



NOTICE OF PUBLIC MEETING AND EXECUTIVE SESSION
PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT
BOARD OF DIRECTORS
AGENDA
Wednesday, August 4, 2021

9:30 AM - CALL TO ORDER

PINAL COUNTY ADMINISTRATIVE COMPLEX
BOARD OF SUPERVISORS HEARING ROOM
135 N. PINAL STREET
FLORENCE, AZ 85132

BUSINESS BEFORE THE BOARD

(Consideration/Approval/Disapproval of the following:)

(1) CONSENT ITEMS:

All items indicated by an asterisk (*) will be handled by a single vote as part of the consent agenda, unless a Board Member, County Manager, or member of the public objects at the time the agenda item is called.

- * A. Discussion/approval/disapproval of Minutes from July 7, 2021, Board of Directors Public Health Services District Meeting. (Natasha Kennedy)
- * B. Discussion/approval/disapproval of Intergovernmental Agreement Amendment No. 4 to Contract ADHS-CTR040850, with the Arizona Department of Health Services for Women Infant and Children (WIC) and Breastfeeding Peer Counseling (BFPC) services. The term of the amendment will be October 1, 2021, through September 30, 2022. The total amount of the amendment will not exceed \$1,750,500 for WIC, \$94,454 for BFPC, and \$72,595 for the Quality Assurance Software Services Account Classification. This grant is part of the Public Health Services District budget. There is no impact on the General Fund. (Tascha Spears/Leo Lew)
- * C. Discussion/approval/disapproval of the award agreement between the Arizona Department of Health Services and the Pinal County Health Department through the Pinal County Board of Supervisors beginning June 1, 2021, ending May 30, 2023. The grant will be used to cover the costs of testing/case investigations related to the COVID-19 pandemic in the amount of \$620,620. Acceptance requires an amendment to the FY 21/22 budget to transfer reserve appropriation only from Fund 213 (Grants/Project Contingency) to Fund 82 (Health/Grants) to increase revenue and expenditure appropriations. The appropriation is a pro-rated amount of \$310,310 for July 1, 2021, through June 30, 2022. The remaining amount will be budgeted in FY 22/23. (Tascha Spears)
- * D. Discussion/approval/disapproval of retroactive grant application submission to ADHS for \$6,236,578 for enhanced detection, response, surveillance, and prevention of COVID-19 with an emphasis on funding mobile units for COVID testing. (This is building upon the initial ELC grant we received in 2020). Grant application was due July 21, 2021. (Tascha Spears)

- (2) Discussion/approval/disapproval of the Public Health Annual Report for FY 2020 - 2021. Per the Arizona Revised Statutes, Title 36 the Public Health Director shall submit an annual report describing the activities of the department during the fiscal year. Annual report for FY 2020 - 2021 (pdf 51 pages) is attached. (Tascha Spears)

ADJOURNMENT

(SUPPORTING DOCUMENTS ARE AVAILABLE AT THE CLERK OF THE BOARD OF SUPERVISORS' OFFICE AND AT <https://pinal.novusagenda.com/AgendaPublic/>)

NOTE: One or more members of the Board may participate in this meeting by telephonic conference call.

The Board may go into Executive Session for the purpose of obtaining legal advice from the County's Attorney(s) on any of the above agenda items pursuant to A.R.S. 38-431.03(A)(3).

In accordance with the requirement of Title II of the Americans with Disabilities Act (ADA), the Pinal County Board of Supervisors and Pinal County Board of Directors do not discriminate against qualified individuals with disabilities admission to public meetings. If you need accommodation for a meeting, please contact the Clerk of the Board Office at (520) 866-6068, at least (3) three business days prior to the meeting (not including weekends or holidays) so that your request may be accommodated.

Meeting Notice of Posting



PINAL COUNTY

WIDE OPEN OPPORTUNITY

AGENDA ITEM

August 4, 2021 ADMINISTRATION BUILDING A
FLORENCE, ARIZONA

REQUESTED BY:**Funds #:****Dept. #:****Dept. Name:** Clerk of the Board**Director:** Natasha Kennedy

BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:

Discussion/approval/disapproval of Minutes from July 7, 2021, Board of Directors Public Health Services District Meeting. (Natasha Kennedy)

BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:

BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:

MOTION:

Approve as presented.

History

Time

7/29/2021 12:44 PM

Who

Clerk of the Board

Approval

Yes

ATTACHMENTS:

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 [Minutes PHSD](#)



PINAL COUNTY

WIDE OPEN OPPORTUNITY

**PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT
BOARD OF DIRECTORS
MINUTES
Wednesday, July 7, 2021
10:12 AM**

BOARD OF DIRECTORS

Chairman Stephen Q. Miller
Director, District 3

Vice-Chairman Mike Goodman
Director, District 2

Kevin Cavanaugh
Director, District 1

Jeffrey McClure
Director, District 4

Jeff Serdy
Director, District 5

PINAL COUNTY ADMINISTRATIVE COMPLEX
BOARD OF SUPERVISORS HEARING ROOM
135 N. PINAL STREET
FLORENCE, AZ 85132

All Presentations are attached to the Agenda at:
[Click Here to View the Public Health Services District Agenda](#)

and a Video Recording of this meeting can be viewed at:
[Click Here to View Video Recording](#)

The Pinal County Public Health Services District Board of Directors convened at 10:12 a.m. this date. The meeting was called to order by Chairman Miller.

Members Present: Chairman Stephen Q. Miller; Vice-Chairman Mike Goodman; Director Kevin Cavanaugh; Director Jeffrey McClure; Director Jeff Serdy

Staff Present: County Manager, Leo Lew; Chief Civil Deputy County Attorney, Chris Keller; Clerk of the Board, Natasha Kennedy and Deputy Clerk of the Board, Kelsey Pickard

(1) CONSENT ITEMS:

All items indicated by an asterisk (*) will be handled by a single vote as part of the consent agenda, unless a Board Member, County Manager, or member of the public objects at the time the agenda item is called.

Chairman Miller asked if there were any requests from Board Members, staff or the audience to remove any consent agenda items for discussion. There being none.

Item Action: Approved Consent Agenda Items A and B

Motion Made By: Supervisor Goodman

Seconded By: Supervisor McClure

To approve Consent Agenda Items A and B.

Motion Passed

Ayes: Cavanaugh, Goodman, McClure, Miller, Serdy (5)

- * A. Discussion/approval/disapproval of Minutes from June 23, 2021, Board of Directors Public Health Services District Meeting. (Natasha Kennedy)
- * B. Discussion/approval/disapproval of Contract No. CTR055413 (formerly IGA2020-022) for the Healthy People Healthy Communities project. The term of this amendment will be July 1, 2021, through June 30, 2022. The total contract amount will be \$675,466. This grant is part of the annual Public Health Services District budget. There is no impact to the General Fund. (Jan Vidimos/Tascha Spears)

10:14 a.m. – Chairman Miller adjourned the July 7, 2021, Pinal County Public Health Services District Board of Directors Meeting and reconvened the Pinal County Board of Supervisors Meeting.

**PINAL COUNTY
PUBLIC HEALTH SERVICES DISTRICT
BOARD OF DIRECTORS**

Stephen Q. Miller, Chairman

ATTEST:

Natasha Kennedy, Clerk of the Board

Minutes Prepared By: Kelsey Pickard, Deputy Clerk of the Board

Approval of Minutes: August 4, 2021



PINAL COUNTY

WIDE OPEN OPPORTUNITY

AGENDA ITEM

August 4, 2021 ADMINISTRATION BUILDING A
FLORENCE, ARIZONA

REQUESTED BY:

Funds #: 82

Dept. #: 359

Dept. Name: Public Health

Director: Tascha Spears

BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:

Discussion/approval/disapproval of Intergovernmental Agreement Amendment No. 4 to Contract ADHS-CTR040850, with the Arizona Department of Health Services for Women Infant and Children (WIC) and Breastfeeding Peer Counseling (BFPC) services. The term of the amendment will be October 1, 2021, through September 30, 2022. The total amount of the amendment will not exceed \$1,750,500 for WIC, \$94,454 for BFPC, and \$72,595 for the Quality Assurance Software Services Account Classification. This grant is part of the Public Health Services District budget. There is no impact on the General Fund. (Tascha Spears/Leo Lew)

BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:

The total amount of the amendment will not exceed \$1,917,549. This breaks down as follows: \$1,750,500 for WIC, \$94,454 for BFPC, and \$72,595 for the Quality Assurance Software Services Account Classification. There is no match requirement. This grant is part of the Public Health Services District budget. There is no impact on the General Fund.

BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:

The overall goal of all USDA Nutrition programs is to improve the health status of eligible participants through the adoption of healthy behavioral lifestyle changes and to help prevent the occurrence of health problems.

MOTION:

Approve as presented.

History

Time	Who	Approval
7/27/2021 11:37 AM	County Attorney	Yes
7/28/2021 9:30 AM	Grants/Hearings	Yes
7/28/2021 9:33 AM	Budget Office	Yes
7/28/2021 2:50 PM	County Manager	Yes
7/29/2021 8:42 AM	Clerk of the Board	Yes

ATTACHMENTS:
Click to download
<input type="checkbox"/> Grant Request Form
<input type="checkbox"/> Contract



PINAL COUNTY

WIDE OPEN OPPORTUNITY

Board of Supervisors Grant Request

Board of Supervisors meeting date: _____

Department seeking grant: _____

Name of Granting Agency: _____

Name of Grant Program: _____

Project Name: _____

Amount requested: _____

Match amount, if applicable: _____

Application due date: _____

Anticipated award date/fiscal year: _____

What strategic priority/goal does this project address?: _____

Applicable Supervisor District: _____

Brief description of project:

Approval received per Policy 8.20: _____ OnBase Grant #: _____

Please select one:

Discussion/Approve/Disapproval consent item _____

New item requiring discussion/action _____

Public Hearing required _____

Please select all that apply:

Request to submit the application _____

Retroactive approval to submit _____

Resolution required _____

Request to accept the award _____

Request to approve/sign an agreement _____

Budget Amendment required _____

Program/Project update and information _____



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 18th Ave Suite 530
Phoenix, Arizona 85007

Agreement No.: CTR040850

IGA Amendment No: 4

Procurement Officer
Nicole Marquez

WIC and BFPC Services

1. Effective upon signature by both parties and pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchase Orders and Change Orders, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows under this Amendment Four (4):

- 1.1 The Scope of Work is revised and replaced;
- 1.2 The Price Sheet is revised and replaced; and
- 1.3 Exhibit A-C are added.

ALL CHANGES SHOWN BELOW IN RED

All other provisions of this Agreement remain unchanged.

PINAL COUNTY

Contractor Name:
971 N. JASON LOPEZ CIRCLE, BLDG. D

Address:
FLORENCE ARIZONA 85132
City State Zip

Authorized Signature

Print Name

Title

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signature Date

Signed this _____ day of _____ 2021.

Print Name

Procurement Officer

Contract No.: **CTR040850**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature Date

Assistant Attorney General

Print Name



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SCOPE OF WORK

1. BACKGROUND

The Arizona Department of Health Services (ADHS) Bureau of Nutrition and Physical Activity (BNPA) administers funds provided by the United States Department of Agriculture (USDA) for the operation of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Breastfeeding Peer Counseling Program (BFPC) for the State of Arizona. The USDA nutrition programs are discretionary, and each provides a specific service to women, infants, and children who are low income and at nutrition risk. The overall goal of all the USDA Nutrition Programs is to improve the health status of eligible participants through adoption of healthy behavioral lifestyle changes and to help prevent the occurrence of health problems.

1.1. WIC Nutrition Services

1.1.1. The WIC Program accomplishes this goal by providing participant-centered services (PCS) including nutrition and breastfeeding information and support, specific supplemental healthy foods through the issuance of food benefits that can be used at ADHS-approved grocery stores and farmers' markets, and referrals to other health and human services as an adjunct to good health care during critical times of growth and development. Service population eligibility for the WIC Program is based upon federal regulations such as participant category (pregnant and breastfeeding woman, infant or child under five years of age), a household income at or below 185% of federal poverty guidelines, residence within the service area, and nutrition risks,

1.1.2. To be considered as a WIC Local Agency, the organization must be a local public or private non-profit organization, County health department, or tribal entity under contract with ADHS to provide WIC services according to the WIC Program federal regulations and state policies and procedures. The State awards a WIC Contract based on the ability of the organization to provide WIC services, potentially eligible population, need, response to the Scope of Work, information technology capacity, and available funds. The State determines and awards the WIC contract amount based on a funding formula using several factors such as a base level for a program to function, the amount of caseload negotiated with each Local Agency, and quality of performance,

1.1.1.1 Specific objectives for nutrition services (based on [Healthy People 2030 goals](#)) are:

- 1.1.1.1.1 To increase the incidence of women initiating breastfeeding,
- 1.1.1.1.2 To increase the duration of women breastfeeding for the first six (6) months of their baby's life,
- 1.1.1.1.3 To increase the duration of breastfeeding women breastfeeding for the first year of their baby's life,
- 1.1.1.1.4 To increase the rate infants are exclusively breastfed at three (3) months and at six months,
- 1.1.1.1.5 To reduce the proportion of adults who are considered obese,
- 1.1.1.1.6 To reduce the proportion of children ages two (2) to five (5) who are considered obese,
- 1.1.1.1.7 To increase the consumption and variety of fruits and vegetables by those two (2) and older, and



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1.1.1.1.8 To increase the consumption of whole grains by those two (2) and older.

1.2. Breastfeeding Peer Counseling (BFPC)

- 1.2.1. In 2003, the USDA Food and Nutrition Service (FNS) entered into a cooperative agreement with Best Start Social Marketing (Best Start) to gather information to obtain a clear understanding of the components that are necessary to sustain effective peer counseling programs and how to structure these programs so they are cost effective and manageable. They developed the program "Using Loving Support to Implement Best Practices in Peer Counseling", which is a training and technical assistance project that will be used as a model to aid WIC in designing, building, maintaining, and sustaining peer counseling programs that will improve breastfeeding initiation and duration rates. Arizona will be using this program to guide and develop the state peer counseling program,
- 1.2.2. The discretionary peer counseling services are considered an adjunct support to WIC breastfeeding services to help achieve the WIC Nutrition Services objectives regarding breastfeeding, and
- 1.2.3. Peer counseling has been a significant factor in improving initiation and duration rates of breastfeeding among women in a variety of settings, including disadvantaged and WIC populations representing diverse cultural backgrounds and geographical locations. Peer counselors are especially effective in communities where role models for breastfeeding behaviors, knowledgeable health care providers, and cultural practices that include breastfeeding as the norm, are scarce. Combining peer counseling with the ongoing WIC breastfeeding promotion and support efforts has the potential to significantly impact breastfeeding rates among WIC participants, and most significantly, increase the harder to achieve breastfeeding duration rates. WIC Local Agencies are strongly encouraged to provide peer counseling services in addition to the ongoing breastfeeding support to their WIC participants. Contractors must provide a breastfeeding friendly environment and have policies to accommodate participants and staff who are breastfeeding.

2. OBJECTIVE

At a minimum, to provide WIC services while allowing each Local Agency to provide, at their discretion, Breastfeeding Peer Counseling Services.

3. SCOPE OF WORK

3.1. WIC Services

The WIC Program Contractor shall perform all the work required to administer and provide WIC services to eligible participants according to the Arizona WIC Program Policies and Procedures Manual (WIC PPM). These include, but are not limited to the following activities:

- 3.1.1 Perform WIC certification procedures such as categorical and income screening and health and nutrition assessments,
- 3.1.2 Provide participant centered nutrition and breastfeeding support services to WIC participants,
- 3.1.3 Provide the mandatory and appropriate additional referrals reflecting the needs of the individual WIC participants,
- 3.1.4 Issue WIC food benefits tailored to meet the needs of the participants,
- 3.1.5 Ensure the collection and recording of accurate information,
- 3.1.6 Provide professional training, mentoring and monitoring of WIC staff competencies necessary for delivery of required services,



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3.1.7 Provide administrative functions for operation of the WIC Program, and

3.1.8 Prepare and submit all required plans/reports in accordance with this contract and the WIC PPM.

3.2. Breastfeeding Peer Counseling (BFPC)

WIC BFPC Contractors shall perform all the work required to administer and provide additional breastfeeding support services to WIC mothers following the Loving Support best practice guidelines for peer counseling services and according to the Contractor's proposal in order to increase the breastfeeding rate and duration of breastfeeding.

4. TASKS AND REQUIREMENTS

4.1. WIC Services Outreach, Retention, and Referrals:

4.1.1 Conduct outreach activities targeting underserved populations by developing written and verbal presentations or utilizing available materials to inform potentially WIC eligible individuals of the availability of the WIC Program and to explain the benefits of participation in accordance with the WIC PPM,

4.1.2 Conduct retention activities to maintain and increase the participation of current WIC enrollees,

4.1.3 Establish community partnerships with, at a minimum, the mandatory referral agencies, local hospitals, OB/GYN and pediatricians offices, and provide regular contacts in accordance with the WIC PPM,

4.1.4 Establish community partnerships with community organizations such as food banks, community organizations, human and social services, school districts, etc. in accordance with the WIC PPM, and

4.1.5 Establish a referral system with breastfeeding/lactation specialists, including but not limited to, International Board-Certified Lactation Consultants (IBCLC), Certified Lactation Counselors (CLC), Certified Breastfeeding Counselors (CBC), and Certified Lactation Educators (CLE) in accordance with the WIC PPM.

4.2. Additional BFPC Outreach Tasks:

Develop and document an internal referral link between WIC Program and WIC Peer Counseling Program when applicable. Interaction between WIC Program and WIC Peer Counseling Program shall occur at least monthly and may be in the form of site visits from Peer Counselors, participation of Peer Counselors in WIC clinic meetings, and/or additional training for WIC clinic staff and Peer Counselors.

4.3. Participant Records:

4.3.1 Follow and maintain documentation of participant centered certification and administrative procedures as described in the WIC PPM, including but not limited to:

4.3.1.1 Eligibility and ineligibility determinations;

4.3.1.2 Nutrition assessments;

4.3.1.3 Nutrition and breastfeeding education and support;

4.3.1.4 Nutrition and breastfeeding counseling;



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- 4.3.1.5 Facilitate behavioral goal setting;
- 4.3.1.6 Appropriate referrals;
- 4.3.1.7 Program fraud; and
- 4.3.1.8 Food Benefit issuances.
- 4.3.2 Maintain inventory and accountability records, as set forth in the WIC PPM for eWIC cards,
- 4.3.3 Assure participant confidentiality by obtaining written permission from affected program participant(s) prior to the release of participant information to any agency. The Contractor shall have a written agreement, completed in accordance with 7 CFR (Code of Federal Regulations) 246.26 (h)(3), and the Arizona WIC Policy and Procedure Manual, with any agency or program that will share participant information. The above federal regulation details the implementation of a written agreement and state plan to regulate use and disclosure of confidential applicant and participant information,
- 4.3.4 Staff shall only access the WIC Computer Data System and client files for business related reason(s),
- 4.3.5 Ensure paper files containing confidential participant information are stored in a secure location in the clinic, archived when appropriate, and destroyed according to the retention schedule. All files should be destroyed in an appropriate manner,
- 4.3.6 The Local Agency shall notify the State Agency immediately by telephone call and email upon the discovery of a breach of a participant's confidentiality,
- 4.3.7 The Local Agency shall immediately investigate such security incident, breach, or unauthorized use or disclosure of participant information, including:
 - 4.3.7.1 What data elements were involved and the extent of the data involved in the breach;
 - 4.3.7.2 A description of the unauthorized person(s) known or reasonably believed to have improperly used or disclosed the protected information;
 - 4.3.7.3 A description of where the protected information is believed to have been improperly transmitted, sent, or utilized;
 - 4.3.7.4 A description of the probable causes of the improper use or disclosure; and
 - 4.3.7.5 Whether Arizona Revised Statutes (A.R.S) § 18-545 or any other federal or state laws requiring individual notifications of breaches are triggered.
- 4.3.8 The Local Agency shall provide a written report of the investigation to the Chief of the Bureau of Nutrition and Physical Activity (BNPA)/WIC Director and Program Integrity Manager within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall include the information specified above, as well as a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure, and
- 4.3.9 The Local Agency shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach using non-WIC funds. The BNPA Chief/WIC Director, Program Integrity Manager, and Assistant Attorney General shall approve the time, manner and



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content of any such notifications. The Local Agency will arrange and pay for any mitigation (e.g. LifeLock) for participants at risk for identity theft because of breach of security of information.

4.4. Service Delivery and Program Rules

The Contractor shall:

- 4.4.1 Determine eligibility of persons requesting WIC services by screening individuals in accordance with procedures set forth in the WIC PPM; Eligible program participants shall include the following categories whose household income does not exceed 185% of the current designated federal poverty guidelines, who have a nutritional risk as defined in the WIC PPM, and reside in Arizona as defined by the WIC PPM:
 - 4.4.1.1 Pregnant women, breastfeeding women up to twelve (12) months post-partum, and non-breastfeeding women up to six (6) months following the end of a pregnancy;
 - 4.4.1.2 Infants from birth to age one (1); and
 - 4.4.1.3 Children from age one (1) year up to five (5) years of age.
- 4.4.2 Provide complete nutrition assessment and document results and follow-up in accordance with Value Enhanced Nutrition Assessment (VENA) initiative as outlined in Chapter two (2) and seven (7) of the Arizona WIC Policy and Procedure Manual,
- 4.4.3 Provide participant-centered nutrition education to participants and appropriately utilize materials provided by the State,
- 4.4.4 Facilitate goal setting for behavioral change and follow-up on goals set,
- 4.4.5 Promote breastfeeding to WIC participants and provide breastfeeding education and support, and refer to and promote the Breastfeeding Peer Counseling Program, when appropriate,
- 4.4.6 Prescribe and tailor a food package appropriate to the participant's nutritional risk(s), category, and cultural preferences and issue food benefits as set forth in the WIC PPM,
- 4.4.7 Provide program participants with information about available health and social services to which the participant could be referred. The participant shall be provided with written information regarding community services and referrals in accordance with the WIC PPM and Local Agency referral procedures,
- 4.4.8 Coordinate WIC Services with other health and social services available within the service area, including but not limited to immunizations, voter registration, and breastfeeding support,
- 4.4.9 Provide information, check for understanding, and document training to participants on program rules, regulations, WIC approved foods, use of eWIC cards, and food benefit use and redemption. The training shall be documented in the participant's record as set forth in the WIC PPM,
- 4.4.10 Consider the impact of scheduling practices, hours of operation, and clinic closures on caseload and WIC applicants' access to services, and
- 4.4.11 Additional BFPC Service Delivery tasks:
 - 4.4.11.1 Accept referrals generated from calls to the ADHS Pregnancy and Breastfeeding Hotline into the Peer Counseling Program;



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- 4.4.11.2 Provide peer counseling services, when appropriate. Services shall be made available outside of usual clinic hours and outside of the WIC clinic, but may also be available during usual clinic hours and in the WIC clinic; and
- 4.4.11.3 Provide supervision, mentoring, monitoring, and evaluation of peer counselors, when appropriate.

4.5. Participant-Centered Nutrition Education

The Contractor shall:

- 4.5.1 Prepare a one (1) year Nutrition Services and Training Plan for participants to include, but not be limited to:
 - 4.5.1.1 Adoption and Implementation of ADHS goals for nutrition services. In addition, Local Agencies will identify their own goals for nutrition services in this plan; and
 - 4.5.1.2 Adoption and implementation of the State objectives for staff training and client interventions related to the goals for nutrition services. In addition, Local Agencies are required to provide at least one additional objective for each goal.
- 4.5.2 Provide and document participant-centered nutrition education to all WIC adult participants, and to parents or caretakers of participants according to the guidelines of the State Nutrition Services Plans. **All participants shall be offered the opportunity to receive quarterly participant-centered nutrition education contacts during a Certification as part of WIC Program service requirements. One of these nutrition education opportunities can be provided as part of the Certification and Mid-Certification appointment.**
- 4.5.3 Provide and document professional supervision, mentoring and monitoring of staff at the clinic level on a regular basis, in accordance with Local Agency Self-Assessment requirements and as often as necessary, to ensure competence,
- 4.5.4 Offer, as often as necessary, high- and medium-risk nutrition education/counseling by a Registered Dietitian **Nutritionist (RDN)** to all participants deemed high-risk upon assessment. As defined in the WIC PPM Local Agencies may designate a Bachelor's degree nutritionist or Dietetic Technician Registered to provide medium-risk counseling to participants under the supervision of the RDN,
- 4.5.5 **Expend a minimum of 7% of the total amount the Contractor receives for provision of WIC services each contract year on salary and employee related expenses for one or more Registered Dietitian Nutritionists (RDN) providing high risk services. The agency may pay another Arizona WIC Local Agency or RDN contractor for RDN services as approved by the State WIC Director or the State WIC Director's designee. If the 7% of the total amount the Contractor receives for provision of WIC services is not expended for salary and employee related expenses for RDNs, ADHS may request the Contractor to return an amount equal to the difference between the 7% of the total amount the Contractor receives for provision of WIC services and the actual amount expended.**
- 4.5.6 Expend for nutrition education activities an aggregate amount that is not less than the sum of one-sixth (1/6) of the amount the Contractor receives for provision of WIC services each contract year. If the one-sixth (1/6) amount is not expended for nutrition education activities, ADHS may request the Contractor to return an amount equal to the difference between the one-sixth (1/6) requirement and the actual amount expended IF ADHS must pay a penalty to the Federal Government. Costs that can be applied to meet the one-sixth (1/6) requirement for nutrition education include:
 - 4.5.6.1 Salary and other costs for time spent on nutrition education, whether with an individual or group;



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4.5.6.2 The cost of procuring and producing nutrition education materials;

4.5.6.3 The cost of training nutrition educators, including costs related to conducting training sessions and purchasing and producing training materials;

4.5.6.4 The cost of conducting participant evaluations of nutrition education, nutrition assessments and observations;

4.5.6.5 The salary and other costs incurred in developing the nutrition education plan; and

4.5.6.6 Other ADHS-approved costs.

4.5.7 Coordinate nutrition education activities and messages. Wherever possible, the Contractor shall utilize USDA and/or AZ Health Zone materials and messages to ensure common nutrition messages, and

4.5.8 Provide documentation that a minimum of four percent (4%) of their annual WIC expenditures have been used to support breastfeeding promotion and education. If the four percent (4%) is not expended for breastfeeding promotion and education activities, ADHS may request the Contractor to return an equal to the difference between the four percent (4%) and the actual amount expended if ADHS must pay a penalty to the Federal Government.

4.6. Staffing

The Contractor shall:

4.6.1 Designate a WIC Program Director/Manager who is an RDN, with previous WIC and/or community health experience to manage and administer the WIC Program and may provide high-risk nutrition counseling and/or formula authorization to WIC participants. If an RDN is on *staff* to provide the WIC RDN services and with prior approval from ADHS, the Contractor shall designate a Director with a minimum of an undergraduate degree from an accredited institution in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field such as home economics or biochemistry with an emphasis in nutritional science or public health administration. With prior approval from ADHS, number of years working in a WIC Program Director/Manager capacity may substitute for some years of education,

4.6.2 Identify an RDN to serve as the Local Agency Nutrition Coordinator as defined in the WIC PPM. The Nutrition Coordinator will oversee all WIC nutrition services for the Local Agency. If a Local Agency has barriers to this staffing standard, they must be submitted in writing to ADHS with their plan for coordination of nutrition services within the Local Agency to be approved by ADHS,

4.6.3 Based on the assigned caseload, provide an appropriate number of RDNs to perform high-risk and medium-risk counseling, formula authorization, and as necessary, certification of participants. The Contractor shall provide the RDN services in a number proportional to the agency's high-risk caseload in accordance with the WIC PPM, The Contractor may hire graduates with a minimum of an undergraduate degree from an accredited institution, in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition or nutrition science) or a related field such as home economics or biochemistry, with an emphasis in nutritional science or Registered Dietetic Technicians, to do medium-risk counseling, formula authorization, and as necessary participant certification under the direction of an RDN. If a Local Agency has a barrier to having an RDN on staff, the agency must submit in writing to ADHS with their plan for providing high risk nutrition counseling to participants,



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- 4.6.4 When applicable, necessary and based on the assigned caseload, provide an appropriate number of adequately trained certification specialists to provide categorical and financial eligibility screening, pre-certification and record required documentation, in accordance with the WIC PPM, as well as administrative support services when necessary. Such individuals shall have the minimum of a high school degree or equivalent and must complete the state training requirements and be certified by the Contractor as competent according to the competencies for the position. Previous nutrition or health related job experience is desirable. These individuals shall meet individual ADHS competencies as set forth in the WIC PPM prior to providing each service such as certifying applicants for participation and/or providing health assessments in the Arizona WIC Program Staff should be observed and certified by the supervising authority to be competent in an activity before being allowed to perform on their own without supervision,
- 4.6.5 Based on the assigned caseload, provide an appropriate number of adequately trained nutrition education specialists to provide certification and nutrition education services to participants in accordance with the WIC PPM. Such individuals will have the minimum of a high school diploma with nutrition experience, education, and training that have been certified by local or state agencies to be competent for the position. An Associate or Bachelor's degree is highly preferred. These individuals shall meet the ADHS competencies for Nutrition Education Specialists as set forth in the WIC PPM prior to certifying applicants for participation and/or providing nutrition education in the Arizona WIC Program. Staff should be observed and certified by the supervising authority to be competent in an activity before being allowed to perform on their own without supervision,
- 4.6.6 Identify an International Board-Certified Lactation Consultant (IBCLC) to serve as the local agency Breastfeeding Coordinator as defined in the WIC PPM. The Breastfeeding Coordinator will oversee all WIC breastfeeding services for the local agency to ensure all participants have access to breastfeeding promotion and support services. If a local agency has barriers to this staffing standard, they must be submitted in writing to ADHS with their plan for coordination of breastfeeding services within the local agency to be approved by ADHS,
- 4.6.7 Identify a Training Coordinator as defined in the WIC PPM. The Training Coordinator will oversee and facilitate both new employee and ongoing WIC training for the Local Agency including certifying that staff has met competencies prior to providing services without supervision. If a Local Agency has barriers to this staffing standard, they must submit in writing to ADHS their plan for coordination of training services within the Local Agency to be approved by ADHS,
- 4.6.8 Identify an Outreach Coordinator who will oversee and facilitate activities and efforts to retain current WIC enrollees and outreach to potentially eligible population not currently enrolled in WIC, and participate in outreach-related workgroups. If a Local Agency has barriers to this staffing standard, they must submit in writing to ADHS their plan for coordination of outreach activities within the Local Agency to be approved by ADHS,
- 4.6.9 Provide staff to conduct outreach activities targeting high risk and underserved populations, including but not limited to homeless and migrants, by developing written and verbal presentations or utilizing available materials to inform the potentially eligible individuals of the availability of WIC Program and explain the benefits of participation, and
- 4.6.10 When applicable and necessary, provide WIC Clerks to perform administrative support within WIC clinics at the option of the Contractor. Such individuals shall have the minimum of a high school degree or equivalent. They must meet WIC Program competencies. Previous clerical or work experience is desirable.

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4.7. Additional BFPC Service Staffing

- 4.7.1 Employ a BFPC Program Manager to plan, direct and coordinate general operation of Peer Counseling Program. Ideal candidate will be an International Board-Certified Lactation Consultant (IBCLC), have WIC experience, and be familiar with community resources,
- 4.7.2 Develop a support referral system for peer counselors with community Lactation Consultants, including IBCLCs, if the BFPC Program Manager is not an IBCLC or is unable to fulfill consultation duties for any reason, and
- 4.7.3 Employ Breastfeeding Peer Counselors to provide services. Qualifications for peer counselors shall be previous personal experience with breastfeeding, enthusiasm for helping others to succeed at breastfeeding, and similarities with the WIC population the program serves (including similar age, ethnic background, and language spoken). Exemptions to the peer counselor qualifications must be approved by ADHS before hire. When possible, peer counselors should be current or previous WIC participants.

