	17,457	*13%*	121,325	*12%*
60 - 69	17,060	*13%*	128,571	*12%*
70 - 79	30,088	*22%*	93,065	*9%*
80+	22,233	*16%*	50,474	*5%*

Total Vaccines Administered in Pima County by Manufacturer



	Number	*% administered*
Vaccines administered	156,561	*100%*
Manufacturer		
Pfizer	60,465	*39%*
Moderna	96,082	*61%*
Other	14	*0%*
Dose number administered		
First dose	126,152	81%
Second dose	30,253	19%
Third dose	156	0%

ATTACHMENT 2b

Cumulative COVID-19 Vaccine Administered (as of the morning of 02/10/2021)

Facility	Total Vaccinated 02/08/21	Total Vaccinated 02/09/21	Vaccinations Administered Since Last Reporting Period
REGIONAL			
Tucson Medical Center	49,170	52,276	3,106
Banner South	14,335	15,882	1,547
Banner North	26,370	27,787	2,392
University of Arizona	10,188	12,112	1,561
Tucson Convention Center	13,684	15,673	1,989
DISTRIBUTED			
El Rio Health Center	2,320	2,642	32
Northwest Medical Center	1,691	1,783	92
Marana Healthcare	2,479	2,953	474
Carondelet Medical Group	1,665	1,672	7
Arizona Community Physicians	897	911	14
Desert Senita CHC	598	608	10
United CHC	1,790	1,797	7
RETAIL PHARMACIES			
CVS	6,610	6,892	282
Walgreens	4,381	4,930	549
Fry's Pharmacy	666	668	2
Safeway	274	299	76
OTHER & OTHER FIRE DEPARTMENT			
Tohono O'Odham Nation	3,681	3,858	177
Other Fire Departments	2,917	2,986	69
Other	727	832	105
Grand Total	***144,443***	***156,561***	

Updated 02/10/2021

ATTACHMENT 3

Promoting Vaccine Equity for Vulnerable Populations in Pima County

Accelerating COVID-19 Immunity

Prepared by the
Pima County, Arizona
Health Department

February 11, 2021

PIMA COUNTY
HEALTH DEPARTMENT

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Table of Contents

PROMOTING VACCINE EQUITY FOR VULNERABLE POPULATIONS IN PIMA COUNTY

EXECUTIVE SUMMARY

The COVID-19 pandemic has highlighted the known disparities and lack of equity in the United States as well as in Pima County. Our most vulnerable populations often have the least access to medical care and the highest risk employment; this is coupled with other social determinants of health (income, race, education, access to transportation and internet/phone) that have historically contributed to ongoing delays in access to care and interventions.

Pima County Health Department presents this plan to promote vaccine equity in Pima County in response to known historical disparities. This plan has been developed through extensive research and with internal and external collaboration with the community as well as national best practices.

We believe that COVID-19 vaccines should be equally available to everyone, everywhere.

Vaccinating vulnerable and resource-constrained individuals and populations requires a collaborative effort to reach the alienated and isolated and build trust in the vaccine. We have a developed a strategy to reach the most vulnerable with the following with the following four components:

STRATEGY A: Enumerate, Prioritize, and Identify Vulnerable Populations

STRATEGY B: Develop an Outreach and Communication Plan

STRATEGY C: Develop a Vaccine Administration Plan

STRATEGY D: Implement the Vaccine Administration Plan

These are the strategies that we employed when planning our mobile clinic framework- an exemplar of a viable vaccine outreach plan for vulnerable communities. In cooperation with the Tucson Medical Center, the Pima County Health Department conducted a mobile vaccination clinic on Saturday, February 6, 2021, at St. John' s the Evangelist Catholic Church. Five hundred eleven (511) individuals were vaccinated who were predominately elderly, Hispanic, Spanish-speaking, and/or resource-constrained members of our community. This successful pilot vaccination clinic is the one of many planned mobile clinics designed to reach isolated or vulnerable communities.

As we vaccinate Pima County residents at maximum speed and capacity, Pima County residents must not let their guard down. Pima County residents must continue to wear a mask, maintain social distancing, and avoid travel, crowds, and poorly-ventilated spaces.

We are at war with this virus. It is a national emergency, and we are doing all we can. **Vaccinating everyone in Pima County -- wealthy or resource-constrained, privileged or homeless -- is one of the greatest operational challenges we have ever faced, and we will not stop working until this mission is complete.**

I. INTRODUCTION

In response to the COVID-19 pandemic and limited vaccine availability, the Pima County Health Department is committed to the ethical and equitable distribution of the COVID-19 vaccine.

A. Statement of Purpose

The purpose of this plan is to outline strategies that will be used to assure the equitable and ethical distribution of vaccine to all residents of Pima County. The plan will identify vulnerable, high-risk, and marginalized populations within each phase of the Pima County's vaccination plan and develop appropriate interventions to ensure health equity.

B. Problem Statement

Existing disparities pose challenges to distributing COVID-19 vaccine equitably to those living in Pima County and unincorporated areas in an accessible timely, transparent, and equitable manner.

Pima County is witnessing some of the highest rates of COVID-19 infection, hospitalizations, severe COVID-19 illnesses, and deaths. These are largely occurring in areas and communities that have disproportionately high rates of disease burden and health disparities. Preliminary Pima County based data tracking vaccination registration and uptake indicates that people in more affluent parts of the county are registering and receiving the vaccine at a rate up to eight times greater than their counterparts in low-income areas.

Despite the current activation of five points of distribution (PODs) across the county, a significant proportion of the population faces barriers to information, technology, and access to vaccination services. Many vulnerable adults who will not be captured through these interventions or reached through these options. Key issues of concern include the inability to navigate complex electronic registration requirements and/or lack of access to the existing hospital-based POD for vaccination, either due to mobility issues and/or a lack of transportation, as well as traditional SDOH factors.

The Pima County Health Department (PCHD) uses a multi-faceted approach to assure that vulnerable populations within the county have access to vaccinations, in particular those who are most at risk to be left behind. Our Pima County Ethics Committee is an active partner in our decision making and our prioritization discussions. Multiple solutions utilized by PCHD include the efficient analysis of census tract data to identify high risk communities, ongoing sharing of information between partners resulting in increased community engagement and guidance, the provision of assistance in registering for the vaccine, streamlined and more human centered technology, outreach to individuals and communities at risk, mobile clinics and task-force offerings developed with community needs, and the facilitation of transportation to and from POD sites. PCHD has requested support from its community partners serving people in both the Tucson area and rural parts of the county to provide information, referrals, and assistance. These strategies include helping guide appropriate vaccination interventions, information, support, and transportation to PODs as needed.

The county leverages its cross-sector partnerships, services, and networks to expand outreach efforts including increased engagement of health care providers, especially those who have historically served vulnerable communities such as federally-qualified health centers (FQHCs), public health programs, community and social services, transportation, public safety, law enforcement and emergency management services. Planning efforts are also underway to expand outreach, public information, and assistance to those in high-risk communities through a partnership with first responders and EMS personnel, as well as the University of Arizona.

C. Scope

This plan focuses on countywide actions to vaccinate people against COVID-19 who are vulnerable, high-risk, and marginalized populations within Phase 1A (assisted living not federally enrolled) and 1B of the Pima County's tentative accelerated vaccination plan. (Appendix A). This plan will be expanded as we move into additional prioritization phases.

D. Strategy and Stakeholders

Multi-agency cross-disciplinary advisory groups have been established with the mission to expeditiously and skillfully vaccinate in Pima County during all vaccination phases identified in the *CDC Interim Playbook for Jurisdiction Operations*. These groups are developing and implementing a vaccination plan to meet this goal, including defining the scope and designing risk/crisis response communication protocols. In addition, local teams have been assembled to address and resolve high-level concerns spanning across operational areas, including policy, technology, and human and financial support.

II. PIMA COUNTY HEALTH DEPARTMENT PHASE 1B ROLLOUT

In January 2021, Pima County opened up vaccine eligibility to priority groups in Phase 1B.

Pima County total population: **1,047,209**

Pima County population eligible for vaccination in Phase 1B: **674,000***

*Population numbers throughout this document are general estimates extracted from various credible sources

The following professions/groups are included in Phases 1B.1.a-d:

a. People 75 and older – *Population 93,000 (approximately 14%)*

b. Education and childcare providers (teachers and staff) – *Population approximately 50,000*

c. Protective service occupations (law enforcement, corrections, firefighters, and other emergency response staff) – *Population approximately 15,000*

d. People aged 65-75 – *Population 107,000(approximately 20%)*

- Ages 65-69: 65,000
- Ages 70-74: 52,000

Those eligible for the vaccine in Phase 1B.2.a-b include:

a. **Phase 1B.2.a**

Essential Workers (not in priority order)

- Power and utility workers
- Food and agriculture related occupations (packaging and distribution workers, grocery, farm workers and restaurant workers)
- Transportation and material moving occupations (public transportation providers, airlines, gas stations, auto shop workers, and other transportation network providers)
- State and local government workers that provide critical services for continuity of government, such as food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector not in the prioritized essential worker category
- Other essential workers (e.g., business and financial services, supply chain for critical goods, funeral services, critical trades, etc.)
- Veterinarians and veterinary staff

b. **Phase 1B.2.b**

- Adults with high-risk medical conditions living in shelters or other congregate living settings.

Estimated Phase 1B Populations

Phases	Estimated Population
Phases 1B.1.a-d	293,000
Phases 1B.2.a-b	381,000
TOTAL PHASE 1B POPULATION	**674,000**

Estimated Vulnerable Population in Phase 1B

Phases	Estimated Population
Phases 1B.1.a-d	213,000
Phases 1B.2.a-b	207,000
TOTAL OF VULNERABLE POPULATION IN PHASE 1B	**420,000**

Pima County People 65 and Older	Population
Aged 65-69	65,000
Aged 70-74	52,000
Aged 75-79	41,000
Aged 80-84	29,000
Aged 85 and older	23,000
Total Pima County Population Aged 65 and Older	**210,000**

III. STRATEGIC ACTION PLAN -- VULNERABLE POPULATION OUTREACH

The Pima County strategic action plan for COVID-19 vaccination of vulnerable populations is a four-pronged approach:

PIMA COUNTY STRATEGIC ACTION PLAN FOR VULNERABLE POPULATION COVID-19 VACCINATION
STRATEGY A: Enumerate, Prioritize, and Identify Vulnerable Populations
STRATEGY B: Develop Outreach and Communication Plan
STRATEGY C: Develop Vulnerable Population Vaccine Administration Plan
STRATEGY D: Implement Vulnerable Population Vaccine Administration Plan

STRATEGY A: ENUMERATE, PRIORITIZE, AND IDENTIFY VULNERABLE POPULATIONS

Despite the current activation of five points of distribution (PODs) across the county, a significant proportion of the population faces barriers to information, technology, and access to vaccination services. Key issues of concern have been noted above and include the inability to navigate complex electronic registration requirements and/or lack of access to the existing hospital-based POD for vaccination, either due to mobility issues and/or a lack of transportation.

The PCHD uses a multi-faceted approach to assure vulnerable populations within the county have access to vaccinations, in particular those who are medically under-served.

Identification and Prioritization Strategy

a. Prioritization of Vulnerable Communities and Individuals within Immunization Plan

Pima County has prioritized overall vaccination, to include the following:

1. Assisted living facilities that were not enrolled in the federal pharmacy program (orphan ALFS)
2. Vulnerable and disadvantaged populations
3. Second shot vaccines where the first dose was administered by the County vaccination network
4. First doses administered by the County vaccination network for eligible populations including those 70+
5. First doses for all eligible populations and those age 65+
6. State operated 24/7 point of distribution vaccination site

b. Goals and Objectives -- Identification of Vulnerable Populations

1. Work with community partners and existing data to identify and locate vulnerable, high-risk, and marginalized populations utilizing a data driven approach
2. Work with our POD based organizations (e.g., TMC, contractors and other identified vaccine providers who have the capability and expertise in administering vaccine in a variety of community-based settings (i.e., churches, apartment complexes, pop up mobile events, etc).
3. Provide, monitor, and report vaccine delivery to vulnerable, high-risk, and marginalized populations, initially focusing on people 70 and over
4. Educate target populations using relevant formats about vaccine safety, distribution, accessibility, and availability
5. Engage vulnerable, high-risk, and marginalized populations to achieve vaccine acceptance through communication campaigns. Campaigns should be delivered by trusted messengers and influencers
6. Ensure that all mobile closed POD vaccination events are operationally and logistically sound, with a specific focus on monitoring and managing adverse events, security, and accessibility

c. Methodology of Identification and Selection Within Phases

Pima County's mobile community-based vaccination plan uses data driven criteria, designed to reach populations at greatest risk of infection, severe illness, and death. This strategy is supported by nearly 10 months of data informatics collected by the health department. Candidates would have medical risk factors as established by the CDC (based on medical prioritization), in addition to specific demographic and environmental factors that have proven to increase the risk of illness and death. Our data shows with high confidence that poverty, population density, culture and ethnicity, access to resources, and communal living settings are all aggravating factors that make a person more susceptible to infection, severe illness, and death from COVID-19.

Prioritization Criteria

High-risk communities are identified using the following prioritization:

1. Communities with the lowest vaccination rates
2. Highest rates of COVID-19 cases per 100,000 in county
3. Highest rates of COVID-19 mortality per 100,000 in county
4. High Social Vulnerability Index (SVI) scores informed by:

Census Tracts Factors

- High infections by census tract = Exposure
- High fatalities by census tract = Risk
- Low vaccination rates = Percent unprotected
- Population size of targeted 75+ age group = Number at risk

Recipient Factors

- High risk chronic condition
- High risk 70+ group (will modify based on prioritization)
- Viral exposure
- Social vulnerability

If data for 75+ is unavailable, data for 65+ will be used as a proxy for the 75+ group.

Note: Refer to Appendix B to review the High Risk Screening Tool for Adults 65 and older.

Create a Map Identifying Vulnerable Populations

Map the distribution of vulnerable populations or the facilities/locations where they live or work. PCHD will use mapping tools to identify areas with health disparities (e.g., Social Vulnerability Index, Mapping Medicare Disparities Tool, government-sponsored dashboards and internet access) by census tract as well as zip code.

STRATEGY B: DEVELOP OUTREACH AND COMMUNICATION PLAN

Compile and maintain critical points of contact for reaching vulnerable populations, including healthcare systems, long term care facilities (LTCFs), including assisted living and intermediate care facilities, group homes for older adults and adult day care settings, emergency medical services organizations, treatment centers for persons with high-risk medical conditions (e.g., dialysis centers), professional medical subspecialty societies whose members care for patients in these priority groups, home healthcare providers, and correctional/detention facilities. This outreach includes individuals or communities that may be homebound or have other access issues by engaging home health agencies and community nurses who serve these populations.

