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# MEMORANDUM

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Date: December 11, 2014

To: Jan Leshar  
Deputy County Administrator for  
Medical and Health Services

From: Danna Whiting, M.S.  
Behavioral Health Administrator

Re: **Board of Supervisors Meeting 12/16/2014  
Addendum  
Amendment 3, Contract with Old Pueblo Community Services, CT 14\*0128**

Pima County Behavioral Health was **initially awarded a grant in October 2011** from the Department of Justice under the Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders. We subsequently contracted with Old Pueblo Community Services (OPCS) to implement the program and coordinate program services.

In late September 2014, due to the success of the grant program during the prior grant period using OPCS, Pima County Behavioral Health was **awarded a second grant by the same grantor for the same program services, for an additional two-year cycle** effective October 2014. The award needed to be accepted by the BOS before we could develop a contract with OPCS for implementation of the program, which the BOS did on October 14. We initially created a new contract with OPCS to implement the program funded by the second award. However, Procurement informed us that rather than seek "sole source" status for OPCS, since **the grantor, the grant program, and the scope of services was largely the same as had been provided by OPCS during the prior grant cycle**, the best course of action would be to simply extend the prior contract with OPCS for the new grant cycle. **Therefore, while OPCS is ramping up to provide services under the new grant, this extension of the previous contract period is necessary back to the previous expiration date (September 30, 2014) to ensure the contract term is continuous.**

This Amendment #3 is to extend the term and add funds from the second grant to the contract under which OPCS implements the grant program, providing services to inmates before and after their release from jail. The scope of work for the second award cycle includes enhancements to the previous successful model to increase effectiveness and collaboration:

- The addition of pre-release services at the main jail (rather than just at Mission), focusing on the mental health pods.
- A new community intensive outpatient treatment phase.
- Adding trauma assessment and treatment to the evidence based practices offered.
- Increase the integration between the Superior Court's probation work and OPCS.
- Collaboration between the Superior Court, the Sheriff's Department, Pima County Behavioral Health, OPCS and Pima Prevention Partnership to measure recidivism of the target population.

DEC 11 14 PM 00:02 PC CLK OF PD



Contract number: CT-OMS-14 \* 128  
 Effective Date: 10-1-2014  
 Term Date: 12-31-2016  
 Cost: 580,309.-  
 Revenue: \_\_\_\_\_  
 Total: \_\_\_\_\_ NTE: \_\_\_\_\_  
 Action: \_\_\_\_\_  
 Renewal By: 10-1-2016  
 Term: 12-31-2016  
 Reviewed by: [Signature]

**BOARD OF SUPERVISORS AGENDA ITEM SUMMARY**

Requested Board Meeting Date: December 16, 2014

**ITEM SUMMARY, JUSTIFICATION &/or SPECIAL CONSIDERATIONS:**

This amendment to the contract with Old Pueblo Community Services, a not for profit organization, is to continue implementation of a program according to the requirements and specifications called for in the proposal titled "The Inside Out Recovery Partnership" submitted to the Bureau of Justice Assistance / Office of Justice Programs on March 17, 2014 and the Award Letter from the Office of Justice Programs dated September 23, 2014 that was executed by the Board of Supervisors on October 14, 2014.

The two-year extension of the grant funded project will offer a continuum of care from incarceration to reentry, expanding substance abuse and mental health treatment for 175 female and male inmates at the Pima County Adult Detention Center (PCADC). The planning team that worked on the grant proposal, which included representatives from the Superior Court, Pima County Behavioral Health, and OPCS agreed on several changes to the program as implemented under the first grant (IORP I). The revised program (IORP II) is designed to target clients that are higher risk, increase the percent of clients that complete the program, and improve recidivism data collection. Compared to IORP I, IORP II will provide services in the mental health pods at the main jail in addition to at the Minimum Security Facility (Mission), offer more intensive outpatient treatment services upon release from the jail and add trauma assessment and treatment. As with IORP I, the program will implement specialized probation services with transitional housing, physical and mental health services, job training, education and recovery support upon release.