4.8. Staff Training

The Contractor shall:

- 4.8.1 Train new staff as outlined in the ADHS developed new employee training plan,
- 4.8.2 Register and ensure all WIC staff complete all ADHS required WIC on-line courses according to the time requirements set forth by the State through ADHS LMS at az.train.org, or state-assigned LMS System in accordance with the ADHS WIC PPM,
- 4.8.3 In addition to state requirements for competency training, Local Agencies must implement and adopt the state training standards as reflected in the ADHS WIC PPM. In addition, Local Agencies must participate in any mandatory training provided by ADHS due to changes in policy, procedures, and / or federal regulations,
- 4.8.4 Provide training for all new staff members regarding Civil Rights, Americans with Disabilities Act (ADA), and Voter Registration during their orientation and, annually, provide all staff with training on Civil Rights, ADA, and Voter Registration issues by completing the ADHS LMS courses on Civil Rights and Voter Registration or other courses or trainings that will be required by ADHS,
- 4.8.5 Provide one (1) representative for a maximum of six (6) mandatory, in-person WIC Partners' two (2) day meetings or training sessions in Phoenix, as scheduled by ADHS on a yearly basis. These meetings will be opportunities for the Local Agency to discuss issues with regards to WIC policies and procedures, federal rules and regulations, and nutrition standards,
- 4.8.6 Provide one (1) representative for a maximum of 12 WIC Director teleconference meetings to receive information updates on WIC operations, policies and procedures, and other relevant materials being held in lieu of face to face meetings. This may include urgent meetings to discuss current events (e.g. government shutdown) and plan on managing the continuity of operations plan (COOP),
- 4.8.7 Provide one (1) representative to attend a two (2) day trainer conference in Phoenix during each fiscal year for skill and knowledge building,
- 4.8.8 Provide one (1) representative to attend a one (1) day Nutrition Coordinator meeting in Phoenix during each fiscal year for skill and knowledge building,



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4.8.9 Provide one (1) representative to attend a one (1) day Breastfeeding Coordinator meeting in Phoenix during each fiscal year for skill and knowledge building,

4.8.10 Maintain a record of training provided, monitoring and observation results of staff competencies in each staff file and/or the State LMS.

4.9. Additional BFPC Staff Training:

4.9.1 Send the WIC Director or designee and the Breastfeeding Peer Counselor Program Manager to a One (1) day training at the ADHS office in Phoenix during each Peer Counseling Program contract term,

4.9.2 Provide training of Breastfeeding Peer Counselors using the *Loving Support through Peer Counseling* curriculum within one (1) month of employment,

4.9.3 Provide continual education and adequate resources to peer counselors. Continual education shall include basic and continuing breastfeeding training, and may include opportunities to shadow lactation consultants, opportunities to meet with other peer counselors, and related training such as counseling skills, adult learning styles, and others, and

4.9.4 Provide all WIC clinic staff the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families" through the *Loving Support* curriculum at least once during each Peer Counseling Program contract term.

4.10. Data Collection

The Contractor shall:

4.10.1 Utilize the hardware, software, and training provided by the Arizona WIC Program to operate the Contractor's portion of the WIC Computer Data System,

4.10.2 Complete all data elements required on the WIC Computer Data System as outlined in the WIC PPM,

4.10.3 WIC Computer Data System users are required to maintain integrity by keeping their username and password secure. Users shall not share their login information with others, and

4.10.4 When applicable and necessary to fulfill WIC business functions, local WIC IT shall coordinate with ADHS WIC IT to ensure immediate restoration of technical equipment (i.e. ADHS owned equipment) to include but not limited to providing a temporary administrative account.

4.11. Administrative Services

The Contractor shall:

4.11.1 In addition to complying with the Guidance for Federal Grant Award Management (Blue Book) and State of Arizona Accounting Manual (SAAM) for Contractors of ADHS Funded programs, Chapter twelve (12) and thirteen (13) of the WIC PPM:

4.11.1.1 Maintain a formal inventory listing or subsidiary record of all equipment owned by the Contractor in an organized manner as a part of the official accounting system. Ensure the non-capital and capital equipment listing includes the following: Tag or ID number, Description, Purchase cost or fair market value on date of donation, Purchase or donation date, Location, Disposal Date, Funding Source, Serial Number, Manufacturer,



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Model Number, RAM size (if applicable), Specifications (if applicable), and Receipt/Invoice (proof of purchase);

4.11.1.2 Provide maintenance and upkeep for all equipment purchased with WIC funds. Maintenance may be provided through the Contractor's own organization or the Contractor may participate in State maintenance contracts where available;

4.11.1.3 Obtain written permission from ADHS prior to expending WIC funds to purchase equipment with a value of \$5,000 or more;

4.11.1.4 For all asset-related items, a request shall be submitted to ADHS utilizing the process specified in the WIC PPM: hardware (e.g. computers, tablets, scanners, printers, card readers, pin pads, webcams, and headsets) and certain telecommunications equipment necessary to access the web-based WIC Computer Data System (e.g. routers, MiFi's). New technology will be evaluated for inclusion based on program needs. **For software purchases with WIC funds, the Local Agency shall submit a written request prior to any software purchase using WIC funds following the process specified in the PPM.**

4.11.1.4.1 Notification to ADHS must be provided for any asset-related resource items that need to be transferred or disposed. Contractors shall not directly dispose of any asset.

4.11.1.5 Transfer and disposals must follow procedures outline in WIC PPM; and

4.11.1.6 Destroyed/Missing/Stolen asset resources must be reported upon discovery no later than ten (10) business days from the time of incident to the assigned ADHS WIC Nutrition Consultant.

4.11.2 If applicable, submit to ADHS for approval in writing any policy or procedure that deviates from those set forth in the Arizona WIC PPM,

4.11.3 Update the Local Agency information on a timely basis on the WIC Clinic Search administrative website including but not limited to names of CEO/Health Officer, WIC Director, Clinic Supervisors, Nutrition Coordinator, Breastfeeding Coordinator, Training Coordinator, IT lead(s), clinic names, addresses, phone numbers, days and hours of operations, closure days, and other pertinent information for the public to know,

4.11.4 Provide at least ten (10) weeks written notice when planning on opening, moving, or suspending WIC services at any location,

4.11.5 Read, timely, all ADHS provided documents and provide requested response, if applicable,

4.11.6 The Local Agency Director shall ensure the State Agency has their most recent contact information in an effort to maintain current and accurate information in the Arizona Health Alert Network (AzHAN) account,

4.11.7 Maintain records of WIC services in WIC Computer Data System and electronic files of other WIC-related operations and trainings, if applicable, according to the WIC PPM, including but not limited to:

4.11.7.1 Signed consent for hemoglobin screening and anthropometrics;

4.11.7.2 Signed Rights and Obligations for enrolled participant files (active and inactive);

4.11.7.3 Eligible participant files (active and inactive);



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- 4.11.7.4 Ineligible applicant signatures;
- 4.11.7.5 Monthly Participation Reports by Category and Ethnicity;
- 4.11.7.6 Outreach files;
- 4.11.7.7 Medical documentation;
- 4.11.7.8 Staff files: Trainings attended, skill observations, and Local Agency Self Assessments;
- 4.11.7.9 Documentation of dual participation actions;
- 4.11.7.10 Waiting lists (when applicable);
- 4.11.7.11 Reconciliation of eWIC cards;
- 4.11.7.12 Civil rights file to include documentation and resolution of all civil rights complaints;
- 4.11.7.13 Documentation of annual civil rights and voter registration training of all employees; and
- 4.11.7.14 Documentation of WIC Confidentiality and Conflict of Interest forms.
- 4.11.8 Correct and resolve inappropriate or missing participant information, improbable assessment values, duplicate participation, and other quality assurance WIC Computer Data System issues identified in the report provided to the Contractor by ADHS within the timeframes specified in the WIC PPM,
- 4.11.9 Correct any regulatory deficiency or discrepancy noted during any of the three program Management Evaluations, Audits, Local Agency Compliance Investigations or Program Financial Reviews within sixty (60) calendar days of the date of the audit report unless an extension date is granted by the auditing/reviewing agency and documented,
- 4.11.10 Adhere to the SAAM travel rates. Travel rates reimbursed by the Local Agency cannot exceed the current Arizona State Reimbursement Rates, located here: <https://gao.az.gov/travel/welcome-gao-travel>,
- 4.11.11 Prepare individual electronic copies of the Contractor's Expenditure Reports (CER) for each contracted program according to the instructions and requirements of the WIC PPM,
- 4.11.12 Retain all evidentiary documentation (i.e. meal receipts) and submit to ADHS upon request for all expenses charged towards the WIC grant,
- 4.11.13 Prepare Final Closeout CER invoice for each contracted program reflecting the cumulative expenditures for a contract year,
- 4.11.14 Prepare WIC Local Agency Quarterly Cost Summary Reports that matches the amount of each quarter's expenditures respectively in accordance with the requirements in the WIC PPM,
- 4.11.15 Prepare an annual evaluation on the annual Contractor's Outreach Plan and a progress report on activities accomplished during the year,
- 4.11.16 Prepare an annual evaluation on the One (1) Year Nutrition Services and Training Plan and a progress report on activities accomplished during the year,



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- 4.11.17 Prepare an annual Amendment Application in accordance with the individual program requirements that will include budget breakdown of line items and budget justifications of any budget changes,
- 4.11.18 Prepare a Summary of Local Agency Annual Self Assessments. Local Agency self-assessments must be done annually in the year that the Local Agency has a Management Evaluation, and semi-annually in the year that they do not have a Management Evaluation, and
- 4.11.19 Prepare all required plans, reports, and documents in accordance with the requirements in the WIC PPM.

In the event the Arizona WIC Program funding is depleted (e.g. government shutdown) the Contractor may request permission to continue operating their program utilizing local funds. The Contractor will contact the Arizona WIC Director to discuss the feasibility of sustaining clinic operations and participant food redemption at authorized vendor locations. The Contractor may transfer funds to ADHS to ensure continued operation.

Additional monies may be awarded under this contract for WIC Special Projects related to, but not limited to general infrastructure, breastfeeding promotion, nutrition services, information system enhancement efforts and client retention efforts.

4.12. Additional Peer Counseling Administrative Services

- 4.12.1. Prepare and submit a Quarterly Report for the Peer Counseling services in the format provided by ADHS, and
- 4.12.2. Training and resources to assist the local agency in establishing and maintaining competency for new and existing staff.

5. REFERENCE DOCUMENTS

- 5.1. Arizona WIC Program Policies and Procedures Manual: Refer to http://azdhs.gov/azwic/local_agencies_policyManual.htm
- 5.2. Guidance for Federal Grant Award Management (Blue Book): <https://www.azdhs.gov/documents/prevention/womens-childrens-health/childrens-health/homevisiting/guidance-for-federal-grant-award-management.pdf>
- 5.3. State of Arizona Accounting Manual (SAAM): <https://gao.az.gov/publications/SAAM/>
- 5.4. Federal Regulations: Refer to <https://www.ecfr.gov/cgi-bin/text-idx?SID=a42889f84f99d56ec18d77c9b463c613&node=7:4.1.1.1.10&rgn=div5>
- 5.5. 7 CFR 246.14: Program costs
- 5.6. 7 CFR 246.26 (h)(2): Notice to applicants and participants about the use and disclosure of confidential applicant and participant information
- 5.7. 7 CFR 246.26 (h)(3): Implementation of a written agreement and state plan to regulate use and disclosure of confidential applicant and participant information.

6. STATE PROVIDED ITEMS

ADHS shall provide the following:

- 6.1. **Electronic** copies of the Arizona WIC Program Policies and Procedures Manual;



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- 6.2. Hardware and software necessary for operation of the WIC Computer Database System;
- 6.3. Training and resources to assist local agencies in establishing staff competency for new and existing staff;
- 6.4. eWIC Cards;
- 6.5. Method for submitting expenditures. The ADHS WIC Program Manager or designee will accept and approve the expenditures prior to payment;
- 6.6. Nutrition Education Materials for participants;
- 6.7. Quarterly Report template (electronic) for Peer Counseling Program;
- 6.8. Technical assistance and support;
- 6.9. Breastfeeding material and supplies for participants and resources for staff;
- 6.10. Assistance with International Board-Certified Lactation Consultant (IBCLC) career track or advanced lactation consultant education, when appropriate;
- 6.11. Loving Support through Peer Counseling curriculum, which includes the PowerPoint presentation "Peer Counseling: Making a Difference for WIC Families," when appropriate;
- 6.12. Monitoring of WIC Authorized Vendors for compliance with regulations and coordination with tribal and county officials when doing compliance buys for markets on a reservation; and
- 6.13. Periodic redemption reports for issued benefits.

7. DELIVERABLES

If applicable, any work plan or other documentation submitted to and accepted by ADHS regarding participation in WIC or BFPC shall be incorporated into this Agreement. Furthermore, any policy or procedure that deviates from those set forth in the Arizona WIC Program Policies and Procedures Manuals requires approval from ADHS prior to implementation.

The Contractor shall submit to ADHS:

- 7.1. Updated copies of Local Agency Policies and Procedures as required per the WIC PPM;
- 7.2. Individual electronic CER invoice for each program, no later than thirty (30) days following the end of each report month of the program year;
- 7.3. WIC Local Agency Quarterly Cost Summary matching the WIC Contractor's CER expenses no later than thirty (30) days following the end of each quarter report of the program year;
- 7.4. Final CER invoice for each program no later than forty-five (45) days following the end of each Contract year;
- 7.5. **Completed Federal Funding Accountability and Transparency Act (FFATA) Grant Reporting Certification Form at the beginning of each contract for each Grant within thirty (30) days of the PO;**
- 7.6. WIC Local Agency fourth (4th) Quarterly Final Cost Summary matching the WIC Contractor's CER expenses, not later than forty-five (45) days following the end of each Contract year;



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- 7.7. Annual Summary of Local Agency Self Assessments;
- 7.8. Each Contracted Program's amendment application by the specified deadline for the following contract year which contains the following information:
 - 7.8.1. Request for Caseload to be served,
 - 7.8.2. Request for budget and budget justification,
 - 7.8.3. Updated Outreach Plan for the upcoming FFY and an evaluation of previous years activities, and
 - 7.8.4. Any additional services and other documents specified.
- 7.9. All required responses to federal and state audits and reviews submitted in a timely manner;
- 7.10. Additional Peer Counseling Deliverables
 - 7.10.1. Quarterly reports for the Peer Counseling Program to be submitted 15 days after each quarter of the Contract year.

8. PERFORMANCE STANDARDS AND AWARDS

- 8.1. Upon Contract finalization, ADHS shall notify the Contractor by email of the assigned caseload, and throughout the term of the Contract, of any changes to the assigned caseload. The Contractor shall maintain an average monthly participation level in accordance with the following table:

<u>Caseload Assignment</u>	<u>% Maintained</u>
<10,000 participants/month	97%
10,000 to <49,999 participants/month	98%
>50,000 participants/month	99%

- 8.2. If, after each quarter of the Federal Fiscal Year (October through September), the Contractor has not attained the required participation level, ADHS will have the option of reducing the assigned caseload and resources to the Contractor's current service level. ADHS may also then move the unused caseload and corresponding resources to other WIC Local Agencies in order to fully utilize the resources; and
- 8.3. Local Agencies shall be eligible for one (1) or more of the following awards:
 - 8.3.1. Any local agency which meets 100% or more of its caseload assignment for three (3) consecutive months during the previous FFY may receive an award of \$10,000 added to that agency's following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified,
 - 8.3.2. Utilizing the "Nutrition Discussion Contact" report ran in the first quarter of the FFY preceding time of application (October through December), any Local Agency meeting 95% of its nutrition education documentation requirement for each participation time period may receive an award of \$10,000 added to that agency's following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified,
 - 8.3.3. The agency with the highest percentage of IENs in the first quarter (Oct 1 through Dec 31) of each fiscal year within their Assigned Caseload Cohort may be eligible to receive an award added to the following fiscal year WIC funding formula award if the Contract is extended and additional expenditures can be identified. Assigned Caseload Cohorts and award amounts will be determined as follows:



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Assigned Caseload Cohort	Award Amount
Less than 2000	\$5,000
2000 - 8000	\$10,000
More than 8000	\$15,000

- 8.4 Pursuant to 7 CFR 246. 14, which allows the WIC program to fund nutrition services and administrative expenses, the Performance Awards may be part of the annual funding formula and awarded to the Contractor in the next contract year, and
- 8.5 USDA has the option to award breastfeeding performance awards to State Agencies who exceed the national average. If funds are awarded to Arizona, each Local Agency program will receive a proration of the amount based upon the number of exclusively nursing women in their Local Agency. It will be a set amount, and may only be used for purposes outlined in the current federal guidelines.

9. NOTICES, CORRESPONDENCE AND REPORTS

- 9.1. Notices, correspondence, reports and invoices from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services
150 N. 18th Avenue, Suite 310
Phoenix, Arizona 85007
Attention: WIC Program Manager

- 9.2. Notice, correspondence and reports from ADHS to the Contractor shall be sent to:

Pinal County
Attn: Genevieve Ennis
971 N. Jason Lopez Circle, Building D
Florence, AZ 85132
Phone: (520) 866-7304
Email: Genevieve.ennis@pinal.gov



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PRICE SHEET

October 1, 2021 to September 30, 2022

Agency Name: Pinal County

Cost Reimbursement Line Item Budget

WIC Services

Federal Award Date: October 1, 2021

CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children

WIC Services Account Classification	Amount
Personnel	\$1,131,491.00
Employee Related Expenses	\$457,848.00
Professional & Outside Services	\$6,000.00
Travel Expense	\$33,810.00
Occupancy Expenses	\$0.00
Other Operating Expenses	\$39,751.00
Capital Expenditures	\$0.00
Indirect Cost	\$81,600.00
Total	\$1,750,500.00

Breastfeeding Peer Counseling Services

Federal Award Date: October 1, 2021

CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children

Breastfeeding Peer Counseling Services Account Classification	Amount
Personnel	\$59,398.00
Employee Related Expenses	\$28,362.00
Professional & Outside Services	\$1.00
Travel Expense	\$2,000.00
Occupancy Expenses	\$0.00
Other Operating Expenses	\$4,693.00
Capital Expenditures	\$0.00
Indirect Costs	\$0.00
Total	\$94,454.00

Quality Assurance Software Services

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Federal Award Date: October 1, 2021

CFDA number and name: 10.557 Special Supplemental Nutrition Program for Women, Infants, and Children

QASS Account Classification	Amount
Personnel	\$48,776.00
Employee Related Expenses	\$23,668.00
Professional & Outside Services	\$0.00
Travel Expense	\$150.00
Occupancy Expenses	\$0.00
Other Operating Expenses	\$1.00
Capital Expenditures	\$0.00
Indirect Costs	\$0.00
Total	\$72,595.00

Additional Terms and Conditions:

With prior written approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between funded line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded line item shall require an amendment.

ADHS reserves the right to adjust awards given to local agencies depending on federal dollars received. Adjustments will be at the discretion of ADHS.

Additional WIC Program:

Should additional administrative monies become available through state or federal grants, ADHS may increase the purchase order to increase the number of participants served and increase the total of this contract.

The assigned caseload for FFY 2022 is: 8900

Additional Breastfeeding Peer Counseling Program:

Allowable costs for the Peer Counseling Program include compensation for peer counselors and designated peer counselor managers/coordinators, and related costs such as training and training materials; telephone expenses for participant contacts (including pager, cell phones and answering machines); travel for training and home and hospital visits; recruitment of peer counseling staff; and the purchase of demonstration materials (e.g., breast pumps for demonstration purposes, videos). Out of state travel must be pre-approved by ADHS. Items and materials for distribution to WIC participants (e.g. breast pumps, breastfeeding aids) are not allowable costs.

Additional Quality Assurance Software Services:

Additional administrative monies were provided to the Contractor to provide an experienced 1.0 FTE staff to test HANDS functionalities at the ADHS office in Phoenix, Arizona as software is being developed. These activities include but are not limited to staff attendance in required trainings, testing of HANDS functionalities using the ADHS software, providing feedback on training materials, alerting the ADHS staff to clinic impact and concerns, and travel to other local agencies throughout the state to assist with training, as needed.



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Exhibit A

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:

Arizona Department of Health Services

DUNS #

804745420

Federal Award Identification (Grant Number):

216AZ008W1003

Subrecipient name (which must match the name associated with its unique entity identifier):

Pinal County

Subrecipient's unique entity identifier (DUNS #):

74447095

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

216AZ008W1003

Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency:

10/01/2021

Subaward Period of Performance Start and End Date:

10/01/2021-9/30/2022

Subaward Budget Period Start and End Date:

10/01/2021-9/30/2022

Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):

\$1,750,500.00

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):

\$1,750,500.00

Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:

\$1,750,500.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA):

Arizona local implementation of the WIC Special Supplemental Nutrition Program for Women, Infants, and Children

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity:

United States Department of Agriculture, FNS
Southwest Regional Office, Food and Nutrition Service,
1100 Commerce Street Room 522, Dallas, TX 75242-
9980, Telephone: (214)290-9810



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT
OF HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Agreement No.: CTR040850

IGA Amendment No: 4

Procurement Officer
Nicole Marquez

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

10.557 WIC Special Supplemental Nutrition Program for Women, Infants, and Children

Identification of whether the award is R&D:

Not R&D award

Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414:

0%



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT
OF HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Agreement No.: CTR040850

IGA Amendment No: 4

Procurement Officer
Nicole Marquez

Exhibit B

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:
DUNS #

Arizona Department of Health Services
804745420

Federal Award Identification (Grant Number):

206AZ002W5003

Subrecipient name (which must match the name associated with its unique entity identifier):

Pinal County

Subrecipient's unique entity identifier (DUNS #):

74447095

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

206AZ002W5003

Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency:

10/01/2019

Subaward Period of Performance Start and End Date:

10/01/2021-9/30/2022

Subaward Budget Period Start and End Date:

10/01/2021-9/30/2022

Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):

\$94,454.00

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):

\$94,454.00

Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:

\$94,454.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA):

Arizona local implementation of the Breastfeeding and Peer Counseling Program

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity:

United States Department of Agriculture, FNS
Southwest Regional Office, Food and Nutrition Service,
1100 Commerce Street Room 522, Dallas, TX 75242-
9980, Telephone: (214)290-9810



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT
OF HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Agreement No.: CTR040850

IGA Amendment No: 4

Procurement Officer
Nicole Marquez

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

10.557 WIC Special Supplemental Nutrition Program for Women, Infants, and Children

Identification of whether the award is R&D:

Not R&D award

Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414:

0%



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 18th Ave Suite 530
Phoenix, Arizona 85007

Agreement No.: CTR040850

IGA Amendment No: 4

Procurement Officer
Nicole Marquez

Exhibit C

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:

Arizona Department of Health Services

DUNS #

804745420

Federal Award Identification (Grant Number):

216AZ008W1003

Subrecipient name (which must match the name associated with its unique entity identifier):

Pinal County

Subrecipient's unique entity identifier (DUNS #):

74447095

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

216AZ008W1003

Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency:

10/01/2021

Subaward Period of Performance Start and End Date:

10/01/2021-9/30/2022

Subaward Budget Period Start and End Date:

10/01/2021-9/30/2022

Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):

\$72,595.00

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):

\$72,595.00

Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:

\$72,595.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA):

Arizona local implementation of the WIC Special Supplemental Nutrition Program for Women, Infants, and Children

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity:

United States Department of Agriculture, FNS
Southwest Regional Office, Food and Nutrition Service,
1100 Commerce Street Room 522, Dallas, TX 75242-
9980, Telephone: (214)290-9810



INTERGOVERNMENTAL AGREEMENT (IGA) Amendment

ARIZONA DEPARTMENT
OF HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Agreement No.: CTR040850

IGA Amendment No: 4

Procurement Officer
Nicole Marquez

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

10.557 WIC Special Supplemental Nutrition Program for Women, Infants, and Children

Identification of whether the award is R&D:

Not R&D award

Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414:

0%



PINAL COUNTY

WIDE OPEN OPPORTUNITY

AGENDA ITEM

August 4, 2021 ADMINISTRATION BUILDING A
FLORENCE, ARIZONA

REQUESTED BY:

Funds #: 82

Dept. #: 359

Dept. Name: Public Health

Director: Tascha Spears

BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:

Discussion/approval/disapproval of the award agreement between the Arizona Department of Health Services and the Pinal County Health Department through the Pinal County Board of Supervisors beginning June 1, 2021, ending May 30, 2023. The grant will be used to cover the costs of testing/case investigations related to the COVID-19 pandemic in the amount of \$620,620. Acceptance requires an amendment to the FY 21/22 budget to transfer reserve appropriation only from Fund 213 (Grants/Project Contingency) to Fund 82 (Health/Grants) to increase revenue and expenditure appropriations. The appropriation is a pro-rated amount of \$310,310 for July 1, 2021, through June 30, 2022. The remaining amount will be budgeted in FY 22/23. (Tascha Spears)

BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:

Acceptance requires an amendment to the FY 21/22 budget to transfer reserve appropriation only from Fund 213 (Grants/Project Contingency) to Fund 82 (Health/Grants) to increase revenue and expenditure appropriations. The appropriation is a pro-rated amount of \$310,310 for July 1, 2021, through June 30, 2022. The remaining amount will be budgeted in FY 22/23. There is no match requirement for the award and there will be no impact to the general fund.

BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:

The grant will be used to cover the costs of testing/case investigations related to the COVID-19 pandemic.

MOTION:

Approve as presented.

History

Time	Who	Approval
7/26/2021 8:08 AM	County Attorney	Yes
7/26/2021 8:24 AM	Grants/Hearings	Yes
7/26/2021 9:38 AM	Budget Office	Yes
7/26/2021 10:01 AM	County Manager	Yes

ATTACHMENTS:

Click to download

[Grant Request Form](#)

[Contract](#)

[Budget Appropriation](#)



PINAL COUNTY
WIDE OPEN OPPORTUNITY

Board of Supervisors Grant Request

Board of Supervisors meeting date: _____

Department seeking grant: _____

Name of Granting Agency: _____

Name of Grant Program: _____

Project Name: _____

Amount requested: _____

Match amount, if applicable: _____

Application due date: _____

Anticipated award date/fiscal year: _____

What strategic priority/goal does this project address?: _____

Applicable Supervisor District: _____

Brief description of project: _____

Approval received per Policy 8.20: _____ OnBase Grant #: _____

Please select one:

- Discussion/Approve/Disapproval consent item _____
- New item requiring discussion/action _____
- Public Hearing required _____

Please select all that apply:

- Request to submit the application _____
- Retroactive approval to submit _____
- Resolution required _____
- Request to accept the award _____
- Request to approve/sign an agreement _____
- Budget Amendment required _____
- Program/Project update and information _____



INTERGOVERNMENTAL AGREEMENT (IGA)

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 North 18th Avenue, Suite 530
Phoenix, Arizona 85007

Contract No.: CTR055999

Project Title: COVID-19 Health Disparities

Begin Date: Upon signature

Geographic Service Area: Pinal County

Termination Date: 5/31/2023

Arizona Department of Health Services has authority to contract for services specified herein in accordance with A.R.S. §§ 11-951, 11-952, 36-104 and 36-132. The Contractor represents that it has authority to contract for the performance of the services provided herein pursuant to:

Counties: A.R.S. §§ 11-201, 11-951, 11-952 and 36-182.

Amendments signed by each of the parties and attached hereto are hereby adopted by reference as a part of this Contract, from the effective date of the Amendment, as if fully set out herein.

<p>Arizona Transaction (Sales) Privilege: _____</p> <p>Federal Employer Identification No.: _____</p> <p>Tax License No.: _____</p> <p>Pinal County Health Department P.O. Box 1348 Florence, AZ 85132</p>	<p align="center">FOR CLARIFICATION, CONTACT:</p> <p>Name: <u>Tascha Spears</u></p> <p>Phone: <u>(520) 705-4841</u></p> <p>FAX No: _____</p> <p>E-mail: <u>tascha.spears@pinal.gov</u></p>
<p align="center">CONTRACTOR SIGNATURE:</p> <p>The Contractor agrees to perform all the services set forth in the Agreement and Work Statement.</p> <p>Signature of Person Authorized to Sign _____ Date _____</p> <p>Print Name and Title _____</p>	<p>This Contract shall henceforth be referred to as Contract</p> <p>No. <u>CTR055999</u> The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this Contract until Contractor receives a fully executed copy of the Contract.</p> <p>State of Arizona</p> <p>Signed this _____ day of _____, 2021</p> <p>_____ Procurement Officer</p>
<p>CONTRACTOR ATTORNEY SIGNATURE:</p> <p>Pursuant to A.R.S. § 11-952, the undersigned Contractor's Attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona.</p> <p>Signature of Person Authorized to Sign _____ Date _____</p> <p>Print Name and Title _____</p>	<p>Contract, No. CTR055999, is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in the proper form and is within the powers granted under the laws of the State of Arizona to those parties to the Agreement represented by the Attorney General.</p> <p>The Attorney General, BY:</p> <p>_____ Signature _____ Date _____</p> <p>Assistant Attorney General:</p>

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT
CTR055999	TERMS AND CONDITIONS

- 1. Definition of Terms.** As used in this Contract, the terms listed below are defined as follows:
- 1.1 “Attachment” means any document attached to the Contract and incorporated into the Contract.
 - 1.2 “ADHS” means Arizona Department of Health Services.
 - 1.3 “Budget Term” means the period of time for which the contract budget has been created and during which funds should be expended.
 - 1.4 “Change Order” means a written order that is signed by a Procurement Officer and that directs the Contractor to make changes authorized by the Uniform Terms and Conditions of the Contract.
 - 1.5 “Contract” means the combination of the Uniform and Special Terms and Conditions, the Specifications and Statement or Scope of Work, Attachments, Referenced Documents, any Contract Amendments and any terms applied by law.
 - 1.6 “Contract Amendment” means a written document signed by the Procurement Officer and the Contractor that is issued for the purpose of making changes in the Contract.
 - 1.7 “Contractor” means any person who has a Contract with the Arizona Department of Health Services.
 - 1.8 “Cost Reimbursement” means a contract under which a contractor is reimbursed for costs, which are reasonable, allowable and allocable in accordance with the contract terms and approved by ADHS.
 - 1.9 “Days” means calendar days unless otherwise specified.
 - 1.10 “Fixed Price” establishes a set price per unit of service. The set price shall be based on costs, which are reasonable, allowable and allocable.
 - 1.11 “Gratuity” means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is received.
 - 1.12 “Materials” unless otherwise stated herein, means all property, including but not limited to equipment, supplies, printing, insurance and leases of property.
 - 1.13 “Procurement Officer” means the person duly authorized by the State to enter into and administer Contracts and make written determinations with respect to the Contract.
 - 1.14 “Purchase Order” means a written document that is signed by a Procurement Officer, that requests a vendor to deliver described goods or services at a specific price and that, on delivery and acceptance of the goods or services by ADHS, becomes an obligation of the State.
 - 1.15 “Services” means the furnishing of labor, time or effort by a Contractor or Subcontractor.
 - 1.16 “Subcontract” means any contract, express or implied, between the Contractor and another party or between a subcontractor and another party delegating or assigning, in whole or in part, the making or furnishing of any material or any service required for the performance of this Contract.
 - 1.17 “State” means the State of Arizona and/or the ADHS. For purposes of this Contract, the term “State” shall not include the Contractor.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT TERMS AND CONDITIONS
CTR055999	

2. Contract Type.

This Contract shall be:

X Cost Reimbursement

3. Contract Interpretation.

3.1. Arizona Law. The law of Arizona applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona.

3.2. Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.