Liaison with External Organizations

Ongoing partnership with agencies and organizations to determine accurate estimates of vulnerable population groups, such as the county's emergency management agency, labor department, chamber of commerce, business healthcare coalitions, chronic disease/nutrition programs, as well as organizations that support and/or work with the current populations including in a Priority Group.

The Communication Plan can be seen in Appendix F.

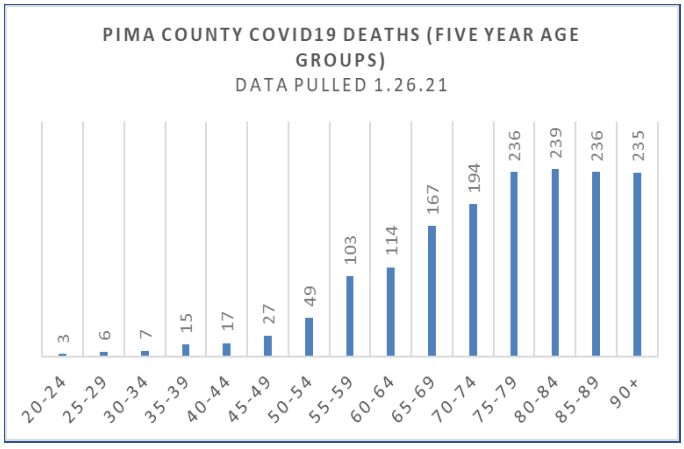
STRATEGY C: DEVELOP VULNERABLE POPULATION VACCINE ADMINISTRATION PLAN

The county will leverage its cross-sector partnerships, services, and networks to expand outreach efforts including health care providers, public health programs, community and social services, transportation, public safety, law enforcement and emergency management services. Planning efforts are underway to expand outreach, public information, and assistance to those in high-risk communities through a partnership with first responders and EMS personnel.

1) Mobile Vaccination Phased Strategy

During the initial pilot phase, while vaccine supply remains low and demand is high, the mobile vaccine program focuses solely on the highest risk vulnerable populations in order to prevent morbidity and mortality.

Upon successful completion of the initial phase and dependent on vaccine supply, the mobile vaccination program will expand to include additional age groups in priority groups 1B.1a-d, as well as provide services to appropriate individuals. The progression will move in five-year age groups based on fatality rates obtained through local data of Pima County COVID-19 decedents captured in the table below. PCHD anticipates rapid progression to include all individuals who are 65 and over and are included in a vulnerable population.



Mobile Clinic Identification and Responsibilities

TMC/Other Providers and PCHD Mobile Vaccination Clinic in High-Risk Areas

TMC is currently providing options for the resource-constrained at their hospital-based drive through and walk-up vaccination site. Organizations and providers are expanding their outreach to support the mobile outreach vaccination clinic at selected community locations in high-risk areas on Saturdays, staffed by volunteer health care workers. These locations have been and continue to be identified based on the aforementioned criteria. All mobile based clinics will be aligned with community leadership to ensure appropriate presence within the community. The intention is to utilize community-based volunteers to provide support during the clinic. Mobile clinics are dependent upon appropriate vaccine allocation.

2) Partner Provider Outreach Plan

Mobile onsite clinic using a closed POD on Saturdays using all volunteer medical staffing.

Hours – Flexible but focusing on 8:00 am – 4:00 pm

Pilot commencing February 6 for four weeks- This plan will provide onsite training to PCHD staff/partners to run additional mobile vaccination outreach operations. After one full cycle of administering two vaccine doses using mobile outreach clinic, the model will be reviewed and refined by engaged partners and PCHD.

Locations – PCHD will provide locations to the provider, based on criteria for identifying people in high-risk populations and will arrange use of the site. See table E below for proposed locations.

Pilot site will offer both a drive-through option and a walk-up option when feasible to administer vaccine and will monitor clients in designated areas for 15 minutes after vaccination for patient safety. Specific attention will be paid to ensure ADA compliance as well as disability access.

Proposed staffing planning including staff and medical volunteers:

- **Greeters**
- **Translators**
- **Staff Support'**
- **Pharmacist**
- **Nurses** / Vaccinators
- **Traffic logistics** – County responsible
- **Registers** –– will use an abbreviated ID collection on site –such as a scan of ID and collection of basic info to log record / dose / lot /. This will avoid the need to register in MyChart. This will be routinely evaluated
- **Security/Police –**the PCHD will arrange for appropriate security personnel

IMPORTANT: Flyers will be given in English and Spanish (and in other diverse community languages) for second dose distribution for time and location. Due to cold chain concerns, Moderna vaccine will be used at this time; if other appropriate vaccines become available, they will be considered for use in the mobile setting.

The goal of the Saturday mobile outreach vaccination clinic at 8 hours x 50 vaccines per hour is to provide 400-500 vaccines per day to eligible groups in high-risk communities.

3) Homebound/Disabled Outreach Plan

Older age and chronic conditions often place homebound and disabled Pima County residents at higher risk of contracting a serious case of COVID-19. Although these individuals may be unable to leave their homes, they face potential exposure through visits and deliveries. Nurses go to the homes to provide medical care, relatives may stop in to visit, package and food deliveries are received opening many avenues for COVID-19 exposure. The homebound and disabled living at home who contract COVID-19 may face similar risks of severe illness and death as those living in long term care facilities.

Target Groups for the Homebound/Disabled Outreach Plan:

- People in assisted-living facilities yet to be vaccinated
- Socially vulnerable, isolated individuals
- Homebound individuals
- People in low-income and senior housing
- Homeless individuals
- Disabled individuals
- Individuals evaluated and considered for Serious Mental Illness (SMI) services

Partnerships in the Homebound/Disabled Outreach Plan:

- Vaccinator Contractors with PCHD
- Law enforcement and other community organizations
- County organizations
- Volunteers
- Public Health Nurses (PHNs)

a. Engage Local Agencies in Grassroots Outreach

Enlist home healthcare providers and local agencies that specialize in aging and disabilities.

- Provide flyers and other information so that they can get the word out about mobile vaccination offerings
- Appoint a champion to manage and organize the grassroots outreach

b. Compile a List of Candidates

Compile a list of potential homebound and disabled individuals. Sources include the following:

- Individuals receiving Medicaid home and community-based services
- Individuals enrolled in managed care plans such as Medicare Advantage, Special Needs Plans, and Program of All-Inclusive Care for the Elderly (PACE) programs
- Home healthcare agencies
- Agencies specializing in the elderly and disabled
- Appoint a champion to manage and organize the candidate list

c. Coordinate with Vaccine Manager

Coordinate with the PCHD vaccine-preventable disease manager to organize the vaccination execution specifics

d. Plan and Coordinate Rides for those without Transportation

Arrange for transportation for those who need it. Many of the county's disabled do not drive.

- Enlist Emergency Medical Services (EMS) to provide transportation when medical oversight is required
- Appoint a champion or a specific agency as a centralized contact point

e. Arrange for Home Visits for the Homebound

Once Pima County homebound residents have been identified, schedule visits to perform vaccinations.

- Coordinate with disability organizations and agencies
- Appoint a champion to arrange and coordinate home vaccinations using public health nurses and volunteers

f. Conduct Regular Coordination Meetings

Conduct regular coordination meetings with the following champions:

- PCHD Ethics Committee
- Grassroots Outreach Champion
- Candidate List Champion
- PCHD Vaccine-preventable Disease Manager
- Transportation Champion
- Home Visit Champion

4) Long Term Care Outreach Plan

ALTCS Involvement

People 75 years and over (and subsequent age groups) who are eligible for Arizona Long Term Care System (ALTCS) and living in long-term care facilities in Pima County have been disproportionately impacted by severe COVID-19 illness and death. There are an estimated 9,329 long term care elderly and physically disabled people (EPD) as defined by the Division of Developmental Disabilities (DDD) in Pima County as of November 2020.

In December 2020, this priority group became eligible for vaccinations for facilities enrolled with the Federal CDC and CVS/Walgreens partnership that will be administered onsite in their skilled nursing facility or assisted living facility. Staff and residents in all SNF in the county have received one dose of the Moderna vaccine and are on target to receive the second dose by the end of March 2021. Vaccinations are currently being administered to staff and residents in enrolled Assisted Living Facilities (ALFs). A number of the ALFs in the county missed the deadline to enroll and are not eligible at this time under this program. These requires alternate arrangements that are in process, using Public Health Nurses from PCHD as well as volunteers.

ALTCS Population by Setting and Dual (Medicare+ Medicaid) and Non-Dual (Medicaid only)

Pima County ALTCS EPD as of November 2020		
	Dual	**Non-Dual**
Home	1,586	577
Alternative Residential	977	126
HCBS Total	2,563	703
Institution	780	252
Total	3,343	955
Pima County ALTCS DDD as of November 2020		
	Dual	**Non-Dual**
Home	937	3,232
Alternative Residential Institution	557	305
Total	1,494	3,537
Pima County ALTCS Grand Total	**4,837**	**4,492**

5) PCHD Roles and Responsibilities

PCHD or our Logistic Partner will supply the following:

- Develop appropriate home based, mobile, or organization-based delivery modality
- Allocate appropriate number of preferred vaccine doses to support delivery Partner with the Mitigating the Impact of COVID-19 in Communities of Color program (MC3) to leverage community partnerships and trust
- Provide operational support
- Provide follow up outreach and assistance when possible with clients using mobile POD for second dose, via Community Health Workers
- Develop printed health information and promotion materials in English Spanish and other community languages
- Provide additional volunteers to staff the homebound/mobile clinic/POD as needed
- For Mobile Clinics
    - Provide tents, tables and chairs as requested and planned by logistics for mobile sites
    - Provide schedule of approved high-risk locations in high-risk areas for two events 4 weeks apart based on vaccination schedule
    - Arrange site location and permissions
    - Push out relevant community notification to community partners and groups serving vulnerable populations. Coordinate communications with TMC and local community partners
    - Provide appropriate number of uniformed security personnel

STRATEGY D: IMPLEMENT VULNERABLE POPULATION VACCINE ADMINISTRATION PLAN

The PCHD in partnership with the Tucson Medical Center (TMC) and other health care providers, Premier Medical Group (PMG), and other stakeholders are supporting mobile vaccination clinics via closed points of distribution for members of these vulnerable communities.

1) Mobile Clinics – Identification and Responsibilities

TMC/Other Providers and PCHD Mobile Vaccination Clinics

TMC is currently providing options for people 70+ at their hospital-based drive through and walk-up vaccination site. Providers will expand their outreach and support the mobile outreach vaccination clinic at selected community locations in high-risk areas on Saturdays, staffed by volunteer health care workers.

Pop-Up Vaccine Model

In cooperation with TMC, the PCHD conducted its first mobile vaccination clinic on Saturday, February 6, 2021, at St. John' s the Evangelist Catholic Church. Five hundred eleven individuals were vaccinated who were predominately elderly, Hispanic, and Spanish-speaking, or resource-constrained members of our community. This successful pilot vaccination clinic is the first of planned mobile clinics designed to reach isolated or vulnerable communities.

2) Homebound/Disabled Administration Plan

Administer the Homebound/Disabled Outreach Plan with the coordination of the following champions:

- Grassroots Outreach Champion
- Candidate List Champion
- PCHD Vaccine-preventable Disease Manager
- Transportation Champion
- Home Visit Champion

3) Long Term Care Administration Plan

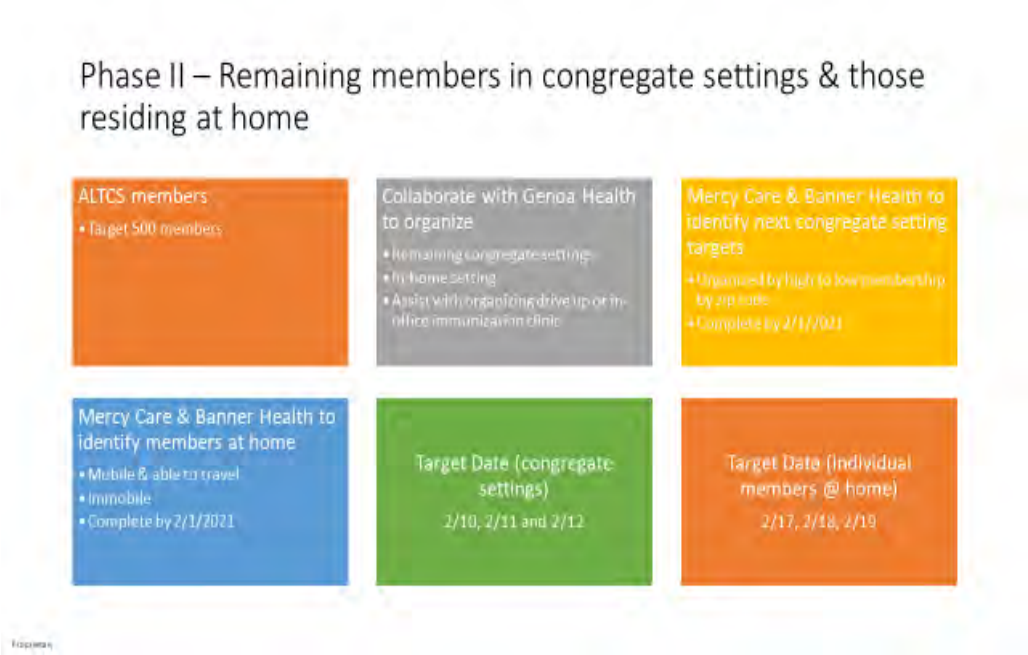
ALTCS Pilot Program

The PCHD, in partnership with the Arizona Health Care Cost Containment System (AHCCCS) and their funded Pima County ALTCS plans, has developed a mobile outreach plan to vaccinate targeted EPD ALTCS clients living in assisted living facilities (ALFs). The pilot will target those ALFs not covered by the CVS/Walgreens partnership to ensure these high-risk residents and staff receive vaccinations as part of priority Group 1A.1c.

The ALTCS mobile outreach has been launched and is progressing successfully. Our ALTCS partners are systematically and methodically visiting LCFs throughout Pima County to administer first and second vaccine doses. ALTCS representatives are meeting with LTC administrators weekly to coordinate timelines, share updates, and discuss plans and barriers.

Beginning in February 2021, PCHD allocated vaccine supply to the identified on-boarded vaccinator, Genoa Healthcare, who is initially dispense the vaccinations onsite at 17 identified ALFs, reaching a projected 112 residents and 42 staff in these centers. Non-ALTCS clients onsite at these locations will also be offered the vaccine. Residents are required to provide written consent to receive the vaccine and health care professionals and staff will monitor residents for any adverse events or side effects.

The model will be refined and expanded to additional ALFs and other high risk congregate settings where ALTCS clients reside. The pilot will also be expanded during Phase 2 to ALTCS clients who are homebound and unable to access the hospital-based PODS.



Arizona Long Term Care System Members

People 75 years and older receiving services through the Arizona Long Term Care System (ALTCS) and not living in a skilled nursing facility or assisted living center will be contacted by their assigned ALTCS case manager to arrange for their vaccination. For those able to get to the PODS, they will provide information and support on how to register, as well as any assistance required to get to the appointment.