Procure Dept 12/05/14 11:02A

CONTRACT NUMBER (If applicable): CT 14\*0128 (OMS) / 12\*1945 (IH)

**STAFF RECOMMENDATION(S): Approval**

CORPORATE HEADQUARTERS: Tucson, AZ

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To: CHH - 12-5-14  
 COB - 12-5-14  
 Agenda 12-16-14  
 Addendum (2)

CLERK OF BOARD USE ONLY: BOS MTG. \_\_\_\_\_

ITEM NO. \_\_\_\_\_

PIMA COUNTY COST: \$580,309 and/or REVENUE TO PIMA COUNTY:\$

FUNDING SOURCE(S): federal grant  
(i.e. General Fund, State Grant Fund, Federal Fund, Stadium D. Fund, etc.)

**Advertised Public Hearing:**

|  |  |     |   |    |
|--|--|-----|---|----|
|  |  | YES | X | NO |
|--|--|-----|---|----|

**Board of Supervisors District:**

|   |  |   |  |   |  |   |  |   |  |     |   |
|---|--|---|--|---|--|---|--|---|--|-----|---|
| 1 |  | 2 |  | 3 |  | 4 |  | 5 |  | All | X |
|---|--|---|--|---|--|---|--|---|--|-----|---|

**IMPACT:**

**IF APPROVED:**

County will be able to implement the terms of a second federal grant from the Office of Justice Programs according to the proposal submitted.

**IF DENIED:**

County will not be able to fulfill their obligations for the grant funds from the Office of Justice Programs and the IORP program will have to be closed.

DEPARTMENT NAME: Office of Medical Services (Behavioral Health)

CONTACT PERSON: Sharon Grant TELEPHONE NO.: 724-7842



submitted to the Bureau of Justice Assistance / Office of Justice Programs on June 3, 2011 and the Award Letter from the Office of Justice Programs dated September 13, 2011 that was executed by the Board of Supervisors on October 11, 2011. These documents are incorporated into the Contract the same as if set forth in full herein.

To: This Contract establishes the agreement under which the CONTRACTOR will provide COUNTY with products and services in accordance with the attached **EXHIBIT A: SCOPE OF SERVICES** – effective Oct. 1, 2014 (one page), **EXHIBIT C: IORP PROPOSAL** (74 pages) and **EXHIBIT D: NOTICE OF AWARD** (13 pages).

CONTRACTOR shall provide, or cause to be provided, to COUNTY the goods and services as defined in this Contract. All goods and services shall comply with the requirements and specifications as called for in the following documents:

- The proposal titled "*The Inside Out Recovery Partnership*" submitted to the Bureau of Justice Assistance / Office of Justice Programs on June 3, 2011;
- The Notice of Award from the Office of Justice Programs dated September 13, 2011 that was executed by the Board of Supervisors on October 11, 2011;
- The proposal titled "*Inside Out Recovery Partnership*" submitted to the Bureau of Justice Assistance / Office of Justice Programs on March 17, 2014 (**Exhibit C**); and
- The Notice of Award from the Office of Justice Programs dated September 23, 2014 that was executed by the Board of Supervisors on October 14, 2014 (**Exhibit D**).

These documents are incorporated into the Contract the same as if set forth in full herein.

**CHANGE: ARTICLE III – COMPENSATION AND PAYMENT:**

From: "In consideration for the goods and services specified in this Contract, the COUNTY agrees to pay CONTRACTOR in an amount not to exceed five hundred seventy-nine thousand one hundred fifty dollars (\$579,150). Pricing for work or products/materials will be as set forth in **Exhibit B: Pricing and Compensation** (five pages)."

CONTRACTOR shall provide detailed documentation as detailed in **Exhibit B: Pricing and Compensation** in support of requested payment. Payment requests shall assign all costs to items identified by **Exhibit B**.

It is the intention of both parties that pricing shall remain firm during the term of the contract.

CONTRACTOR shall not provide goods and services in excess of those specified in **Exhibit A** without prior authorization by an amendment executed by COUNTY. Goods and Services provided in excess of Line Item or Contract Total Amounts without prior authorization by fully executed amendment will be at CONTRACTOR'S own risk.

For the period of record retention required under Article XXI, COUNTY reserves the right to question any payment made under this Article and to require reimbursement therefore by setoff or otherwise for payments determined to be improper or contrary to the contract or law.

CONTRACTOR shall not incur any expenses or provide any program services under this Contract after June 30, 2014, the final date of grant funding.