3.3. Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by the State and as they may be amended, the following shall prevail in the order set forth below:

3.3.1. Terms and Conditions;

3.3.2. Statement or Scope of Work;

3.3.3. Attachments; and

3.3.4. Referenced Documents.

3.4. Relationship of Parties. The Contractor under this Contract is an independent Contractor. Neither party to this Contract shall be deemed to be the employee or agent of the other party to the Contract.

3.5. Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.

3.6. No Parole Evidence. This Contract is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document.

3.7. No Waiver. Either party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

3.8. Headings. Headings are for organizational purposes only and shall not be interpreted as having legal significance or meaning.

4. Contract Administration and Operation.

4.1. Term. As indicated on the signature page of the Contract, the Contract shall be effective as of the Begin Date and shall remain effective until the Termination Date.

4.2. Contract Renewal. This Contract shall not bind, nor purport to bind, the State for any contractual commitment in excess of the original Contract period. The term of the Contract shall not exceed five years. However, if the original Contract period is for less than five years, the State shall have the right, at its sole option, to renew the Contract, so long as the original Contract period together with the renewal periods does not exceed five years. If the State exercises such rights, all terms, conditions and provisions of the original Contract shall remain the same and apply during the renewal period with the exception of price and Scope of Work, which may be renegotiated.

4.3. New Budget Term. If a budget term has been completed in a multi-term Contract, the parties may agree to

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT
CTR055999	TERMS AND CONDITIONS

change the amount and type of funding to accommodate new circumstances in the next budget term. Any increase or decrease in funding at the time of the new budget term shall coincide with a change in the Scope of Work or change in cost of services as approved by the Arizona Department of Health Services.

- 4.4. Non-Discrimination. The Contractor shall comply with State Executive Order No. 2009-09 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- 4.5. Records and Audit. Under A.R.S. § 35-214 and A.R.S. § 35-215, the Contractor shall retain and shall contractually require each subcontractor to retain all data and other records (“records”) relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by the State and where applicable the Federal Government at reasonable times. Upon request, the Contractor shall produce a legible copy of any or all such records.
- 4.6. Financial Management. For all contracts, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for the ADHS funded programs shall be used by the Contractor in the management of Contract funds and by the State when performing a Contract audit. Funds collected by the Contractor in the form of fees, donations and/or charges for the delivery of these Contract services shall be accounted for in a separate fund.
 - 4.6.1. Federal Funding. Contractors receiving federal funds under this Contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200), if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.
 - 4.6.2. State Funding. Contractors receiving state funds under this Contract shall comply with the certified compliance provisions of A.R.S. § 35-181.03.
- 4.7. Inspection and Testing. The Contractor agrees to permit access, at reasonable times, to its facilities.
- 4.8. Notices. Notices to the Contractor required by this Contract shall be made by the State to the person indicated on the signature page by the Contractor, unless otherwise stated in the Contract. Notices to the State required by the Contract shall be made by the Contractor to an ADHS Procurement Officer, unless otherwise stated in the Contract. An authorized ADHS Procurement Officer and an authorized Contractor representative may change their respective person to whom notice shall be given by written notice, and an amendment to the Contract shall not be necessary.
- 4.9. Advertising and Promotion of Contract. The Contractor shall not advertise or publish information for commercial benefit concerning this Contract without the prior written approval of an ADHS Procurement Officer.
- 4.10. Property of the State.
 - 4.10.1. Equipment. Except as provided below or otherwise agreed to by the parties, the title to any and all equipment acquired through the expenditure of funds received from the State shall remain the property of the State by and through the ADHS and, as such, shall remain under the sole direction, management and control of the ADHS. When this Contract is terminated, the disposition of all such property shall be determined by the ADHS. For Fixed Price contracts, when the Contractor provides the services/materials required by the Contract, any and all equipment purchased by the Contractor remains the property of the Contractor. All purchases of equipment need to be reported to the ADHS Office of Inventory Control.
 - 4.10.2. Title and Rights to Materials. As used in this section, the term “Materials” means all products created or produced by the Contractor under this Contract, including, but not limited to: written and electronic information, recordings, reports, research, research findings, conclusions, abstracts, results, software, data and any other intellectual property or deliverables created, prepared, or received by

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT
CTR055999	TERMS AND CONDITIONS

the Contractor in performance of this Contract. Contractor acknowledges that all Materials are the property of the State by and through the ADHS and, as such, shall remain under the sole direction, management and control of the ADHS. The Contractor is not entitled to a patent or copyright on these Materials and may not transfer a patent or copyright on them to any other person or entity. To the extent any copyright in any Materials may originally vest in the Contractor, the Contractor hereby irrevocably transfers to the ADHS, for and on behalf of the State, all copyright ownership. The ADHS shall have full, complete and exclusive rights to reproduce, duplicate, adapt, distribute, display, disclose, publish, release and otherwise use all Materials. The Contractor shall not use or release these Materials without the prior written consent of the ADHS. When this Contract is terminated, the disposition of all such Materials shall be determined by the ADHS. Further, the Contractor agrees to give recognition to the ADHS for its support of any program when releasing or publishing program Materials.

- 4.10.3. Notwithstanding the above, if the Contractor is a State agency, the following shall apply instead: It is the intention of ADHS and Contractor that all material and intellectual property developed under this Agreement be used and controlled in ways to produce the greatest benefit to the parties to this Contract and the citizens of the State of Arizona. As used in this paragraph, "Material" means all written and electronic information, recordings, reports, findings, research information, abstracts, results, software, data, discoveries, inventions, procedures and processes of services developed by the Contractor and any other materials created, prepared or received by the Contractor and subcontractors in performance of this Agreement. "Material" as used herein shall not include any pre-existing data, information, materials, discoveries, inventions or any form of intellectual property invented, created, developed or devised by Contractor (or its employees, subcontractors or agents) prior to the commencement of the services funded by this Agreement or that may result from Contractor's involvement in other service activities that are not funded by the Agreement.
- 4.10.4. Title and exclusive copyright to all Material shall vest in the State of Arizona, subject to any rights reserved on behalf of the federal government. As State agencies and instrumentalities, both ADHS and Contractor shall have full, complete, perpetual, irrevocable and non-transferable rights to reproduce, duplicate, adapt, make derivative works, distribute, display, disclose, publish and otherwise use any and all Material. The Contractor's right to use Material shall include the following rights: the right to use the Material in connection with its internal, non-profit research and educational activities, the right to present at academic or professional meetings or symposia and the right to publish in journals, theses, dissertations or otherwise of Contractor's own choosing. Contractor agrees to provide ADHS with a right of review prior to any publication or public presentation of the Material, and ADHS shall be entitled to request the removal of its confidential information or any other content the disclosure of which would be contrary to the best interest of the State of Arizona. Neither party shall release confidential information to the public without the prior expressly written permission of the other, unless required by the State public records statutes or other law, including a court order. Each party agrees to give recognition to the other party in all public presentations or publications of any Material, when releasing or publishing them.
- 4.10.5. In addition, ADHS and Contractor agree that any and all Material shall be made freely available to the public to the extent it is in the best interest of the State. However, if either party wants to license or assign an intellectual property interest in the material to a third-party for monetary compensation, ADHS and Contractor agree to convene to determine the relevant issues of title, copyright, patent and distribution of revenue. In the event of a controversy as to whether the Material is being used for monetary compensation or in a way that interferes with the best interest of the state or ADHS, then the Arizona Department of Administration shall make the final decision. Notwithstanding the above, "monetary compensation" does not include compensation paid to an individual creator for traditional publications in academia (the copyrights to which are Employee-Excluded Works under ABOR Intellectual Property Policy Section 6-908C.4.), an honorarium or other reimbursement of expenses for an academic or professional presentation, or an unprofitable distribution of Material.
- 4.11. E-Verify Requirements In accordance with A.R.S. § 41-4401, Contractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. §

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT TERMS AND CONDITIONS
CTR055999	

23-214, Subsection A.

4.12. Federal Immigration and Nationality Act. The Contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the Contract. Further, the Contractor shall flow down this requirement to all subcontractors utilized during the term of the Contract. The State shall retain the right to perform random audits of Contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the Contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the Contract for default and suspension and/or debarment of the Contractor.

5. Costs and Payments

5.1. Payments. Payments shall comply with the requirements of A.R.S. Titles 35 and 41, net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate Contractor's Expenditure Report for payment from the State within thirty (30) days, as provided in the Accounting and Auditing Procedures Manual for the ADHS.

5.2. Recoupment of Contract Payments.

5.2.1. Unearned Advanced Funds. Any unearned State funds that have been advanced to the Contractor and remain in its possession at the end of each budget term, or at the time of termination of the Contract, shall be refunded to the ADHS within forty-five (45) days of the end of a budget term or of the time of termination.

5.2.2. Contracted Services. In a fixed price contract, if the number of services provided is less than the number of services for which the Contractor received compensation, funds to be returned to the ADHS shall be determined by the Contract price. Where the price is determined by cost per unit of service or material, the funds to be returned shall be determined by multiplying the unit of service cost by the number of services the Contractor did not provide during the Contract term. Where the price for a deliverable is fixed, but the deliverable has not been completed, the Contractor shall be paid a pro rata portion of the completed deliverable. In a cost reimbursement contract, the ADHS shall pay for any costs that the Contractor can document as having been paid by the Contractor and approved by ADHS. In addition, the Contractor will be paid its reasonable actual costs for work in progress as determined by Generally Accepted Accounting Procedures up to the date of contract termination.

5.2.3. Refunds. Within forty-five (45) days after the end of each budget term or of the time of termination of the Contract, the Contractor shall refund the greater of: i) the amount refundable in accordance with paragraph 4.2.1, Unearned Advanced Funds; or ii) the amount refundable in accordance with paragraph 5.2.2, Contracted Services.

5.2.4. Unacceptable Expenditures. The Contractor agrees to reimburse the ADHS for all Contract funds expended, which are determined by the ADHS not to have been disbursed by the Contractor in accordance with the terms of this Contract. The Contractor shall reimburse ADHS within 45 days of the determination of unacceptability.

5.3. Unit Costs/Rates or Fees. Unit costs/rates or fees shall be based on costs, which are determined by ADHS to be reasonable, allowable and allocable as outlined in the Accounting and Auditing Procedures Manual for the ADHS.

5.4. Applicable Taxes.

5.4.1. State and Local Transaction Privilege Taxes. The State of Arizona is subject to all applicable state and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect taxes from the buyer does not relieve the seller

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from its obligation to remit taxes.

5.4.2. **Tax Indemnification.** The Contractor and all subcontractors shall pay all federal, state and local taxes applicable to its operation and any persons employed by the Contractor. Contractor shall require all subcontractors to hold the State harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or state and local laws and regulations and any other costs, including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.

5.4.3. **I.R.S. W9 Form.** In order to receive payment under any resulting Contract, the Contractor shall have a current I.R.S. W9 Form on file with the State of Arizona.

5.5. **Availability of Funds for the Next Fiscal Year.** Funds may not be presently available for performance under this Contract beyond the first year of the budget term or Contract term. The State may reduce payments or terminate this Contract without further recourse, obligation or penalty in the event that insufficient funds are appropriated in the subsequent budget term. The State shall not be liable for any purchases or Subcontracts entered into by the Contractor in anticipation of such funding. The Procurement Officer shall have the discretion in determining the availability of funds.

5.6. **Availability of Funds for the Current Contract Term.** Should the State Legislature enter back into session and decrease the appropriations through line item or general fund reductions, or for any other reason these goods or services are not funded as determined by ADHS, the following actions may be taken by ADHS:

5.6.1. Accept a decrease in price offered by the Contractor;

5.6.2. Reduce the number of goods or units of service and reduce the payments accordingly;

5.6.3. Offer reductions in funding as an alternative to Contract termination; or

5.6.4. Cancel the Contract.

6. Contract Changes

6.1. **Amendments, Purchase Orders and Change Orders.** This Contract is issued under the authority of the Procurement Officer who signed this Contract. The Contract may be modified only through a Contract Amendment, Purchase Order and/or Change Order within the scope of the Contract, unless the change is administrative or otherwise permitted by the Special Terms and Conditions. Changes to the Contract, including the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by an unauthorized State employee or made unilaterally by the Contractor are violations of the Contract and of applicable law. Such changes, including unauthorized Contract Amendments, Purchase Orders and/or Change Orders, shall be void and without effect, and the Contractor shall not be entitled to any claim under this Contract based on those changes.

6.2. **Subcontracts.** The Contractor shall not enter into any subcontract under this Contract without the advance written approval of the Procurement Officer. The subcontract shall incorporate by reference all material and applicable terms and conditions of this Contract.

6.3. **Assignments and Delegation.** The Contractor shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Procurement Officer. The State shall not unreasonably withhold approval.

7. Risk and Liability

7.1. **Risk of Loss.** The Contractor shall bear all loss of conforming material covered under this Contract until received and accepted by authorized personnel at the location designated in the Purchase Order, Change Order or Contract. Mere receipt does not constitute final acceptance. The risk of loss for nonconforming

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materials shall remain with the Contractor regardless of receipt.

7.2. Mutual Indemnification. Each party (as "indemnitor") agrees to indemnify, defend and hold harmless the other party (as "indemnitee") from and against any and all claims, losses, liability, costs or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as "claims") arising out of bodily injury of any person (including death) or property damage, but only to the extent that such claims, which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its officers, officials, agents, employees or volunteers.

7.3. Force Majeure.

7.3.1. Liability and Definition. Except for payment of sums due, neither party shall be liable to the other nor deemed in default under this Contract if and to the extent that such party's performance of this Contract is prevented by reason of force majeure. The term "force majeure" means an occurrence that is beyond the control of the party affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes acts of God; acts of the public enemy; acts of terrorism; war; riots; strikes; mobilization; labor disputes; civil disorders; fire; flood; lockouts; injunctions-interventions not caused by or resulting from the act or failure to act of the parties; failures or refusals to act by government authority not caused by or resulting from the act or failure to act of the parties; and other similar occurrences beyond the control of the party declaring force majeure, which such party is unable to prevent by exercising reasonable diligence.

7.3.2. Exclusions. Force Majeure shall not include the following occurrences:

7.3.2.1. Late delivery of Materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market;

7.3.2.2. Late performance by a subcontractor unless the delay arises out of a force majeure occurrence in accordance with this force majeure term and condition; or

7.3.2.3. Inability of either the Contractor or any subcontractor to acquire or maintain any required insurance, bonds, licenses or permits.

7.3.3. Notice. If either party is delayed at any time in the progress of the work by force majeure, the delayed party shall notify the other party in writing of such delay, as soon as is practicable and no later than the following working day of the commencement thereof, and shall specify the causes of such delay in such notice. Such notice shall be delivered or mailed certified-return receipt and shall make a specific reference to this article, thereby invoking its provisions. The delayed party shall cause such delay to cease as soon as practicable and shall notify the other party in writing when it has done so. The time of completion shall be extended by Contract Amendment for a period of time equal to the time that the results or effects of such delay prevent the delayed party from performing in accordance with this Contract.

7.3.4. Default. Any delay or failure in performance by either party hereto shall not constitute default hereunder or give rise to any claim for damages or loss of anticipated profits if, and to the extent that, such delay or failure is caused by force majeure.

7.4. Third Party Antitrust Violations. The Contractor assigns to the State any claim for overcharges resulting from antitrust violations to the extent that those violations concern materials or services supplied by third parties to the Contractor for or toward the fulfillment of this Contract.

8. Description of Materials The following provisions shall apply to Materials only:

8.1. Liens. The Contractor agrees that the Materials supplied under this Contract are free of liens. In the event the Materials are not free of liens, Contractor shall pay to remove the lien and any associated damages or replace the Materials with Materials free of liens.

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- 8.2. Quality. Unless otherwise modified elsewhere in these terms and conditions, the Contractor agrees that, for one year after acceptance by the State of the Materials, they shall be:
- 8.2.1. Of a quality to pass without objection in the Contract description;
 - 8.2.2. Fit for the intended purposes for which the Materials are used;
 - 8.2.3. Within the variations permitted by the Contract and are of even kind, quantity, and quality within each unit and among all units;
 - 8.2.4. Adequately contained, packaged and marked as the Contract may require; and
 - 8.2.5. Conform to the written promises or affirmations of fact made by the Contractor.
- 8.3. Inspection/Testing. Subparagraphs 8.1 through 8.2 of these paragraphs are not affected by inspection or testing of or payment for the Materials by the State.
- 8.4. Compliance With Applicable Laws. The Materials and services supplied under this Contract shall comply with all applicable federal, state and local laws, and the Contractor shall maintain all applicable license and permit requirements.
- 8.5. Survival of Rights and Obligations After Contract Expiration and Termination.
- 8.5.1. Contractor's Representations. All representations and warranties made by the Contractor under this Contract in paragraphs 7 and 8 shall survive the expiration or termination hereof. In addition, the parties hereto acknowledge that pursuant to A.R.S. § 12.510, except as provided in A.R.S. § 12-529, the State is not subject to or barred by any limitations of actions prescribed in A.R.S. Title 12, Chapter 5.
 - 8.5.2. Purchase Orders and Change Orders. Unless otherwise directed in writing by the Procurement Officer, the Contractor shall fully perform and shall be obligated to comply with all Purchase Orders and Change Orders received by the Contractor prior to the expiration or termination hereof, including, without limitation, all Purchase Orders and Change Orders received prior to but not fully performed and satisfied at the expiration or termination of this Contract.

9. State's Contractual Remedies

- 9.1. Right to Assurance. If the State, in good faith, has reason to believe that the Contractor does not intend to, or is unable to, perform or continue performing under this Contract, the Procurement Officer may demand in writing that the Contractor give a written assurance of intent to perform. Failure by the Contractor to provide written assurance within the number of Days specified in the demand may, at the State's option, be the basis for terminating the Contract.
- 9.2. Stop Work Order.
- 9.2.1. Terms. The State may, at any time, by written order to the Contractor, require the Contractor to stop all or any part of the work called for by this Contract for a period up to ninety (90) Days after the order is delivered to the Contractor, and for any further period to which the parties may agree. The order shall be specifically identified as a stop work order issued under this clause. Upon receipt of the order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage.
 - 9.2.2. Cancellation or Expiration. If a stop work order issued under this clause is canceled or the period of the order or any extension expires, the Contractor shall resume work. The Procurement Officer shall make an equitable adjustment in the delivery schedule or Contract price, or both, and the Contract

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shall be amended in writing accordingly.

- 9.3. Non-exclusive Remedies. The rights and remedies of ADHS under this Contract are not exclusive, and ADHS is entitled to all rights and remedies available to it, including those under the Arizona Uniform Commercial Code and Arizona common law.
- 9.4. Right of Offset. The State shall be entitled to offset against any sums due the Contractor in any Contract with the State or damages assessed by the State because of the Contractor's non-conforming performance or failure to perform this Contract. The right to offset may include, but is not limited to, a deduction from an unpaid balance and a collection against the bid and/or performance bonds. Any offset taken for damages assessed by the State shall represent a fair and reasonable amount for the actual damages and shall not be a penalty for non-performance.

10. Contract Termination

- 10.1. Cancellation for Conflict of Interest. Pursuant to A.R.S. § 38-511, the State may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of the State is, or becomes at any time while the Contract or an extension of the Contract is in effect, an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation, unless the notice specifies a later time. If the Contractor is a political subdivision of the State, it may also cancel this Contract as provided in A.R.S. § 38-511.
- 10.2. Gratuities. The State may, by written notice, terminate this Contract, in whole or in part, if the State determines that employment or a Gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the State for the purpose of influencing the outcome of the procurement, securing the Contract or an Amendment to the Contract, or receiving favorable treatment concerning the Contract, including the making of any determination or decision about Contract performance. The State, in addition to any other rights or remedies, shall be entitled to recover exemplary damages in the amount of three times the value of the Gratuity offered by the Contractor.
- 10.3. Suspension or Debarment. The State may, by written notice to the Contractor, immediately terminate this Contract if the State determines that the Contractor or its subcontractor has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body.
- 10.4. Termination Without Cause.
 - 10.4.1. Both the State and the Contractor may terminate this Contract at any time with thirty (30) days' notice in writing specifying the termination date. Such notices shall be given by personal delivery or by certified mail, return receipt requested.
 - 10.4.2. If the Contractor terminates this Contract, any monies prepaid by the State, for which no service or benefit was received by the State, shall be refunded to the State within 5 days of the termination notice. In addition, if the Contractor terminates the Contract, the Contractor shall indemnify the State for any sanctions imposed by the funding source as a result of the Contractor's failure to complete the Contract.
 - 10.4.3. If the State terminates this Contract pursuant to this Section, the State shall pay the Contractor the Contract price for all Services and Materials completed up to the date of termination. In a fixed price contract, the State shall pay the amount owed for the Services or Materials by multiplying the unit of service or item cost by the number of unpaid service units or items. In a cost reimbursement contract, the ADHS shall pay for any costs that the Contractor can document as having been paid by the Contractor and approved by ADHS. In addition, the Contractor will be paid its reasonable actual costs for work in progress as determined by GAAP up to the date of termination. Upon such termination,

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the Contractor shall deliver to the ADHS all deliverables completed. ADHS may require Contractor to negotiate the terms of any remaining deliverables still due.

- 10.5. Mutual Termination. This Contract may be terminated by mutual written agreement of the parties specifying the termination date and the terms for disposition of property and, as necessary, submission of required deliverables and payment therein.
- 10.6. Termination for Default. The State reserves the right to terminate the Contract in whole or in part due to the failure of the Contractor to comply with any material obligation, term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. In the event the ADHS terminates the Contract in whole or in part as provided in this paragraph, the ADHS may procure, upon such terms and in such manner as deemed appropriate, Services or Materials, similar to those terminated, and Contractor shall be liable to the ADHS for any excess costs incurred by the ADHS in obtaining such similar Services or Materials.
- 10.7. Continuation of Performance Through Termination. Upon receipt of the notice of termination and until the effective date of the notice of termination, the Contractor shall perform work consistent with the requirements of the Contract and, if applicable, in accordance with a written transition plan approved by the ADHS. If the Contract is terminated in part, the Contractor shall continue to perform the Contract to the extent not terminated. After receiving the notice of termination, the Contractor shall immediately notify all subcontractors, in writing, to stop work on the effective date of termination, and on the effective date of termination, the Contractor and subcontractors shall stop all work.
- 10.8. Disposition of Property. Upon termination of this Contract, all property of the State, as defined herein, shall be delivered to the ADHS upon demand.

11. Arbitration

Pursuant to A.R.S. § 12-1518, disputes under this Contract shall be resolved through the use of arbitration when the case or lawsuit is subject to mandatory arbitration pursuant to rules adopted under A.R.S. § 12 -133.

12. Communication

- 12.1. Program Report. When reports are required by the Contract, the Contractor shall provide them in the format approved by ADHS.
- 12.2. Information and Coordination. The State will provide information to the Contractor pertaining to activities that affect the Contractor's delivery of services, and the Contractor shall be responsible for coordinating their activities with the State's in such a manner as not to conflict or unnecessarily duplicate the State's activities. As the work of the Contractor progresses, advice and information on matters covered by the Contract shall be made available by the Contractor to the State throughout the effective period of the Contract.

13. Client Grievances

If applicable, the Contractor and its subcontractors shall use a procedure through which clients may present grievances about the operation of the program that result in the denial, suspension or reduction of services provided pursuant to this Contract and which is acceptable to and approved by the State.

14. Sovereign Immunity

Pursuant to A.R.S. § 41-621(O), the obtaining of insurance by the State shall not be a waiver of any sovereign immunity defense in the event of suit.

15. Administrative Changes

The Procurement Officer, or authorized designee, reserves the right to correct any obvious clerical, typographical

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or grammatical errors, as well as errors in party contact information (collectively, “Administrative Changes”), prior to or after the final execution of a Contract or Contract Amendment. Administrative Changes subject to permissible corrections include: misspellings, grammar errors, incorrect addresses, incorrect Contract Amendment numbers, pagination and citation errors, mistakes in the labeling of the rate as either extended or unit, and calendar date errors that are illogical due to typographical error. The Procurement Office shall subsequently send to the Contractor notice of corrections to administrative errors in a written confirmation letter with a copy of the corrected Administrative Change attached.

16. Survival of Terms After Termination or Cancellation of Contract

All applicable Contract terms shall survive and apply after Contract termination or cancellation to the extent necessary for Contractor to complete and for the ADHS to receive and accept any final deliverables that are due after the date of the termination or cancellation.

17. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

17.1. The Contractor warrants that it is familiar with the requirements of HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, and accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the Arizona Department of Administration-Arizona Strategic Enterprise Technology (ADOA-ASET) Office, the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

17.2. If requested by the ADHS Procurement Office, Contractor agrees to sign a “Pledge To Protect Confidential Information” and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator.

18. Comments Welcome

The ADHS Procurement Office periodically reviews the Uniform Terms and Conditions and welcomes any comments you may have. Please submit your comments to: ADHS Procurement Administrator, Arizona Department of Health Services, 150 North 18th Avenue, Suite 280, Phoenix, Arizona 85007.

19. Data Universal Numbering System (DUNS) Requirement

For federal funding, pursuant to 2 CFR 25.100 et seq., no entity (defined as a Governmental organization, which is a State, local government, or Indian tribe; foreign public entity; domestic or foreign nonprofit organization; domestic or foreign for-profit organization; or Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity) may receive a subaward from ADHS unless the entity provides its Data Universal Numbering System (DUNS) Number to ADHS.

20. The Federal Funding Accountability and Transparency Act (FFATA or Transparency Act - P.L.109-282, as amended by section 6202(a) of P.L. 110-252), found at <https://www.frs.gov/>

If applicable, the subrecipient or sub-awardee is required to abide by the Federal Funding Accountability and Transparency Act (FFATA or Transparency Act – P.L. 109-282, as amended by section 6202(a) of P.L. 110-252),

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found at <https://www.fsr.gov/>. The associated Grant Reporting Certification Form and completion instructions will be sent to the subrecipient from ADHS Program(s) responsible for the specific contract. The subrecipient or sub-awardee must return the completed form to ADHS Program(s) by the 15th of the month following that in which the award was received. Failure to complete a required Grant Reporting Certification Form may result in loss of funding.

21. 2 CFR §200.216 PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT

21.1. Recipients and sub-recipients are prohibited from obligating or expanding loan or grant funds to:

21.1.1. Procure or obtain;

21.1.2. Extend or renew a contract to procure or obtain; or

21.1.3. Enter in a contract (or extend or renew a contract) to procure or obtain equipment, services, or system that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

21.1.3.1. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

21.1.3.2. Telecommunications or video surveillance services provided by such entities or using such equipment.

21.1.3.3. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

22. Technology Replacement

In any event where product is discontinued, no longer available or technically inferior to newly developed product, the Contractor shall provide an equivalent replacement model at no additional cost and shall honor the original contract terms

23. Authorization for Provision of Services

Authorization for purchase of services under this Agreement shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Agreement number and the dollar amount of the funds authorized. The Contractor shall only be authorized to perform services up to the amount of the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless 2) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or an additional Purchase Order is issued for purchase of services under this Agreement.

Additional Terms and Conditions for Title 2, Subtitle A, Chapter II, Part 200, Subpart C: §200.201 USE OF GRANT AGREEMENTS (INCLUDING FIXED AMOUNT AWARDS), COOPERATIVE AGREEMENTS AND CONTRACT

24. CIVIL RIGHTS ASSURANCE STATEMENT. The Contractor and Subcontractors are subject to Title VI of the Civil

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Rights Act of 1964, Section 504 of Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Title IX of the Education Amendment of 1972, and offers all persons the opportunity to participate in programs or activities regardless of race, color, national origin, age, sex, or disability. Further, it is agreed that no individual will be turned away from or otherwise denied access to or benefit from any program or activity that is directly associated with a program of the RECIPIENT on the basis of race, color, national origin, age, sex (in educational activities) or disability.

25. AMERICANS WITH DISABILITIES ACT OF 1990.

- 25.1 The Contractor shall comply with the Americans With Disabilities Act of 1990 (Public Law 101-336) and the Arizona Disability Act of 1992 (A.R.S § 41-1492 et. seq.), which prohibits discrimination on the basis of physical or mental disabilities in delivering contract services or in the employment, or advancement in employment of qualified individuals.
- 25.2 Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contracting the Contract Manager for the solicitation. Request should be made as early as possible to allow time to arrange the accommodation.

26. FEDERAL FUNDING. Funding for these services is contingent upon the availability of federal government funding. No commitment of any kind is made by the State concerning this Grant unless there are monies provided by a federal grant. The Grantee should take this fact into consideration.

- 26.1 For the purposes of this Grant, a capital expenditure means expenditures to acquire capital assets, as defined in 2 C.F.R. 200.12, or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life, with a cost of \$250 or greater.
- 26.2 Grantee agrees to maintain property records for equipment purchased with grant funds and perform a physical inventory and reconciliation with property records at least every year. Grantee agrees that funds will not be used for the construction of new facilities.
- 26.3 Grantee agrees to follow equipment disposition policies as determined by the Federal Awarding Agency at Award Completion or as depicted in the State of Arizona Accounting Manual. Grantee also agrees to follow the directives in ADHS Property and Procedure Policy FIN 111.
- 26.4 Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must: Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated; Be incorporated into the official records of the non-Federal entity; Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities (for IHE, this per the IHE's definition of IBS); Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis, but may include the use of subsidiary records as defined in the non-Federal entity's written policy; Comply with the established accounting policies and practices of the non-Federal entity (See paragraph above for treatment of incidental work for IHEs.; and Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity. Budget estimates (i.e., estimates determined before the services are performed) alone do not qualify as support for charges to Federal awards, but may be used for interim accounting purposes only.
- 26.5 Grantee understands that financial reports are required as an accounting of expenditures for either reimbursement or ADHS-approved advance payments.
- 26.6 The final request for reimbursement of grant funds must be received by the ADHS no later than sixty (60) days after the last day of the award period.

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- 26.7 All goods and services must be received or have reasonable expectations thereof and placed in service by Grantee by the expiration of this award.
- 26.8 Grantee agrees that all encumbered funds must be expended and that goods and services must be paid by GRANTEE within sixty (60) days of the expiration of this award unless funding guidelines permit funds to be used at a future date.
- 26.9 Grantee agrees to remit all unexpended grant funds to the ADHS within thirty (30) days of written request from the ADHS.
- 26.10 Grantee agrees to account for interest earned on federal grant funds and shall manage interest income in accordance with the Cash Management Improvement Act of 1990 and as indicated in the State of Arizona Accounting Manual (SAAM) located at the following website. <https://gao.az.gov/publications/saam> Interest earned in excess of allowable limits must be remitted to the ADHS within thirty (30) days after receipt of a written request from the ADHS.
- 26.11 Grantee agrees not to use grant funds for food and/or beverage unless explicitly approved in writing by the ADHS.
- 26.12 Grantee agrees to comply with all applicable laws, regulations, policies and guidance (including specific cost limits, prior approvals and reporting requirements, where applicable) governing the use of grant funds for expenses related to conferences, meetings, trainings, and other events, including the provision of food and/or beverages at such events, and costs of attendance at such events unless explicitly approved in writing by the ADHS.
- 26.13 No funds shall be used to supplant federal, state, county or local funds that would otherwise be made available for such purposes. Supplanting means the deliberate reduction of state or local funds because of the existence of any grant funds.
- 26.14 Grantee agrees that grant funds are not to be expended for any indirect costs that may be incurred by Grantee for administering these funds unless explicitly approved in writing by the ADHS. This may include, but is not limited to, costs for services such as accounting, payroll, data processing, purchasing, personnel, and building use which may have been incurred by the Grantee.
- 26.15 Grantee will comply with the audit requirements of OMB Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles and Audit Requirement for Federal Awards and provide the ADHS with the Single Audit Report and any findings within ninety (90) days of receipt of such finding(s). If the report contains no findings, the Grantee must provide notification that the audit was completed. All completed Single Audits should be uploaded in the format specified to the Federal Audit Clearinghouse no later than nine months after the entities fiscal year-end at the attached Link: <https://harvester.census.gov/facweb/default.aspx/>
- 26.16 Grantee understands and agrees that misuse of award funds may result in a range of penalties, including suspension of current and future funds, suspension or debarment from federal grants, recoupment of monies provided under an award, and civil and/or criminal penalties.
- 26.17 Grantee agrees not to do business with any individual, agency, company or corporation listed in the Excluded Parties Listing Service.