ALTCS clients, 75+ who are homebound, and not mobile enough to travel to the hospital-based PODs will be included in the mobile vaccination outreach program where they can receive their vaccination in place. This began in February 2021 in Phase 2 of the PCHD/ALTCS pilot program.

IV. LOGISTICS

PCHD staff, including MC3 staff and other partners are trained onsite by TMC on their mobile POD operations, including registration and will draw upon their existing protocols.

A. Vaccine Storage

Proper vaccine storage and handling is important from the moment the vaccine arrives at the facility. Vaccines should be well-labeled and kept in original packaging.

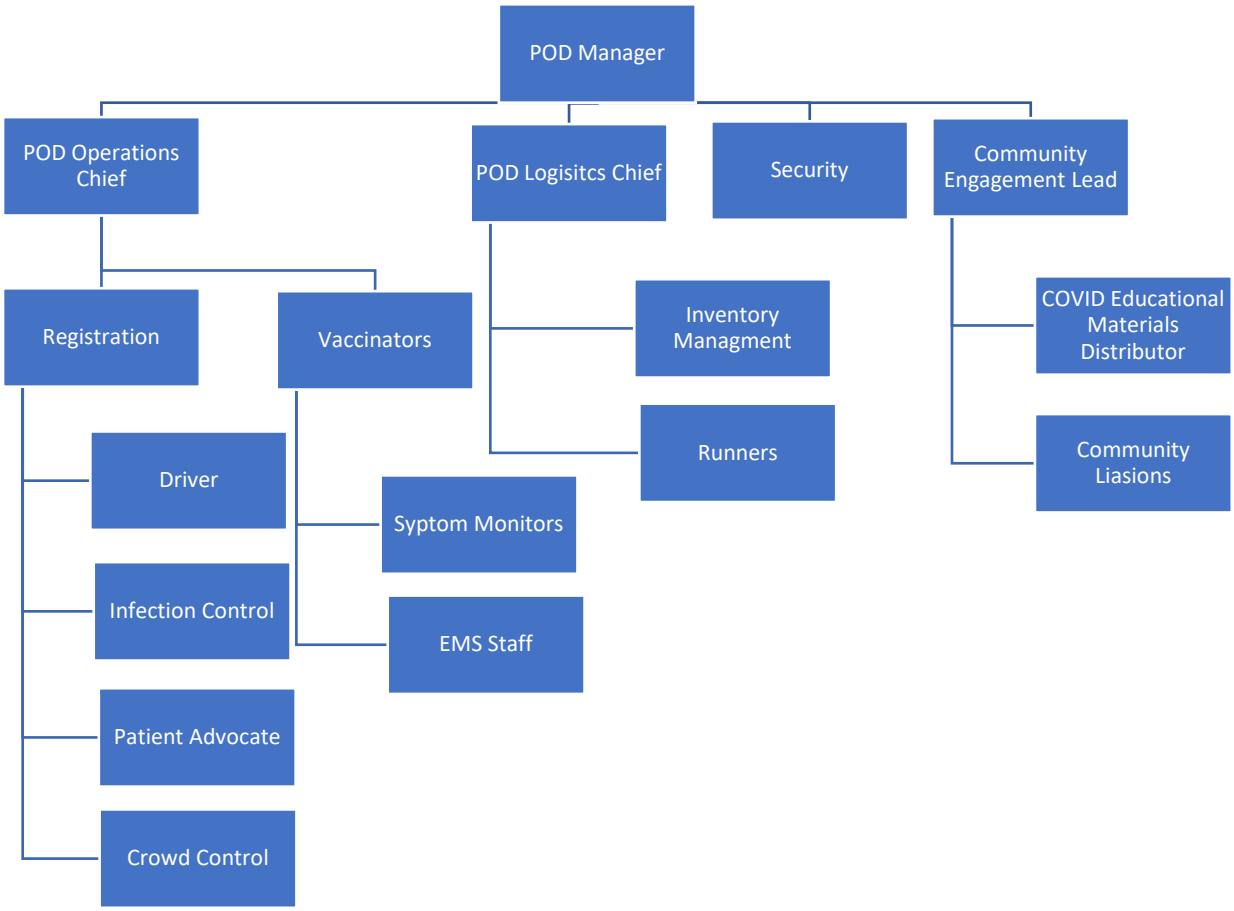
The Moderna vaccine must be stored at proper temperatures:

- Freezer - Vaccine may be stored in a freezer between -25°C and -15°C
- (-13°F and 5°F)
- Refrigerator - Vaccine vials may be stored in the refrigerator between 2°C and 8°C (36°F and 46°F) for up to 30 days before vials are punctured

All providers are required to use digital data loggers on all units and a backup data logger must be readily available.

Vaccines will be stored and handled using CDC's Vaccine Storage and Handling Toolkit COVID-19 Vaccine Addendum guidelines and the Moderna COVID-19 Vaccine: Storage and Handling Summary.

B. Staffing



On-Site Training

Pima County Health Department will ensure that there is on-site training to closed POD staff to refresh the roles, responsibilities, and overall operations before the closed POD is set up. Training materials will include job action guidelines, talking points, practice completing forms, an organizational chart outlining the chain of command, and communication flow.

C. Security

Security will be provided by Pima County Health Department. An appropriate number of security officials will assist with crowd control to assure orderly lines and prioritization for designated groups. Security will be provided by PCHD's contracted private security agency.

D. POD Operations and Logistics

There are several elements involved in operating a POD. This includes greeting, screening, and dispensing/referral functions; managing and tracking SNS asset inventory; communicating with the Incident Operation Command (IOC); and providing regular updates to the IOC during POD operations.

Each POD site will be stood up 8am-4pm

1) Logistical Considerations

- Site visit
- Sufficient space for 10x10 tents, a mid-size sprinter van, parking for staff and the public
- Assess traffic flow, as well as room and shade for the designated number of individuals to wait for vaccination
- 8 hours x 50 vaccines @ hour = +/- 400 per day (return to same site in 4 weeks)

2) Post-Vaccination Observation Times

- **30 minutes**: Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy or a history of anaphylaxis due to any cause
- **15 minutes**: All other persons

1. Management of Medical Emergencies

    - If a patient experiences itching and swelling confined to the injection site where the vaccination was given, apply a cold compress to the injection site. Observe patient closely for the development of generalized symptoms until symptoms subside.
    - If symptoms are generalized (generalized itching, redness, urticaria (hives); or include angioedema (swelling of the lips, face, or throat); shortness of breath; shock; or abdominal cramping; call 911 and notify the patient's physician. Notifications should be done by a second person while the primary healthcare professional assesses the airway, breathing, circulation and level of consciousness of the patient. Vital signs (heart rate, respirations and Blood Pressure, pulse ox) should be taken every 5 minutes.
    - To administer Epinephrine auto-injector (0.3ml)

- Monitor the patient closely until EMS arrives. Monitor blood pressure and pulse every 5 minutes
- If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5-15 minutes for up to 3 doses depending on patient's response.
- Record the patient's reaction to the vaccine (e.g., hives, anaphylaxis), all vital signs, and medications administered to the patient, including time dosage, response, and the name of the medical personnel who administered the medication and other relevant clinical information.

2. Report All Adverse Events to VAERS

   Report all adverse reactions to SARS-CoV-2 vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

E. Talking Points for MC3 and CHW Staff

- Vaccine efficacy
- Vaccine safety
- Vaccines in communities of color (who was tested in vaccine trials)
- Vaccine myths
- Common side effects
- What to do if side effects occur
- The second appointment
- Moderna vs. Pfizer
- Vaccine priority groups
- Vaccine cost
- Going back to "normal"
- Testing positive and getting the COVID vaccine
- CDC V-Safe smartphone

F. Registration, Data Collection and Reporting

Registration will be done with the provider involvement. A streamlined registration process will be used to ensure it is efficient, accessible, and culturally sensitive.

Report the Following Information to ADHS every 24 hours:

- Patient name, date of birth and address, phone number, gender, race/ethnicity, and vaccine priority group
- Vaccine manufacturer, lot number, CVX product code, dose number and expiration date.
- The route of administration and administration site
- The month, day, and year of each immunization
- The facility administration site details: name, type, and address
- Attest to providing follow up information if a second dose is required:

The information provided informs the POD planning prioritization. Please submit your response by 9:00 am daily using this link: https://pimacounty.sjc1.qualtrics.com/jfe/form/SV_e5taN0hpVHTrhvT.

A streamlined registration process will be used to ensure it is efficient, accessible, and culturally sensitive.

APPENDIX A – PIMA COUNTY ACCELERATED IMMUNIZATION PLAN

MEMORANDUM

Date: January 12, 2021

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator

Re: **County Accelerated Immunization Plan**

Introduction

Our public health agency, the Pima County Health Department, has developed the attached accelerated COVID-19 vaccination implementation plan entitled, "Ensuring that Early Doses Have Maximum Impact." An accelerated immunization plan is the quickest way to reduce the present hospital capacity emergency as well as reduce the number of community infections occurring with the Coronavirus. This plan contemplates both a number of fixed, high volume immunization sites as well as the distributed plan where immunizations occur in community settings in the rural and semi-urban areas of the County.

It is anticipated that at maximum operating performance, the six selected fixed sites can provide up to 12,200 inoculations each day with the possible expansion to over 16,000 per day. Based on the present supply of vaccines, it is clear we will have vaccination capacity in excess of vaccine supply. This memorandum is to supplement the public health agency's accelerated immunization plan and to provide the Board of Supervisors with a perspective on the difficulties involved in standing up vaccine sites and provide necessary logistical support to keep them operating at maximum capacity.

Population to be Vaccinated

The population in Pima County is approaching 1.1 million. It is estimated that nearly 20 percent of the population is below the age of 16; therefore, ineligible for the present vaccine due to the lack of vaccine trials on this population. It is also assumed that among the remaining age eligible population up to 20 percent of the population will decline to be vaccinated for various reasons. Therefore, approximately there will be 720,000 individuals requiring vaccination within the next six months.

Moving from Phase 1A Priorities to Phase 1B

Two fixed sites were chosen to vaccinate the 1A population, primarily healthcare workers, more than 30,000 in Pima County. These sites are, Banner North and Tucson Medical Center (TMC). The Banner North site is a drive thru vaccination site and TMC has both an inside

vaccination site as well as a drive thru site. Vaccinations began at these sites on December 17, 2020.

Near the end of this week, Pima County will transition into vaccinating the designated 1B population. These population designations are defined by the Centers for Disease Control through the Arizona State Department of Health Services, and reviewed and endorsed by the Pima County Health Department and its Ethics Committee.

Phase 1B is a relatively large segment of the population ranging from 275,000 to 325,000. Furthermore, Phase 1B has been divided into two categories Phase 1B-1 and Phase 1B-2. Phase 1B-1 prioritizes people 75 years of age and older, teachers, childcare workers, and protective service workers. Phase 1B-2 is a list of essential workers and adults in congregate settings with chronic medical conditions.

Identifying Phase 1B-1 Eligibility of Individuals 75 Years of Age or Older

The most immediate way to reduce the present overtaxing of hospital capacity is to quickly vaccinate those individuals 75 years of age or older since they are the ones most likely to require hospitalization and intensive care if infected. A combination of resources is being used to identify those 75 years or older age group. These include working with primary care health providers identify patients that meet this requirement.

In addition, we have been working with the Pima Council on Aging and the State Medicaid Agency to identify additional individuals, particularly those that are not mobile or those who are housebound in order to facilitate their vaccination. Finally, we will work with a variety of retirement communities to identify these individuals and arrange for early vaccination.

Specialization of the Six Fixed Vaccination Sites Related to Moving the Entire 1B Population through as Quickly as Possible

The 1B population is generally divided into three groups, those over the age of 75, teachers and protective service occupations. Given the scarcity of vaccine, Pima County Health Department recommends additional age stratification among those 75 and over. Our highest mortality has been in those 85 years old and over. This population is estimated to be approximately 20,000 residents. For this reason, vaccination will be prioritized to those who are 85 and over during the first week of Phase 1B. During the second week of eligibility 80-84 year olds, and to 75- 79 year olds in week three. Individuals who are 75 or older will continue to be able to receive vaccine throughout Phase 1B which is expected to last until the end of March.

Our attempt to prioritize the age groups over 75 years of age is designed to focus on the greatest risk individuals as well as space out registration demands to avoid crashing electronic registration systems, which had occurred in other large jurisdictions.

Furthermore, it is ideal if this group receives their vaccine at a vaccination site that is within, near or adjacent to a full service hospital facility, including an emergency room due to the possibility of increased reaction to the vaccine by these age groups. Hence, the Banner North, TMC and Kino Stadium (Banner South) will prioritize this group.

Likewise, the vaccination site at the University of Arizona will be prioritized for teachers and childcare workers, and the Tucson Convention Center site will focus on protective service occupations. As these groups move through the vaccination process the site will be opened to all individuals in group 1B.

The Rillito site, coming online in February or late January, will likely be used for the balance of the 1B population for teachers and protective service occupations and will remain in place for 1C population as will all six fixed sites.

Vaccination Capacity at the Six Fixed Vaccination Sites

The vaccination capacity at the six fixed sites will exceed the present estimated vaccine supply commitment provided by the State, which is approximately 12,000 doses per week. As we increase capacity to match vaccine, we will need an additional 20,000 doses per week through the balance of January; an additional 30,000 per week through February; and an additional 40,000 per week in March. If this vaccine supply is not provided, the sites will have to be reduced in operating hours or closed.

Vaccination Process and Logistic Support

The process to obtain a vaccination is relatively simple and involves registration, scheduling an appointment, receiving a vaccine, medical observation for adverse reaction and discharge. Moving through these steps is more complicated.

First, each site selected for administering vaccines must be on-boarded through the State Department of Health Services approval process, which means the site can provide vaccines in a safe manner and are there assurances that the vaccines will be administered safely and handled appropriately.

Once a site has been approved, then the logistics necessary to operate this site become critical. The first step is registration of individuals to be vaccinated. Most registration systems are online. Both Banner North and TMC have been using their medical registration systems for this purpose. Such will continue and the County will use both of these systems at its sites.

Given that it is likely a significant portion of the population, particularly those 75 years of age or older, may not have the skills necessary to independently register online or have access to a computer or internet. As a result, we anticipate providing some level of - telephone and limited on –site registration support.

Post-registration, individuals arriving at a vaccine center will be greeted, undergo registration verification, and have their questions answered.

Once identified as registered, they will then proceed to consent and vaccination and must undergo either a 15 or 30-minute observation period to ensure there are no adverse reactions to the vaccine. A medical emergency response team must also be available at each vaccination site to address adverse reactions if they occur. If there is no adverse reaction, the vaccinated individual is released.

In administering the vaccine, one vaccine, the Pfizer vaccine requires pharmacy preparation before administering. In addition, to maximize the number of doses available of either the Pfizer or Moderna vaccine, pharmacy preparation is essential to ensure appropriate dosing and minimize drug wastage.