To: In consideration for the goods and services specified in this Contract, the COUNTY agrees to pay CONTRACTOR in an amount not to exceed one million one hundred fifty-nine thousand four hundred fifty nine dollars (\$1,159,459). Pricing for work or products/materials will be as set forth in **EXHIBIT B: PRICING AND COMPENSATION** – effective Oct. 1, 2014 (one page).

CONTRACTOR shall provide detailed documentation as detailed in **EXHIBIT B: PRICING AND COMPENSATION** – effective Oct. 1, 2014 in support of requested payment. Payment requests shall assign all costs to items identified by **EXHIBIT B** – effective October 1, 2014.

It is the intention of both parties that pricing shall remain firm during the term of the contract.

CONTRACTOR shall not provide goods and services in excess of those specified in **EXHIBIT A: SCOPE OF SERVICES** – effective Oct. 1, 2014 without prior authorization by an amendment executed by COUNTY. Goods and Services provided in excess of Line Item or Contract Total Amounts without prior authorization by fully executed amendment will be at CONTRACTOR's own risk.

For the period of record retention required under Article XXI, COUNTY reserves the right to question any payment made under this Article and to require reimbursement therefore by setoff or otherwise for payments determined to be improper or contrary to the contract or law.

CONTRACTOR shall not incur any expenses or provide any program services under this Contract after September 30, 2016, unless the term of the grant and contract are extended.

**REPLACE:** THE FOLLOWING EXHIBITS:

EXHIBIT A: SCOPE OF SERVICES (34 pages)  
EXHIBIT B: PRICING AND COMPENSATION (5 pages)

**WITH:** THE FOLLOWING EXHIBITS ATTACHED HERETO:

EXHIBIT A: SCOPE OF SERVICES – effective October 1, 2014  
EXHIBIT B: PRICING AND COMPENSATION - effective October 1, 2014

**ADD:** THE FOLLOWING EXHIBITS:

EXHIBIT C: IORP PROPOSAL – submitted March 17, 2014  
EXHIBIT D: NOTICE OF AWARD – dated September 23, 2014

The effective date of this Amendment shall be October 1, 2014.

All other provisions of the Contract, not specifically changed by this Amendment, shall remain in effect and be binding upon the parties.

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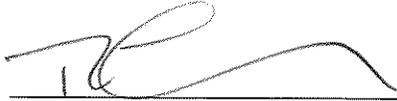
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IN WITNESS THEREOF, the parties have affixed their signatures to this Amendment on the dates written below.

**PIMA COUNTY**

**CONTRACTOR**

\_\_\_\_\_  
Chair, Board of Supervisors

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thomas Litwicki, CEO  
\_\_\_\_\_  
Name and Title (Please Print)

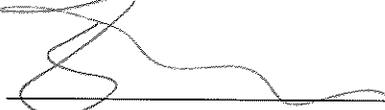
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\_\_\_\_\_  
Date

**ATTEST**

\_\_\_\_\_  
Clerk of Board

\_\_\_\_\_  
Date

**APPROVED AS TO FORM:**

  
\_\_\_\_\_

Deputy County Attorney  
**JONATHAN PINKNEY-BAIRD**

11/26/14  
\_\_\_\_\_  
Date

**APPROVED AS TO CONTENT:**

Danna Whiting  
\_\_\_\_\_

Office of Medical Services

12-1-14  
\_\_\_\_\_  
Date

## EXHIBIT A: SCOPE OF SERVICES – effective Oct. 1, 2014

The **Inside Out Recovery Partnership (IORP)** provides expanded assessment and treatment for inmates with mental health disorders, substance abuse disorders, or those with dual diagnoses (with priority for dual diagnoses) while in custody and implements specialized probation services with transitional housing, physical and mental health services, education and recovery support needs upon release. Under the first award from the Bureau of Justice Assistance / Office of Justice Programs (BJA/OJP), the project (referred to as IORP I) provided a continuum of care from incarceration to reentry, expanding substance abuse and mental health treatment for 175 female and male inmates at the Pima County Adult Detention Center (PCADC). Services for inmates/former inmates were provided under IORP I from March 2012 to June 2014. IORP was designed and implemented by lead agency Old Pueblo Community Services (OPCS). Further information about IORP I can be found in **Attachments A.1, A.2, A.3, A.4, B.1 and B.2** taken from the proposal to the BJA/OJP that was submitted on June 3, 2011.