Link: System for Award Management <https://www.sam.gov/portal/public/SAM/>

- 26.18 Grantee agrees to ensure that, no later than the due date of the Grantee's first financial report after the award is made, Grantee and any subgrantees have a valid DUNS profile and active registration with the System for Award Management (SAM) database.

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- 26.19 GRANTEE certifies that it presently has no financial interest and shall not acquire any financial interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under this Agreement.
- 26.20 Compliance with 41 U.S.C. 4712 (including prohibitions on reprisal; notice to employees) Grantee must comply with, and is subject to, all applicable provisions of 41 U.S.C. 4712, including all applicable provisions that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant, a gross waste of federal funds, an abuse of authority relating to a federal grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant.
- 26.21 GRANTEE certifies to comply with the Drug-Free Workplace Act of 1988, and implemented in 28 CFR Part 83, Subpart F, for grantees, as defined in 28 CFR, Part 83 Sections 83.620 and 83.650.

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1. Background

- 1.1 The Arizona Department of Health Services (ADHS) has a long-standing commitment to addressing health disparities and advancing health equity. ADHS has an Office of Health Equity that includes dedicated staff to support these efforts. Additionally, the Arizona Health Improvement Plan (AzHIP) recognizes health equity as the foundation of improving health in Arizona and is one of five health priorities;
- 1.2 The COVID-19 Pandemic and its impacts have touched the lives of all Arizona residents. Underserved communities and populations have been disproportionately placed at higher risk by the COVID-19 pandemic, especially those individuals in rural, medically underserved, and/or racial and ethnic minority groups. These groups are at higher risk of exposure, infection, hospitalization and mortality. Coupled with known disproportionate rates of chronic diseases, this has increased the severity of COVID-19 infections. These populations also experience challenges in accessing testing, treatment and vaccinations against COVID-19;
- 1.3 The Center for Disease Control (CDC) recently awarded ADHS a two (2)-year, non-competitive grant titled: **National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Populations and Rural Communities**. Funding was made available through the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M);
- 1.4 Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 (P.L. 117-2) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation. In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>. Further, consistent with the full scope of applicable federal grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement. This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward;
- 1.5 ADHS, with our partners, will implement the grant's four (4) overarching strategies:
 - 1.5.1 Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved,
 - 1.5.2 Increase/ improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic,

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1.5.3 Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved, and

1.5.4 Mobilize partners and collaborators to advance health equity and address social determinants of health as they related to COVID-19 health disparities among populations at higher risk and that are underserved.

1.6 By strengthening existing partnerships with local health department leaders and community-based organizations, and establishing new partnerships, the ADHS will focus its work in rural counties where residents have poorer health outcomes, higher uninsured rates, less access to health and social services, higher disparities in chronic diseases, infection, hospitalization and deaths related to COVID-19, especially among American Indian, Latino, African American, communities with disabilities, low socio-economic, and older adult populations.

2. Purpose

2.1 The purpose of this intergovernmental agreement (IGA) is to leverage partnerships between ADHS, Local Health Departments and Statewide Partners by providing **CDC COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities** funding to support the implementation of the four (4) overarching strategies identified in this CDC grant. This IGA is intended to provide support to the unique needs of local communities identifies by local health departments and statewide partners and approved strategies described in respective work plans and budgets;

2.2 The intended outcomes of this grant funding are:

2.2.1 Reduced COVID-19 related health disparities,

2.2.2 Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities, and

2.2.3 Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

3. Objectives

The Contractor shall, through local health departments and statewide partners, implement one or more of the following strategies:

3.1 Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved;

3.2 Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic;

3.3 Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved; and/or

3.4 Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

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4. Scope of Work

- 4.1 This contract offers four (4) overarching strategies designed to reduce the burden of COVID-19 in rural and racial/ ethnic communities, including African American, Latino, and Indigenous and Native American people, Asian American and Pacific Islanders, and other people of color, and other disadvantaged or marginalized groups, including members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people over the age of 65, and people otherwise adversely affected by persistent poverty or inequality; to advance health equity and address social determinants of health. Contingent upon available funding, local health departments and statewide partners are expected to implement strategies and activities in response to local needs for mitigation, prevention resources and services to reduce COVID-19 disparities; and
- 4.2 Contractor shall implement activities identified in, approved and agreed upon in the two (2)-year budget plans and two (2)-year work plans that align and support the overarching strategies to reduce the burden of COVID-19:
 - 4.2.1 Exhibit A - Two (2) Year Work Plan.

5. Tasks

ADHS shall provide technical assistance and support to local health departments and statewide partners on quarterly reports and other reporting requirements as defined and required by the CDC:

- 5.1. Develop, submit and implement approved and agreed upon two (2)-year budget;
- 5.2. Implement the approved and agreed upon two (2)-year work plan (Exhibit A) with identified strategies and actions by the end of the two (2)-year grant period;
- 5.3. Participate in all calls (monthly, bi-monthly, quarterly and ad hoc), technical assistance calls, webinars, meetings, training and scheduled site visits (as needed);
- 5.4. Participate in the development of a shared comprehensive evaluation plan and report out on any performance measures related to the implementation of their activities (process and/or intermediate), or as defined by the funding source;
- 5.5. Complete tagging and inventory of equipment in compliance with the policy of the [State of Arizona Accounting Manual](#) (SAAM)
 - 5.5.1. Stewardship <https://gao.az.gov/sites/default/files/2535%20Stewardship%20190304.pdf>
 - 5.5.2. Submit documents to the COVID-19 Health Equity Coordinator/ Program Manager pertaining to the asset (ie., receiving papers, invoice, purchase order, receipts, etc.), and
 - 5.5.3. Documents shall include the make, model, serial number, and acquisition date of the asset.
- 5.6. Ensure that all out-of-state travel language follows the travel and per diem policies as outlined in the [State of Arizona Accounting Manual](#):
 - 5.6.1 Travel Responsibilities: <https://gao.az.gov/sites/default/files/5009%20Traveler%20Responsibilities%20Draft%20200113.pdf>, and
 - 5.6.2 Travel Reimbursement Rates: <https://gao.az.gov/sites/default/files/5095%20Reimbursement%20Rates%20%20190102%20a.pdf>.

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5.7 Comply with all federal reporting requirements; and

5.8 Timely submission of Quarterly Progress Reports.

6. Funding Restrictions

Funds cannot be used for any of the following: (CDC per Notice of Funding Opportunity for this grant)

6.1 Restrictions that must be considered while planning the programs and writing the budget are:

6.1.1 Recipients may not use funds for research,

6.1.2 Recipients may not use funds for clinical care except as allowed by law, and

6.1.3 Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

6.2 Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget;

6.3 Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient;

6.4 Other than for normal and recognized executive-legislative relationships, funds may not be used for:

6.4.1 Publicity or propaganda purposes,

6.4.2 The preparation, distribution, or use of any materials designed to support or defeat the enactment of legislation before any legislative body, and

6.4.3 The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

6.5 See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).

6.6 The direct and primary recipient in a cooperative agreement must program a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

7. Approvals

7.1 The quarterly reports, work plans, budget workbook, and monthly Contractor Expenditure Reports (CER) with receipts supporting expenditures billed for in-state and out-of-state travel and equipment purchases or \$250 or more, as required and/or requested, shall be submitted and approved by ADHS prior to payment reimbursement;

7.2 Upon approval of Work Plan, any changes to the approved activities or strategies must be resubmitted to ADHS for review and approval prior to implementation;

7.3 Any requests to provide additional information on expenditure reports and quarterly progress reports;

7.4 All marketing materials (use of ADHS logo, brochures, posters, public service announcements, paid media, videos, etc.) which have been developed, written, published, recorded by the local health departments and/or statewide partners and paid for funds from this award must be first approved by ADHS prior to the

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dissemination of such materials or airing or use of such announcement;

7.5 Any evaluation or study to be conducted that involves human subjects must be approved by ADHS prior to conducting, and have prior approval (as applicable); and

7.6 Request approval in writing to the ADHS COVID-19 Health Equity Officer for purchases of single items of capital equipment at or above the purchase price of five thousand dollars (\$5,000.00):

7.6.1 Requests can be made via email and shall include the following information:

7.6.1.1 Type of equipment requesting to be purchased,

7.6.1.2 Cost of equipment, and

7.6.1.3 How the proposed purchase supports the current approved scope of work and work plan.

8. ADHS Responsibilities

8.1 Review, feedback, and approval of the two (2) year work plan within thirty (30) days of submission;

8.2 Review, feedback, and approval of the Budgets Workbooks, CERs and supporting documentation within thirty (30) days of submission;

8.3 Feedback, technical assistance, and training to support the approved work plan, budget, quarterly reporting, and supporting documentation;

8.3.1 Samples of evidence-based and/or evidence-informed strategies and supporting resources,

8.3.2 A Quarterly Reporting template,

8.3.3 A Work Plan template,

8.3.4 Budget Workbook and CER templates,

8.4 Access to virtual technical assistance and guidance from ADHS staff, local health department peers/mentors, statewide partners, and subject matter experts related to the strategies for which the contractor has received funding, and

8.5 Coordinate and conduct annual Contractor site visits, as needed.

9. Deliverables

9.1 Two (2) year work plan as submitted and approved;

9.2 Contractor Expenditure Report (CER) to ADHS, due thirty (30) days following each month of services;

9.3 Receipts supporting expenses billed for any in-state/out-of-state travel and equipment purchases of \$250 or more are to also be submitted;

9.4 Upon request from ADHS, all receipts supporting expenses billed for a selected CER shall be submitted for review;

9.5 Written Quarterly Progress Reports, due 60 days into the contract and at the end of each fiscal quarter thereafter through the performance/budget period (which would be July 31, 2021; October 31, 2021; January 31, 2022; April 30, 2022; July 31, 2022; October 31, 2022; January 31, 2023; and April 30, 2023);

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- 9.6 A final CER invoice no later than thirty (30) days following the end of each contract year;
- 9.7 Two (2) year budget workbook as submitted and approved for the grant budget period (June 1, 2021-September 30, 2023)
- 9.8 Submit monthly CERs (Attachment A) and maintain sufficient documentation in the form of receipts in support of expense incurred for any purchases that are being claimed for reimbursement;
- 9.9 Supporting documentation shall be kept by the Contractor and does not need to be submitted with CERs with the exception of travel documentations (In-state and out-of-state) and single purchases of equipment exceeding \$250;
- 9.10 Documentation supporting all expenses being billed shall be provided as requested by ADHS;
- 9.11 Provide the COVID-19 Health Equity Coordinator/Program Manager with contract information of all program staff funded under this IGA/ Contract within thirty (30) days of contract execution to include:
 - 9.11.1 Name, title, email, phone, and
 - 9.11.2 Program area assigned.
- 9.12 Submit to the COVID-19 Health Equity Coordinator/ Program Manager all staffing and programmatic changes within fifteen (15) days providing all information outline in section 10;
- 9.13 Transfer budget exceeding twenty-five percent (25%) of total budget;
- 9.14 Request to transfer budget amount between line items, exceeding twenty-five percent (25%) of total budget or to a non-funded line item, will require a revised budget be submitted to the COVID-19 Health Equity Coordinator/ Program Manager and a contract amendment issued by ADHS Procurement; and
- 9.15 Submit brochures, posters, public service announcements, paid media, videos, sponsorships, etc. to be paid for with funds from this contract prior to development and use.

10. State Provided Items

ADHS shall provide:

- 10.1 Attachment A – Contractor Expenditure Report (CER);
- 10.2 Attachment B – Line Item Budget Move Tool;
- 10.3 Exhibit A – Two (2)-Year Work Plan; and
- 10.4 Quarterly Report Template (to be provided after execution of contract)

11. Notices, Correspondence, Reports and Invoices

- 11.1 Notices, correspondence, reports, supporting documentation and CERs from the contractors to ADHS shall be sent to:

Arizona COVID-19 Health Equity Coordinator/ Program Manager
Arizona Department of Health Services
150 N. 18th Avenue
Email: TBD

Invoices shall be emailed to: invoices@azdhs.gov with a cc to the COVID-19 Health Equity Coordinator/

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK
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Program Manager Email: TBD

11.2 Notices, Correspondence, Reports and Payment from ADHS to the Contractor shall be sent to:

Pinal County Health Department
Attn: Tascha Spears
P.O. Box 1348
Florence, AZ 85132
Phone: (520) 705-4841
Email: tascha.spears@pinal.gov

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT PRICE SHEET
CTR055999	

**COVID-19 Health Disparities Grant
Arizona Department of Health Services
Pinal County
June 1, 2021 – May 31, 2023**

ACCOUNT CLASSIFICATION	TOTAL
Personnel	\$37,608.00
ERE	\$0.00
Professional & Outside Services	\$576,501.00
Travel	\$0.00
Occupancy	\$0.00
Other Operating	\$2,500.00
Capital Outlay	\$0.00
Indirect	\$4,011.00
TOTAL	\$620,620.00

The Contractor is authorized to transfer up to a maximum of twenty-five percent (25%) of the total budget amount between line items. Transfers exceeding twenty-five percent (25%) or to a non-funded line item shall require an amendment.

CONTRACT NUMBER	LINE ITEM BUDGET MOVE TOOL ATTACHMENT B
CTR055999	

BUDGET LINE ITEM MOVES

Note: This document is provided only for the contractor to use to assist with tracking budget line item moves to determine if/when a contract amendment needs to be requested.

Revised Budget Per 25% Movement Between Line Items						
<i>(Budget moves exceeding 25% of total annual budget or to a non-fund line item will require a contract amendment.)</i>						
Account Classification	Approved Contract Budget	Total Budget Change 00/00/00	Total Budget Change 00/00/00	Total Budget Change 00/00/00	Revised Budget *	% of Budget Change
Personnel Services					\$0.00	#DIV/0!
ERE					\$0.00	#DIV/0!
Professional & Outside Services					\$0.00	#DIV/0!
Travel Expenses					\$0.00	#DIV/0!
Occupancy Expense					\$0.00	#DIV/0!
Other Operating Expenses					\$0.00	#DIV/0!
Indirect					\$0.00	#DIV/0!
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Amount & Percentage of Movement Request	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

CONTRACT NUMBER	TWO (2) YEAR WORK PLAN EXHIBIT A
CTR055999	

Pinal County Health Department	\$620,620
PO BOX 1348, FLORENCE, Arizona 85132	
Method of Selection: Intergovernmental Agreement between Public Entities	
Period of Performance: 24 months (estimated June 1, 2021-May 31, 2023)	
Summary of Activities: Pinal County Health Department will: 1. Facilitate a commercial lab partnership with Pinal Hispanic Council and the University of Arizona (see partner mobilization for culturally competent education and messaging) to encourage testing as needed and COVID-19 vaccinations. 2. Partner with the Pinal Hispanic Council to deliver culturally and linguistically competent educational programs supporting COVID-19 prevention and facilitating referrals and resources for those who need COVID-19 services including testing and vaccinations. 3. Use part-time health equity community health workers (CHWs) to reach out to underserved and higher risk community members with culturally and linguistically competent education and messaging. Pinal County Health Department will fund: the Pinal Hispanic Council (\$566,501) to disseminate culturally and linguistically responsive COVID-19 prevention information that is scientifically accurate through social media, community events, trusted messengers, and in formats suitable for persons with limited English proficiency and dispel misinformation on COVID-19 and COVID-19 vaccines and the University of Arizona (\$10,000) to conduct a project to develop the workforce capacity of public health student interns and create public health messages on COVID-19.	
Method of Accountability: The Finance and Contract Specialist will be responsible for contract management and contractor oversight; ensuring the scope of work and all deliverables are completed by Pinal County Health Department for payment of invoices for service. Quarterly progress reports will be required.	

CONTRACT NUMBER	TWO (2) YEAR WORK PLAN EXHIBIT A
CTR055999	

Strategy 4

Activity 13 Title	Pinal County: Project Nuestra Comunidades and COVID-19							
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19							
Other Activity Focus (if applicable)								
Racial and Ethnic Population(s) of Focus (Select all that apply)	American Indian Hispanic, Latino or Latinx Other - please specify	Describe the Racial and Ethnic Population(s) (if applicable)	30.7% of persons identify as Hispanic or Latino with another 3% identifying as two races; 6.6% identify as American Indian; Anecdotal data: areas with Non-U.S. born persons and homeless camps					
Other Population(s) of Focus (Select all that apply)	People living in rural areas People experiencing homelessness Non-U.S. born persons	Describe the Rural Community Served (if applicable)	the cities and towns of Eloy, Picacho, Stanfield, Arizona City, Coolidge, Florence and Superior					
Other Population (if applicable)								
Estimated Reach of Population(s) of Focus	95,000 people ages 15 and older							
Geographic Area (Select one)	Both							
Setting (Select one)	Community-based organization							
Other Setting (if applicable)								
Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/Outputs	Start Date	End Date	
<p>The Pinal County Public Health District, in partnership the Pinal Hispanic Council (PHC), will develop and implement the proposed activity in the catchment area of Pinal County, targeting rural areas that also include the cities and towns of Eloy, Picacho, Stanfield, Arizona City, Coolidge, Florence, Superior and Casa Grande. This is a collaboration with critical partners affiliated with high risk and underserved individuals and communities in Pinal County. The focus will be on the delivery of culturally and linguistically competent educational programs supporting COVID-19 prevention. The education will also be designed to facilitate referrals and resources for those who need COVID-19 services, including testing and vaccinations.</p> <p>PHC will use community outreach workers (including Promotoras de Salud) who will serve as goodwill ambassadors and communication conduits between the local health department, PHC and the communities being served. The Promotoras will offer scientifically sound COVID-19 education and materials in plain language that offers an understanding the disease, quarantine and isolation, prevention measures (including mitigation strategies, testing and vaccinations) and how to access COVID-19 resources. The educational materials will be evidence-based materials in both English and Spanish that are developed through another community partner on this project, the University of Arizona (U of A). PHC will utilize the RazaLogia Framework focusing on four crucial elements -- Conocimiento (Mutual Understanding), Confianza (Trust), Unidad (Unity) and Poder (Power) -- to improve an understanding of COVID-19 along with information regarding prevention, testing and vaccinations. This method is designed to reduce health disparities among underserved communities by providing health-related information in a culturally and linguistically sound manner. PHC will also use the CARE Model which focuses on risk and protective factors in working with the communities to undertake healthier community behaviors. The project will use cultural values, norms and beliefs and protective factors to help mobilize communities. The project will work closely with community based organizations which include La Familia Initiative (LFI), Cesar E. Chavez Memorial Committee of Pinal County, RAZE, and Corazon de Latinos Unidos by utilizing their networks for information dissemination, events and social media.</p> <p>Pinal County Public Health District, in partnership with PHC, will: 1) connect members to culturally appropriate programs and services, 2) dispell misinformation on COVID-19 and educate residents, partners and programs using various community and neighborhood approaches such as cafecitos (small coffee gatherings and platicas (informal educational small groups), 3) develop and implement social medial strategies in English and Spanish to inform on COVID-19 topics, 4) disseminate information prepared by the U of A on COVID-19 issues in Spanish and English through existing natural support systems.</p>	Pinal County Public Health District	Local governmental agencies and community leaders		ADHS will fund Pinal County Public Health to lead this activity. Pinal County Public Health will contract with the Pinal Hispanic Council (\$566,501) to implement this activity.	1. Minimum of 48 educational formats for persons or programs using approaches such as "cafecitos and platicas" 2. weekly messaging on COVID-19 social media in Spanish 3. Dissemination of COVID-19 evidence based educational materials to a minimum of 20 neighborhood rural programs	6/1/2021	5/31/2023	
	Pinal Hispanic Council	Community-based and civic organizations						
	La Familia Initiative (LFI)	Community-based and civic organizations						
	Cesar E. Chavez Memorial Committee of Pinal County	Community-based and civic organizations						
	RAZE	Community-based and civic organizations						
	Corazon de Latinos Unidos	Community-based and civic organizations						
Activity 14 Title	Pinal County: Development of Evidence-based Culturally Relevant Messaging on COVID-19							
Activity Focus (Select all that apply)	Evidence-based policies, systems, and environmental strategies to address COVID-19							
Other Activity Focus (if applicable)								

CONTRACT NUMBER	2 CFR 200.332 EXHIBIT B
CTR055999	

Exhibit - 2 CFR 200.332

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:

DUNS #

Federal Award Identification (Grant Number):

Subrecipient name (which must match the name associated with its unique entity identifier):

Subrecipient's unique entity identifier (DUNS #):

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;

Subaward Period of Performance Start and End Date;

Subaward Budget Period Start and End Date:

Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):

Total Amount of the Federal Award committed to the subrecipient by the pass-through entity

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)

Arizona Department of Health Services 804745420
1 NH75OT000005-01-00
Pinal County Health Department
74447095
NH75OT000005
05/26/2021
6/1/2021 - 5/30/2023
6/1/2021 - 5/30/2023
\$620,620.00
\$33,866,454.00
\$34,603,661.00
Covid-19 Health Disparities

CONTRACT NUMBER	2 CFR 200.332 EXHIBIT B
CTR055999	

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

Centers for Disease Control and Prevention (CDC)

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

93.391

Identification of whether the award is R&D

No

Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414

1%

**DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM**

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
2021/22	yes	8/4/2021	<input checked="" type="checkbox"/>

Please use one form per agenda item.

Sources (Fund Balance, Revenues, Transfers In, etc...)								
Fund	Input "yes" if change in Fund Balance (2511)	Cost Center	Sub Ledger	Object Code	Subsidiary	Current Budget	Adjustment Add/ (Subtract)	New Revised Budget
82		TBD		421000		\$0	\$310,310	\$310,310
213		3311003		457990		\$19,878,013	(\$310,310)	\$19,567,703
10		3311001	TBD	460002		\$0	\$2,006	\$2,006
								\$0
								\$0
Insert rows above this line and copy New Revised Budget formula down								
Net Source Adjustment							\$2,006	

Uses (Expenditures, Transfers Out, etc...)								
Fund		Cost Center	Sub Ledger	Object Code	Subsidiary	Current Budget	Adjustment Add/ (Subtract)	New Revised Budget
82		TBD		511010		\$0	\$18,804	\$18,804
82		TBD		512010		\$0	\$6,582	\$6,582
82		TBD		531990		\$0	\$281,669	\$281,669
82		TBD		520011		\$0	\$1,250	\$1,250
82		TBD	3311001	560002		\$0	\$2,006	\$2,006
213		3311003		599500		\$19,878,013	(\$310,310)	\$19,567,703
10		1146		599500		36,080,015	\$2,006	\$36,082,021
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
Insert rows above this line and copy New Revised Budget formula down								
Net Use Adjustment							\$2,006	

Net Change	\$0	
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Prepared by:	Genevieve Ennis	Date:	7/22/2021
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Description:	To transfer funds fom contingency to account for project funded through ADHS to cover costs of testing/case investigations related to COVID-19 pandemic.
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TYPE OF REQUEST:

- Transfer within same Cost Center
- Transfer between Cost Centers within same Fund
- Transfer between Funds or Transfer In/Out adjustments
- Transfer from/to of Reserve/Contingency (e.g., new grant, change in special revenue projection, new project...)
- Change in Fund Balance Appropriation



PINAL COUNTY

WIDE OPEN OPPORTUNITY

AGENDA ITEM

August 4, 2021 ADMINISTRATION BUILDING A
FLORENCE, ARIZONA

REQUESTED BY:

Funds #: 82

Dept. #: 359

Dept. Name: Public Health

Director: Tascha Spears

BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:

Discussion/approval/disapproval of retroactive grant application submission to ADHS for \$6,236,578 for enhanced detection, response, surveillance, and prevention of COVID-19 with an emphasis on funding mobile units for COVID testing. (This is building upon the initial ELC grant we received in 2020). Grant application was due July 21, 2021. (Tascha Spears)

BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:

This is an expansion to the ELC grant received in 2020 related to COVID-19 testing, contact tracing, response, surveillance and prevention.

BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:

These funds will allow Public Health to continue with contractual relationships established to enhance response activities related to COVID-19.

MOTION:

Approve as presented.

History	Who	Approval
Time		
7/23/2021 12:07 PM	County Attorney	Yes
7/26/2021 8:15 AM	Grants/Hearings	Yes
7/26/2021 10:01 AM	Budget Office	Yes
7/26/2021 10:01 AM	County Manager	Yes
7/27/2021 11:20 AM	Clerk of the Board	Yes

ATTACHMENTS:

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[Grant Request Form](#)

[Project Narrative](#)

[Benefit Statement](#)

[Budget Proposal](#)



PINAL COUNTY
WIDE OPEN OPPORTUNITY

Board of Supervisors Grant Request

Board of Supervisors meeting date: _____

Department seeking grant: _____

Name of Granting Agency: _____

Name of Grant Program: _____

Project Name: _____

Amount requested: _____

Match amount, if applicable: _____

Application due date: _____

Anticipated award date/fiscal year: _____

What strategic priority/goal does this project address?: _____

Applicable Supervisor District: _____

Brief description of project: _____

Approval received per Policy 8.20: _____ OnBase Grant #: _____

Please select one:

- Discussion/Approve/Disapproval consent item _____
- New item requiring discussion/action _____
- Public Hearing required _____

Please select all that apply:

- Request to submit the application _____
- Retroactive approval to submit _____
- Resolution required _____
- Request to accept the award _____
- Request to approve/sign an agreement _____
- Budget Amendment required _____
- Program/Project update and information _____

Pinal County Public Health Services District –ELC Enhancing Detection, Response, Surveillance and Prevention of COVID-19

Pinal County Public Health Services District (PCPHSD) respectfully requests \$6,236,578 to build upon the initial ELC funded project supporting PCPHSD’s comprehensive epidemiological response to COVID-19.

Background/Problem Statement

In late 2019, COVID-19 novel respiratory disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified. The virus quickly became efficient at transmitting readily between humans with rapid global spread.

On March 11, 2020 the World Health Organization declared SARS-CoV-2 a pandemic (<http://www.who.int/dg/speeches/detail>). Health professionals reported the first case of COVID-19 in Pinal County on March 5, 2020. On March 9, 2020, community spread in Pinal County was documented. On March 11, 2020 the Governor of the State of Arizona issued a declaration of Public Health State of Emergency “due to the necessity to prepare for, prevent, respond to and mitigate the spread of COVID-19.” Likewise, on March 20, 2020, Pinal County Board of Supervisors issued a declaration of local health emergency. On March 30, 2020 the Director of the Arizona Department of Health Services (ADHS), “in alignment with the Centers for Disease Control and Prevention guidance” recommended the state “implement enhanced mitigation strategies.”

Successful containment has been challenging due to a multitude of factors. Since the virus was new, researchers were initially focused on basics such as the incubation period and biological details of transmission (Fraser et al., 2020). Over the course of the past year, new variants have been identified with several questions raised, including each variant’s transmissibility, disease course, re-infection rate as well as both treatment and prevention challenges.

In addition to being the third largest geographical county in Arizona, according to the U.S. Census Bureau (2019 estimates), of the fifteen counties in Arizona, Pinal County is the third highest populated with an estimated population of 462,789. There are ten incorporated towns and cities and sixteen unincorporated communities. The unincorporated community of San Tan Valley (population estimated at 85,000) is currently in the top ten fastest growing communities in the nation. The county has population centers in the cities of Apache Junction, Casa Grande and Maricopa. However, Pinal County is still largely a rural county with most regions having a population density of 500 persons per square mile or less (Pinal County Community Health Needs Survey, 2018).

The racial/ethnic distribution of Pinal County is: White 57.1% followed by Hispanic/Latino 29.9% and American Indian 4.2%, Asian 1.7% with 8.6% of respondents reporting they were some other race or two or more races. Approximately twenty five percent (25.6%) of individuals are under the age of twenty of which 22.1% are less than 18 years of age. Thirty seven (37.8%) are between 20 and 40 years of age. Another 11.2% are in their 50’s, 12.6% in their 60’s and 12.8% are 70 years or older.

As of July 20, 2021 Pinal County has documented 55,114 confirmed cases of COVID-19 translating into a rate of 12,107.4/100,000. There are 921 documented COVID-related deaths. As

of July 20, 2021 36.2% of Pinal County's population is fully vaccinated. Although 76.9% of persons ages 65 and older are vaccinated, younger age groups such as 20-34 ears remain at a lower vaccination rate (31%). Further, the second largest racial/ethnic group (Hispanic/Latino) reflect only 15% vaccinated, however, 20% of vaccinated persons chose not to identify their racial/ethnic origins.

Case distribution since the beginning of the pandemic described a second peak of confirmed cases during the months of December 2020 through February 2021. The ascending phase began in November and the descending phase levered off around May 2021. Since then, a slow increase in reported and confirmed cases defines an upward trend during the last 6 weeks of surveillance. The percent positivity rate for diagnostic tests has risen weekly from 6% the week of 6/6/21 to 12% the week of 7/18/21, however, it should be noted the total number of tests conducted weekly is significantly lower than during the height of the pandemic. Mortality rate has remained low during the same weeks.

In October 2020, PCPHSD was fortunate to receive ELC funding for COVID-19 testing as well as for equipment and resources needed for our initial COVID-19 comprehensive response. However, funding for COVID testing was rapidly expended by January 2021. This proposed project is intended to build upon the prior work of PCPHSD supported by ELC funds with an emphasis a robust testing program along with coordinating the integration of laboratory and epidemiology information.

Goal/Project Aims

The goal of this project is to build upon the previous ELC funded COVID-19 project by enhancing PCPHSD workforce and expertise, using lab data to enhance investigation response and prevention as well as engage community partners to scale up testing, case investigations, contact tracing, follow-up and prevention capability for SARS-CoV-2 transmission and COVID-19.

This 20 month project (September 1, 2021 to May 1, 2023) aims to:

1. Enhancing Pinal County Public Health Workforce Capacity by:

- a. Training and hiring staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including specimen collection, case investigation, contact tracing and follow-up). This includes staff who can address health and cultural considerations of higher risk populations as well as those that can focus on prevention measures.
- b. Building expertise to support management of the COVID-19 related activities within Pinal County jurisdiction, including hiring and training data analysts and communicable disease data analyst assistants

2. Using Laboratory Data to Enhance Investigation, Response and Prevention by:

- a. Enhancing testing for COVID-19/SARS-CoV-2 and variants by acquiring equipment and staffing to conduct testing and timely submission of specimens for COVID-19/SARS-Cov-2.

- b. Purchasing equipment and software that allows for mapping and analyses of large scale data fields so that timely automated reporting of COVID-19 at the county and zip code level can inform community mitigation strategies
- c. Using timely laboratory data to initiate and conduct case investigation, contact tracing and follow-up as well as implement containment measures as needed.
- d. Build capacity to safely house and isolate infected and exposed persons in high risk environments or occupational settings by offering sheltering

3. Coordinating and Engaging with Partners by

- a. Scaling up COVID-19 testing to include mobile testing units as well as resources and support for quick transit of specimens to public health labs as needed. By contracting with testing resources outside of public health laboratories, testing will be expanded to assist with surges as well as testing for high-risk environments/populations.
- b. Partnering with an academic institution to offer timely case investigations, contact tracing and follow-up

Projected Outcomes:

Enhancing Pinal County Public Health Workforce Capacity

1. By December 31, 2021 all positions will be filled for expanded COVID-19 team workforce with Pinal County Public Health.
2. By December 31, 2021 equipment and supplies will be purchased for the expanded PCPHSD COVID-19 workforce.
3. By February 28, 2022, renovations will be completed for enlarged workspace for the expanded PCPHSD COVID-19 workforce
4. By May 1, 2023 Pinal County Public Health Services District (PCPHSD) will have expanded the expertise of the COVID-19 response by hiring and/or trained 1 epidemiologist, 1 communicable disease investigator, 3 communicable disease assistants and 1 data analysts in comprehensive COVID-19 response including surveillance, containment and prevention efforts.