The importance of using trained Pharmacists, Pharmacy Techs or Pharmacy students providing this service relates to increasing the number of vaccines obtained per vial. Both the Moderna and Pfizer vaccine are advertised as five does per vial. as many as six doses of the Pfizer vaccine has been obtained in a five-dose bottle and as many as nine doses from a Moderna bottle.

The person giving the shot to the individual to be vaccinated must also be a medical professional, either an Emergency Medical Technician or a Registered Nurse, qualified to provide inoculations.

Staffing Support for Vaccination Centers

Staffing vaccination centers will be challenging and met through a variety of personnel sourcing, including utilization of volunteers, medical volunteers from the Medical Reserve Corps, staffing of Emergency Medical Technicians through intergovernmental agreements with fire and fire district agencies, and contracting as necessary for medical personnel as well as staff to provide telephone and on-site registration and staff to greet and guide individuals through the process safely.

Where staffing gaps occur, I will appropriately redirect existing County staff to provide these services and if necessary, call on other City and Town Managers to do the same.

Finally, we have been and will continue to work with the University of Arizona to provide appropriate level pharmacy, nursing and other students to assist in those pharmacy activities and/or will enlist the services of contracted pharmacists for vaccine preparation.

Financial Support for the Vaccination Program

The financial support to fund both the fixed vaccination sites and those that will be dispersed, falls on the County public health agency. As I have previously indicated, the County has

exhausted our CARES Act funding; however, the recently passed Consolidated Appropriation Act of 2021 has allocated $66 million to the State of Arizona for the vaccination process and $419 million to the State of Arizona for testing. These amounts should be appropriately and proportionately passed through the State to local county public health agencies who are incurring both vaccination and testing costs at a pace that is now the highest since the COVID-19 pandemic began. When and how these funds will be distributed remains a mystery at this point in time.

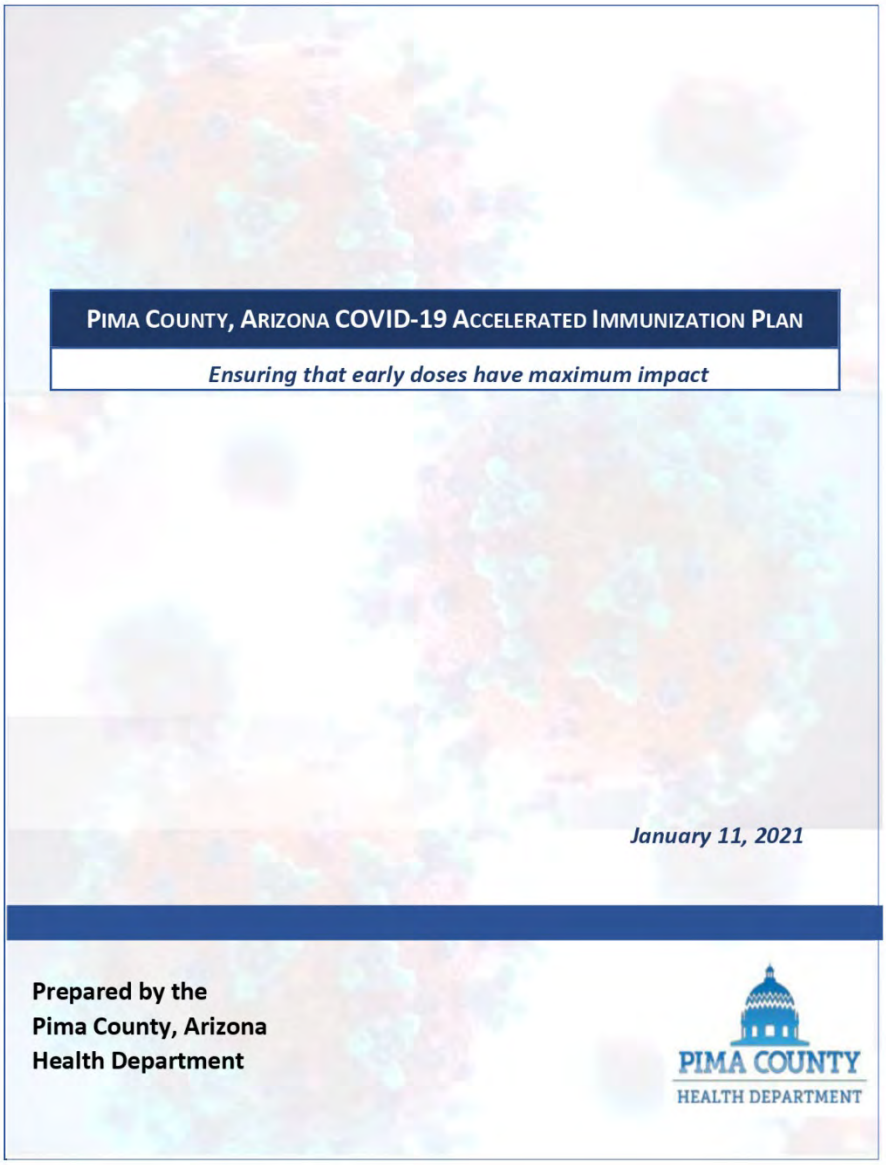
Initially, the cost for vaccinating the 1A population, primarily medical service providers, has been largely borne by the Banner Hospital System and Tucson Medical Center. It is not appropriate for these entities to continue to bear these costs when moving to the general population for vaccination. Hence, I have indicated to both that upon moving to the 1B population, the County, through our public health agency will reimburse them for their expenses in continuing to provide a fixed vaccination site. The County will also bear fixed expenses associated with other point of distribution vaccination sites once they come online.

Bearing these expenses now without specific knowledge associated with reimbursement is a risk; however, a far greater risk is to delay the community vaccination process.

CHH/anc

Attachment – Pima County Accelerated Immunization Plan – Ensuring that early doses have maximum impact

c: Jan Lesher, Chief Deputy County Administrator
Carmine DeBonis, Jr., Deputy County Administrator for Public Works
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer, Health and Community Services
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department
Shane Clark, Director, Office of Emergency Management and Homeland Security
Spencer Graves, Manager, Public Health Emergency Preparedness Program


PIMA COUNTY, ARIZONA COVID-19 ACCELERATED IMMUNIZATION PLAN
Ensuring that early doses have maximum impact
January 11, 2021
Prepared by the
Pima County, Arizona
Health Department
PIMA COUNTY
HEALTH DEPARTMENT

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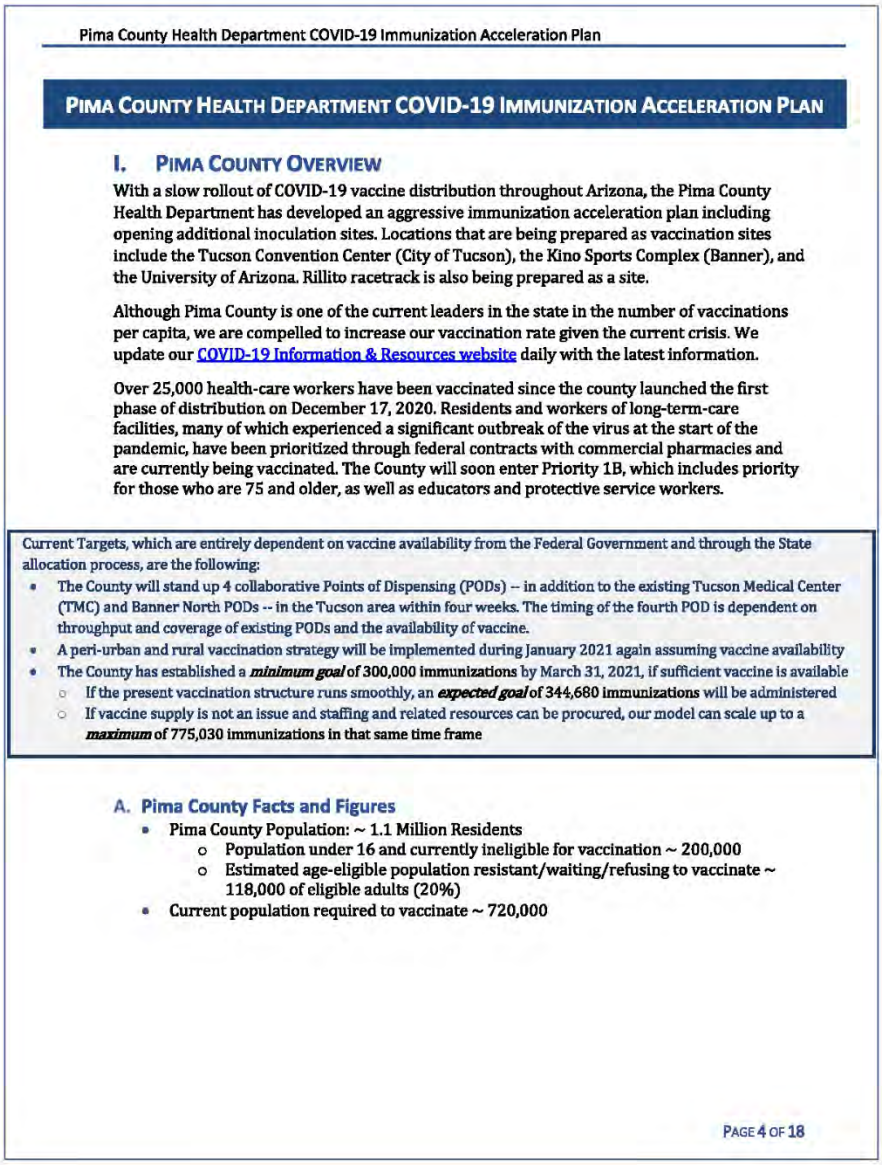

Pima County Health Department COVID-19 Immunization Acceleration Plan

PIMA COUNTY HEALTH DEPARTMENT COVID-19 IMMUNIZATION ACCELERATION PLAN

I. PIMA COUNTY OVERVIEW

With a slow rollout of COVID-19 vaccine distribution throughout Arizona, the Pima County Health Department has developed an aggressive immunization acceleration plan including opening additional inoculation sites. Locations that are being prepared as vaccination sites include the Tucson Convention Center (City of Tucson), the Kino Sports Complex (Banner), and the University of Arizona. Rillito racetrack is also being prepared as a site.

Although Pima County is one of the current leaders in the state in the number of vaccinations per capita, we are compelled to increase our vaccination rate given the current crisis. We update our COVID-19 Information & Resources website daily with the latest information.

Over 25,000 health-care workers have been vaccinated since the county launched the first phase of distribution on December 17, 2020. Residents and workers of long-term-care facilities, many of which experienced a significant outbreak of the virus at the start of the pandemic, have been prioritized through federal contracts with commercial pharmacies and are currently being vaccinated. The County will soon enter Priority 1B, which includes priority for those who are 75 and older, as well as educators and protective service workers.

Current Targets, which are entirely dependent on vaccine availability from the Federal Government and through the State allocation process, are the following:

- The County will stand up 4 collaborative Points of Dispensing (PODs) -- in addition to the existing Tucson Medical Center (TMC) and Banner North PODs -- in the Tucson area within four weeks. The timing of the fourth POD is dependent on throughput and coverage of existing PODs and the availability of vaccine.
- A peri-urban and rural vaccination strategy will be implemented during January 2021 again assuming vaccine availability
- The County has established a ***minimum goal*** of 300,000 immunizations by March 31, 2021, if sufficient vaccine is available
  - If the present vaccination structure runs smoothly, an ***expected goal*** of 344,680 immunizations will be administered
  - If vaccine supply is not an issue and staffing and related resources can be procured, our model can scale up to a ***maximum*** of 775,030 immunizations in that same time frame

A. Pima County Facts and Figures

- Pima County Population: ~ 1.1 Million Residents
  - Population under 16 and currently ineligible for vaccination ~ 200,000
  - Estimated age-eligible population resistant/waiting/refusing to vaccinate ~ 118,000 of eligible adults (20%)
- Current population required to vaccinate ~ 720,000

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Pima County Health Department COVID-19 Immunization Acceleration Plan

B. Transition Between Phases

- The County has made the strategic decision to remain in Phase 1A as we accelerate our vaccination rate. **We tentatively anticipate transitioning to Phase 1B.1 Priority around January 15, 2021.**

Our thoughts:

- Since December 17, 2020, the vast majority of our current vaccination appointments were for healthcare workers (HCWs)
- Over 1400 reminders were sent to HCWs organizations during the week of December 28, 2020, with vaccine registration information to increase enrollment at the two operating Points of Dispensing (PODS) – TMC and UMC Banner North
- As of January 6, 2021, over 800 of these organizations had been made available for the registration system. These HCWs began receiving the vaccines during the same week.

C. COVID-19 Vaccination Strategy

The following COVID-19 Vaccination targets include the second vaccination shot. Our goal would be to meet maximum 1,480,000 total vaccinations (assuming that complete vaccination would require a two-vaccination series)

1) *Minimum* Vaccination Targets (predicted near completion - September 2021)

Q1 & Q2 *Minimum* Vaccination Targets Predicted Near Completion – September 2021	
Estimated ***minimum*** vaccinations by March 31	**344,680**
Estimated ***minimum*** vaccinations from April 1-June 30	**599,730**
Estimated ***minimum*** vaccinations by June 30	**944,410**

2) *Maximum* Vaccination Targets (predicted near completion - June 2021)

Q1 & Q2 *Maximum* Vaccination Targets Predicted Near Completion – June 2021	
Estimated ***maximum*** vaccinations by March 31	**775,030**
Estimated ***maximum*** vaccinations from April 1-June 30	**1,005,080**
Estimated ***maximum*** vaccinations by June 30	**1,780,110**

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3) Quarter 1 Scenario Inoculation Estimates

The tables below present two possible case scenario inoculation estimates, with the assumptions that:

a) All new sites open on schedule, with adequate vaccine and staffing

b) All sites meet best performance numbers based on minimum or maximum capacity being available

c) Sufficient vaccine is allotted to Pima County from the Arizona Department of Health Services (AzDHS) on a routine and predictable schedule

d) Sufficient vaccine is available to meet the minimum or maximum estimates

4) **Preliminary Estimate of *Minimum* COVID-19 Vaccine Inoculations – January 1-June 30, 2021**

The tables below display the *minimum* number of COVID-19 vaccine inoculations projected to be supported in Pima County during Quarters 1 and 2 in Pima County. This number may be reduced by unforeseen circumstances, such as personnel or vaccine shortages.