Under Pima County's second grant through the *Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders*, administered by BJA/OJP, the Inside Out Recovery Partnership (IORP II) will continue the successful program begun under the COUNTY's first grant from this funding stream. The planning team that worked on the proposal in **Exhibit C**, which included representatives from the Superior Court, Pima County Behavioral Health, and OPCS agreed on several changes to the program designed to target clients that are higher risk, increase the percent of clients that complete the program, and improve recidivism data collection. IORP II will focus solely on clients with co-occurring mental health and substance abuse disorders, add services in the mental health pods at the main jail in addition to services in the Minimum Security Facility (Mission), offer more intensive outpatient treatment services upon release from the jail and add trauma assessment and treatment. As with IORP I, the program will implement specialized probation services with transitional housing, physical and mental health services, job training, education and recovery support upon release. The two-year project will offer a continuum of care from incarceration to reentry, expanding substance abuse and mental health treatment for 175 female and male inmates at the Pima County Adult Detention Center (PCADC).

Upon completion of the IORP program, participants will achieve significant gains in (1) reduction in alcohol/drug use (60% of those released to supportive transitional housing will test negative for drug and/or alcohol usage for the duration of their stay in the post-release program (3 – 6 months); (2) lowered criminality (60% of IORP graduates will have not be arrested for a new offense within 12 months of release from incarceration and 60% will report reduced criminal thinking at the end of participation in the program); (3) increased economic self-sufficiency (50% will have obtained employment prior to graduation from IORP); and (4) housing stabilization (70% will obtain stable housing upon program completion).

In IORP II, a total of 300 hours of services are planned for high risk offenders and 200 hours of services for moderate risk offenders. These services will be provided in four phases: (1) pre-release, focusing on forming relationships and individualized release planning; (2) intensive outpatient treatment in OPCS housing and facilities; (3) transition to community, adding employment and training services; and (4) ongoing support to program graduates through peer services and social events.

The IORP II objectives, methodology and deliverables are described in detail in the Pima County proposal titled "The Inside Out Recovery Partnership" submitted to the Bureau of Justice Assistance / Office of Justice Programs and included here as **Exhibit C**.

## **EXHIBIT B: PRICING AND COMPENSATION – effective October 1, 2014**

CONTRACTOR shall invoice and COUNTY shall reimburse CONTRACTOR for services provided under this Contract up to the not-to-exceed amount of one million one hundred fifty nine thousand four hundred fifty nine dollars (\$1,159,459). Expenses to be reimbursed must meet the following criteria:

- Be budgeted in the line items in **ATTACHMENT B.2** for IORP I or **ATTACHMENT K**, Budget and Budget Narrative, of the Inside Out Recovery Partnership proposal (**EXHIBIT C**) for IORP II, and in line with the IORP program as approved by the Bureau of Justice Assistance;
- Be allowable per the Office of Management and Budget (OMB) circulars and other federal regulations as described in the current Office of Justice Programs Financial Guide found at <http://www.ojp.gov/financialguide/toc.htm>;
- Expenses must not exceed 10% in any budget category over the life of the program without authorization from the COUNTY;
- Total expenses may not exceed the contracted not-to-exceed amount; and
- For IORP I, no expense shall be incurred after June 30, 2014. For IORP II, no expense shall be incurred after September 30, 2016 unless the grant period is extended. The contract term is for three months after the end of the grant period in order to allow for COUNTY and CONTRACTOR to close out the grant.

CONTRACTOR shall submit invoices and backup receipts for all expenses included in the invoice no later than 30 days after the close of the month. COUNTY's Office of Medical Services will review submitted invoices and receipts and issue payment for reimbursement of accepted expenses within 30 days from receipt of invoice from CONTRACTOR.