Using Laboratory Data to Enhance Investigation, Response and Prevention

1. By January 1, 2022 a vehicle will be leased for the PCPHSD COVID-19 expanded workforce in order to collect specimens from those unable to leave their residence as well as to provide timely delivery of specimens to the state public health laboratory
2. By May 1, 2022 SAS and GIS software purchases will be made in order to allow for mapping and analyses of large data sets that can inform surges in COVID-19 and variants as well as inform community mitigation strategies.
3. By May 1, 2023 persons with confirmed cases of COVID-19 that require sheltering in hotels will have been offered such shelters in Pinal County

Coordinating and Engaging with Partners

1. By October 1, 2021 a mobile COVID-19 testing unit will be established in Pinal County a minimum of 4 days per week with varying hours.
2. By January 1, 2023 U of A SAFER program will complete 400 hours per week of case investigations, contact tracing and follow-up of COVID-19 cases in Pinal County

Capacity to Perform Proposed Work

Pinal County is one of the largest employers in the County. The Pinal County Board of Supervisors is composed of elected officials from five districts. The Pinal County Public Health Services District (PCPHSD) mission is “cultivating a healthy community where everyone has the opportunity to reach their full potential.” PCPHSD includes nine divisions: Central Appointment Desk/Transportation; Community Health; Emergency Preparedness and Response; Environmental Health; Central Support & Financial Services; Infectious Diseases and Epidemiological Services; Nursing; Women Infants & Children (WIC) and Vital Records.

The epidemiological response to COVID-19 is coordinated by the Infectious Diseases and Epidemiological Services (IDES) in collaboration with Pinal County Public Health Emergency Preparedness Response division. Key project personnel have the education, experience and training in order to successfully accomplish the project.

The Project Director for this application is Dr. Mariana Casal Singletary IDES Division Manager. Dr. Casal Singletary came to Pinal County in June 2019 as the Division Manager for Infectious Diseases Epidemiology Surveillance. She is a medical epidemiologist, graduated from medical school in 1996 from the University of Valparaiso in Chile. She also studied at the University of Arizona obtaining her Master’s in Public Health with an Epidemiology Concentration in 2014 and a Master’s in Business Administration in 2017. Dr. Casal Singletary has extensive experience in program management, global health and epidemiology. Dr. Casal Singletary worked at the Arizona Department of Health Services (ADHS) for 7 years with the Office of Border Health, where she served as the Arizona Border Infectious Disease Surveillance Officer. As the head of the mentioned bi-national program, she was the epidemiology liaison with the State of Sonora, Mexico, and worked in collaboration with the CDC United States Mexico Unit in several binational outbreaks at the US-MX border.

Dr. Casal Singletary is knowledgeable and experienced with the Medical Electronic Disease Surveillance Intelligence System (MEDSIS) used by the state of Arizona to concentrate all data collection done by the counties in one electronic surveillance system. Dr. Casal Singletary has oversight of the IDES team (The IDES team enters all data collected on case investigations in the MEDSIS state electronic platform for infectious diseases surveillance. The team is also using Qualtrics for surveying to complement data collection and works with ADHS to add all information into MEDSIS. This makes it easier to share local data with CDC as ADHS leads periodical submissions through NSSD). Dr. Casal Singletary remains current in evidence-based practices and keeps the IDES team updated on advances in knowledge and guidance relative to the COVID-19 national and international response.

Dr. Casal Singletary has oversight of the IDES team, consisting of 4 epidemiological surveillance positions, 3 communicable disease investigators, 5 communicable disease investigator assistants, 1 data analyst, and one administrative assistant. The Infectious Disease Epidemiology Surveillance

division has 2 epidemiologists available, 1 Communicable Disease Investigators and three Communicable Infectious Disease Assistants.

PCPHSD Finance Manager, Genevieve Ennis oversees the PCPHSD operational budget, along with local, state and federally funded projects and services. Ms. Ennis is supported by the Pinal County Finance Department and procurement divisions. Ms. Ennis will be responsible for tracking grant expenditures and provision of quarterly financial reports. Ms. Ennis has a Bachelor's degree in Accounting from the University of Phoenix and over 15 years' experience in financial management for both government and private sector organizations. Ms. Ennis has been the financial coordinator for several large grant projects including projects through the Arizona Criminal Justice Commission, ADHS, DHHS as well as several state, tribal and local projects.

The PCPHSD Operations Section responding to COVID-19 also receives support from Pinal County departments so that routine IDIS activities (e.g. STI testing and control) still can be provided. Investigators from the Pinal County Medical Examiner's Office, victim advocates from the Office of the Pinal County Attorney, and others are volunteering with a variety of COVID-related response activities such as data analysis, public education messaging, transport of specimens to the state lab, follow-up phone calls to release individuals from isolation. The operations section also works closely with Pinal County Emergency management.

The Director of PCPHSD, Tascha Spears, Ph.D., M.Sc., RN will be responsible for facilitating progress of the project and ensuring that deliverables are met. Dr. Spears has over twenty years' experience in healthcare, including direct services and management. She has served as project director of local, state, federal "pass through" and federally funded grant projects.

All project personnel are familiar with the requirements and regulations of HIPAA as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH ACT) of 2009.

Pinal County leadership has been actively involved from the beginning of the PCPHSD response to COVID-19 with strong support of the Emergency Operations Center (EOC) activation by expeditiously dedicating support from county departments including but not limited to Human Resources, Information Technology and Facilities Management.

Pinal County Public Health Services District enjoys strong community partnerships with local healthcare providers including hospitals and other acute and long term physical and mental healthcare providers (e.g. PCPs, correctional health; emergency medical services).

The capacity of PCPHSD to perform this work is augmented by experienced and dedicated personnel, strong leadership support, and long-standing community partnerships in serving Pinal County communities.

Statement of Benefit Concerning the Health and Wellness of Arizonans

The Pinal County Public Health Services District ELC enhancement project will benefit the health and wellness of Arizonans in significant ways. The health and wellness of Pinal County residents is interlinked with all Arizonans. The health of Pinal County residents affects not only Pinal County but neighboring communities, the entire state, as well as other states or countries if travel by unknowingly infectious persons leads to further transmission of the virus. Therefore, it is imperative that PCPHSD respond rapidly and comprehensively to prevent geographical spread. This can best be accomplished in a cost effective manner and collaboratively with local community partners, other county health officers, the Arizona Department of Health, along with private organizations specializing in rapid epidemiological responses.

Individuals affected by COVID-19 are a heterogeneous group demographically as well as in regards to physical, mental health, social and spiritual needs. While some may not have contracted the disease, few if any have been spared from the devastating effects of the pandemic. For example, the impact on maternal and child health is yet to be determined. School age children suffered from lack of academic progression, limited socialization and no onsite supportive services academic professionals typically offer. In addition, children and adults in Arizona are missing routine physical examinations and immunizations, risking outbreaks of other infectious diseases such as measles.

Those who contracted COVID-19 are a diverse group (e.g. some unaware they had COVID-19; others critically ill; some in the post-illness stages of the disease). It has now been acknowledged that the virus potentially has long term health-related dangers. This too will impact the health and wellness of Arizonans in the future.

Although Arizona has made great strides administering EUA COVID-19 vaccines, vaccination rates are waning. As new COVID-19 variants emerge, new infections as well as re-infections (in those unvaccinated as well as vaccination break-through cases) are being identified. A major benefit of this project is the emphasis developing local workforce expertise, enhancing testing and collectively examining epidemiological data with laboratory data in order to further our understanding of COVID-19 and its variants. The ability to data share and obtain much needed supplies along with continued support has been fundamental to the Pinal County and ultimately, the Arizona response. As individual counties such as Pinal secure critical resources to decrease the spread of the virus, these efforts are crucial to the health and wellbeing of all Arizonans.

The proposed project will continue to foster the collaborative efforts of Pinal County, other local health departments, ADHS and other partner organizations to mount a comprehensive response to COVID-19.

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
AZ Detailed Line Item Budget and Justification
CDC RFA: N/A CFDA Number: NA/A

Category	Subtotal	Proposed budget
A. Salaries and Wages		\$273,750
B. Fringe Benefits		\$109,500
C. Travel		\$0
In-State	\$0	
D. Equipment		\$199,203
E. Supplies		\$0
F. Contractual Costs		\$5,504,500
6200 - Professional & Outside Services	\$500,000	
6800 - Assistance to Others	\$5,004,500	
G. Construction		\$0
H. Other		\$111,300
Additional Project Costs	\$111,300	
I. Total Direct Costs		\$6,198,253
J. Indirect Costs		\$38,325
K. Total Amount Requested		\$6,236,578

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
AZ Detailed Line Item Budget and Justification
CDC RFA: N/A CFDA Number: NA/A

A. Salaries and Wages **Total: \$273,750**

Position Title and Name	Annual Salary	FTE	Number of Months	Amount of Request
Epidemiologist, (TBD)	\$56,000	100.00%	12	\$56,000
Communicable Disease Investigator (TBD)	\$52,000	100.00%	12	\$52,000
Communicable Disease Investigator - Assistant (TBD)	\$42,000	100.00%	12	\$42,000
Communicable Disease Investigator-Assistant (TBD)	\$42,000	100.00%	12	\$42,000
Communicable Disease Investigator - Data Assistant (TBD)	\$42,000	100.00%	12	\$42,000
Data Analyst (TBD)	\$53,000	75.00%	12	\$39,750
		0.00%		\$0
		0.00%		\$0
		0.00%		\$0
		0.00%		\$0
		0.00%		\$0
		0.00%		\$0
Total FTE/Salaries		5.75 FTE		\$273,750

Justification of Positions:

Epidemiologist (TBD)

Job description: Participates as part of an epidemiological team response to COVID-19; Under the supervision of the Infectious Diseases Division Manager, the epidemiologist position ensures all outbreak response requirements are met, including case management, isolation procedures, testing applicability and

Request: \$56,000

Communicable Disease Investigator (TBD)

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Job description: Participates as part of an epidemiological team response to COVID-19; Under the supervision of the epidemiologist, the CDI participates on the team ensuring all COVID outbreak response requirements are met, including case management, isolation procedures, testing applicability and	Request: \$52,000
<u>Communicable Disease Investigator-Assistant (TBD)</u>	
Job description: Participates as part of the epidemiological team response to COVID-19; Under general supervision, performs medical contact tracing for public health exposures and/or pandemics in coordination with the county epidemiologist. The contact tracer: collects and records accurate information, calls contacts	Request: \$42,000
<u>Communicable Disease Investigator - Assistant (TBD)</u>	
Job description: Participates as part of the epidemiological team response to COVID-19; Under general supervision, performs medical contact tracing for public health exposures and/or pandemics in coordination with the county epidemiologist. The contact tracer: collects and records accurate information, calls contacts	Request: \$42,000
<u>Communicable Disease Investigator - Assistant; Data Assistant (TBD)</u>	
Job description: Participates as part of the epidemiological team response to COVID-19; Under general supervision, performs medical contact tracing for public health exposures and/or pandemics in coordination with the county epidemiologist. The contact tracer: collects and records accurate information, calls contacts	Request: \$42,000
<u>Data Analyst</u>	
Job description: Participates as part of the epidemiological team response to COVID-19; Under general supervision, performs medical contact tracing for public health exposures and/or pandemics in coordination with the county epidemiologist. The contact tracer: collects and records accurate information, calls contacts	Request: \$39,750
<u>Q</u>	
Job description: [insert text here]	Request: \$0

ELC COVID-19 Projects
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<u>0</u> Job description: [insert text here]	Request:	\$0
<u>0</u> Job description: [insert text here]oo	Request:	\$0
<u>0</u> Job description: [insert text here]	Request:	\$0
<u>0</u> Job description: [insert text here]	Request:	\$0
<u>0</u> Job description: [insert text here]	Request:	\$0

ELC COVID-19 Projects
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B. Fringe Benefits **Total: \$109,500**

40.00%	of Total Salaries. Does not include contracted staff.			
Position Title and Name	Requested Salary		Fringe Rate	Request
Epidemiologist, (TBD)	\$56,000		40.00%	\$22,400
Communicable Disease Investigator (TBD)	\$52,000		40.00%	\$20,800
Communicable Disease Investigator Assistant (TBD)	\$42,000		40.00%	\$16,800
Communicable Disease Investigator Assistant (TBD)	\$42,000		40.00%	\$16,800
Communicable Disease Investigator Assistant - Data Assistant (TBD)	\$42,000		40.00%	\$16,800
Data Analyst - TBD	\$39,750		40.00%	\$15,900
0	\$0		40.00%	\$0
0	\$0		40.00%	\$0
0	\$0		40.00%	\$0
0	\$0		40.00%	\$0
0	\$0		40.00%	\$0
Total:				\$109,500

ELC COVID-19 Projects
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C. Travel **Total: \$0**

In-State Travel					
Trip Name 3 people (Position 1, Position 2, Position 3)		Days:	1	Trips:	1
		Nights:	1		
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.445	x	0		\$0
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0
Total:					\$0
Justification: [insert text here]					
Trip Name 3 people (Position 1, Position 2, Position 3)		Days:	1	Trips:	1
		Nights:	1		
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.445	x	0		\$0
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0
Total:					\$0
Justification: [insert text here]					
Trip Name		Days:	1	Trips:	1

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3 people (Position 1, Position 2, Position 3)		Nights: 1	
	Rate		Unit
Mileage Reimbursement	\$ 0.445	x	0
Meal Reimbursement	\$ -	x	0
Lodging	\$ -	x	0
Total:			\$0

Justification:
[insert text here]

Trip Name		Days: 1		Trips: 1	
3 people (Position 1, Position 2, Position 3)		Nights: 1			
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.445	x	0		\$0
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0
Total:					\$0

Justification:
[insert text here]

Trip Name		Days: 1		Trips: 1	
3 people (Position 1, Position 2, Position 3)		Nights: 1			
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.445	x	0		\$0
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0

ELC COVID-19 Projects
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Total:					\$0
Justification: [insert text here]					
Trip Name 3 people (Position 1, Position 2, Position 3)		Days:	1	Trips:	1
		Nights:	1		
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.445	x	0		\$0
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0
Total:					\$0
Justification: [insert text here]					
Trip Name 3 people (Position 1, Position 2, Position 3)		Days:	1	Trips:	1
		Nights:	1		
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.445	x	0		\$0
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0
Total:					\$0
Justification: [insert text here]					

ELC COVID-19 Projects
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Trip Name 3 people (Position 1, Position 2, Position 3)		Days: 1	Trips: 1
		Nights: 1	
	Rate		Unit
Mileage Reimbursement	\$ 0.445	x	0 \$0
Meal Reimbursement	\$ -	x	0 \$0
Lodging	\$ -	x	0 \$0
Total:			\$0
Justification: [insert text here]			
Trip Name 3 people (Position 1, Position 2, Position 3)		Days: 1	Trips: 1
		Nights: 1	
	Rate		Unit
Mileage Reimbursement	\$ 0.445	x	0 \$0
Meal Reimbursement	\$ -	x	0 \$0
Lodging	\$ -	x	0 \$0
Total:			\$0
Justification: [insert text here]			
Trip Name 3 people (Position 1, Position 2, Position 3)		Days: 1	Trips: 1
		Nights: 1	
	Rate		Unit
Mileage Reimbursement	\$ 0.445	x	0 \$0

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Meal Reimbursement	\$	-	x	0	\$0
Lodging	\$	-	x	0	\$0
Total:					\$0

Justification:
 [insert text here]

Trip Name		Days:	1	Trips:	1
3 people (Position 1, Position 2, Position 3)		Nights:	1		
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.445	x	0		\$0
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0
Total:					\$0

Justification:
 [insert text here]

Trip Name		Days:	1	Trips:	1
3 people (Position 1, Position 2, Position 3)		Nights:	1		
	Rate		Unit		Request
Mileage Reimbursement	\$ 0.445	x	0		\$0
Meal Reimbursement	\$ -	x	0		\$0
Lodging	\$ -	x	0		\$0
Total:					\$0

Justification:

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[insert text here]	
In-State Total:	\$0

ELC COVID-19 Projects
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CDC RFA: N/A CFDA Number: NA/A

D. Equipment **Total: \$199,203**

Item Requested	Unit Cost		Quantity (ea.)	Request
Computers	\$ 1,500.00	x	5	\$7,500
Computer Peripherals (monitors, docking stations, mouse, keyboards)	\$ 1,000.00	x	5	\$5,000
Computer Software (Microsoft Office and Adobe Acrobat Pro)	\$ 1,200.00	x	5	\$6,000
Statistical Software (SAS Licenses)	\$ 25,000.00	x	1	\$25,000
ESRI GIS software license	\$ 154,947.00	x	1	\$154,947
Cell Phones	\$756.00	x	1	\$756
Total:				\$199,203

Justification of Equipment:
Five Dell Inspiron laptop computers at a cost of \$1500 are needed for the 5 CDI-A's, including the Data Assistant for a total of \$7,500. The 5 COVID-19 response team members also require computer peripherals @ \$1,000 each for a total of \$5,000. Software packages, including the new licenses cost \$1,200 each for the 5 team members totaling \$6,000. Statistical software and licensure for SAS for one year costs \$25,000 and

ELC COVID-19 Projects
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AZ Detailed Line Item Budget and Justification
CDC RFA: N/A CFDA Number: NA/A

[insert text here]

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
AZ Detailed Line Item Budget and Justification
CDC RFA: N/A CFDA Number: NA/A

F. Contractual Costs	Total: \$5,504,500
-----------------------------	---------------------------

Consultant (P&O) Costs	
<i>(6200 line expenses; ex. Kelly Scientific Contractors)</i>	
SAFER Program	\$500,000
Organizational Affiliation: University of Arizona College of Public Health, 1295 N. Martin Ave., Tucson, AZ 85724	
Nature of Services to be Rendered: Case Investigations and Data Entry	
Relevance of Service to the Project: Given the magnitude of the problem this skilled epidemiological	
No. Days of Consultation: 365	
Expected Rate of Compensation: Maximum of 400 hours per week	
Method of Accountability: Detailed monthly invoices with hours documented	
(Name)	\$0
Organizational Affiliation: [insert text here]	
(Address Line 1)	
Nature of Services to be Rendered: [insert text here]	
Relevance of Service to the Project: [insert text here]	
No. Days of Consultation: [insert text here]	
Expected Rate of Compensation: [insert text here]	
Method of Accountability: [insert text here]	
(Name)	\$0
Organizational Affiliation: [insert text here]	
(Address Line 1)	
Nature of Services to be Rendered: [insert text here]	
Relevance of Service to the Project: [insert text here]	
No. Days of Consultation: [insert text here]	
Expected Rate of Compensation: [insert text here]	
Method of Accountability: [insert text here]	

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
AZ Detailed Line Item Budget and Justification
CDC RFA: N/A CFDA Number: NA/A

(Name)	\$0
Organizational Affiliation: [insert text here]	
(Address Line 1)	
Nature of Services to be Rendered: [insert text here]	
Relevance of Service to the Project: [insert text here]	
No. Days of Consultation: [insert text here]	
Expected Rate of Compensation: [insert text here]	
Method of Accountability: [insert text here]	
(Name)	\$0
Organizational Affiliation: [insert text here]	
(Address Line 1)	
Nature of Services to be Rendered: [insert text here]	
Relevance of Service to the Project: [insert text here]	
No. Days of Consultation: [insert text here]	
Expected Rate of Compensation: [insert text here]	
Method of Accountability: [insert text here]	
(Name)	\$0
Organizational Affiliation: [insert text here]	
(Address Line 1)	
Nature of Services to be Rendered: [insert text here]	
Relevance of Service to the Project: [insert text here]	
No. Days of Consultation: [insert text here]	
Expected Rate of Compensation: [insert text here]	
Method of Accountability: [insert text here]	
(Name)	\$0
Organizational Affiliation: [insert text here]	

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
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<p>(Address Line 1) Nature of Services to be Rendered: [insert text here] Relevance of Service to the Project: [insert text here] No. Days of Consultation: [insert text here] Expected Rate of Compensation: [insert text here] Method of Accountability: [insert text here]</p>	
<p>(Name) Organizational Affiliation: [insert text here]</p>	\$0
<p>(Address Line 1) Nature of Services to be Rendered: [insert text here] Relevance of Service to the Project: [insert text here] No. Days of Consultation: [insert text here] Expected Rate of Compensation: [insert text here] Method of Accountability: [insert text here]</p>	
Consultant (Professional & Outside Services) Total: \$500,000	

Contractual (Assistance to Others)	
<i>(6800 line expenses)</i>	
<p>Name Commercial Mobile COVID-19 Testing Services</p>	\$4,992,000
<p>Address: TBD Method of Selection: RFP or Cooperative Agreement Period of Performance: September 1, 2021 to April 30, 2023 Scope of Work: Mobile Unit PCR Testing for COVID-19 Method of Accountability: detailed monthly invoices with test dates and number of specimens Itemized Budget: \$16,000 per day / 4 days per week for 78 weeks</p>	
<p>Name: COVID-19 Hotel Sheltering</p>	\$12,500
<p>Pinal County Hotels Accepting COVID positive persons</p>	

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
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Method of Selection: Hotels in Pinal County Accepting COVID positive persons or those exposed who Period of Performance: 365 days Scope of Work: Sheltering for COVID positive persons without children Method of Accountability: Weekly invoices for number of persons per day sheltered Itemized Budget: 166 days of sheltering @ \$75.00 per night	\$0
Name Address Line 1 Method of Selection: [insert text here] Period of Performance: [insert text here] Scope of Work: [insert text here] Method of Accountability: [insert text here] Itemized Budget: [insert text here]	\$0
Name Address Line 1 Method of Selection: [insert text here] Period of Performance: [insert text here] Scope of Work: [insert text here] Method of Accountability: [insert text here] Itemized Budget: [insert text here]	\$0
Name Address Line 1 Method of Selection: [insert text here] Period of Performance: [insert text here] Scope of Work: [insert text here] Method of Accountability: [insert text here] Itemized Budget: [insert text here]	\$0

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
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Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
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Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
AZ Detailed Line Item Budget and Justification
CDC RFA: N/A CFDA Number: NA/A

Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	
Method of Selection: [insert text here]	
Period of Performance: [insert text here]	
Scope of Work: [insert text here]	
Method of Accountability: [insert text here]	
Itemized Budget: [insert text here]	
Name	\$0
Address Line 1	

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Method of Selection: [insert text here] Period of Performance: [insert text here] Scope of Work: [insert text here] Method of Accountability: [insert text here] Itemized Budget: [insert text here]	
Name Address Line 1 Method of Selection: [insert text here] Period of Performance: [insert text here] Scope of Work: [insert text here] Method of Accountability: [insert text here] Itemized Budget: [insert text here]	\$0
Contractual (Assistance to Others) Total:	\$5,004,500

ELC COVID-19 Projects
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G. Construction

Total:

\$0

ELC COVID-19 Projects
January 15, 2021 to May 1, 2023
AZ Detailed Line Item Budget and Justification
CDC RFA: N/A CFDA Number: NA/A

I. Total Direct Costs	\$6,198,253
------------------------------	--------------------

J. Indirect Rate and Costs	\$38,325
-----------------------------------	-----------------

10.00%	of Salaries and Fringe Benefits.	Total Request:	\$38,325
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K. Total Amount Requested	\$6,236,578
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PINAL COUNTY

WIDE OPEN OPPORTUNITY

AGENDA ITEM

August 4, 2021 ADMINISTRATION BUILDING A
FLORENCE, ARIZONA

REQUESTED BY:**Funds #:****Dept. #:****Dept. Name:** Public Health**Director:** Tascha Spears**BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:**

Discussion/approval/disapproval of the Public Health Annual Report for FY 2020 - 2021. Per the Arizona Revised Statutes, Title 36 the Public Health Director shall submit an annual report describing the activities of the department during the fiscal year. Annual report for FY 2020 - 2021 (pdf 51 pages) is attached. (Tascha Spears)

BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:

n/a

BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:

n/a

MOTION:

Approve as presented.

History	Time	Who	Approval
	7/23/2021 8:26 AM	County Attorney	Yes
	7/23/2021 4:06 PM	County Manager	Yes
	7/27/2021 11:18 AM	Clerk of the Board	Yes

ATTACHMENTS:

Click to download
<input type="checkbox"/> Presentation
<input type="checkbox"/> Presentation (25 Slides)



**PINAL COUNTY
PUBLIC HEALTH**

**Pinal County
Public Health Services District
Annual Report**

July 1, 2020-June 30,2021

Resilience in A Pandemic

*Thank you to
Pinal County Leadership...
for your unwavering
support during this
challenging year.*



Leo Lew, County Manager

Pinal County
Board of Supervisors



A banner for the Pinal County Board of Supervisors. The top part features the text "Pinal County Board of Supervisors" in white serif font against a blue background. Below the text is a photograph of the Pinal County Courthouse, a large brick building with a prominent red-tiled tower and a clock face. The bottom part of the banner consists of five portrait boxes, each containing a member's name, title, and district number.

 Kevin Cavanaugh DISTRICT 1	 Mike Goodman DISTRICT 2 Vice-Chairman	 Stephen Q. Miller DISTRICT 3 Chairman	 Jeffrey McClure DISTRICT 4	 Jeff Serdy DISTRICT 5
--	--	---	---	---



Himanshu Patel, Assistant County Manager



MaryEllen Sheppard, Interim Assistant County Manager

With Gratitude from the Director Of Public Health

June 2021

Dear Public Health Team:

This year's annual report will look a little different. It didn't make sense to write it "the old way." The Pinal County Public Health Services District 2020-2021 report reflects a moment of history like none other. It is designed to portray what happened here in Pinal County when the COVID-19 pandemic gripped our community. This report will never capture the magnitude and depth of our team's dedication this past year. Nor will it fully describe how we were supported by Pinal County leadership, community partners, families and friends. You won't necessarily see the exhaustion or the worry behind the masks. What you will see is the grace and dignity of the Pinal County Public Health team. May those who come after us recognize these sacrifices.

It is with the utmost gratitude that I work alongside each of you.

Tascha Spears

Tascha Spears, Ph.D., M.Sc., RN

Director



Annual Report

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Pinal County Public Health Services District Medical & Leadership Team



Tascha Spears, *Ph.D., M.Sc., RN, SANE-A, SANE-P*
Director



Marguerite Galindo, DNP,
FNP, SANE-A
Medical Director



J Burr Ross, MD
Tuberculosis Officer &
Family Planning Program



Mary Clements
Central Appointment Desk
and "On The Go Transportation"



Genevieve Ennis
Central Support & Accounting



Tiffany Kirby, MSN RN
Medical Forensic Services



Carey Lennon, ND, WHNP-BC
Clinics (Interim)



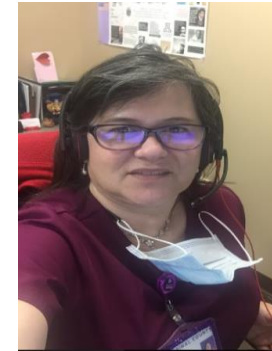
Merissa Mendoza MPA,
RDN, IBCLC Nutrition
and Vital Records



Kore Redden, MPH, EMCT-P
Emergency Preparedness and
Response



Christopher Reimus, MS, RS
CPM, DAAS
Environmental Health



Mariana Singletary, MD, MPH,
MBA, Infectious Diseases
Epidemiology Surveillance



Jan Vidimos
Community Health and Education

Timeline of Significant COVID-19 Events

The Months Preceding the 2020-2021 Pinal County Fiscal Year:

Late December 2019, a pneumonia cluster of 44 patients, reported by Chinese authorities, was subsequently identified as SARS-CoV-2, the novel coronavirus that causes COVID-19

January 21, 2020 the U.S. identified its first case of the new coronavirus, a man in his 30's who had been in Wuhan, China.

January 26, 2020 Arizona identified the first COVID-19 case in Maricopa County

January 30, 2020 the World Health Organization (WHO) declared a global health emergency

February 11, 2020 the WHO named the new disease COVID-19 and throughout February the symptoms of mild to moderate illness are described

February 26, 2020 the U.S. Centers for Disease Control (CDC) confirms the first suspected transmission in the United States not tied to any travelers

March 3, 2020 the CDC advises anyone can be tested for the virus without restrictions. Until this date, only those who had traveled to an outbreak area or those who had close contact with persons diagnosed with COVID could get tested

March 6, 2020, the first confirmed case of COVID-19 was identified in Pinal County. Because the patient had not traveled anywhere that COVID-19 was known to be widely spread, Pinal County Public Health treated this as its first instance of community spread.

March 6, 2020, the Pinal County Public Health Incident Command Center (ICC) was fully activated

March 11, 2020 Governor Ducey declared a public health emergency establishing Arizona Department of Health Services (ADHS) as the entity responsible for coordinating all matters pertaining to the public health emergency response for the state of Arizona.

March 20, 2020 Pinal County Board of Supervisors declared a public health emergency which also allowed for emergency procurement of goods and services

April 4, 2020 the first confirmed COVID-19 death in Pinal County

April 10, 2020 CDC posts in the Morbidity and Mortality weekly report that there can be pre-symptomatic transmission of SARS-CoV-2

June 29, 2020 Executive Order delays start of in-person classes with alternatives being distance learning and eventually, a hybrid learning alternative; Onsite support services must still be in place at schools

In the short period between March 4, 2020 and June 20, 2020, there were 5,877 cases of COVID-19 reported to Public Health, requiring a comprehensive response. A worried public flooded public health phone lines and social messaging, as national and global media coverage reflected the severity of the disease including multiple COVID-19 related deaths.