Preliminary Estimate of Minimum COVID-19 Vaccine Inoculations: January 1-March 31, 2021 (Q1 2021)

Vaccine Locations	Starting Date	January (23 Inoculation Days)		February (23 Inoculation Days)		March (26 Inoculation Days)		Q1 2021 Totals
		# days/inoculations per day	Jan Inoculations	# days/ inoculations per day	Feb Inoculations	# days/ inoculations per day	March Inoculations	
Tucson Medical Center (TMC)	12/14/20	5/1000 + 15/1,500	27,500	23/1,500	34,500	25/1,500	37,500	99,500
Banner-North (UMC)	12/14/20	23/700	16,100	23/700	16,100	25/700	17,500	49,700
Banner South/ Kino Stadium	1/13/21	14/800	11,200	23/800	18,400	25/800	20,000	49,600
Tucson Convention Center	1/15/21	14/700	9,800	23/700	16,100	25/700	17,500	43,400
Univ. of Arizona	1/19/21	10/700	7,000	23/700	16,100	25/700	17,500	40,600
Rillito Racetrack	TBD	This location not included in minimum COVID-19 vaccine inoculation calculations because its implementation is pending and in development.						
Q1 2021 POD Totals			71,600		101,200		110,000	282,800
Long Term Care Facilities (LTC)/ALF - retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Peri-urban and Rural Locations		10/500	5,000	23/750	17,250	25/750	18,750	41,000
136.290			83,270		125,120		136,290	344,680

Pima County Health Department COVID-19 Immunization Acceleration Plan

Preliminary Estimate of Minimum COVID-19 Vaccine Inoculations: April 1- June 30, 2021 (Q2 2021)

Vaccine Locations	Starting Date	April (25 Inoculation Days)		May (26 Inoculation Days)		June (25 Inoculation Days)		Q2 2021 Totals
		# days/ Inoculations per day	Apr Inoculations	# days/ Inoculations per day	May Inoculations	# days/ Inoculations per day	June Inoculations	
Tucson Medical Center (TMC)	12/14/20	24/1,500	36,000	25/1,500	37,500	24/1,500	36,000	109,500
Banner-North (UMC)	12/14/20	24/700	16,800	25/700	17,500	24/700	16,800	51,100
Banner South/ Kino Stadium	1/13/21	24/2,000	48,000	26/2,000	50,000	24/2,000	48,000	146,000
Tucson Convention Center	1/15/21	24/2,000	48,000	25/2,000	50,000	24/2,000	48,000	146,000
Univ. of Arizona	1/19/21	24/1,000	24,000	25/1,000	25,000	24/1,000	24,000	73,000
Rillito Racetrack	TBD	This location not included in minimum COVID-19 vaccine inoculation calculations because its implementation is pending and in development.						
Q2 2021 POD Totals			**172,800**		**180,000**		**172,800**	**525,600**
Long Term Care Facilities (LTC)/ ALF- retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Peri-urban and Rural Locations		23/750	17,250	23/750	17,250	25/750	17,250	51,750
Q2 2021 Minimum Grand Totals			**196,720**		**203,920**		**199,090**	**599,730**

*each site may be able to increase an additional 1,000 vaccines/day

Q1 2021 Minimum Grand Totals	**Jan**	**83,270**	**Feb**	**125,120**	**Mar**	**136,290**	**344,680**
Q2 2021 Minimum Grand Totals	**Apr**	**196,720**	**May**	**203,920**	**Jun**	**199,090**	**599,730**
Quarter 1 and 2 Minimum COVID-19 Vaccine Inoculation Grand Totals							**944,410**

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5) **Preliminary Estimate of *Maximum* COVID-19 Vaccine Inoculations – January 1-June 30, 2021**

The tables below display the *maximum* number of COVID-19 vaccine inoculations expected to be performed in Pima County during Quarters 1 and 2 in Pima County. This number may be reduced by unforeseen circumstances, such as personnel or vaccine shortages.

Preliminary Estimate of Maximum COVID-19 Vaccine Inoculations: January 1-March 31, 2021 (Q1 2021)

Vaccine Locations	Starting Date	January (23 Inoculation Days)		February (23 Inoculation Days)		March (26 Inoculation Days)		Q1 2021 Totals
		# days/ Inoculations per day	Jan Inoculations	# days/ Inoculations per day	Feb Inoculations	Per Day	# days/ Inoculations per day	
Tucson Medical Center (TMC)	12/14/20	5/1000 + 18/1,500	32,000	23/1,500	34,500	26/1,500	39,000	105,500
Banner-North (UMC)	12/14/20	23/700	16,100	23/700	16,100	26/700	18,200	50,400
Banner South/ Kino Stadium	1/13/21	16/2,000	32,000	23/2,000	46,000	26/2,000	52,000	130,000
Tucson Convention Center	1/15/21	14/2,000	28,000	23/3,000	69,000	26/3000	78,000	175,000
Univ. of Arizona	1/19/21	10/1,000	10,000	23/2,000	46,000	26/2,000	52,000	108,000
Rillito Racetrack	2/5/21	0	0	18/3,000	54,000	26/3,000	78,000	132,000
Q1 2021 Totals			**118,100**		**265,600**		**317,200**	**700,900**
Long Term Care Facilities (LTC)/ALF - retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Peri-urban and Rural Locations		23/750	17,250	23/750	17,250	25/750	18,750	51,750
Q1 2021 Minimum COVID-19 Vaccine Inoculation Grand Totals			**142,020**		**289,520**		**343,490**	**775,030**

*assumes this site is able to increase an additional 1,000 vaccines/day starting in February

Pima County Health Department COVID-19 Immunization Acceleration Plan

Preliminary Estimate of Maximum COVID-19 Vaccine Inoculations: April 1- June 30, 2021 (Q2 2021)								
Vaccine Locations	Starting Date	April (25 Inoculation Days)		May (26 Inoculation Days)		June (25 Inoculation Days)		Q2 2021 Totals
		# days/ Inoculations per day	Apr Inoculations	# days/ Inoculations per day	May Inoculations	# days/ Inoculations per day	June Inoculations	
Tucson Medical Center (TMC)	12/14/20	25/1,500	37,500	26/1,500	39,000	25/1,500	37,500	114,000
Banner-North (UMC)	12/14/20	25/700	17,500	26/700	18,200	25/700	17,500	53,200
Banner South/ Kino Stadium	1/13/21	25/2,000	50,000	26/2,000	52,000	25/2,000	50,000	152,000
Tucson Convention Center	1/15/21	25/3,000	75,000	26/3,000	78,000	25/3,000	75,000	228,000
Univ. of Arizona	1/19/21	25/2,000	50,000	26/2,000	52,000	25/2,000	50,000	152,000
Rillito Racetrack	2/5/21	25/3,000	75,000	26/3,000	78,000	25/3,000	75,000	228,000
Q2 2021 Totals			305,000		317,200		305,000	927,200
Long Term Care Facilities (LTC)/ALF-- retail pharmacies		23/290	6,670	23/290	6,670	26/290	7,540	20,880
Peri-urban and Rural Locations		25/750	18,750	26/750	19.500	25/850	18,750	57,000
Q2 2021 Maximum Grand Totals			330,420		343,370		331,290	1,005,080

*assumes this site is able to increase an additional 1,000 vaccines/day

Q1 2021 Maximum Grand Totals	Jan	142,020	Feb	289,520	Mar	343,490	775,030
Q2 2021 Maximum Grand Totals	Apr	330,420	May	343,370	Jun	331,290	1,005,080
Quarter 1 and 2 Minimum COVID-19 Vaccine Inoculation Grand Totals							1,780,110

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6) **Summary of Total Q1 & 2 Minimum and Maximum COVID-19 Vaccine Inoculations for Pima County**

The table below displays a summary, by month, of the projected minimum and maximum COVID-19 vaccine inoculation estimates for Q1 and Q2 FY2020. This number may be reduced by unforeseen circumstances, such as personnel or vaccine shortages.

Q1 & Q2 Inoculations at all Pima County Locations		Jan	Feb	March	April	May	June	Total
Jan 1 - June 30, 2021	Minimum	83,270	125,120	136,290	196,720	203,920	199,090	944,410
	Maximum	142,020	289,520	343,490	330,420	343,370	331,290	1,780,110

7) **Expenses**

Current Expenses -- County Partnerships

Current expenses have been borne by the Pima County as well as our partners (TMC, and Banner). Additional small, closed distribution points and partnerships have been developed with other hospitals (St. Mary's Hospital, St. Joseph's Hospital, Northwest Medical Center, and Oro Valley Hospital), Federally Qualified Community Health Centers (El Rio, Marana, United, and Desert Senita), and clinical groups (Arizona Community Physicians). Likewise, fire districts receiving vaccination have largely absorbed the costs of administration of the vaccine for their own staff.

Contract Expenses

To ensure adequate support for vaccine distribution, Pima County has also awarded two six-month vaccinator contracts. We anticipate that there will continue to be significant costs associated with COVID-19 vaccination.

First Responders – Sharing Financial Costs

Intergovernmental agreements are being crafted with the regional fire districts in order to provide mechanism for cost sharing as we move into Phase 1B.

County Financial Assumption of Vaccination Centers in Phase 1B

The County will assume the expense of the vaccination PODS as the COVID-19 vaccination process moves to Phase1B

D. Distribution Site Overview

1) Current Activities

- Two PODS fully functional and supported by Banner North, TMC, volunteers, and County staff.
- Planning to establish and initiate four additional PODs with anticipated start dates
- Agreements to continue current "closed pods" with specific TMC and Banner
- Staffing - reliance on volunteers as well as County, Banner, and TMC staff
- LTC immunization is ongoing under Federal partnership and direction with Walgreens/CVS pharmacies

2) Number of Distribution Sites

- Two large PODS -- UMC Banner North and TMC -- are 100% deployed
- Four additional PODS are in development (Banner South, TCC, University of Arizona, Rillito)
  - Kino Banner - January 15
  - TCC - January 15
  - University of Arizona- January 19
  - Rillito – ~February (details still in development)
- Currently, ten non-POD distribution sites have been deployed using hospital and non-hospital partners. We anticipate that this number will increase over the next few months
  - Over 100 sites have been on-boarded in the State Health Services system as potential distribution sites in Pima County

3) **Semi-urban and Rural Sites**

- A detailed semi-urban and rural plan is in development for the 17% of County that resides in outside of the urban core; this includes:
  - Far Western Pima County (inclusive of Ajo, Lukeville, and Why)
  - Northwestern/North Pima County (inclusive of Marana, Avra Valley, Picture Rocks, Catalina, and Summer Haven)
  - South/Southeastern Pima County (inclusive of Sahuarita, Green Valley, Amado, Arivaca, Vail, Corona de Tucson, Summit and Continental)
- Major planning elements include the following:
  - Assumes coverage for 20,062 residents over the age of 75+; 685 protective services workers; and 3,700 teachers and childcare workers
  - Relies on existing vaccination partners that
    a) Already have a clinical footprint in those communities
    b) Are already qualified by the state to receive and deliver vaccine; and
    c) Who can quickly mobilize community assets to quickly deliver vaccines
  - Dependent on the quick re-allocation of vaccine stock among partners to ensure timely utilization of stock
  - Anticipates eventual access to vaccine from retail pharmacies contracting directly with the federal government and under the direction of the State

II. PHASES

The County have developed the following tentative vaccination phases.

A. Phase 1A

Phase 1A Subgroup Prioritization for Healthcare Workers			
Phase 1A.1	**Phase 1A.2**	**Phase 1A.3**	**Phase 1A.4**
Healthcare workers and support staff who provide direct patient care in high-risk settings	**Healthcare workers and support staff who provide direct patient care in moderate-risk settings**	**Healthcare workers and support staff who provide direct patient care in lower-risk settings**	**All other healthcare workers**
Descriptions and Examples			
• COVID patients are present in workspace • Works inside COVID rooms • Longer exposure times (cumulative of 15 min over 24h period) • Dedicated COVID units, emergency departments, and COVID dedicated respiratory clinics • Urgent Care accepting COVID patients	• COVID patients are present in workspace • HCWs on COVID floor but not in COVID rooms • Lesser exposure times (cumulative of less than 15 min over 24h period)	• Urgent Care not accepting COVID patients • Home health/hospice • Inpatient locations that do not accept COVID inpatients	

Special prioritizations during Phase 1A

- Healthcare workers "at increased risk of severe illness" as defined by the CDC, including those with underlying health conditions and healthcare workers age 65 and older, will have first priority in each phase.

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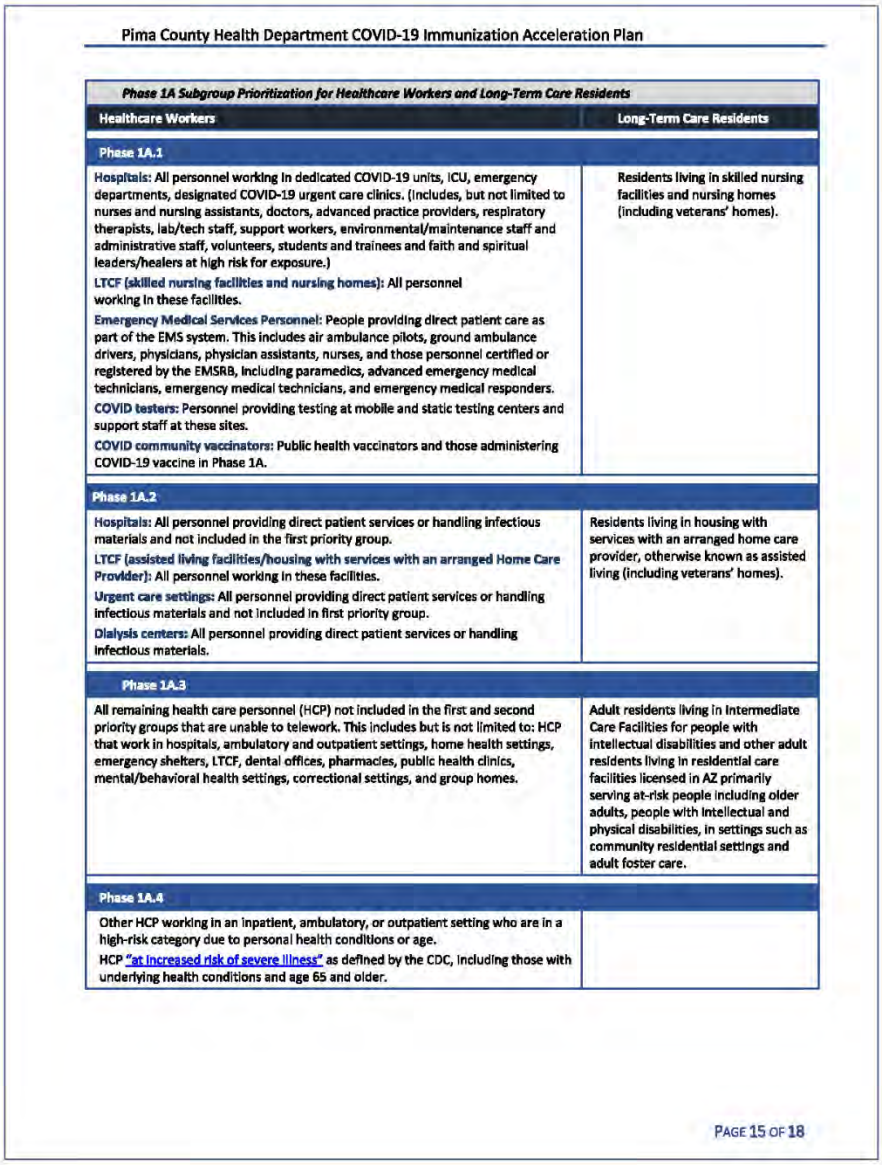