EXHIBIT C  
IORP PROPOSAL  
submitted March 17, 2014

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**Inside Out Recovery Partnership**

**Pima County**

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## **Inside Out Recovery Partnership (Pima County, Arizona)**

### **PROGRAM NARRATIVE**

#### **A. STATEMENT OF THE PROBLEM:**

The **Inside Out Recovery Partnership (IORP)** is a collaborative effort between the **Pima County Behavioral Health Office, Pima County Sheriff's Dept., Conmed Healthcare Management, Inc. (Conmed), Old Pueblo Community Services (OPCS) and other not for profit organizations**, with the primary objective of reducing recidivism for inmates leaving the Pima County Jail and increasing public safety in Pima County.

Pima County, Arizona spans 9,186 square miles with a population of over one million and includes the city of Tucson. Located 60 miles from the Mexican border, Tucson is the center of a High Intensity Drug Trafficking Area as informed by the U.S. Dept. of Homeland Security and a trans-shipment point for marijuana, cocaine, meth, and heroin imported from Mexico. Pima County battles a severe epidemic of meth and heroin addiction (85% of cases in Drug Court are related to heroin use) and the wide availability of illegal drugs makes it especially difficult for ex-offenders to get and stay clean. The rise of meth and heroin use is associated with a significant increase in robberies, burglaries, domestic violence and simple assaults.

Arizona's violent crime rate is 11% higher, the property crime rate is 24% higher (Uniform Crime Reporting Statistics, FBI, 2012), and the incarceration rate is 14% higher than the national average (National Institute of Corrections, 2011). In 2013, of the 3,655 felony cases filed in Pima County Superior Court, 1,048 were for drug offenses. The **Pima County Adult Detention Center (PCADC)** population averaged 2,041 inmates in 2013; 16% of the inmates were female. A recent study of the jail population indicated that there is an average of 544 individuals with co-

occurring disorders in PCADC. 20% of the inmates at PCADC have been sentenced, resulting in about 109 people at any given time eligible for this program, aside from housing constraints.

Conmed, a national healthcare provider for corrections currently provides med stabilization in the PCADC. Detainees are screened at booking and referred to the Mental Health Team if necessary. Clinical staff conduct an initial assessment and medications are prescribed and dispensed by medical staff. With the current limited treatment provided at PCADC there is a critical need to expand co-occurring treatment programs for those sentenced at PCADC as well as a need for more follow-up treatment when released from custody. Furthermore, individuals with co-occurring disorders have greater difficulty securing and maintaining employment, leading to homelessness, crime and incarceration. Those who are under-educated and less employable are at greater risk of recidivism following release from custody.

Arizona's recent expansion of the Medicaid program and the Affordable Care Act are expected to help with access to these services. See Attachment D for more information on insurance enrollment and other innovative programs at PCADC to assist with continuity of care.

The current IORP program, ending June 2014, met its goal of recruiting 175 individuals. In the current program, all participants were assessed with substance abuse or dependence; 45% had a co-occurring mental health disorder. All had been assessed with moderate to high recidivism risk using Arizona's Offender Screening Tool (OST); one-third screened as high risk. In addition, 22% were under 22 years of age at entry and 43% had less than a high school education. Of the IORP participants, 39% were women and 27% were Hispanic.

A majority of IORP participants met some or all of their goals for successful transition back into the community. 123 participants (70%) completed the pre-release in-jail program without violating minimum security rules that would send them to a higher security facility and thus

dropped from IORP. During the pre-release program, 90% reduced one or more domains of criminal thinking as measured by the Texas Christian University Criminal Thinking Scale (TCU-CT). 121 participants have graduated or been discharged from the IORP post-release community-based program: of these, 104 left with housing and 62 left with jobs. All 42 graduates met all their re-entry goals, including sobriety, housing, and employment. Available data indicate a significant reduction in recidivism for clients completing the IORP program. As of February 2014, 26% of IORP graduates have returned to jail to date (11 of 42) compared to 67% of those who left the post-release program before completing it (53 of 79). Further, 7 of the 11 program completers that returned to jail remained there less than a month, while only one-quarter (13 of 53) of non-completers stayed in jail for less than a month.

The IORP program has become invaluable to jail staff, probation and participants, all of whom have requested that the program continue. Pima County is proposing continuing IORP with a couple of significant changes that will allow us to reach a higher risk population: focusing the program in the mental health step down unit of the main jail in addition to the minimum security facility and adding an intensive outpatient treatment phase for the highest risk immediately upon release.