Significant COVID-19 Events

FY 2020-2021

July 2020

- New Public Health Director and Medical Director join Pinal Public Health team
- Infectious Diseases/Epi Surveillance Division expanded to include 3 more team members
- The peak of the first wave of COVID-19 in Pinal was during the 3 first weeks of July with more than 1000 confirmed cases per week. Reports went up to 1400 cases per week.
- Executive order for ADHS to develop public health benchmarks for safe return of in-person classroom instruction; Also pausing businesses re-opening through the end of July

August 2020

- Aug 10th ADHS announces a dashboard with specific color coded benchmarks for businesses and requirements and attestations for businesses to re-open
- Latter part of August, public health received competitive funding award of 1 million dollars for COVID-19 testing and 1.6 million for outsourcing case investigations
- Schools begin to identify more positive COVID-19 cases ; Public Health holds regular virtual conferences with school leadership

September 2020

- Sept 15th COVID-19 testing sites open in Florence and Casa Grande offering testing 6 days per week with evening hours
- U of A Academic Health Dept. initiates Partnership to develop Pinal's COVID educational materials
- ADHS publishes Isolation vs quarantine guidance for families on their school site
- The impact of mass COVID testing in correctional facilities was identified
- ADHS and local health departments pre-planning for COVID-19 vaccinations

October 2020

- Beginning of acceleration phase of second wave
- Large events in Pinal such as the upcoming Renaissance Fair and Country Thunder are canceled
- First school in Pinal is closed to onsite learning due to multiple students and staff in quarantine due to exposures
- More student athletes test positive for COVID-19 increasing the school outbreaks
- Community partner U of A SAFER program begins assisting with case investigations

November 2020

- Registry nurses are not available to help Public Health given the shortage of nurses throughout the nation
- County management requests IDHS team to complete onsite visits to county departments to offer guidance on COVID in the workplace
- FDA give EUA for Bamlanivimab monoclonal antibody outpatient treatment for mild to moderate COVID; Pinal receives 60 doses
- Educational Video developed in partnership with Latina Familia Initiative
- All Pinal school benchmarks are in the "red" or "yellow" alert with none in the acceptable range for "onsite learning"

December 2020

- *ADHS develops onsite learning and services waiver process for schools; multiple Pinal schools apply
- * First case of Multi-system Inflammatory Disorder from COVID-19 in Pinal County
- * CDC posts guidance on shortened quarantine periods
- ADHA hosts local allocator readiness and 14 Pinal community providers completed the ADHS onboarding tool to administer COVID vaccines
- Executive order prohibits events of more than 50 people unless in unincorporated areas or County approves
- EUA authorization of Pfizer then Moderna COVID vaccines; COVID-19 vaccines arrive in Pinal County administered by Public Health RNs on Dec 23 at Coolidge Public Health Clinic

January 2021

- Second wave is at its peak during the 4 weeks in January with more than 3,000 cases each week
- Several school superintendents requesting waivers due to multiple students and staff quarantining;
- In addition to healthcare professionals, Pinal begins vaccinating law enforcement and other 1b essential workers, including teachers
- CDC changes guidance on priority groups to be vaccinated from healthcare and essential workers to everyone 65 and older
- After receiving 10,000 doses of vaccines in Dec. only 2,000 doses are allocated to Pinal in the second allocation; Pinal Board of Supervisors write state and federal leaders identifying vaccine shortage in Pinal

February 2021

- Frustration abounds as phone lines to schedule vaccine appointments are crashing along with internet registrations sites; Vaccine supplies are also limited
- FEMA sends team of 10 vaccinators from HHS to help Pinal vaccinate; This will be the first of several FEMA teams in Pinal, many of which are from US Forestry
- High thru-put vaccination pod set up in Florence vaccinating average of 700 per day
- Community partners also continue hosting vaccination events
- Lon-term care facilities are vaccinating through federal pharmacy program

March 2021

- Collaboration with Health plans to identify and schedule those with special needs Including those with developmental disabilities, those with physical limitations and persons medically unable to leave home for COVID vaccines
- Executive order outlining new phase of COVID-19 mitigation; business guidelines transitioning from required to recommended and occupancy limits are lifted
- Executive order that all district and charter schools shall return to in-person, teacher-lead instruction no later than March 15th

April 2021

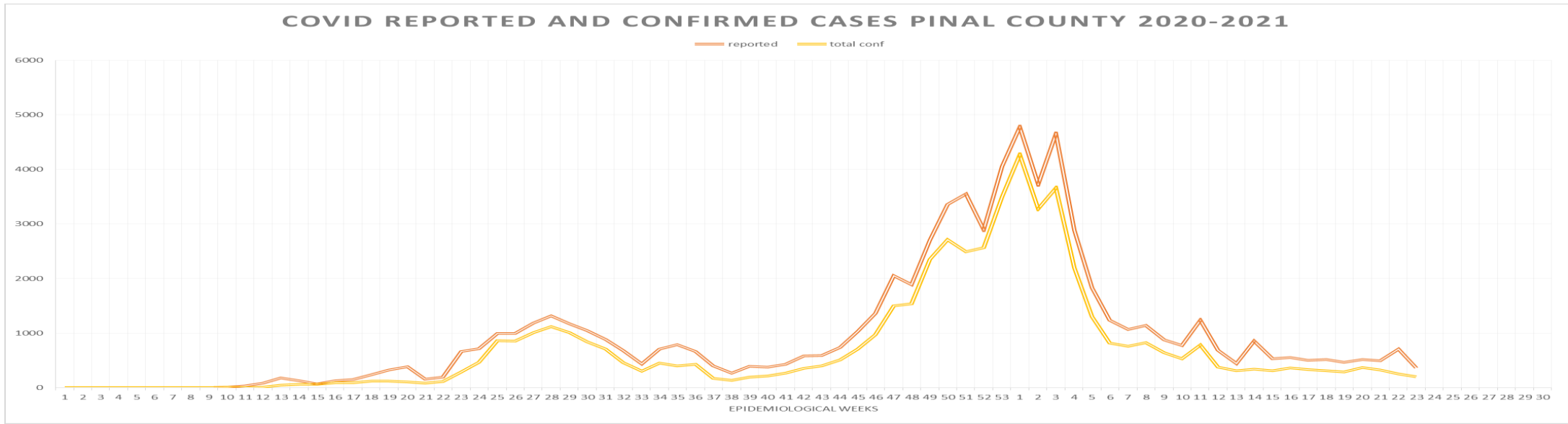
- A number of school districts show considerable Improvement in COVID school benchmarks
- CDC recommends pause in administration of Janssen COVID vaccine due to risk of rare blood clotting disease, more frequently in women under age 50
- Although hospitals were eligible to resume elective surgeries in May 2020, Executive order now lifts previous restrictions on healthcare institutions; rescinds delaying elective surgeries to conserve PPE to treat COVID patients
- Executive order provides schools options for face coverings

May 2021

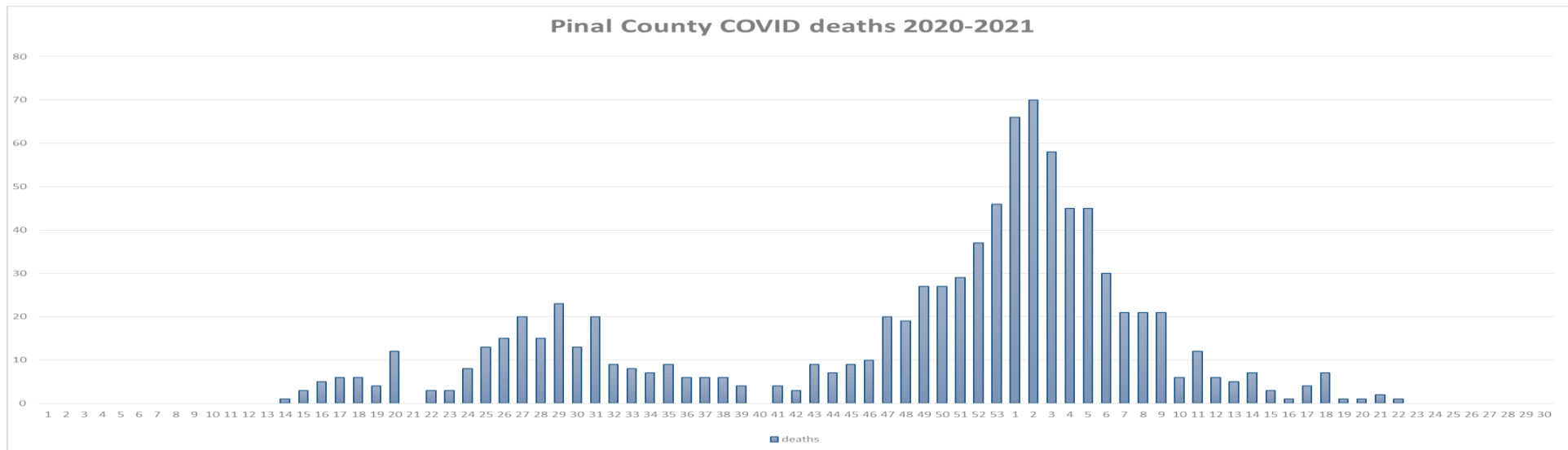
- Public Health launches comprehensive HIPAA training
- After canceling last year, PCSO hosts its annual memorial service for fallen officers, families , community
- FDA expands EUA for Pfizer COVID vaccine to include adolescents ages 12-15
- Hundreds of locations throughout the state now offer COVID-19 vaccines; each provider can now order vaccines directly through the ADHS allocator tool versus having local health departments allocate

June 2021

- Homeless populations offered COVID-19 vaccines at sites in Apache Junction and Casa Grande
- Environmental Health had left permits open during COVID; Now re-examining which establishments are actually closed
- Over 75% of Pinal residents 65 and over have received COVID-19 vaccines and over 60% of those 55-64



Confirmed cases of COVID-19 peaked in July 2020 and December 2020 resulting in thousands of cases requiring case classifications, investigations, contact tracing, information, resources and referrals, including testing and referrals.



As of June 20, 2021 a total of 902 Pinal County residents died of COVID-19. IDES Division Manager reviewed all deaths to confirm.

Incident Command Center (ICC)

Incident Commander: Kore Redden, MPH, EMCT-P

Chief Operations Officer: Mariana Singletary, MD, MPH, MBA

- **Phase 1 Full Activation**

March 6, 2020 to September 30, 2020

(156 Operational Periods)

- **Partial Activation**

October 1, 2020 to March 5, 2021

Public Health Team Members from all Public Health Divisions were reassigned to take shifts in the ICC.

- It was “all hands-on deck.”



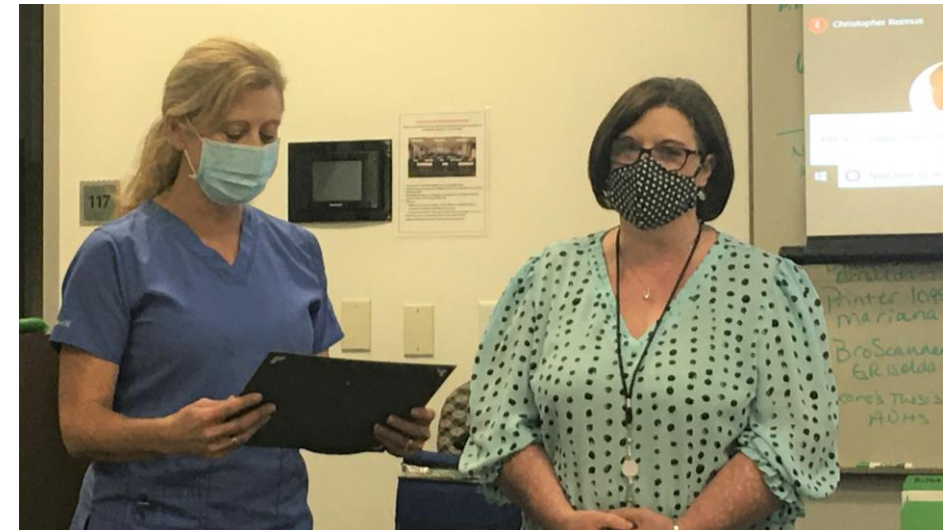
A tremendous collaborative effort from many county departments, including Information Technology, Facilities, Emergency Management, Human Resources, Communications and Marketing, helped public health quickly activate the ICC.

ICC Full County Support

- It quickly became apparent that public health needed the support of additional personnel and resources. While many county departments had begun telework, public health remained on-site during this emergency and on-call 24/7.
- County leadership put out a call to all other departments for volunteers to work in the ICC. The Offices of the Pinal County Attorney, Pinal County Public Defender and Departments of Community Development and Information Technology (IT), along with others generously sent their staff to assist with the COVID-19 response in the Incident Command Center.



Thank you from the ICC to staff to the Office of the Public Defender, Office of the Public Defender, IT and Community Development.



Thank you from the ICC to Victim Advocate, Jacqueline Lopez of the Pinal County Attorney's Office for working 3 months in the ICC

Emergency Preparedness and Response

Division Manager: Kore Redden, MPH, EMCT-P

Team Members:

Angie Sanchez, Administrative Assistant, Senior

Jassmin Castro, Communications Assistant



Emergency Preparedness and Response (PHEPR) prepares for the response to various public health emergencies- natural, accidental, or intentional associated with chemical, biological, radiological and nuclear incidents. The program is federally funded under the CDC Public Health Emergency Preparedness Cooperative Agreement. Two counties in Arizona also receive the CDC Readiness Initiative Grant: Maricopa and Pinal for additional planning for medical countermeasures distribution.

The division is not primarily public facing but rather works to prepare staff and partners in the event of public health emergencies and during these emergencies, offers guidance, processes and resources. A significant response activity also includes public and partner messaging that involves emergency crisis risk communications.

Regardless of emergency status, the division facilitates training of staff and leadership in the National Incident Management System to ensure understanding of the Incident Command structure enhancing accountability and safety during an emergency response.

Selected Accomplishments

- Distribution of Personal Protective Equipment (PPE) PE Distribution from the CDC Strategic National Stockpile
- Vaccine Distribution to 49 healthcare providers in the county
- Purchased Mobile Morgue Trailer for the Medical Examiner’s Office
- Completed the Fatality Management Plan between Public Health and the Medical Examiner’s Office
- Conducted weekly and bi-weekly COVID-19 vaccine provider meetings
- Completed all other Non-COVID grant deliverables



Receipt of, storage and distribution of Antiviral Remdesivir to hospitals in Pinal County

March 6th to YTD (not including vaccine operations)
 Response Hours: 11,325.50
 Payroll Costs: \$726,964.02
 Equipment and supplies: \$75,000

* Only ICC costs

Incident Commander, Kore Redden also served as invited:



Panelist, ADHS Vaccine Distribution Training; Operational Logistics Summit
 Panelist, DHS Annual Preparedness Community Conference
 Speaker, November 2020 Arizona Emergency Medical System Meeting
 (to discuss the Pinal County COVID-19 Vaccination Program for the region)



Comparative Analyses of Public Health Emergency Costs – Incident Command Center 2019-2021

Public Health Response	# of Public Health Staff	Total Outbreak Response Costs	Cases	Deaths	Key Partners
Hepatitis A Outbreak (non-foodborne) 5/24/19-11/30/19	27	\$57,000	14	0	Pinal County Adult Detention Center
Measles Exposure 8/26/29-9/3/19	25	\$13,698	0	0	Maricopa County Public Health and Pinal County School Districts
COVID-19 3/6/20 to YTD	112 (11,325 response hours) * Limited to ICC	\$801,964 • Limited to ICC (vaccination efforts not included)	53,555	901	Multiple local, state and federal partners

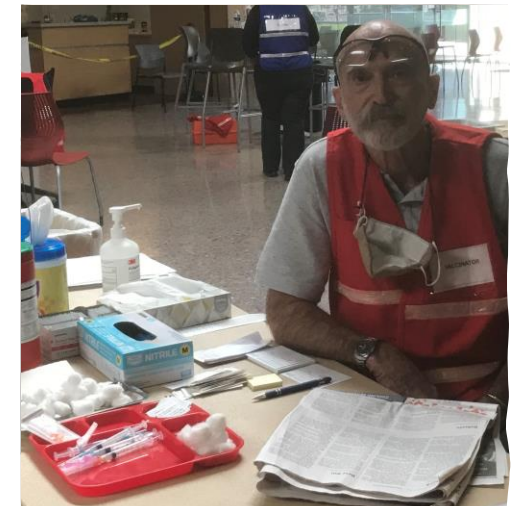
COVID-19 Vaccine Points of Distribution (PODS)

- **July 2020:** First task force meeting for statewide vaccine planning
- Reached out to community partners and facilitated ADHS onboarding process allowing for multiple points of distribution throughout the county
- Developed and coordinated weekly vaccine provider meetings with community partners
- Between December and April, public health allocated 198,600 COVID-19 doses to eligible on-boarded providers in Pinal County.
- Designed & Released video for COVID-19 Education and support for our community (over 2.5k views)
- In May, community providers were authorized to begin ordering their own doses of COVID-19 from ADHS. The planning team still meets weekly and communicates with partners at monthly meetings or sooner if needed.



Public Health Vaccine Leadership Team

Kore Redden, MPH, EMCT-P
Marguerite Galindo, DNP, FNP
Tascha Spears, Ph.D., M.Sc., RN
Natasha Munoz, RN
Yezenia Vieczas, RN



Coolidge Public Health Clinic POD

(Between December 23, 2020 and January 2, 2021)

* Based on CDC recommended early vaccination groups, vaccinated healthcare and emergency responders and during the second week opened up to essential workers, including school personnel and 75 and older population

- Doses administered on Christmas Eve and New Year's Eve

- Operated on Saturdays

- 10-hour operation; 12-hour days for staff

* 1036 doses administered in 8 days (2 of these days were ½ days—holiday Eve's)



Florence Library POD between February 9th and April 2nd

- 4 months, 27 days, 14,554 doses of COVID-19 vaccine administered with some days over 700 doses administered
- 5 Public Health Clinics were averaging administration of 200 doses of COVID-19 vaccine per day while the Florence POD was in operation

Best practices:

- Soft starts ensured for a smooth operation
- Worked under a unified command structure with Florence PD
- Safety and security briefings daily
- All vaccinators completed training prior to POD assignment
- Specific days were devoted to the Developmentally Disabled populations, including those with physical limitations requiring more time and assistance for appointments

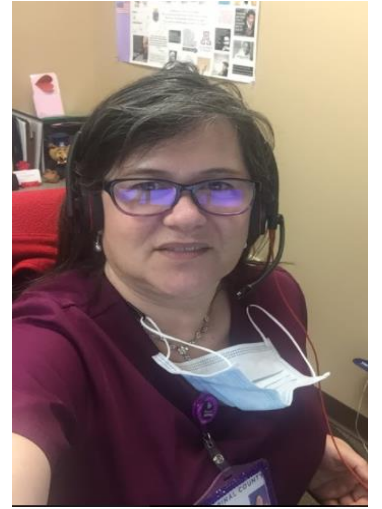
Emphasis was on education and informed consent 16

VACCINE PODS:

Over 11,000 hours and counting...

Infectious Diseases Epidemiology Surveillance

Division Manager: Mariana Singletary, MD, MPH, MBA



Team Members:

- Joel Jimenez, General Diseases Epidemiologist
- Glenda Armendariz, General Diseases Communicable Diseases Investigator
- Edwin Peñate, General Diseases Communicable Diseases Investigator Assistant
- Daniel Reimer, Tuberculosis Epidemiologist
- Caroline Erickson, Tuberculosis Communicable Diseases Investigator
- Cynthia George, Tuberculosis Communicable Diseases Investigator Assistant
- Jabette Franco, STD/HIV Senior Communicable Diseases Investigator
- Susan Drost, STD/HIV Communicable Diseases Investigator
- Maria Hernandez, STD/HIV Communicable Diseases Investigator Assistant
- Jonathan Argyle, Data Analyst
- Kiva Ramos, COVID Communicable Diseases Investigator and Data Assistant
- Antonio Rojas, Administrative Assistant

Open Positions:
COVID Communicable Disease Investigator Assistant

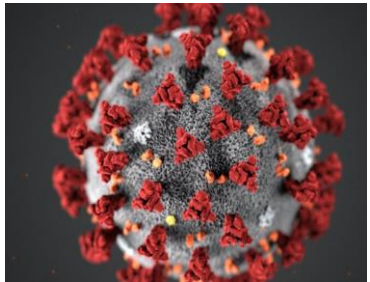
Primary Services

The Infectious Diseases Epidemiology Surveillance (IDES) division, provides epidemiology surveillance services for Pinal County population, including investigation and reporting of communicable diseases and outbreaks to the Arizona Department of Health Services (ADHS) under AAC R9-6-202 or 203

- Monitoring and reporting of infectious diseases of public health importance.
- Assisting with control measures to prevent spread and outbreaks of those diseases.
- Collecting and analyzing surveillance data on selected diseases being monitored
- Providing information on communicable diseases for healthcare providers, correctional facilities, the county and the general public.
- Technical assistance to schools and correctional facilities with communicable diseases control measures
- Facilitation and coordination of human samples to be tested at the Arizona Public Health State Laboratory, either as primary testing or confirmatory samples
- Education and training



GENERAL INFECTIOUS DISEASES REPORTED



Category	FY2019-2020	FY2020-2021
Non-COVID Diseases	5,029	2,365
COVID-19 Cases	5,877	65,698
TOTAL	10,773	68,063

FY 2020-2021 (1,987 Non-COVID Diseases and 49,543 COVID-19 cases were classified as confirmed or probable)

Compared with FY 2019-2020, there were a total of 57,290 more cases of general infectious diseases that were reported to Pinal County IDES.

84% of these were COVID-19 cases.

TUBERCULOSIS (TB) REPORTED

Category	FY 2019-2020	FY 2020-2021
Suspected Tuberculosis	256	82 with 12 confirmed
Latent Tuberculosis	26	8 with 3 confirmed
# Contacts Investigated	497 with 6 confirmed	22 with 0 confirmed
TOTAL:	779	112

SEXUALLY TRANSMITTED DISEASES REPORTED

Category	FY 2019-2020	FY 2020-2021
Chlamydia	1,538	1,816
Gonorrhea	614	638
Syphilis	452	379
HIV	28	23
TOTAL	2,391	2,856

FY 2020-2021 (All Chlamydia, Gonorrhea and HIV cases and 174 of the Syphilis cases were classified as confirmed or probable)

Selected Accomplishments

- ICC operation management of services during COVID pandemic
- Team assigned to COVID-19 response in the ICC
- Weekly meetings and 24/7 on-call for all School Superintendents with emergency virtual coordination call meetings with school outbreaks
- Weekly meetings and 24/7 on-call coordination of outbreaks in correctional facilities
- Use of Qualtrics text messaging COVID positive persons with their permission for case investigation (more than 3,000 cases completed by text in 2021)
- Outsourcing partnerships
 - U of A SAFER team absorbed 600 cases per week since August 2020
- Mitigation efforts, resources and education regarding COVID-19 in the workplace
- Expansion under COVID pandemic
 - Health district positions
 - COVID positions
 - grant-funded

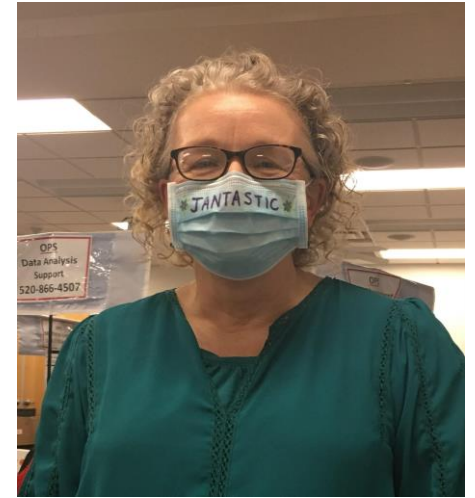


Community Health and Education

Division Manager: Jan Vidimos

Team Members:

- Ana Gonzalez, School Health Liaison
- Annette Lopez, School Health Liaison
- Calista Rocha, School Health Liaison
- Cori Wilson, Administrative Specialist
- Elena Rojas, School Health Liaison (start date 6/28/21)
- Eureka King, School Health Liaison
- JoAnne Galindo, Tobacco Grant Program Manager
- Melissa Zazueta, School Health Liaison
- Naomi Murrietta, School Health Liaison
- Reyna Villegas, Health in All Policy Initiative Grant Program Manager
- Sue Damiata, Maternal Child Grant Health Program Manager
- Susan White, Overdose Data to Action Grant Program Manager



Primary Services

The Community Health Division is responsible for health promotion and prevention education activities. It encompasses seven grant funded projects and the Public Health District funded School Health Liaison program. Our work serves to educate youth and families about healthy lifestyles, accident prevention, and available resources. In addition, Community Health strives to reduce opioid misuse and overdoses, and works to create policy, systems, and environmental changes that lead to healthier communities. Community Health supports the overall goals of Public Health.

- Communicable disease surveillance is the by-product of a well-established relationship with school nurses and health aides.
- Teen Pregnancy Prevention education provides an opportunity to encourage youth to take control of their reproductive health with guidance from clinic staff.
- Hosts an annual school nurse conference, at which updates to vaccination schedules are reviewed.
- Promotes school disaster preparedness planning training to school Administrators.

During the majority of 2020-2021, Community Health staff were reassigned to assist with COVID 19 activities, answering phones in the ICC, completing symptom checklists with callers, contact tracing, participating in school coordination calls when COVID-19 cases were Identified in schools, delivering cloth masks to schools, and assisting in the COVID-19 vaccination pods.

Meeting the community where they are at:

In the 2019-20 school year, the School Health Liaison (SHL) Program provided direct classroom education to **12,582 youth**. With onsite learning in many schools closed due to COVID, that number decreased to 1,781 youth in 2020-21.



Left to right: Naomi Murrietta, Annette Jones, Sue Damiata, Ana Gonzalez

Focus shifted to helping families obtain basic needs...



Melissa Zazueta helping at a food bank distribution

One of the first schools in the state to identify a COVID-19 positive student was in Pinal County. School Health liaisons served in a school-based call center for worried parents

Selected Accomplishments

- Grant workshops in collaboration with Pinal Gila Council for Seniors (“Living well with chronic disease self-management” and “Finding meaning and hope” caregiver support for those caring for a loved one with dementia)



- Tobacco Grant Manager Joanne Galindo selected to present at National Commission of Correctional Health Workers conference (public health collaboration to provide peer-led tobacco cessation for detainees)
- “QPR” (question, persuade refer) mental health crisis training for staff at Villa Oasis and Mary C. O’Brien Schools
- Met weekly and at times daily with school administration (COVID mitigation planning, disease reporting instructions, school benchmark interpretations, resources)
- Staff received training on new curricula such as building resiliency among youth and suicide prevention in order to expand offerings to schools when students returned to on-site learning.



Safe Sleep practices resources distributed to crisis pregnancy centers, women’s shelters and other new parents

- Opioid Treatment Information via COX media campaign

Central Appointment Desk and “On The Go Transportation” Division Manager: Mary Clements

Current Team Members

- Stella Acuna, Central Appointment Desk Supervisor- Stella Acuna,
- Alejandra Hansen, Customer Service Specialist
- Anabel Quintero, Customer Service Specialist
- Catalina Martinez, Customer Service Specialist
- Mercedes Arredondo, Customer Service Specialist
- Adriana Meraz, Customer Service Specialist
- Patricia Acosta, Customer Service Specialist
- Isbella Rabago, Customer Service Specialist
- Wren Morrow Dispatcher,
- Lori Mendibles, Transportation Driver
- Alfred Molina, Transportation Driver
- John Cota , Transportation Driver

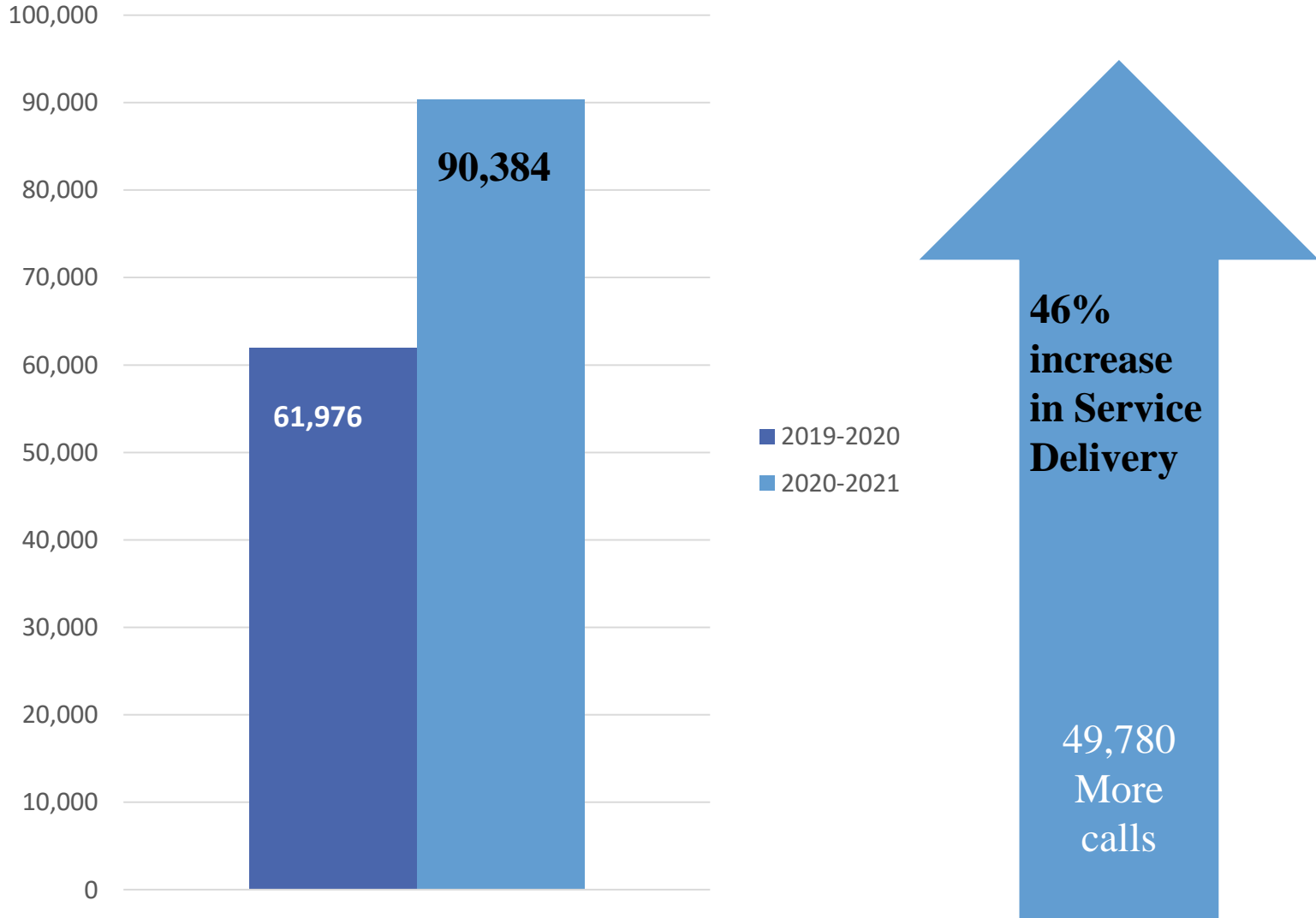


Primary Services

- The Central Appointment Desk was established in March of 2008 to centralize phone calls and create a single toll-free number that the public can call for general health information and provide appointment scheduling for Family Planning, Well Woman, WIC, along with child and adult immunization appointments.
- The Central Appointment Desk (CAD) has now been in service for 13 years. What first started out as a concept, over time with hard work and a dedicated staff has proven this department to become the essential core for the Public Health Department.
- The Central Appointment Desk is the **only department** of its kind in a public health setting in the state of Arizona.



Central Appointment Desk Calls Handled



Calls Handled Page 132



On The Go Express Transportation

- Pinal County On The Go Express Transportation program, is designed to ensure mobility through the provision of transportation to the elderly and persons with disabilities in rural Eastern Pinal County.
- Services provided by On the Go Express Transportation include transportation to medical appointments, dental appointments, vision appointments, physical therapy, grocery shopping and prescription pick up.
- On the Go Express Transportation collaborates with the Pinal County Nutrition and Wellness program for delivery of food boxes to the homebound on a monthly basis.
- Completion of Pinal County Manager & Human Resources Stay Healthy Readiness Assessment



Transportation Services were resumed within 3 weeks after initial close. Services include COVID-19 Safety Protocols.