Pima County Health Department COVID-19 Immunization Acceleration Plan

Phase 1A Subgroup Prioritization for Healthcare Workers and Long-Term Care Residents	
Healthcare Workers	**Long-Term Care Residents**
Phase 1A.1	
Hospitals: All personnel working in dedicated COVID-19 units, ICU, emergency departments, designated COVID-19 urgent care clinics. (Includes, but not limited to nurses and nursing assistants, doctors, advanced practice providers, respiratory therapists, lab/tech staff, support workers, environmental/maintenance staff and administrative staff, volunteers, students and trainees and faith and spiritual leaders/healers at high risk for exposure.) **LTCF (skilled nursing facilities and nursing homes):** All personnel working in these facilities. **Emergency Medical Services Personnel:** People providing direct patient care as part of the EMS system. This includes air ambulance pilots, ground ambulance drivers, physicians, physician assistants, nurses, and those personnel certified or registered by the EMSRB, including paramedics, advanced emergency medical technicians, emergency medical technicians, and emergency medical responders. **COVID testers:** Personnel providing testing at mobile and static testing centers and support staff at these sites. **COVID community vaccinators:** Public health vaccinators and those administering COVID-19 vaccine in Phase 1A.	Residents living in skilled nursing facilities and nursing homes (including veterans' homes).
Phase 1A.2	
Hospitals: All personnel providing direct patient services or handling infectious materials and not included in the first priority group. **LTCF (assisted living facilities/housing with services with an arranged Home Care Provider):** All personnel working in these facilities. **Urgent care settings:** All personnel providing direct patient services or handling infectious materials and not included in first priority group. **Dialysis centers:** All personnel providing direct patient services or handling infectious materials.	Residents living in housing with services with an arranged home care provider, otherwise known as assisted living (including veterans' homes).
Phase 1A.3	
All remaining health care personnel (HCP) not included in the first and second priority groups that are unable to telework. This includes but is not limited to: HCP that work in hospitals, ambulatory and outpatient settings, home health settings, emergency shelters, LTCF, dental offices, pharmacies, public health clinics, mental/behavioral health settings, correctional settings, and group homes.	Adult residents living in Intermediate Care Facilities for people with intellectual disabilities and other adult residents living in residential care facilities licensed in AZ primarily serving at-risk people including older adults, people with intellectual and physical disabilities, in settings such as community residential settings and adult foster care.
Phase 1A.4	
Other HCP working in an inpatient, ambulatory, or outpatient setting who are in a high-risk category due to personal health conditions or age. HCP "at increased risk of severe illness" as defined by the CDC, including those with underlying health conditions and age 65 and older.	

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B. Phase 1B

PHASE 1B PRIORITIZATION		
	PHASE	DESCRIPTION
Phase 1B.1	PHASE 1B.1.a People aged 75 years and older	• People aged 75 years and older due to the high risk of hospitalization, illness, and death from COVID-19
	PHASE 1B.1.b Prioritized Protective service Workers	• Protective service occupations (law enforcement, corrections, firefighters, and other emergency response staff, 911 call center staff and trainees in high-risk settings)
	PHASE 1B.1.c Teachers and Childcare Providers	• Education and childcare providers (K12 and higher education teachers and staff, student teachers)
Phase 1B.2	PHASE 1B.2 Essential Workers (based on CISA and EO 2020-12 definitions)	• Power and utility workers • Food and agriculture related occupations (packaging and distribution workers, grocery, farmworkers, and restaurant workers) • Transportation and material moving occupations (public transportation providers, airlines, gas stations, auto shop workers, and other transportation network providers) • State and local government workers that provide critical services for continuity of government, such as food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector not in the prioritized essential worker category • Other essential workers (e.g., business and financial services, supply chain for critical goods, funeral services, critical trades, etc.) • Veterinarians and veterinary staff
	Phase 1B.2 Adults in Congregate Settings	• Adults with high-risk medical conditions living in shelters or other congregate living settings

C. Phase 1C

The County is awaiting confirmation, but the following groups are expected to be included in Phase 1C:

- Remaining 1A and 1B populations
- Adults 65 and older
- Adults of any age with high-risk medical conditions

D. Phases 2 and 3: General Population

1) POD Planning Assumptions

As the supply of available vaccines increase, distribution will expand, increasing access to vaccination services for a larger population.

2) **Key Considerations and Assumptions**

- The COVID-19 vaccine supply will likely be sufficient to meet the general public
- The receipt of additional COVID-19 vaccine doses will permit an increase in vaccination providers and locations
- A surge in COVID-19 vaccine demand is possible; if so, a broad vaccine administration network for surge capacity will be necessary
- Low COVID-19 vaccine demand is also a possibility, so County should monitor the existing supply and adjust strategies to minimize waste
- Long-term care facilities will sign up for on-site clinics from CVS or Walgreens (opt-in) or pharmacies (opt-out)

3) **Objectives**

County will employ the following strategies when larger quantities of vaccine become available during Phase 2 and Phase 3:

- Provide equitable access to the COVID-19 vaccine to achieve high vaccination coverage in Phase 2 and 3 populations
- Ensure high uptake in specific populations, particularly in groups that are higher risk for severe outcomes from COVID-19 exposure

4) **Accommodation for Increased Supply Levels**

County will adapt to the increase in COVID-19 vaccine supply levels by:

- Expanding vaccination efforts beyond initial population groups in Phase 1 with an emphasis on equitable access for all populations
- Administering vaccine through a broad provider network, to include the following:
  - Commercial and private sector partners, such as pharmacies, doctors' offices, and clinics
  - Public health sites, such as mobile clinics, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), public health clinics, and temporary/off-site clinics

E. Special Prioritizations During All Phases

The populations listed in the table below are at increased risk for acquiring or transmitting COVID-19 per the CDC Social Vulnerability Index and will be considered for sub-prioritization throughout all phases. These categories will be used to inform targeted strategies to improve access among underserved populations within each of the phased priority groups and will not be applied on a discriminatory basis.

Populations at Increased Risk for Acquiring or Transmitting COVID-19
Healthcare system factors. Uninsured, under-insured adults, and adults with Medicaid (AHCCCS)
Resource-constrained and disabled adults. Adults with disabilities or living in rural communities
Housing type and transportation disadvantages. Adults in correctional facilities/incarcerated, experiencing homelessness/living in shelters, attending colleges/universities, or living and working in other congregate settings. Essential workers who rely solely on public transit to get to work.
Minority status and language. Adults from racial and ethnic minority groups, tribal communities, and non-English speaking adults

III. RISK ASSESSMENT

A. Purpose

The purpose this section is to establish a risk management framework within the County COVID-19 vaccine program for evaluating and monitoring risk management activities and to enable team leads to make risk-informed decisions.

B. Risk Response Planning

Each major risk (those falling in the red and yellow zones) will be assigned to a program team member for monitoring purposes to ensure that the risk will not go unaddressed.

For each major risk, one of the following approaches will be selected to address it:

- Avoid – Eliminate the threat by removing the cause
- Mitigate – Identify ways to reduce the probability or the impact of the risk
- Accept – Make no action because the degree of risk is low
- Transfer – Make another party responsible for the risk

For each risk that will be mitigated, a designated individual or team will identify ways to prevent the risk from occurring or reduce its impact or probability of occurring. For each major risk that is to be mitigated, a course of action will be outlined for the event that the risk does materialize.

C. Risk Log

RISK	LIKELIHOOD	IMPACT	PUBLIC HEALTH IMPACT	MITIGATION
Inadequate Vaccine in first quarter	High	Unable to meet goals	Unable to minimize transmission increased morbidity and mortality	Work with State as well as distribution points
Inadequate Vaccine in second quarter	Moderate	Unable to meet goals	Unable to minimize transmission increased morbidity and mortality	Work with State as well as distribution points
Delayed POD opening	Moderate	Decreased vaccination delivery	Decreased ability to minimize transmission	Work with planning, logistics and partners
Lack of staffing	Minimal	Unable to sustain PODS	Decreased ability to minimize transmission	Enhance volunteer strategy; hire contracted personnel
Vaccine Adverse Reactions	Minimal	Individual impact; increased vaccine hesitancy	Decreased number of people immunized	Increase communications; follow adverse reaction protocols

APPENDIX B – HIGH RISK SCREENING TOOL FOR ADULTS 65 AND OLDER

High Risk Screening Tool for Adults 65 and Older

Purpose: This tool is meant to support high risk patient referrals to receive the COVID-19 vaccine. Referrals must be submitted by a licensed medical provider indicating that the patient is a high priority candidate for the vaccine due to risk of infection, severe illness, and death. The criteria laid out below represent a combination of risk factors most commonly seen in patients at greatest risk of severe illness or death from a COVID-19 infection. These factors were established using data collected showing variations in the rate of infection, hospitalization, and death, based on medical conditions, level of exposure, and demographic makeup. The primary goal of this tool is to help ensure that vulnerable populations at greatest risk receive timely vaccinations due to the drug's potential to prevent severe illness and death.

Patient is over 65 and a candidate for priority vaccination due to the following criteria (Check all that apply).

Confirm patient's age prior to completing this form ☐ (must be 65+)

Domain 1: Medical Risk

- ☐ High risk medical conditions (check all that apply).
  - ☐ Heart Condition ☐ Diabetes ☐ Obesity ☐ Lung Disease ☐ Cancer
  - ☐ Renal failure/Chronic Kidney Disease ☐ Immunocompromised ☐ Neurocognitive Disorder
- ☐ Patient experienced a recent fall or accident resulting in a high risk fracture/injury.
- ☐ Patient requires special assistance for a physical disability, neurocognitive disorder, severe mental illness, or other conditions not listed.
- ☐ Patient has recent history of medical emergencies (separate from COVID) requiring hospitalization in the last year.
- ☐ Patient has been treated in the ED or inpatient unit for severe illness as a result of COVID19 infection.

Domain 2. Environmental Risk

- ☐ Communal living setting (LTC/ALF/SNF)
- ☐ Homeless
- ☐ Lives alone
- ☐ Living in adult foster care or a residential program for adults with disabilities.

Domain 3. Demographic Risk

- ☐ At or below poverty level
- ☐ Medicaid enrolled
- ☐ Individual impacted by health disparities related to race or ethnicity

Priority Group

- ☐ Priority 1= Risk present in all 3 domains (1, 2, and 3).
- ☐ Priority 2= Risk present in domain 1 & 2 -OR- 1 & 3.
- ☐ Priority 3= Risk present in domain 1

Provider Signature: _____ (Signature) _____ (Date)

Place the completed form in the member's medical record and flag the member's record as an adult with "High Needs".

APPENDIX C – MEDICAL MANAGEMENT OF VACCINE REACTIONS IN ADULTS IN A COMMUNITY SETTING

Medical Management of Vaccine Reactions in Adults in a Community Setting

The table below describes steps to take if an adverse reaction occurs following vaccination.

Administering any medication, including vaccines, has the potential to cause an adverse reaction. To minimize the likelihood of an adverse event, screen patients for vaccine contraindications and precautions prior to vaccination (see "Screening Checklist for Contraindications to Vaccines for Adults" at www.immunize.org/catg.d/p4065.pdf). When adverse reactions do occur, they can vary from minor (e.g., soreness, itching) to the rare and serious (e.g., anaphylaxis). Be prepared.

Vaccine providers should know how to recognize allergic reactions, including anaphylaxis. Have a plan in place and supplies available to provide appropriate medical care should such an event occur.

REACTION	SIGNS AND SYMPTOMS	MANAGEMENT
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright, presyncope, and syncope (fainting)	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Patient feels "faint" (e.g., light-headed, dizzy, weak, nauseated, or has visual disturbance)	Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient's face and neck. Keep them under close observation until full recovery.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
Anaphylaxis	**Skin and mucosal symptoms** such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. **Respiratory symptoms** such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. **Gastrointestinal symptoms** such as nausea, vomiting, diarrhea, cramping abdominal pain. **Cardiovascular symptoms** such as collapse, dizziness, tachycardia, hypotension.	See the emergency medical protocol on the next page for detailed steps to follow in treating anaphylaxis.

CONTINUED ON NEXT PAGE ▶

APPENDIX D – BEST PRACTICES FOR OFF-SITE VACCINE CLINICS

CHECKLIST of Best Practices FOR Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. These CDC guidelines and best practices are essential for patient safety and vaccine effectiveness. This checklist should be used in any non-traditional vaccination clinic settings, such as workplaces, community centers, schools, makeshift clinics in remote areas, and medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, walk-through, curbside, and drive-through clinics, and vaccination clinics held during pandemic preparedness exercises. **A clinic coordinator/supervisor at the site should complete, sign, and date this checklist EACH TIME a vaccination clinic is held.** To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

This document also contains sections, marked in red, that outline best practices for vaccination during the COVID-19 pandemic. For continued up-to-date guidance, please visit www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html.

INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. This person will be responsible for completing the steps below and will be referred to as "you" in these instructions.
2. Review this checklist during the planning stage of the vaccination clinic—well in advance of the date(s) when the clinic will be held. This checklist includes sections to be completed before, during, and after the clinic.
3. **Critical guidelines for patient safety and vaccine effectiveness are identified by the stop sign icon: STOP. If you check "NO" in ONE OR MORE answer boxes that contain a STOP, DO NOT move forward with the clinic. Follow your organization's protocols and/or contact your state or local health department for guidance BEFORE proceeding with the clinic. Do not administer any vaccine until you have confirmed you can move forward with the clinic.**
4. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, whether patients' personal information was protected appropriately, or other responses that you have marked as "NO" in rows that do not have the STOP.
5. This checklist should be used in conjunction with CDC's *Vaccine Storage and Handling Toolkit*: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf. For information about specific vaccines, consult the vaccine manufacturer's package insert.
6. **This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures** (i.e., between 2–8° Celsius or 36–46° Fahrenheit).
7. Sign and date the checklist upon completion of the clinic or completion of your shift (whichever comes first). (*If more than one clinic coordinator/supervisor is responsible for different aspects of the clinic, you should complete only the section(s) for which you were responsible.*)
8. Attach the staff sign-in sheet (with shift times and date) to the checklist (or checklists if more than one clinic supervisor is overseeing different shifts) and submit the checklist(s) to your organization to be kept on file for accountability.