## **B. PROGRAM DESIGN AND IMPLEMENTATION:**

*Planning Phase:* IORP will complete a 'Planning Phase' working with BJA's technical assistance provider before beginning full implementation of the program. An implementation steering committee for the revised IORP program is already formed, comprised of a collaboration between Pima County Behavioral Health, OPCS, probation, PC Drug Court, PCADC, El Rio and HOPE. Please refer to Attachment C for a list of the program design elements that will be addressed in the Planning and Implementation Guide to be submitted.

*Implementation Phase:* The IORP program seeks to increase public safety and reduce recidivism through activities targeted to address criminal behavior impacted by co-occurring substance abuse and mental health disorders. Please refer to Attachment B for a more complete description of project goals and activities. Services will begin while inmates are incarcerated in PCADC. The target population is inmates screening as high or moderate risk who are within two months of scheduled release to the community that are housed in the mental health step down pod in PCADC (“1A”) or the Minimum Security Facility (MSF). The population in 1A averages 35-40 inmates. If an IORP participant is moved out of 1A to general population, they will be allowed to return to 1A for group sessions. The MSF averaged a daily census of 336 in 2013.

Upon release from PCADC, community-based treatment and intensive case management will be provided at the Old Pueblo Community Services Outpatient offices in Tucson. Those homeless upon release will be encouraged to reside in OPCS transitional housing. The goal is to serve 175 clients over the two-year grant period.

*Evidence-based practices:* **OPCS** proposes to use the following four evidence-based practices for the IORP. **Motivational Interviewing (MI)**, is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues, (Center for Substance Abuse Treatment TIP series, 2007). All **OPCS** clinicians and case managers are trained in **MI**. **Cognitive Behavioral Therapy**, is incorporated into multiple model programs listed on the *National Registry of Evidence-Based Programs and Practices*, and has substantial support in the literature for being effective with substance abuse disordered persons and with prisoner populations, (Center for Substance Abuse Treatment TIP series, 2007) in

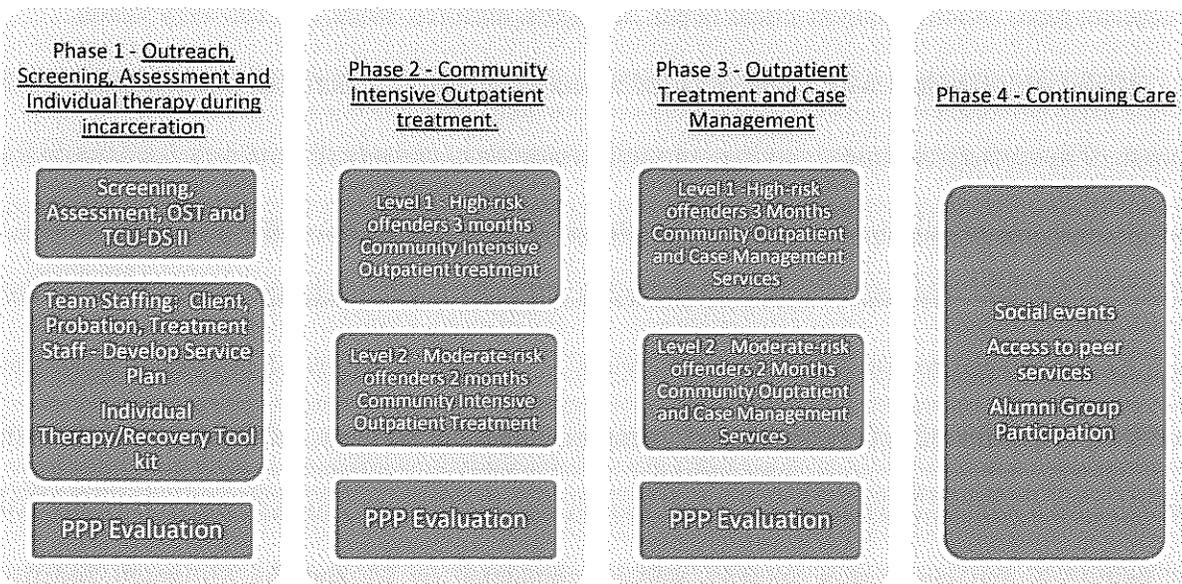
addition to those with personality disorders. Clients engaged in CBT are encouraged to conduct a functional analysis of their substance use and are taught a variety of coping skills and strategies. This therapy also addresses criminal thinking. All behavioral health licensed **OPCS** staff are trained in *Cognitive Behavioral Health* treatment. **Community Reinforcement Approach (CRA)**, is a broad-spectrum behavioral program for treating substance abuse problems that has been empirically supported with inpatients, outpatients, and homeless populations. Studies verifying its effectiveness are contained in the NIDA-sponsored treatment manual, *A Community Reinforcement Approach: Treating Cocaine Addiction*, (Budney, Higgins, Mercer & Carpenter, 1998) as well as *The Community Reinforcement Approach: A Guide developed for the Behavioral Health Recovery Management Project*, (Meyers & Squires). CRA is considered one of the most cost-effective alcohol treatment programs currently available. More than half of **OPCS** clinicians are trained in Community Reinforcement Approach.