March 2020 drivers were transitioned to the Incident Command Center for COVID-19 Specimen Transport to the State Lab in Phoenix. Drivers continued COVID -19 specimen transport March –Sept 2020

Clinics

Interim Division Manager: Carey Lennon, ND, WHNP-BC

Team Members:

- Sammy Mohamad, LPN
- Michelle Bellomo, RN
- Samantha Orozco, RN
- Amanda Fallis, RN
- Laura Field, RN
- Kym Cook, RN
- Rebecca Stand, RN
- Alondra Hall, RN
- Monica Castaneda, RN
- Sindy Sheldon, Nurse Practitioner
- Yezenia Viejas, RN-Nurse Supervisor
- Billy Smith, Clinic Operations Supervisor
- Patrick Reed, Clinic Operations Supervisor

- Elizabeth Lopez, MA
- Donella Padilla, MA
- Alexandria Tolan, MA
- Adriana Contreras, MA
- Sandy Silva, MA
- Karina Rojas, MA
- Erika Macias-Lizarraga, MA
- Stacy Esparza, MA
- Sandra William, Administrative Assistant
- Cecilia Medina-Esparza, Case Manager
- Vanessa Salcido, Case Manager
- Hilda Lopez, Case Manager
- Natasha Munoz, RN-EHR Trainer/Quality Management

- Previous Division Manager: Marcela Salinas
- Contracted Staff: JoAnn Woodward, Nurse Practitioner; Deanna Guttilla, Nurse Practitioner; Danielle Patrick, Nurse Practitioner
- Open Position: Nurse Practitioner



Primary Services

- Childhood and Adult Immunizations
- Reproductive health services (In-person and telehealth)
- Screening, diagnosis and treatment of sexually transmitted infections
- Screening, diagnosis, referral and patient navigation services for breast and cervical cancer
- TB skin testing

Program	Visit Total	Program	Visit Total
Tuberculosis Services	3,407	Family Practice Services	4,265
Adult Immunizations	1,639	Sexually Transmitted Disease	672
Child Immunizations	4,516	Televisit	517
COVID Vaccinations	32,876	Well Women Services	371
Total Visits Seen 2020-2021 Year (including telehealth visits)		48,263	
Total Visits Seen 2019-2020 Year		21,147	

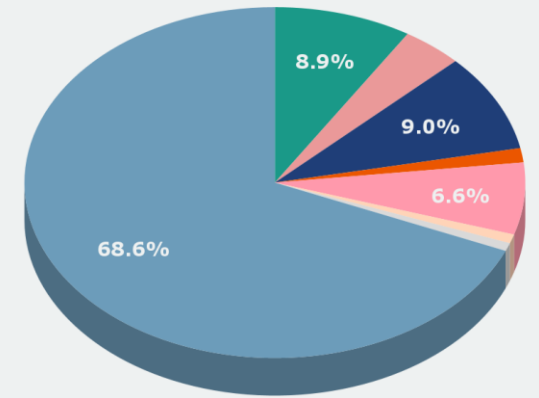
Shifting to Support Administration of COVID-19 Vaccinations

Beginning February 2021

- Family Planning and Well Woman visits were scaled back to high priority appointments only and both in-person and telehealth visits were provided three days a week.
- Non-COVID immunization appointments were limited and shifted from walk-in to by appointment scheduling to ensure the safety of all patients and staff
- TB skin tests were not performed during this time
- All clinics resumed regular services on 04/05/2021, approximately 14.5 weeks after receiving our first doses of the Moderna COVID-19 vaccines.
- Clinic Leadership was an integral part of the Pinal County Vaccine Planning Team working with all community stakeholders

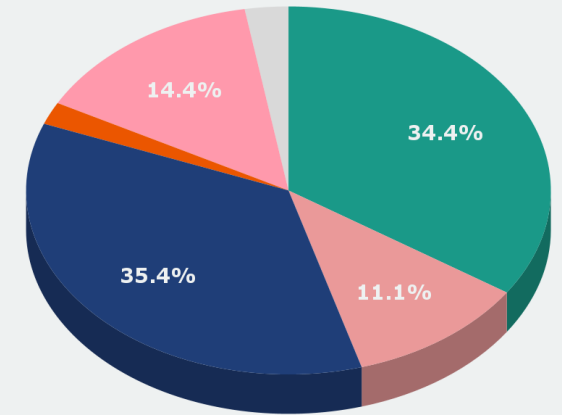
PCHSD Clinical Services July 1, 2020 to June 15, 2021

- Family Planning Services
- Adult Immunizations
- Child Immunizations
- Sexually Transmitted Disease
- Tuberculosis Services
- TeleVisits
- Well Women Services
- COVID Vaccinations



PCPHSD Clinical Services July 1, 2019 to June 15, 2020

- Family Planning Services
- Adult Immunizations
- Child Immunizations
- Sexually Transmitted Disease
- Tuberculosis Services
- Well Women Services



Selected Accomplishments

- Clinic staff administered the first doses of COVID-19 vaccines on December 23, 2020.
- In order to plan, prepare and provide for mass COVID-19 vaccinations to the community, routine clinical services were suspended temporarily for 2 weeks beginning 12/21/2020.
- Then in response to the Governor's Executive Order, clinic services shifted in focus to primarily the provision of COVID-19 vaccinations in February 2021
- San Tan Valley, Apache Junction and Casa Grande Clinics won the Daniel T. Cloud award for outstanding toddler practice immunization for keeping childhood immunization completion rates at 85-87% during the pandemic

Vaccinated **over 30,000 individuals** for COVID-19 who either lived or worked in Pinal County and with community partners, over 265,000 persons in Pinal County received COVID-19 vaccinations.



Environmental Health

Division Manager: Christopher Reimus, MS, RS, CPM, DAAS



Team Members:

- Scott Zusy, R.S.: Environmental Health Manager
- Don Bateman, R.S.: Environmental Health Specialist
- Franck Douazale, R.S.: Environmental Health Specialist
- Marcella McDonald, R.S.: Environmental Health Specialist
- Ruth Ramirez, R.S.: Environmental Health Specialist
- Jensyn Seiger, R.S.: Environmental Health Specialist
- Garry Bouquot: Environmental Health Assistant
- Tamra Schuler: Environmental Health Assistant
- Kortney Seaton: Administrative Assistant

Special Recognition:



Pat Trafalet, RS

Environmental Health Specialist retired after 30 years.

Mark Wilson, RS

Environmental Health Specialist retired after ~25 years

Open positions:

Environmental Health Specialist - budgeted

Environmental Health Specialist, Senior – not budgeted

Primary Services

- Permit and Inspect Facilities
 - Food Establishments
 - Motel / Hotel
 - Public Schools
 - Mobile Home / RV Parks
 - Campgrounds
 - Public and Semi-Public Swimming Pools
- Smoke Free Arizona Education and Compliance
- Investigate Environmental Illness Reports
- Investigate Public Health Nuisance Complaints
- Investigate Illegal Dumping to Ensure Proper Waste Disposal



Vector Control with a Focus on
Vectors of Human Disease



End of Fiscal Year Risk Based Inspection Frequencies

Permit Type	Type	Total Active Permits	Inspections Expected	Inspections Conducted	Re-inspections Conducted	Pre-Operational Inspections Conducted	Complaint Inspections Conducted	% of Required Inspections
Aquatic Venue	Semi-Public Swimming Pool	280	331	383	21	14	11	115.71%
	Public Swimming Pool	17						
Non-Food Establishment	School Grounds	95	95	72	0	1	0	75.79%
	Manufactured Home/RV Parks	195	195	203	1	12	7	104.10%
	Motel & Hotel	38	38	38	1	5	5	100.00%
	Camp Grounds	6	6	5	0	1	0	83.33%
	Children's Camps	2	2	2	0	0	0	100.00%
Food Establishment	Risk 1	193	193	191	4	25	6	98.96%
	Risk 2	488	976	1017	36	62	52	104.20%
	Risk 3	280	840	1086	57	39	46	129.29%
	Mobile Food	280	N/A*	49	0	36	1	100.00%
	Bottled Water	1	2	2	0	0	0	100.00%
	Temporary Food Booth	218	218	218	0	0	0	100.00%
Total		2093	2896	3266	120	195	128	112.78%

* Mobile Food inspections are not required prior to operation, except in home county as per Arizona Law.



Category	Complaint Investigations	
	Complaint Type	Total
Environmental Health Investigations	Foodborne Illness	27
	Food Sanitation	134
	Infectious Disease (COVID-19 EO)	0
	Hotel & Motel	6
	Manufactured Home / RV Park	10
	Public or Semi-Public Swimming Pool	10
	School Grounds	0
	Solid Waste	141
	Liquid Waste	39
Illegal Dumping Investigations	Lead Acid Battery Disposal	0
	Waste Oil Disposal	5
	Waste Tire Disposal	0
	Solid Waste Dumping	89
Vector Control Investigations	Abandoned Pool	13
	Green Pool	38
	Feral Bee Hive	4
	Mosquito Problem	75
	Retention Area	2
	Standing Water	20
	Vermin (Mice, Cockroaches, etc.)	21
Smoke Free AZ		13
Total		647



Selected Accomplishments:

- The COVID-19 pandemic has affected Environmental Health programs in various ways. Environmental Health staff are deemed essential, so our program's activities continued.
- Field inspections occurred uninterrupted.
- Complaint investigation occurred uninterrupted.
- Mosquito surveillance occurred uninterrupted.
- Staff made a significant effort educating operators of permitted establishments and the public on how to help curb community spread of COVID-19.



In addition to their regular duties, Environmental Health team members participated in the COVID-19 comprehensive response, including assisting callers to the ICC, completing symptom checks and resource referrals for callers to the ICC and the public health emergency help line, weekly ICC briefings, driving COVID-19 test specimens to the State lab, and helping set up and assisting in the Florence vaccination pod.

Nutrition and Vital Records

Division Manager: Merissa Mendoza MPA, RDN, IBCLC

Team Members:

- Adriana Villegas, Nutrition Specialist, Senior
- Alexandra Stolworthy, Registered Dietitian Nutritionist
- Alicia Vallee, Nutritionist
- Alissa Babb, Vital Records Clerk
- Alma Palafox, Nutrition Specialist
- Bicky Cervantes, Nutrition Specialist
- Brandon Boatman, Nutrition Program Supervisor
- Cadence Fox, Nutrition Specialist
- Dwight Mack, Nutrition Specialist
- Magdalena Rojas, Vital Records Clerk
- Evelyn Corona, Vital Records Clerk
- Franshesca Chaparro, Nutrition Specialist, Senior
- Gabriel Castillo, Nutritionist
- Jaida McLemore, Nutritionist
- Jessi Gomez, Breastfeeding Program Supervisor

- Jo Ann Mihalic, Nutrition Specialist, Senior
- Kala Vanstone, Nutrition Program Supervisor
- Kathryn Holcomb, Vital Records Clerk
- Kalya Zitzka, Breastfeeding Peer Counselor
- Jessi Gomez, Breastfeeding Program Supervisor
- Jo Ann Mihalic, Nutrition Specialist, Senior
- Kala Vanstone, Nutrition Program Supervisor
- Kathryn Holcomb, Vital Records Clerk
- Kalya Zitzka, Breastfeeding Peer Counselor
- Latasha Wager, Nutrition Specialist
- Melissa Guerrero, Nutrition Specialist
- Miryam Mendoza, Nutrition Specialist
- Nicole Chavez, Nutrition Program Supervisor
- Rosalie Gutierrez, Nutrition Specialist
- Sabrina Castaneda, Nutritionist
- Sarah Householder, Nutrition Specialist



- Sonia Sanchez, Nutrition Specialist
- Steven Ortiz, Registered Dietitian Nutritionist
- Sulema Martinez, Vital Records Clerk
- Tiana Glover, Registered Dietitian Nut
- Tracy Baxter, Nutrition Specialist, Senior
- Tracy Myers, Vital Records Clerk
- Valerie Ramirez, Nutrition Specialist

Open Positions:

Nutrition Specialist

Breastfeeding Peer Counselor 39

Primary Services

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Breastfeeding Peer Counseling Program (BFPC)
- The Commodity Supplemental Food Program (CSFP)
- Vital Records (birth and death certificates)
- HIPAA (Officer, Training and Compliance)
- Through the height of the pandemic, WIC, BFPC, CSFP, and Vital Records services were maintained using mitigation measures and remote services (as appropriate) to keep staff and clients safe.



Vital Records and Nutrition team members were reassigned to help with the COVID-19 response, answering callers to the ICC and public health emergency line, increasing food box deliveries, and Helping set up and assist in the Florence vaccination pod.

WIC Clients served: 96,489

- A decrease of 2,233 from last year, likely due to the increase in government payments (stimulus checks), increase in unemployment, and increase in SNAP benefits. Only the increase in unemployment affects a client's eligibility for WIC, but the other increases may decrease the perceived need for WIC food benefits



Virtual Celebration: Jo Ann Mihalic celebrated her 25th year with Pinal County and with the WIC program March 2021



Selected Accomplishments

Breastfeeding Peer Counseling contacts: 993

- An increase 247 from last year, related to continued growth of the BFPC program.

Birth Certificates: 6,468

Death Certificates: 12,540

- All vital records staff were cross-trained this year on birth and death certificate issuance to increase responsiveness to client requests.

CSFP clients served: 3,558

Comprehensive HIPAA policy development, updates and training of all public health staff

(Data is from July 1, 2020-June 17, 2021)



Breastfeeding Education boards created by the WIC staff to celebrate World Breastfeeding Week 2020



WIC staff providing food boxes

Medical Forensic Services

Division Manager: Tiffany Kirby, MSN, RN



- Our nurses provide expert medical forensic care to patients of all ages who encounter violence, including child physical and sexual abuse, domestic violence, strangulation, sexual assault, elder abuse, human trafficking and other forms of interpersonal violence
- Analyses of sexually explicit print and video images/pornography to assess approximate ages of children
- Provide high quality trauma-informed medical forensic exams with evidence collection following national standards of care
- Ensure privacy for all patients with concerns of violence; exams conducted at 3 advocacy centers in Pinal County
- Provide medical forensic services in a timely manner

(on call 24 hours a day/ 7 days a week/ 365 days a year)



Selected Accomplishments:

Forensic Nurses were the first Pinal nurses to collect swabs for COVID-19 from persons at home with COVID-like symptoms.

Medical forensic exams for children and adults with concerns of violence continued on a 24/7 call out basis throughout the Pandemic.

A total of 226 exams were completed.



**AZ200B
Arizona Sex Assault Kit**

FORENSIC EXAMINER OR PHYSICIAN
COMPLETE THE FOLLOWING.

Investigating Agency: _____
Patient Name: _____
Date/Time of Assault: _____
Exam Facility: _____
Investigating Officer: _____

COLLECTION AND SEALING: TO BE COMPLETED BY
FORENSIC EXAMINER OR PHYSICIAN

Check all items that are collected: VAINA KIT

Step 1: Genital Swabs (Male) Step 2: Anal Swabs (Male)
Step 3: Buccal Swabs Step 4: Outer Vaginal Swabs
Step 5: Inner Vaginal Swabs (VIA) Step 6: Vaginal Swabs
Step 7: Outer Cervical Swabs Step 8: Cervical Swabs
Step 9: Swab of Clitoris Step 10: Swab of Perineum
Step 11: Swab of Anus Step 12: Swab of Rectum

CHAIN OF CUSTODY

FROM NAME	TO NAME	DATE	TIME



Erin Forney,
BSN, RN-BC



Sarah Neal,
BSN, RN, SANE-A, SANE-P

Central Support and Accounting

Division Manager: Genevieve Ennis



Team Members:

- Krista Klarer – Sr. Accountant
- Deborah Blome – Accountant
- Deanna Bell - Accountant
- Jana Wilson – Administrative Specialist
- Beckie Jones - Warehouse Technician
- Oscar Rivas Lopez – Warehouse Technician

Primary Services:

- Payroll
- Accounts payable/receivable
- Grant financial management
- Budget planning and analysis
- Warehouse operations

Team members were assigned to assist in the ICC during the COVID response, answering phones, processing emergency supply orders, transporting supplies and food to vaccination sites and assisting in the Florence vaccine pod.

Special Recognition:



Beckie Jones: 30 years of service

Selected Accomplishments

- Managed a 600% increase to medical billing claims in part due to federal authorization to bill administrative costs for COVID-19 vaccine administration
- Trained and supervised Federal Emergency Management (FEMA) administrative support volunteers in billing
- Added financial management of 7 additional COVID-related grant programs
- Emergency management of daily processes such as payroll, and purchasing without causing any delays in service
- Supported COVID-19 response activities in the Incident Command Center
- Implemented an emergency ordering process to ensure all clinics/vaccine PODS were consistently supplied with items necessary to maintain public health emergency operations



FEMA Admin Support Team #1

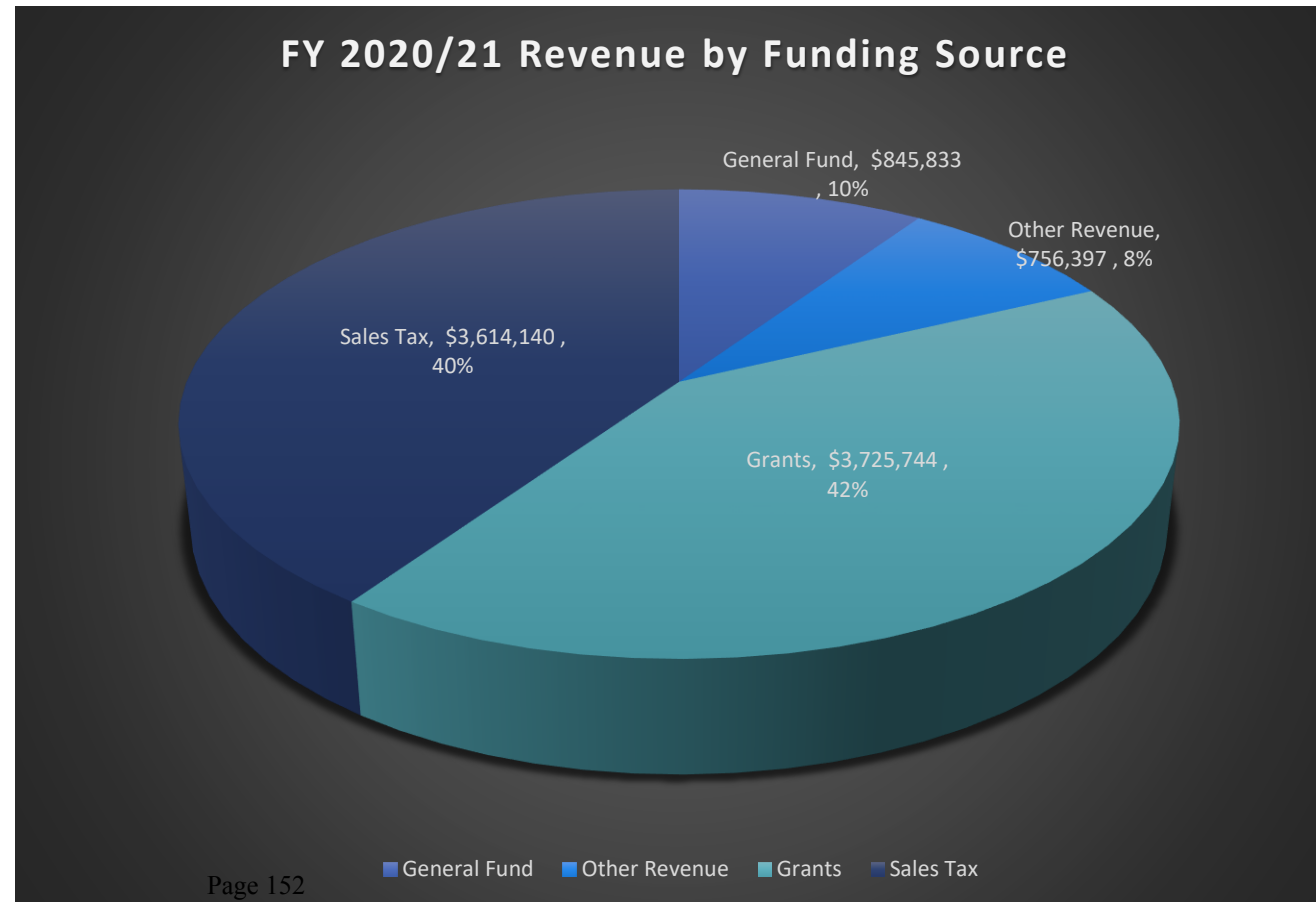


Public Health FY 2020/21 Budget vs. Expenditures

	Budget	Expenses
Personnel Services	\$7,141,464	\$6,217,968
Employee Related Expenses	\$2,579,575	\$2,111,456
Professional & Outside Services	\$2,957,159	\$2,436,064
Travel Expenses	\$133,962	\$47,202
Other Operating	\$1,201,008	\$1,292,534
Capital	\$225,000	\$100,962
Leases & Rentals	\$215,694	\$246,752
Debt Service	\$502,354	\$350,914
Indirect	\$267,931	\$169,378
Total	\$15,224,147	\$12,973,230



Public Health FY 2020/21 Revenue by Funding Source



Appendix SCENES FROM A PANDEMIC



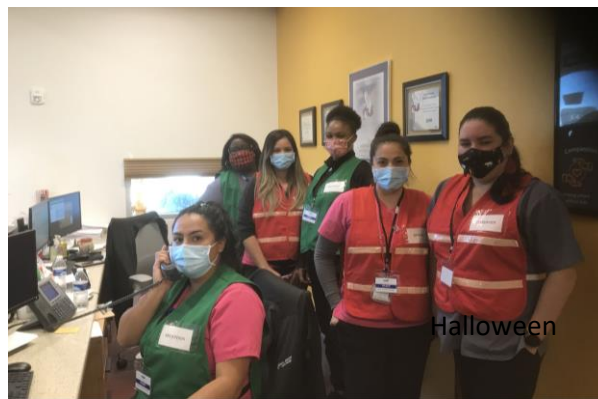
Public Health staff holding pet of person getting vaccinated



IDES Team - Mutiny



Casa Grande – Vaccinations of Homeless



Coolidge Clinic - Dec 23 Vaccinations



Coolidge Clinic - Dec 23 Vaccinations



Halloween



Thank You sign and chocolate from client and her daughter



FEMA Senior Leadership visit Florence pod



Crazy hat day day



Trusty supply deliveries by Oscar



Public Health RNs COVID-19 testing



Training U.S. Forestry FEMA vaccination team



Mitigation Strategies...Formal Measurement of 6 feet distancing in Board Room

Many thank you notes kept the team going...

"We thank the entire Pinal County Health Department...we were also able to experience the commitment and dedication of all Public Health Department professionals. Everyone was friendly and always willing to train us and help us in what was possible. Everyone went up and beyond to keep us safe, healthy, fed, and happy here. We will never forget them, and we will always remember the heroic work they do for the residents of this community. I finish my mission in Arizona and return home...but here I leave part of my heart...many blessings to all."

*Glorimar Reyes Soto, Crew Lead
FFMA Admin Team*



Thank YOU



There are hundreds of individuals, local, state and federal partners to thank this past year. The footprints you left here will always remind us you are part of our Pinal Public Health family. Our sincerest thanks to each one of you.





**PINAL COUNTY
PUBLIC HEALTH**

**Pinal County
Public Health Services District
Annual Report**

July 1, 2020-June 30, 2021

Resilience in A Pandemic

*Thank you to
Pinal County Leadership...
for your unwavering
support during this
challenging year.*



Leo Lew, County Manager



Himanshu Patel, Deputy County Manager



MaryEllen Sheppard, Interim Deputy County Manager

Pinal County Public Health Services District Medical & Leadership Team



Tascha Spears, *Ph.D., M.Sc., RN, SANE-A, SANE-P*
Director



Marguerite Galindo, DNP, FNP, SANE-A
Medical Director



J Burr Ross, MD
Tuberculosis Officer &
Family Planning Program



Mary Clements
Central Appointment Desk
and "On The Go Transportation"



Genevieve Ennis
Central Support & Accounting



Tiffany Kirby, MSN RN
Medical Forensic Services



Carey Lennon, ND, WHNP-BC
Clinics (Interim)



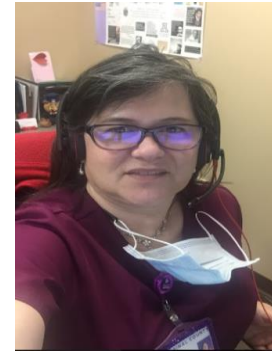
Merissa Mendoza MPA, RDN, IBCLC
Nutrition and Vital Records



Kore Redden, MPH, EMCT-P
Emergency Preparedness and
Response



Christopher Reimus, MS, RS
CPM, DAAS
Environmental Health



Mariana Singletary, MD, MPH,
MBA, Infectious Diseases
Epidemiology Surveillance



Jan Vidimos
Community Health and Education

Timeline of Significant COVID-19 Events

The Months Preceding the 2020-2021 Pinal County Fiscal Year:

Late December 2019, a pneumonia cluster of 44 patients, reported by Chinese authorities, was subsequently identified as SARS-CoV-2, the novel coronavirus that causes COVID-19

January 21, 2020 the U.S. identified its first case of the new coronavirus, a man in his 30's who had been in Wuhan, China.

January 26, 2020 Arizona identified the first COVID-19 case in Maricopa County

January 30, 2020 the World Health Organization (WHO) declared a global health emergency

February 11, 2020 the WHO named the new disease COVID-19 and throughout February the symptoms of mild to moderate illness are described

February 26, 2020 the U.S. Centers for Disease Control (CDC) confirms the first suspected transmission in the United States not tied to any travelers

March 3, 2020 the CDC advises anyone can be tested for the virus without restrictions. Until this date, only those who had traveled to an outbreak area or those who had close contact with persons diagnosed with COVID could get tested

March 6, 2020, the first confirmed case of COVID-19 was identified in Pinal County. Because the patient had not traveled anywhere that COVID-19 was known to be widely spread, Pinal County Public Health treated this as its first instance of community spread.

March 6, 2020, the Pinal County Public Health Incident Command Center (ICC) was fully activated

March 11, 2020 Governor Ducey declared a public health emergency establishing Arizona Department of Health Services (ADHS) as the entity responsible for coordinating all matters pertaining to the public health emergency response for the state of Arizona.

March 20, 2020 Pinal County Board of Supervisors declared a public health emergency which also allowed for emergency procurement of goods and services

April 4, 2020 the first confirmed COVID-19 death in Pinal County

April 10, 2020 CDC posts in the Morbidity and Mortality weekly report that there can be pre-symptomatic transmission of SARS-CoV-2

June 29, 2020 Executive Order delays start of in-person classes with alternatives being distance learning and eventually, a hybrid learning alternative; Onsite support services must still be in place at schools

In the short period between March 4, 2020 and June 20, 2020, there were 5,877 cases of COVID-19 reported to Public Health, requiring a comprehensive response. A worried public flooded public health phone lines and social messaging, as national and global media coverage reflected the severity of the disease including multiple COVID-19 related deaths.

Significant COVID-19 Events

FY 2020-2021

July 2020

- New Public Health Director and Medical Director join Pinal Public Health team
- Infectious Diseases/Epi Surveillance Division expanded to include 3 more team members
- The peak of the first wave of COVID-19 in Pinal was during the 3 first weeks of July with more than 1000 confirmed cases per week. Reports went up to 1400 cases per week.
- Executive order for ADHS to develop public health benchmarks for safe return of in-person classroom instruction; Also pausing businesses re-opening through the end of July

August 2020

- Aug 10th ADHS announces a dashboard with specific color coded benchmarks for businesses and requirements and attestations for businesses to re-open
- Latter part of August, public health received competitive funding award of 1 million dollars for COVID-19 testing and 1.6 million for outsourcing case investigations
- Schools begin to identify more positive COVID-19 cases ; Public Health holds regular virtual conferences with school leadership

September 2020

- Sept 15th COVID-19 testing sites open in Florence and Casa Grande offering testing 6 days per week with evening hours
- U of A Academic Health Dept. initiates Partnership to develop Pinal's COVID educational materials
- ADHS publishes Isolation vs quarantine guidance for families on their school site
- The impact of mass COVID testing in correctional facilities was identified
- ADHS and local health departments pre-planning for COVID-19 vaccinations

October 2020

- Beginning of acceleration phase of second wave
- Large events in Pinal such as the upcoming Renaissance Fair and Country Thunder are canceled
- First school in Pinal is closed to onsite learning due to multiple students and staff in quarantine due to exposures
- More student athletes test positive for COVID-19 increasing the school outbreaks
- Community partner U of A SAFER program begins assisting with case investigations

November 2020

- Registry nurses are not available to help Public Health given the shortage of nurses throughout the nation
- County management requests IDHS team to complete onsite visits to county departments to offer guidance on COVID in the workplace
- FDA give EUA for Bamlanivimab monoclonal antibody outpatient treatment for mild to moderate COVID; Pinal receives 60 doses
- Educational Video developed in partnership with Latina Familia Initiative
- All Pinal school benchmarks are in the "red" or "yellow" alert with none in the acceptable range for "onsite learning"

December 2020

- *ADHS develops onsite learning and services waiver process for schools; multiple Pinal schools apply
- * First case of Multi-system Inflammatory Disorder from COVID-19 in Pinal County
- * CDC posts guidance on shortened quarantine periods
- ADHA hosts local allocator readiness and 14 Pinal community providers completed the ADHS onboarding tool to administer COVID vaccines
- Executive order prohibits events of more than 50 people unless in unincorporated areas or County approves
- EUA authorization of Pfizer then Moderna COVID vaccines; COVID-19 vaccines arrive in Pinal County administered by Public Health RNs on Dec 23 at Coolidge Public Health Clinic

January 2021

- Second wave is at its peak during the 4 weeks in January with more than 3,000 cases each week
- Several school superintendents requesting waivers due to multiple students and staff quarantining;
- In addition to healthcare professionals, Pinal begins vaccinating law enforcement and other 1b essential workers, including teachers
- CDC changes guidance on priority groups to be vaccinated from healthcare and essential workers to everyone 65 and older
- After receiving 10,000 doses of vaccines in Dec. only 2,000 doses are allocated to Pinal in the second allocation; Pinal Board of Supervisors write state and federal leaders identifying vaccine shortage in Pinal

February 2021

- Frustration abounds as phone lines to schedule vaccine appointments are crashing along with internet registrations sites; Vaccine supplies are also limited
- FEMA sends team of 10 vaccinators from HHS to help Pinal vaccinate; This will be the first of several FEMA teams in Pinal, many of which are from US Forestry
- High thru-put vaccination pod set up in Florence vaccinating average of 700 per day
- Community partners also continue hosting vaccination events
- Lon-term care facilities are vaccinating through federal pharmacy program

March 2021

- Collaboration with Health plans to identify and schedule those with special needs Including those with developmental disabilities, those with physical limitations and persons medically unable to leave home for COVID vaccines
- Executive order outlining new phase of COVID-19 mitigation; business guidelines transitioning from required to recommended and occupancy limits are lifted
- Executive order that all district and charter schools shall return to in-person, teacher-lead instruction no later than March 15th

April 2021

- A number of school districts show considerable Improvement in COVID school benchmarks
- CDC recommends pause in administration of Janssen COVID vaccine due to risk of rare blood clotting disease, more frequently in women under age 50
- Although hospitals were eligible to resume elective surgeries in May 2020, Executive order now lifts previous restrictions on healthcare institutions; rescinds delaying elective surgeries to conserve PPE to treat COVID patients
- Executive order provides schools options for face coverings

May 2021

- Public Health launches comprehensive HIPAA training
- After canceling last year, PCSO hosts its annual memorial service for fallen officers, families , community
- FDA expands EUA for Pfizer COVID vaccine to include adolescents ages 12-15
- Hundreds of locations throughout the state now offer COVID-19 vaccines; each provider can now order vaccines directly through the ADHS allocator tool versus having local health departments allocate

June 2021

- Homeless populations offered COVID-19 vaccines at sites in Apache Junction and Casa Grande
- Environmental Health had left permits open during COVID; Now re-examining which establishments are actually closed
- Over 75% of Pinal residents 65 and over have received COVID-19 vaccines and over 60% of those 55-64

Incident Command Center (ICC)

Incident Commander: Kore Redden, MPH, EMCT-P

Chief Operations Officer: Mariana Singletary, MD, MPH, MBA

- **Phase 1 Full Activation**

March 6, 2020 to September 30, 2020

(156 Operational Periods)

- **Partial Activation**

October 1, 2020 to March 5, 2021

Public Health Team Members from all Public Health Divisions were reassigned to take shifts in the ICC.

- It was “all hands-on deck.”