Name and credentials of clinic coordinator/supervisor: _____

Name of facility where clinic was held: _____

Address where clinic was held (street, city, state): _____

Time and date of vaccination clinic shift (the portion you oversaw): _____ Time (AM/PM) _____ Date (MM/DD/YYYY)

Time and date when form was completed: _____ Time (AM/PM) _____ Date (MM/DD/YYYY)

Signature of clinic coordinator/supervisor: _____

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

This document was created by the Influenza Work Group of the National Adult and Influenza Immunization Summit.
Version 0 (Updated August 18, 2020)

APPENDIX E – CDC PRE-VACCINATION SCREENING FORM

Prevaccination Checklist for COVID-19 Vaccines

For vaccine recipients:

Patient Name _____

Age _____

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today.
If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked.
If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't know
1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?			
• If yes, which vaccine product did you receive? ☐ Pfizer ☐ Moderna ☐ Another product _____			
3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures			
• Polysorbate			
• A previous dose of COVID-19 vaccine			
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.			
6. Have you received any vaccine in the last 14 days?			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
10. Do you have a bleeding disorder or are you taking a blood thinner?			
11. Are you pregnant or breastfeeding?			

Form reviewed by _____ **Date** _____

01/05/2021 CS321629-E

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists

1

APPENDIX F – COMMUNICATION PLAN

Relevant, culturally- and linguistic-appropriate communication utilizing a variety of media and formats is essential when implementing a successful COVID-19 Vaccination Program. Dispelling vaccine misinformation and building vaccine confidence among groups is vital to ensure uptake of the vaccine. Communication will be tailored for the intended audiences to ensure health equity. The information will be presented in culturally and linguistically appropriate, plain language so that it is easily understood, as per Pima County Health Department's Cultural Competency AD-20 OPP.

1) COVID-19 Vaccination Communication Goal

Engage vulnerable, high-risk, and/or marginalized populations to make informed vaccination decisions through communication campaigns. Campaigns will be delivered by trusted messengers and influencers.

2) COVID-19 Vaccination Communication Objectives

- Engage internal and external partners to understand their key concerns and needs related to the COVID-19 vaccine
- Engage those living in Pima County about the authorization, development, distribution, and execution of the COVID-19 vaccine and keep information up to date as situations are continually evolving
- Promote alternatives to drive-thru only vaccination, provide directions to vaccination sites via a variety of transportation methods (bus, bike, etc.), promote services to support vaccination registration telephonically or no-appointment sites, and emphasize vaccines are free.
- Ensure accessible, effective, evidence-based, culturally and linguistically appropriate, trauma-informed, and timely messaging along with outreach to key partners and the public regarding COVID-19 vaccines
- Evaluate local attitudes, concerns, and knowledge regarding the COVID-19 vaccine and respond to information needs
- Follow-up with dose information - ensuring those. whom receive the initial vaccine know when to return for the second dose
- Increase vaccine confidence and reduce community member's hesitancy
- Create pictorial-based and video messaging to reach people with a variety of literacy levels

3) Key Audiences

Communication should be tailored for each audience to create compelling messaging.

- Community partners and stakeholders
- Groups identified as high-risk according to priority guidelines
- Employers
- Healthcare personnel (i.e., organizations and clinicians who will receive information about receiving and administering vaccine)

4) Communication Activities

- Regularly engage Community Health Workers (CHWs) and trusted community leaders to co-create relevant, culturally, and linguistically appropriate and timely messaging
- Regularly engage Community Health Workers and trusted community leaders to disseminate relevant, culturally, and linguistically appropriate and timely messaging
- Engage existing community partners to co-brand outreach materials to reduce government mistrust by leveraging trusted relationships by non-governmental organizations with the community
- Communicate early regarding vaccine' safety and have easily accessible, culturally and linguistically appropriate information to address concerns, myths, and questions
- Engage with a wide range of partners, collaborators, and utilize communication and news media channels to achieve communication goals. Understand that channel preferences and credible sources vary among audiences
- Ensure all communication efforts meet the requirements for the Americans with Disabilities Act, the Rehabilitation Act, the Patient Protection and Affordable Care Act, the Plain Language Act, Culturally and Linguistically Appropriate Services (CLAS) Standards, and other disability rights laws for accessibility
- Work closely with key stakeholders and partner agencies to achieve consensus on actions, consistency in messaging, and coordination communication activities

5) Communication Outreach Action Items

Public Service Announcements

- The Pima County Office of Emergency Management, as well as the City of Tucson's Public Safety Communications Center (PSCD) has the ability to offer mass notification in specific deployment areas based on zip codes or created boundaries. This may offer an ability to send out information on vaccination location sites, registration links, and job aids.

- Incorporate use of City and County Public Information Offices to help spread the word via social media and major media platforms.

6) Communication Channels

Pima County Health Department must work with local community groups, tribal organizations, and stakeholders to explore the best channel for communication to reach the desired audience.

Traditional media channels

- Print
- Radio
- TV

Digital media

- Internet
- Social media
- Text messaging

Outreach

- Flyers
- Outreach events with Pima County Health Department staff
- Canvassing/door knocking by CHW team

Community Engagement

- Engaging key community leaders to disseminate vaccine information

7) Communication Educational Materials

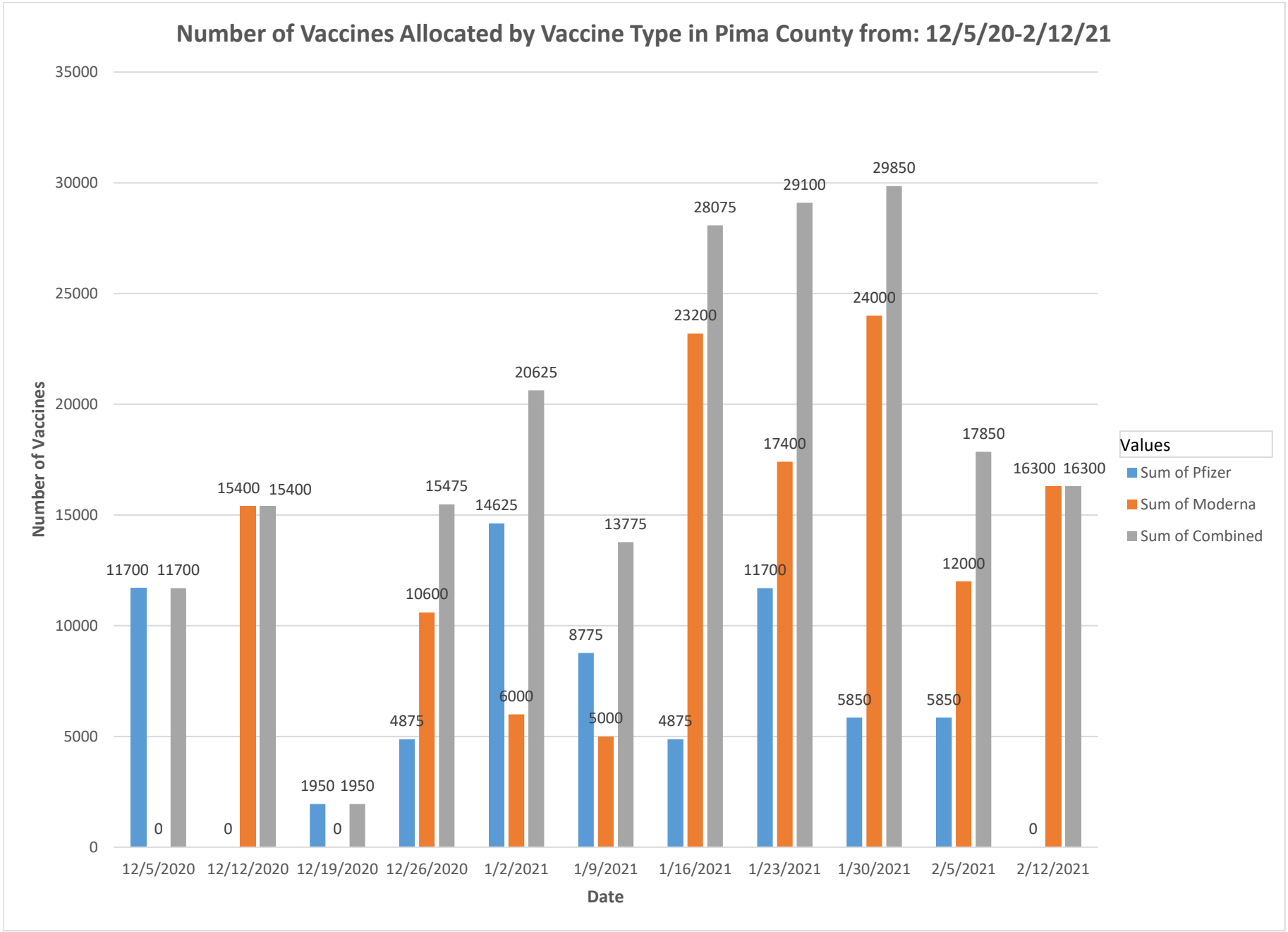
Educational materials will address the following:

- VSafe Flyer
- FDA Moderna Fact Sheet
- Vaccine efficacy
- Vaccine safety
- Vaccine myths
- Common side effects
- What to do if side effects occur
- The second appointment
- Vaccine cost
- Going back to "normal," continuing the 3 W's (Wait, Wash, and Wear)
- Testing positive and getting the COVID vaccine

APPENDIX G – PRIORITY GROUPS BY SETTINGS

Setting	Type of Agency	# Of Population	Vaccination Strategy	Status
People in Long Term Care – CVS/Walgreens	SNF=N=25/ ALF=354 Total= 379	SNF- 3059 beds ALF- 7220 beds Total 10,279	CDC partnership CVC/Walgreens	In progress
Assisted living – not enrolled in Federal CVS/Walgreens	ALFs Week 1 -- 200 vaccines	ALF= N=1500-2000	ALTCS pilot	In progress
ALTCS clients People 75+ at home	In-home settings in community	TBD	ALTCS pilot-phase 2	Planning
Other Congregate settings: • Independent living • Retirement senior housing • Group homes	TBD	TBD	Mobile outreach	In progress
Other Non-ALTCS Homebound people 75+	At home in community	2400-3000 TBD	PCOA In community	planning
People in Long Term Care – CVS/Walgreens	SNF=N=25/ ALF=354 Total= 379	SNF- 3059 beds ALF- 7220 beds Total 10,279	CDC partnership CVC/Walgreens	In progress
Vulnerable Populations	Community Based	Based on Census tract	Mobile, Homebound, Community Based	In progress

ATTACHMENT 4


Number of Vaccines Allocated by Vaccine Type in Pima County from: 12/5/20-2/12/21
Number of Vaccines
35000
30000
25000
20000
15000
10000
5000
0
11700 11700
0
15400 15400
0
1950 1950
0
4875 10600 15475
14625 6000 20625
8775 5000 13775
4875 23200 28075
11700 17400 29100
5850 24000 29850
5850 12000 17850
0 16300 16300
12/5/2020
12/12/2020
12/19/2020
12/26/2020
1/2/2021
1/9/2021
1/16/2021
1/23/2021
1/30/2021
2/5/2021
2/12/2021
Date
Values
Sum of Pfizer
Sum of Moderna
Sum of Combined

ATTACHMENT 5

Senator Vince Leach
District 11

STATE SENATOR
FIFTY-FOURTH LEGISLATURE

CAPITOL COMPLEX, SENATE BUILDING
PHOENIX, ARIZONA 85007-2890
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Arizona State Senate

COMMITTEES:

Appropriations
Vice Chairman
Finance
Vice Chairman
Judiciary

February 9, 2021

The Honorable Mark Brnovich
Attorney General of Arizona
Attn: Appeals & Constitutional Litigation
2005 North Central Avenue
Phoenix, Arizona 85004
GovernmentAccountability@azag.gov

Re: Complaint Pursuant to Ariz. Rev. Stat. § 41-194.01

Dear Attorney General Brnovich:

We write to call your attention to a resolution adopted by the Pima County Board of Supervisors on February 2, 2021 purportedly "codifying, extending, and/or expanding a moratorium on evictions in Pima County" (hereafter, the "Moratorium"). For the reasons discussed below, not only do county governments lack any constitutional or statutory authority to interdict lawful judicial processes or to abrogate valid lease contracts, but even if they did, the Moratorium is in conflict with, and hence preempted by, controlling provisions of state law. Because Pima County stands in continuing violation of the directives of the Arizona Legislature and the Arizona Constitution, we request that your office undertake an investigation and, if necessary, order the withholding of Pima County's allocation of state shared monies or initiate special action proceedings in the Arizona Supreme Court, pursuant to Ariz. Rev. Stat. § 41-194.01.

FACTUAL BACKGROUND

In March 2020, the United States Congress approved, and the President signed, the federal Coronavirus Aid, Relief, and Economic Security ("CARES") Act. Among other things, the CARES Act prohibited property owners with federally-backed mortgage loans from initiating any eviction proceedings against delinquent tenants during the 120-day period following the Act's enactment on March 27, 2020. *See* Public Law No. 116-136, § 4024. The Centers for Disease Control subsequently issued an order broadly restricting residential evictions nationwide through December 31, 2020. *See* Agency Order, *Temporary Halt in Residential Evictions to Prevent the Further Spread of COVID-19*, 85 Fed. Reg. 55292 (Sept. 4, 2020). Congress has since extended the duration of the CDC order by an additional thirty days. *See* Public Law 116-260, § 502. In addition, executive orders issued by Governor Ducey largely suspended from March 24 through October 31, 2020 the enforcement of writs of restitution obtained against tenants for nonpayment of rent. *See* Executive Orders 2020-14, 2020-49. All of those enactments have permitted the eviction of tenants on grounds unrelated to delinquent rent (*e.g.*, criminal activity or the creation of nuisances on the leased premises).

On February 2, 2021 the Pima County Board of Supervisors voted to adopt a resolution purportedly "codifying, extending, and/or expanding a moratorium on evictions in Pima County." Pima County Board of Supervisors, *Meeting Summary Report*, item #9 (Feb. 2, 2021), *available at* https://pima.legistar.com/View.ashx?M=M&ID=811136&GUID=A457DE0D-E5C4-4D92-A62B-1243E187D158. The precise scope and import of this exiguous resolution—which is not yet memorialized in any ordinance or other operative writing—remains unclear. According to information received from a source in the county government, however, the Board of Supervisors' action will be recorded as follows:

> Motion to adopt as a public-health regulation, through March 31, 2021, applicable throughout Pima County, a moratorium on all evictions in Pima County except those for material falsification or for material and irreparable breaches as provided in A.R.S. 33-1368(A), and to direct the Pima County Health Department to develop a form / declaration eligible tenants can sign to show their eligibility for the protections of this moratorium, consistent with the terms of this moratorium and otherwise with the Centers for Disease Control's eviction moratorium; and to make such form easily accessible to the public.

The Moratorium's sponsor has publicly stated that it is intended to prohibit evictions that otherwise would be permissible under state and federal law—*i.e.*, evictions premised on a tenant's breach of lease covenants other than the obligation to pay rent. *See* Luzdelia Caballero, *Pima County Stops Landlords From Using Eviction Moratorium Loophole*, KGUN-TV, Feb. 2, 2021, *available at* https://www.kgun9.com/news/local-news/pima-county-stops-landlords-from-using-eviction-moratorium-loophole.