The majority of participants that have gone through the current IORP have been found to have trauma related issues, thus, a focus on trauma interventions has been included in this revised program. **OPCS** will address trauma recovery through the integration of the **Trauma, Addiction, Mental Health, and Recovery (TAMAR)** model and the **Seeking Safety** model, both of which are listed on SAMHSA's National Center for Trauma-Informed Care (NCTIC) website (<http://www.samhsa.gov/nctic/default.asp>) TAMAR is designed for women and men with histories of trauma who are in correctional systems. Groups are run inside detention centers, in state psychiatric hospitals, and in the community. The TAMAR model is a structured 15-week intervention combining psycho-educational approaches with expressive therapies. **OPCS** will integrate TAMAR into the therapeutic support component of its residential programs. The 'younger population' tend to enjoy and become more engaged in 'expressive therapies' as an

alternative to ‘talk therapy’. *Seeking Safety*, another intervention designed to help those suffering with trauma, post-traumatic stress disorder (PTSD), and substance abuse will be used in individual therapy sessions.

The **Inside Out Recovery Partnership (IORP)** will consist of four phases, as Figure 1 demonstrates below:

**Figure 1: Phases for IORP program**



Phase I: Outreach, Screening, Assessment and Individual Therapy: **Corrections** and **Conmed** staff, along with **OPCS** behavioral health staff, will conduct outreach to inmates. Potential participants will be screened based on gender and co-occurring disorders, with priority given to *high-risk or female offenders that are experiencing or are at risk of chronic homelessness*. Assessments conducted by **OPCS** professionals are based on *two validated instruments* that are used for co-occurring and criminal justice populations: (1) the Offender Screening Tool (OST); and (2) the TCU Drug Screen II. A psychosocial core assessment is also completed. The OST objectively measures dynamic criminogenic needs most closely associated with criminal behavior: employment, education, housing, family support, victim or perpetrator of

domestic violence, criminal thinking, and negative association. The OST assessment will provide the necessary information to prioritize primary supervision and treatment resources for offenders who are at highest risk to re-offend. The psychosocial assessment is based on a structured interview of each participant's history and presenting conditions, including: psychosocial, medical, addiction, mental health, housing, risk of harm to self and others, global assessment of functioning, developmental disability, and vocational needs. Results inform the treatment plan, which considers client needs, strengths, abilities, skills, and recovery vision.

High risk offenders will be encouraged to enroll in Level 1 Services – a minimum of 1 month of in-custody treatment services, or until release from custody if remaining sentence is for longer than one month, with 3 months of community-based intensive outpatient services and 3 months outpatient services for a total of 300 hours. Offenders with moderate need and risk scores will be encouraged to enroll in Level 2 Services – 1 month or longer of in-custody treatment services, 2 months of community-based intensive outpatient services and 2 months outpatient services for a total of 200 hours. Individual therapy and the Recovery toolkit, which is comprised of individual and group peer support, will be conducted in 1A and the Minimum Security Facility by **HOPE's** Second Chance Navigator (for those SMI) and **OPCS'** therapist (for non-SMI). The IORP program will require urinalysis testing for drug and alcohol use by program participants, including periodic random testing both while they remain in custody and while under community supervision.