A tremendous collaborative effort from many county departments, including Information Technology, Facilities, Emergency Management, Human Resources, Communications and Marketing, helped public health quickly activate the ICC.

Comparative Analyses of Public Health Emergency Costs – Incident Command Center 2019-2021

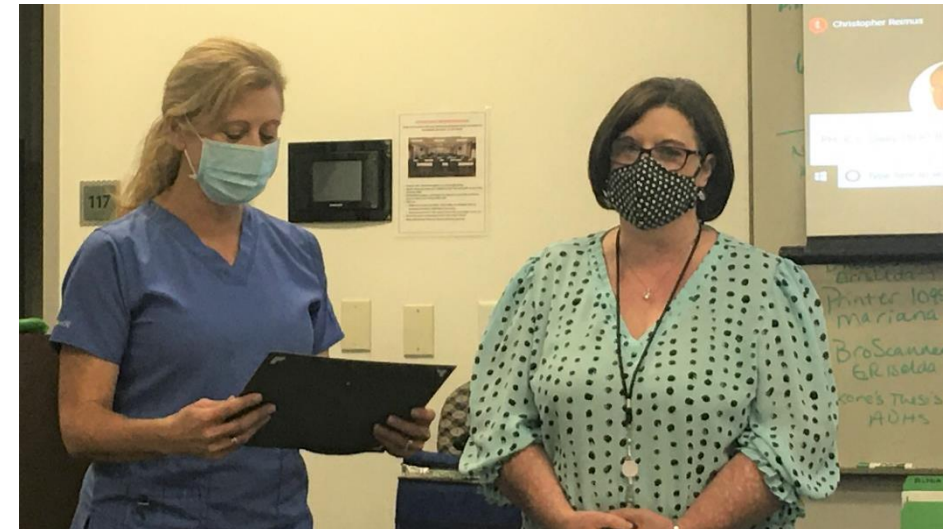
Public Health Response	# of Public Health Staff	Total Outbreak Response Costs	Cases	Deaths	Key Partners
Hepatitis A Outbreak (non-foodborne) 5/24/19-11/30/19	27	\$57,000	14	0	Pinal County Adult Detention Center
Measles Exposure 8/26/29-9/3/19	25	\$13,698	0	0	Maricopa County Public Health and Pinal County School Districts
COVID-19 3/6/20 to YTD	112 (11,325 response hours) * Limited to ICC	\$801,964 • Limited to ICC (vaccination efforts not included)	53,555	901	Multiple local, state and federal partners

ICC Full County Support

- It quickly became apparent that public health needed the support of additional personnel and resources. While many county departments had begun telework, public health remained on-site during this emergency and on-call 24/7.
- County leadership put out a call to all other departments for volunteers to work in the ICC. The Offices of the Pinal County Attorney, Pinal County Public Defender and Departments of Community Development and Information Technology (IT), along with others generously sent their staff to assist with the COVID-19 response in the Incident Command Center.



Thank you from the ICC to staff to the Office of the Public Defender, Office of the Public Defender, IT and Community Development.



Thank you from the ICC to Victim Advocate, Jacqueline Lopez of the Pinal County Attorney's Office for working 3 months in the ICC

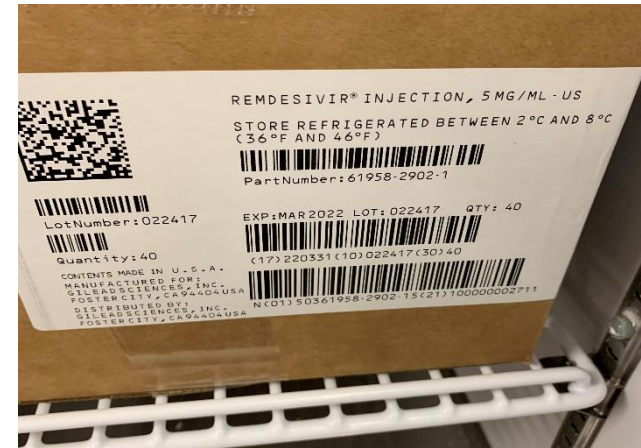
Emergency Preparedness – Selected Accomplishments

- Distribution of Personal Protective Equipment (PPE) PE Distribution from the CDC Strategic National Stockpile
- Vaccine Distribution to 49 healthcare providers in the county
- Purchased Mobile Morgue Trailer for the Medical Examiner’s Office
- Completed the Fatality Management Plan between Public Health and the Medical Examiner’s Office
- Conducted weekly and bi-weekly COVID-19 vaccine provider meetings
- Completed all other Non-COVID grant deliverables

Incident Commander, Kore Redden also served as invited:



Panelist, ADHS Vaccine Distribution Training; Operational Logistics Summit
 Panelist, DHS Annual Preparedness Community Conference
 Speaker, November 2020 Arizona Emergency Medical System Meeting
 (to discuss the Pinal County COVID-19 Vaccination Program for the region)



Receipt of, storage and distribution of Antiviral Remdesivir to hospitals in Pinal County

March 6th to YTD (not including vaccine operations)
 Response Hours: 11,325.50
 Payroll Costs: \$726,964.02
 Equipment and supplies: \$75,000

* Only ICC costs

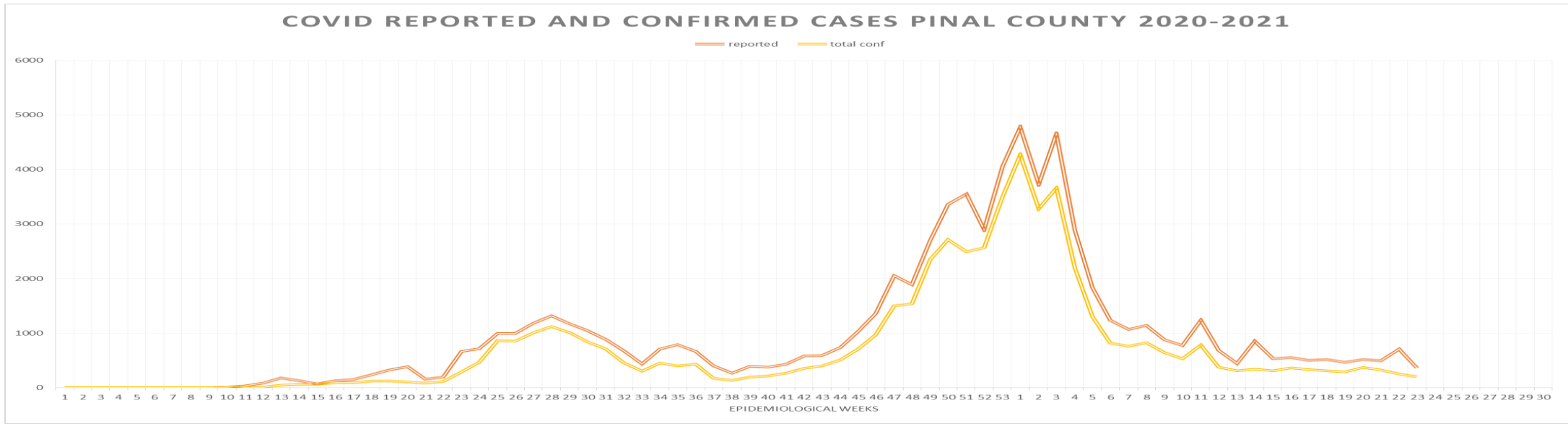


Primary Services - IDES

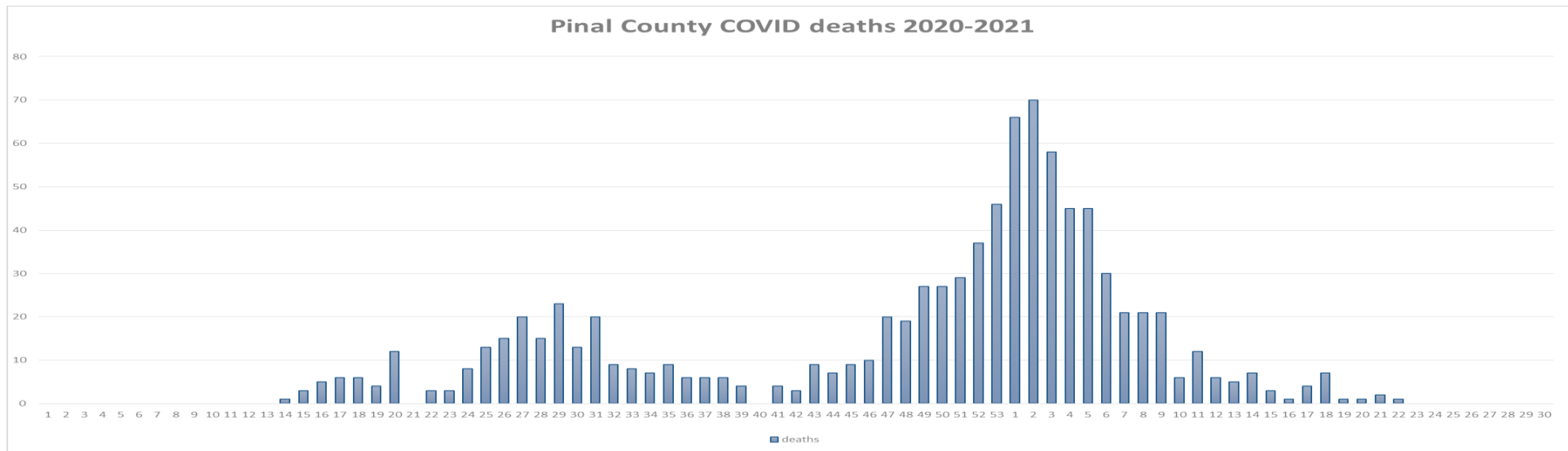
The Infectious Diseases Epidemiology Surveillance (IDES) division, provides epidemiology surveillance services for Pinal County population, including investigation and reporting of communicable diseases and outbreaks to the Arizona Department of Health Services (ADHS) under AAC R9-6-202 or 203

- Monitoring and reporting of infectious diseases of public health importance.
- Assisting with control measures to prevent spread and outbreaks of those diseases.
- Collecting and analyzing surveillance data on selected diseases being monitored
- Providing information on communicable diseases for healthcare providers, correctional facilities, the county and the general public.
- Technical assistance to schools and correctional facilities with communicable diseases control measures
- Facilitation and coordination of human samples to be tested at the Arizona Public Health State Laboratory, either as primary testing or confirmatory samples
- Education and training





Confirmed cases of COVID-19 peaked in July 2020 and December 2020 resulting in thousands of cases requiring case classifications, investigations, contact tracing, information, resources and referrals, including testing and referrals.



As of June 20, 2021 a total of 902 Pinal County residents died of COVID-19. IDES Division Manager reviewed all deaths to confirm.

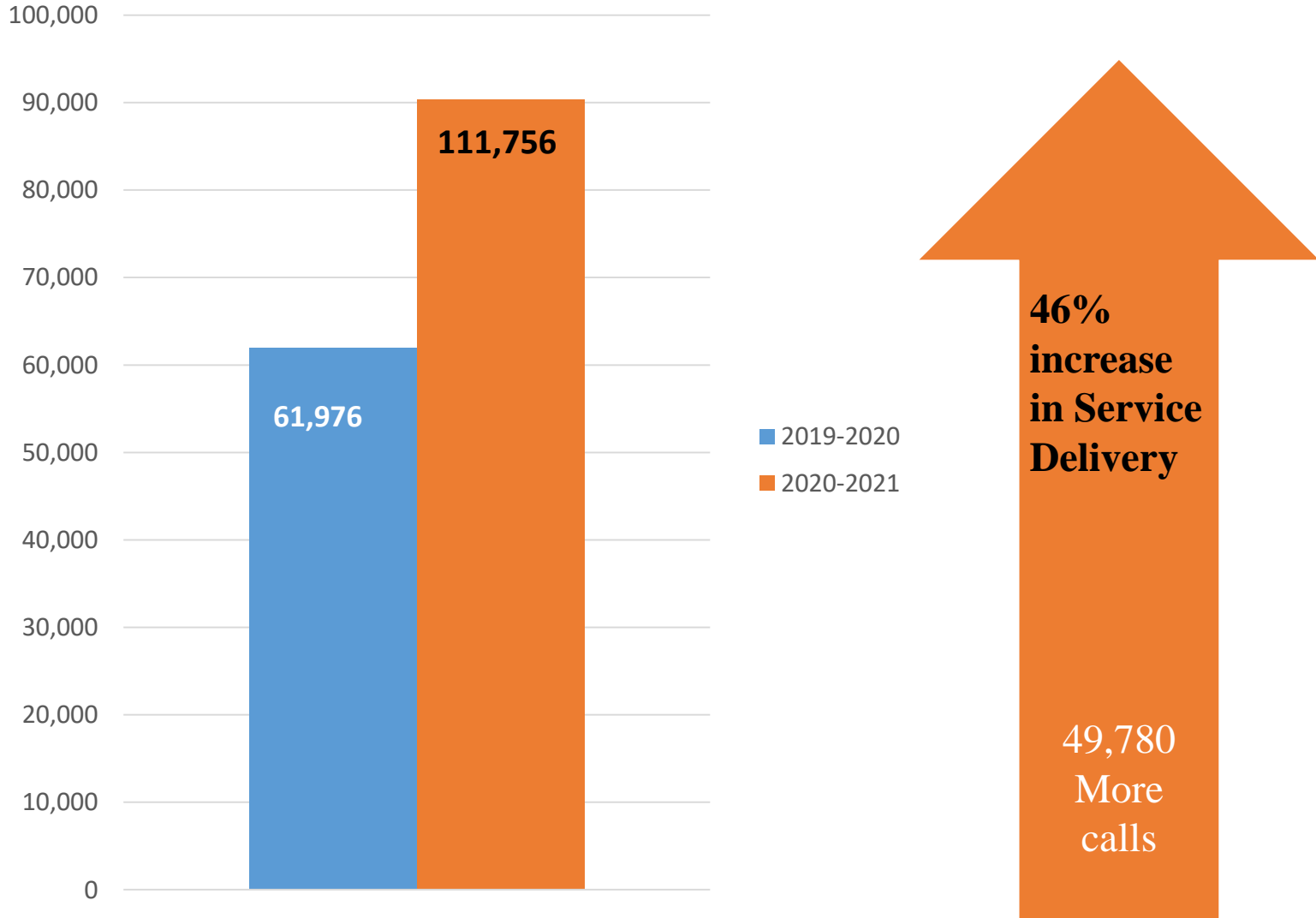
Environmental Health:

- The COVID-19 pandemic has affected Environmental Health programs in various ways. Environmental Health staff are deemed essential, so our program's activities continued.
- Field inspections occurred uninterrupted.
- **Complaint investigation occurred uninterrupted.**
- Mosquito surveillance occurred uninterrupted.
- Staff made a significant effort educating operators of permitted establishments and the public on how to help curb community spread of COVID-19.



In addition to their regular duties, Environmental Health team members participated in the COVID-19 comprehensive response, including assisting callers to the ICC, completing symptom checks and resource referrals for callers to the ICC and the public health emergency help line, weekly ICC briefings, driving COVID-19 test specimens to the State lab, and helping set up and assisting in the Florence vaccination pod.

Central Appointment Desk Calls Handled



Calls Handled Page 169



On The Go Express Transportation

- Pinal County On The Go Express Transportation program, is designed to ensure mobility through the provision of transportation to the elderly and persons with disabilities in rural Eastern Pinal County.
- Services provided by On the Go Express Transportation include transportation to medical appointments, dental appointments, vision appointments, physical therapy, grocery shopping and prescription pick up.
- On the Go Express Transportation collaborates with the Pinal County Nutrition and Wellness program for delivery of food boxes to the homebound on a monthly basis.
- Completion of Pinal County Manager & Human Resources Stay Healthy Readiness Assessment



Transportation Services were resumed within 3 weeks after initial close. Services include COVID-19 Safety Protocols.

March 2020 drivers were transitioned to the Incident Command Center for COVID-19 Specimen Transport to the State Lab in Phoenix. Drivers continued COVID -19 specimen transport March –Sept 2020

Primary Services

- Permit and Inspect Facilities
 - Food Establishments
 - Motel / Hotel
 - Public Schools
 - Mobile Home / RV Parks
 - Campgrounds
 - Public and Semi-Public Swimming Pools
- Smoke Free Arizona Education and Compliance
- Investigate Environmental Illness Reports
- Investigate Public Health Nuisance Complaints
- Investigate Illegal Dumping to Ensure Proper Waste Disposal



Vector Control with a Focus on
Vectors of Human Disease



Primary Services – Community Health

- Responsible for health promotion and prevention education activities. It encompasses seven grant funded projects and the Public Health District funded School Health Liaison program.
- Education of youth and families about healthy lifestyles, accident prevention, and available resources
- Opioid Fatality Review, Child Fatality Review, Suicide Fatality Review)In addition, Community Health strives to reduce opioid misuse and overdoses, and works to create policy, systems, and environmental changes that lead to healthier communities.
- Communicable disease surveillance – partnerships with school nurses and health aides.
- Teen Pregnancy Prevention education
- Promotes school disaster preparedness planning training to school Administrators.

During the majority of 2020-2021, Community Health staff were reassigned to assist with COVID 19 activities, answering phones in the ICC, completing symptom checklists with callers, contact tracing, participating in school coordination calls when COVID-19 cases were Identified in schools, delivering cloth masks to schools, and assisting in the COVID-19 vaccination pods.

Meeting the community where they are at:

In the 2019-20 school year, the School Health Liaison (SHL) Program provided direct classroom education to **12,582 youth**. With onsite learning in many schools closed due to COVID, that number decreased to 1,781 youth in 2020-21.



Left to right: Naomi Murrietta, Annette Jones, Sue Damiata, Ana Gonzalez

Focus shifted to helping families obtain basic needs...



Melissa Zazueta helping at a food bank distribution

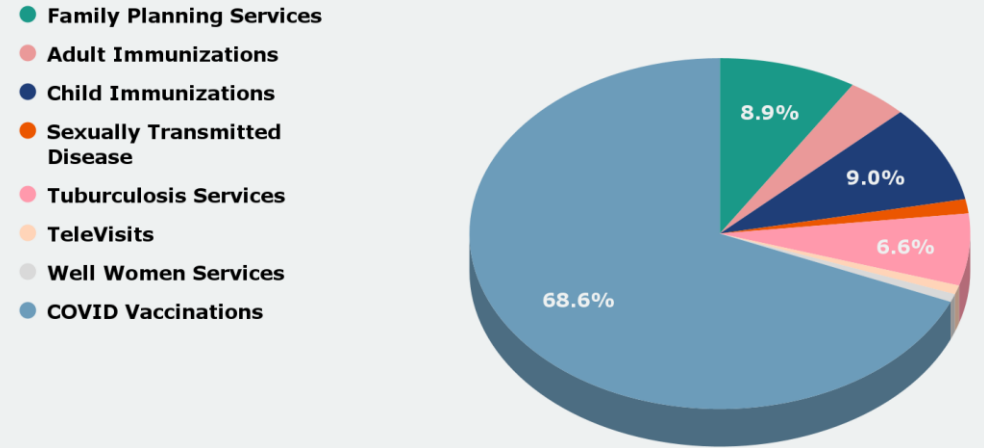
One of the first schools in the state to identify a COVID-19 positive student was in Pinal County. School Health liaisons served in a school-based call center for worried parents

Clinics - Shifting to Support Administration of COVID-19 Vaccinations

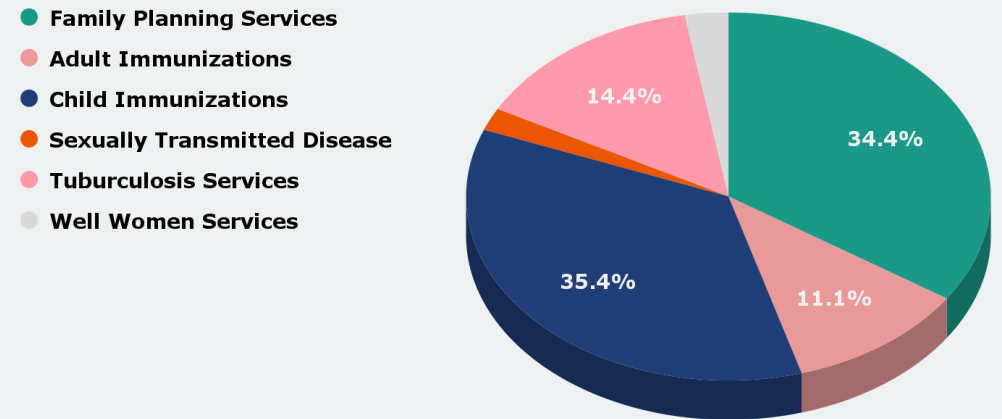
Beginning February 2021

- Family Planning and Well Woman visits were scaled back to high priority appointments only and both in-person and telehealth visits were provided three days a week.
- Non-COVID immunization appointments were limited and shifted from walk-in to by appointment scheduling to ensure the safety of all patients and staff
- TB skin tests were not performed during this time
- All clinics resumed regular services on 04/05/2021, approximately 14.5 weeks after receiving our first doses of the Moderna COVID-19 vaccines.
- Clinic Leadership was an integral part of the Pinal County Vaccine Planning Team working with all community stakeholders

PCHSD Clinical Services July 1, 2020 to June 15, 2021



PCPHSD Clinical Services July 1, 2019 to June 15, 2020



Coolidge Public Health Clinic POD

(Between December 23, 2020 and January 2, 2021)

* Based on CDC recommended early vaccination groups, vaccinated healthcare and emergency responders and during the second week opened up to essential workers, including school personnel and 75 and older population

- Doses administered on Christmas Eve and New Year's Eve

- Operated on Saturdays

- 10-hour operation; 12-hour days for staff

* 1036 doses administered in 8 days (2 of these days were ½ days—holiday Eve's)



Florence Library POD between February 9th and April 2nd

- 4 months, 27 days, 14,554 doses of COVID-19 vaccine administered with some days over 700 doses administered
- 5 Public Health Clinics were averaging administration of 200 doses of COVID-19 vaccine per day while the Florence POD was in operation

Best practices:

- Soft starts ensured for a smooth operation
- Worked under a unified command structure with Florence PD
- Safety and security briefings daily
- All vaccinators completed training prior to POD assignment
- Specific days were devoted to the Developmentally Disabled populations, including those with physical limitations requiring more time and assistance for appointments

Emphasis was on education and informed consent 20

VACCINE PODS:

Over 11,000 hours and counting...

WIC & Vital Records

Selected Accomplishments

Birth Certificates: 6,468

Death Certificates: 12,540

- All vital records staff were cross-trained this year on birth and death certificate issuance to increase responsiveness to client requests.

Breastfeeding Peer Counseling contacts: 993

- An increase 247 from last year, related to continued growth of the BFPC program.

CSFP clients served: 3,558

WIC Clients served: 96,489

Comprehensive HIPAA policy development, updates and training of all public health staff



Breastfeeding Education boards created by the WIC staff to celebrate World Breastfeeding Week 2020



WIC staff providing food boxes

Medical Forensics: Selected Accomplishments

Forensic Nurses were the first Pinal nurses to collect swabs for COVID-19 from persons at home with COVID-like symptoms.

Medical forensic exams for children and adults with concerns of violence continued on a 24/7 call out basis throughout the Pandemic.

A total of 226 exams were completed.



**AZ200B
Arizona Sex Assault Kit**

FORENSIC EXAMINER OR PHYSICIAN
COMPLETE THE FOLLOWING.

Investigating Agency: _____
Patient Name: _____
Date/Time of Assault: _____
Exam Facility: _____
Investigating Officer: _____

Check all items that are collected: VAINA KIT

CHAIN OF CUSTODY

FROM NAME	TO NAME	DATE	TIME



Erin Forney,
BSN, RN-BC



Sarah Neal,
BSN, RN, SANE-A, SANE-P

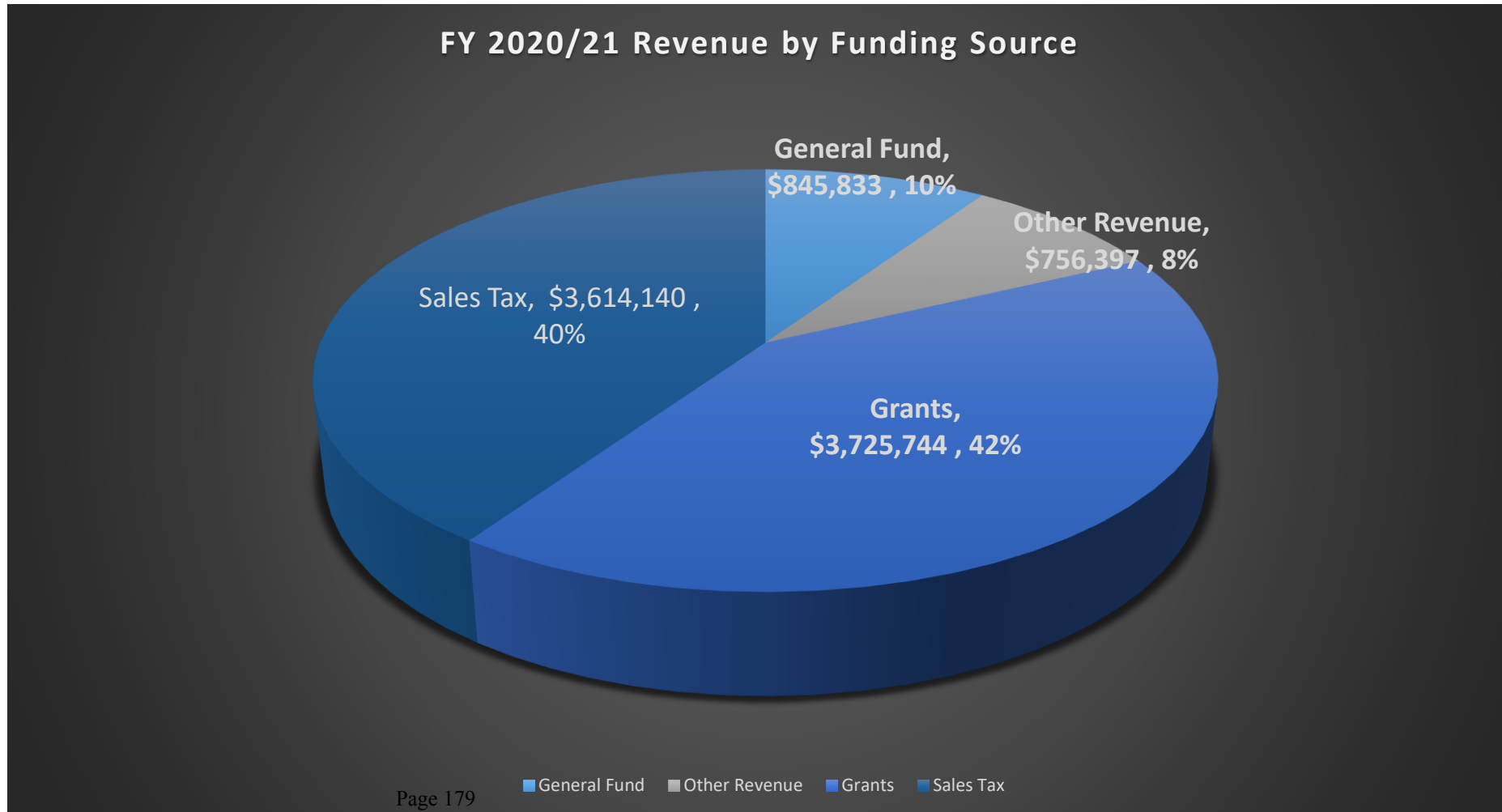


Public Health FY 2020/21 Budget vs. Expenditures

	Budget	Expenses
Personnel Services	\$7,141,464	\$6,217,968
Employee Related Expenses	\$2,579,575	\$2,111,456
Professional & Outside Services	\$2,957,159	\$2,436,064
Travel Expenses	\$133,962	\$47,202
Other Operating	\$1,201,008	\$1,292,534
Capital	\$225,000	\$100,962
Leases & Rentals	\$215,694	\$246,752
Debt Service	\$502,354	\$350,914
Indirect	\$267,931	\$169,378
Total	\$15,224,147	\$12,973,230



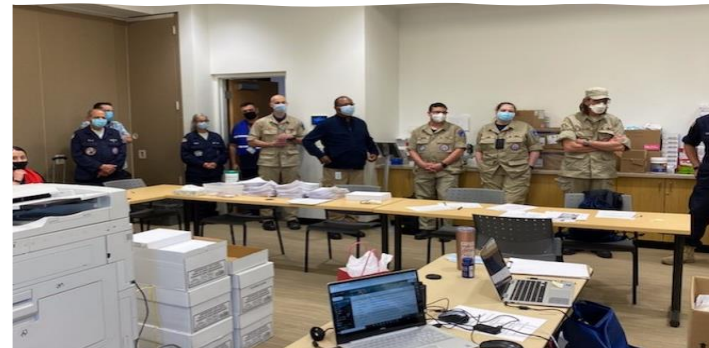
Public Health FY 2020/21 Revenue by Funding Source



Thank YOU



There are hundreds of individuals, local, state and federal partners to thank this past year. The footprints you left here will always remind us you are part of our Pinal Public Health family. Our sincerest thanks to each one of you.





PINAL COUNTY

WIDE OPEN OPPORTUNITY

AGENDA ITEM

August 4, 2021 ADMINISTRATION BUILDING A
FLORENCE, ARIZONA

REQUESTED BY:

Funds #:

Dept. #:

Dept. Name:

Director:

BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:

Meeting Notice of Posting

BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:

BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:

MOTION:

History	Who	Approval
Time		

ATTACHMENTS:

Click to download
<input type="checkbox"/> Notice of Posting



PINAL COUNTY
WIDE OPEN OPPORTUNITY

MEETING NOTICE OF POSTING

STATE OF ARIZONA

COUNTY OF PINAL

I, Natasha Kennedy, being duly sworn upon her oath, says as follows:

I am the appointed Clerk of the Pinal County Board of Supervisors.

In my position as Clerk of the Board of Supervisors and Board of Directors, I am responsible for posting all Agendas.

Pursuant to A.R.S. 38-431.02 notice is hereby given that the Pinal County Board of Supervisors and Pinal County Board of Directors will hold a Regular meeting on **Wednesday, August 4, 2021 at 9:30 a.m.** in the Board Hearing Room, 1891 Historic Courthouse, Administrative Complex, located at 135 N. Pinal Street, Florence, Arizona 85132.

Board Meetings are broadcasted live and the public may access the meeting at <https://www.pinalcountyz.gov/bos/Pages/LiveStreaming.aspx>

Board Agendas are available at <https://pinal.novusagenda.com/AgendaPublic/>


At any time during business hours, citizens may reach the Clerk of the Board Office at (520) 866-6068 or via email at ClerkoftheBoard@pinal.gov for information about Board meeting participation.

Note: One or more members of the Board may participate in this meeting by telephonic conference call.

I hereby further certify that I caused to be posted this Friday, July 30, 2021, around 11:00 AM the Regular Agenda, Flood Control District Agenda, Public Health Services District Agenda, and Executive Session at the following locations:

1. A kiosk located outside the front entrance to The Old Historical Courthouse, Administrative Complex Building, 135 North Pinal Street, Florence, Arizona 85132
2. County website under Meetings located at www.pinal.gov
3. Emailed the NOVUS Agenda Distribution List and Clerk of the Board Notification Distribution List

WITNESS my official signature and corporate seal of Pinal County, Arizona this 30th day of July, 2021.



Natasha Kennedy
 Clerk of the Board
 Board of Supervisors of Pinal County, Arizona



CLERK OF THE BOARD OF SUPERVISORS

1891 Historic Courthouse | 135 North Pinal Street | P.O. Box 827 | Florence, AZ 85132 | T: 520-866-6068
www.pinal.gov