DISCUSSION

Upon a request by a member of the Legislature, the Attorney General must "investigate any ordinance, regulation, order or other official action adopted or taken by the governing body of a county, city or town that the member alleges violates state law or the Constitution of Arizona." Ariz. Rev. Stat. § 41-194.01. If the Attorney General finds a violation, he must order the Treasurer to withhold and redistribute the offending locality's allocation of state shared revenues. If he concludes that a violation may exist, he must commence a special action seeking an adjudication of the question by the Arizona Supreme Court. *Id.*

I. Pima County Has No Authority to Impose an Eviction Moratorium of Any Kind

"The boards of supervisors of the various counties of the state have only such powers as have been expressly or by necessary implication, delegated to them by the state legislature." *Associated Dairy Products Co. v. Page*, 68 Ariz. 393, 395–96 (1949); *see also* Ariz. Const. art. XII, § 4 ("The duties, powers, and qualifications of [county] officers shall be as prescribed by law."). Thus, every act of the Pima County Board of Supervisors must derive from some specific antecedent statutory authorization. Importantly, the necessary grant of authority must be clear and explicit; it cannot be inferred from legislative silence or extruded from amorphous statutory language. *See Marsoner v. Pima County*, 166 Ariz. 486, 488 (1991) ("Our courts have consistently required counties and county boards of supervisors to show an express grant of power whenever they assert that such statutory authority [to act] exists. They have only those powers that are expressly or by necessary implication delegated to them by the legislature."); *Home Builders Ass'n of Cent. Arizona v. City of Maricopa*, 215 Ariz. 146, 150, ¶ 11 (App. 2007) (noting that "the burden is on the county to point out the constitutional or statutory power that permits the conduct." (internal citation omitted)).

A prerogative to dictate the permissible parameters of eviction proceedings or nullify the terms of private lease agreements is nowhere found among the functions assigned to county governments in Title 11. Nor can the statutory regime of "emergency powers" sustain the Board of Supervisors' overreach. Whatever powers that may redound to counties in a state of emergency are subordinate to the directives of the Governor and state government. *See* Ariz. Rev. Stat. § 26-307(A). To this end, the regnant state policy governing the response to the COVID-19 pandemic instructs in no uncertain terms that "no county, city or town may make or issue any order, rule or regulation that conflicts with ***or is in addition to*** the policy, directives or intent of this Executive Order, including . . . any other order, rule or regulation that was not in place as of March 11, 2020." Executive Order 2020-36, ¶ 7 [emphasis added]. This plenary preemption displaces any and all supplemental enactments of county or municipal bodies—to include the Moratorium—that purportedly are premised on the subdivision's emergency powers. The exceptions to Executive Order 2020-36's preemption clause have been express, limited and discrete, and do not even indirectly encompass the Moratorium. *See, e.g.*, Executive Order 2020-40, ¶ 4 (authorizing exemption from Executive Order 2020-36's preemption clause with respect to mask mandates).

Executive Order 2020-36 notwithstanding, Pima County's "emergency powers" do not license the Moratorium. At most, the relevant statutes authorize counties to adopt measures urgently necessary to contain the physical spread of disease, secure health and medical services for afflicted individuals, supply necessary medical equipment, and otherwise ameliorate immediate threats to human life. *See* Ariz. Rev. Stat. §§ 26-307, -301(5), -311. Nothing in those provisions contemplates that a political subdivision may unilaterally conscript private property for an indefinite period without compensation, or effectively extinguish judicial enforcement of remedies guaranteed by state law.

In short, even if the Moratorium did not conflict with any state statute or constitutional provision (and, as discussed below, it does), it is an *ultra vires* act of the Board of Supervisors and thus a legal nullity.

II. The Moratorium is Irreconcilable with State Law

Even when the Board of Supervisors acts pursuant to some cognizable grant of statutory authority, its enactments must yield to conflicting or superseding provisions of state law.

A. State Statutes

The Legislature may displace county measures when "the [county] creates a law in conflict with the state law" or "the state legislature intended to appropriate the field through a clear preemption policy." *City of Scottsdale v. State*, 237 Ariz. 467, 470, ¶ 10 (App. 2015) (quoting *State v. Coles*, 234 Ariz. 573, 574, ¶ 6 (App. 2014)); *see also Jett v. City of Tucson*, 180 Ariz. 115, 121 (1994).[1] State law is clear and explicit: lessors are contractually and statutorily entitled to repossess their property upon a tenant's default or material breach of any provision of the lease agreement. *See* Ariz. Rev. Stat. §§ 33-361(A), 33-1368, 33-1377. Indeed, the Legislature has directed in unqualified terms that "[a]ny right or obligation declared by this chapter [governing landlord-tenant relations] is enforceable by action unless the provision declaring it specifies a different and limited effect," *id.* § 33-1305(B), and that a writ of restitution issued in favor of a property owner "shall be enforced as promptly and expeditiously as possible," *id.* § 12-1178(C). In attempting to prohibit proceedings expressly authorized by state law and abrogating contractual rights and remedies secured by statute, the Moratorium collides palpably and inescapably with the pronouncements of the sovereign Legislature. *See generally State v. Payne*, 223 Ariz. 555, 566, ¶ 39 & n.7 (App. 2009) (finding that county ordinance imposing "prosecution fee" on convicted defendants conflicted with state law that permitted courts to require defendants to pay the costs of prosecution); *City of Casa Grande*, 199 Ariz. 547, 551-52, ¶¶ 12-13 (App. 2001) (ordinance authorizing city to acquire utility without voter approval was preempted by statute requiring voter approval as prerequisite to municipal acquisition of utility). It hence is invalid and preempted.

Further, even if there were not a direct conflict between the Moratorium and the commands of state law, the former is still preempted because it an impinges on a field that is exclusively the domain of the State. When the Legislature has spoken with clarity and precision on a given subject, it has occupied the regulatory field to the exclusion of municipal or county enactments. *See Clayton v. State*, 38 Ariz. 135, 139 (1931) (finding that although a provision in the highway code expressly delegated responsibility for "local parking and other special regulations" to municipal governments, a Phoenix ordinance that prohibited operating a vehicle under the influence of alcohol was preempted because "the Highway Code manifests a purpose to cover the whole subject of highways and to regulate their use by the public in cities and towns as well as in the country"); *Mayor & Common Council of City of Prescott v. Randall*, 67 Ariz. 369, 377 (1948) (finding field preemption of liquor license regulation notwithstanding statutory language permitting some municipal legislation on the subject, reasoning that "[t]o authorize cities and towns to regulate the liquor traffic would emasculate the entire state liquor code").

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[1] It should be noted that an implicit confusion pervades the case law with respect to whether preemption must entail both a conflicting state statute and the Legislature's occupation of the field. While the current formulation of the doctrinal test is structured in the conjunctive, other cases have indicated that the presence of either a conflict or field occupation is independently sufficient to establish a preemptive effect. *See, e.g., Union Transportes de Nogales v. City of Nogales*, 195 Ariz. 166, 171, ¶ 20 (1999) ("Preemption becomes an issue when the charter city legislates in contradiction to state law **or** over a subject that is in a 'field' already fully occupied by state law." (emphasis added)); *State ex rel. Baumert v. Municipal Court of the City of Phoenix*, 124 Ariz. 159, 161 (1979) (declining to reach question of field preemption "since we have resolved the issue on the narrower ground of conflict between the ordinance and the statute"). Still other cases omit the conflict element altogether from their recitation of the standard. *See, e.g., Flagstaff Vending Co. v. City of Flagstaff*, 118 Ariz. 556, 559 (1978). In any event, a framework that conditions preemption on either a conflicting statute **or** field appropriation is not only more conceptually sound and descriptively accurate—no case has ever sustained a municipal or county ordinance against a conflicting statute—but also comports with the federal case law, which likewise recognizes conflict and field preemption as two distinct and independent variants of preemption doctrine. *See generally Valle del Sol Inc. v. Whiting*, 732 F.3d 1006, 1022 (9th Cir. 2013) ("There are 'three classes of preemption': express preemption, field preemption and conflict preemption.").

The Legislature has constructed in the Arizona Residential Landlord and Tenant Act, Ariz. Rev. Stat. tit. 33, ch. 10, an exhaustive and self-contained statutory infrastructure delineating in detail the respective rights of property owners and tenants, and the procedural channels through which those rights may be vindicated. In aspiring "[t]o simplify, clarify, modernize and revise the law governing the rental of dwelling units and the rights and obligations of landlord and tenant," Ariz. Rev. Stat. § 33-1302(1), and by explicitly enumerating the narrow circumstances in which it does not apply, *see id.* § 33-1308, the Act evinces the Legislature's intent to occupy the regulatory field of landlord-tenant relations, unencumbered by competing county or municipal edicts.[2]

B. Arizona Constitution

In addition to defying the preemptive force of controlling state statutes, the Moratorium also transgresses at least three provisions of the Arizona Constitution. *See generally* Ariz. Op. Atty. Gen. No. I20-006 (Mar. 31, 2020) (emphasizing "the careful balance that must be struck in protecting the public health while respecting individual rights").

1. Takings Clause

The Moratorium effectuates a regulatory taking of private property without just compensation, in violation of Article II, Section 17 of the Arizona Constitution, which provides that "no private property shall be taken or damaged for public or private use without just compensation having first been made." Although takings usually take the form of eminent domain (*i.e.*, government's seizure of private property), both federal and Arizona courts have recognized the concept of a "regulatory taking," which results "from government regulations that deprive an owner of the economic benefit of the property." *Dos Picos Land Ltd. P'ship v. Pima County*, 225 Ariz. 458, 461 (App. 2010).

In essence, the moratorium converts private property into public housing, with lessors shouldering the substantial costs of sheltering defaulted tenants for as long as the Board of Supervisors dictates that they do so. That tenants remain liable on paper for accrued rent is an illusory means of redress for this conscription of private property; eviction is generally a lessor's only effective remedy when a tenant—who most often is judgment proof in any event—breaches his or her contractual obligations. And even if it were feasible for lessors to later collect delinquent rent payments, Pima County's "temporary" impressment of private property remains a compensable taking; at the very least, affected lessors burdened with defaulted tenants are prevented from selling their parcels or otherwise putting their property to more profitable uses for as long as the Moratorium remains in effect. *See Corrigan v. City of Scottsdale*, 149 Ariz. 538 (1986) (affirming that even temporary takings require compensation).

2. Contracts Clause

In unilaterally annulling, for a potentially indefinite duration, lessors' contractual right to reclaim their property from tenants in material breach, the Moratorium also violates Article II, Section 5 of the Arizona Constitution, which provides that "no . . . law impairing the obligation of a contract shall ever be enacted." By its terms, the Moratorium operates directly on extant lease contracts, which are squarely within the ambit of the Contracts Clause. *See Herndon v. Hammons*, 33 Ariz. 88, 93 (1927).

While a legislative body may modify remedial procedures governing existing contracts in the event of a breach, it "may not withdraw all remedies, and thus in effect destroy the contract; nor may it impose such new restrictions or conditions as would materially delay or embarrass enforcement of rights under the contract, according to the usual course of justice as established when the contract was made." *Nat'l Sur. Co. v. Architectural Decorating Co.*, 226 U.S. 276, 283 (1912) (internal citations omitted).[3] In other words, the government may not retroactively "so affect[] [an existing] remedy as substantially to impair and lessen the value of the contract." *Edwards v. Kearzey*, 96 U.S. 595, 607 (1877). Here, the Moratorium does not merely prescribe a new procedure for property owners to enforce eviction judgments, or even substitute one remedy for another of equivalent efficacy. *Contrast*

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[2] Even if the relevant "field" were instead conceptualized as "emergency powers" (rather than owner-tenant relations), the Moratorium is still preempted by Executive Order 2020-36, as discussed above.

[3] Assuming that Arizona's Contracts Clause was modeled on its counterpart in the federal Constitution, the common understanding of the latter in 1912, when the Arizona Constitution was ratified, is a critical interpretive touchstone. *See Jett v. City of Tucson*, 180 Ariz. 115, 119 (1994) ("When interpreting the scope and meaning of a constitutional provision . . . [o]ur primary purpose is to effectuate the intent of those who framed the provision.").

Schwetner v. Provident Mut. Bldg. Loan Ass'n, 17 Ariz. 93, 95 (1915) (statute requiring foreclosure actions to be brought in a judicial proceeding did not impair any existing contractual obligation in mortgage agreements). Rather, it directly obstructs lessors from obtaining their primary (if not sole) means of contractual redress—*i.e.*, the eviction of a delinquent tenant and reclamation of their property. That the resolution perhaps may be only "temporary" does not make it any less an impairment. *See Edwards*, 96 U.S. at 602 ("If a State may stay the remedy for one fixed period, however short, it may for another, however long."); *Barnitz v. Beverly*, 163 U.S. 118, 129 (1896) ("[W]e hold that a statute which . . . extends the period of redemption [of a foreclosed property] beyond the time formerly allowed, cannot constitutionally apply to a sale under a mortgage executed before its passage."); *cf. Foltz v. Noon*, 16 Ariz. 410, 416-17 (1915) (rejecting argument that statute allowing workers to impose a lien for uncompensated services was "merely remedial").

3. Jurisdiction Stripping

That the Moratorium substantially curtails the statutory and constitutional rights of property owners is clear; the precise manner in which it will do so is less so. To the extent the Moratorium purports to abridge the jurisdiction of the Superior Court or the Justice Court to hear and adjudicate special detainer proceedings, it contravenes Sections 14 and 32 of Article VI of the Arizona Constitution. Both tribunals are organs of the state government, and their jurisdictional purviews are prescribed by the Constitution and/or state law. *See* Ariz. Const. art. VI, §§ 14(1) (securing the Superior Court's jurisdiction over all "[c]ases and proceedings in which exclusive jurisdiction is not vested by law in another court"), 32 (jurisdiction of the Justice Court is as "provided by law"). To this end, the Legislature has vested in these courts original jurisdiction over eviction proceedings. *See* Ariz. Rev. Stat. §§ 33-1377, 12-1175(A), 22-201. Nothing in the Constitution countenances an inferior political subdivision's diktat stripping a state court of jurisdiction entrusted to it by state law. Thus, to the extent the Moratorium obstructs litigants' access to judicial fora or derogates the jurisdiction of the Superior Court or the Justice Court, it is constitutionally infirm for that reason as well.

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For the foregoing reasons, we respectfully request that your office immediately initiate an investigation and undertake all remedial actions authorized by Ariz. Rev. Stat. § 41-194.01 to vindicate the supremacy of state law against the Pima County Board of Supervisors' unlawful eviction moratorium.

Thank you for your attention to this important matter.

Respectfully,

Vince Leach, Senator for District 11

Bret Roberts, Representative for District 11