*Phase II – Community Intensive Outpatient Treatment:* *Phase II* will occur immediately upon jail release as follows: *Step One, Housing:* **OPCS** staff will transport released offender program participants to **OPCS** transitional or permanent housing and help them get settled. *Step Two, Care Co-ordination:* For the first two weeks, the case manager will check-in with each

participant daily. This is the most critical time for ex-offenders to determine their readiness for treatment and their willingness to abide by the program's expectations. Case managers will work with each client to assess their medical/health, educational, vocational and social/family support needs. As a result, each client will receive or be referred for services with community providers, as needed. In addition, clients will have access to housing assistance, bus passes, and assistance to obtain services such as Medicaid, SSI, SSDI, and other government entitlements. HOPE and a volunteer from 'Enroll America' will help participants with AHCCCS enrollment.

*Step Three, Treatment:* **OPCS** therapist will assist each non-SMI participant with developing an individualized plan to guide their treatment. Each participant will then be immediately engaged in an intensive outpatient substance abuse/co-occurring disorders treatment program using motivational interviewing techniques, cognitive behavioral therapy, contingency management and trauma interventions. Participants will attend a minimum of ten hours individual and group treatment services a week including Substance Abuse Education and Life Skills classes, Cognitive Behavioral Therapy, Recovery Workshops, Relapse Prevention Groups, Employability Workshops and job search support. Adoption of a recovery mindset and a recovery community is encouraged in treatment from day one. **OPCS** regularly sponsors peer recovery activities and group recovery events and employs trained peer recovery support specialists to ensure that these activities occur and are responsive to the participant population.

For participants who are SMI, **HOPE's** Navigator will meet the individuals to assist them with transport from the jail to their housing placement and assist with enrollment paperwork. Participants will engage in Intensive Outpatient Services with HOPE and will be provided with transport to attend services. HOPE's Second Chance Navigator will work in conjunction with Old Pueblo housing staff to ensure smooth coordination of care.

Additionally, physical health exams and follow-up treatment will be provided by **El Rio Community Health Center** and psychiatric evaluations and prescriptions for medications for those without a provider will be available through **HOPE**.

**OPCS** staff will work closely with **Pima County Probation Officers** to assess and review data collected through: (1) the OST and (2) the TCU Criminal Thinking Scales. The Pima County Probation Dept. currently utilizes the OST screening at intake.

*Phase III: Outpatient treatment & case management.* This phase is a step down from *Phase II*. Treatment for substance abuse and co-occurring disorders and case management are continued at a less intensive level. Participants are required to attend similar services as listed in *Phase II* a minimum of 6 hours per week, dependent on participant need. At the same time they will be either working, seeking employment or engaged in training/educational opportunities. All participants will receive outpatient treatment services and case management for a minimum of 2 months. Services will be conducted by **HOPE** (for those SMI) and **OPCS** (for non-SMI).

*Phase IV: Continuing Care.* Upon discharge most participants will have secured employment and permanent housing and been referred to public entitlement benefits. **OPCS** will encourage each participant to take part in continuing care services by participating in alumni group social events and taking advantage of peer services to support their reintegration process.

### **C. CAPABILITIES and COMPETENCIES:**

The Inside Out Recovery Program will be under the direction of Danna Whiting, Pima County Behavioral Health Administrator, and Katy Scoblink, Director of Recovery Communities, Old Pueblo Community Services.

*Pima County Behavioral Health*, a division within the Pima County government, oversees the funding and administration of County funded behavioral health services, including

correctional behavioral healthcare at the PCADC. Behavioral Health works closely with the Pima County Sheriff's Office, the Regional Behavioral Health Authority, area hospitals and behavioral health providers to ensure a continuum of care is provided. Behavioral Health Administrator, Danna Whiting, M.S., has been with the County since 2011, following a career in behavioral health and criminal justice coordination. Sharon Grant, M.A., is responsible for grant management, supporting Behavioral Health and the Health Department. In addition, staff from the Pima County Office of Grants Management, a discreet unit in Pima County Finance specializing in grants and grant accounting and reporting, will provide oversight.

*Pima County Sheriff's Dept.* is responsible for inmates incarcerated at the PCADC. The Sheriff's Department works hard to accommodate the special needs of those with behavioral health disorders, creating two special pods for this population when neither diversion nor general population are appropriate. The Sheriff's Dept., County Administration and the Pretrial Services Division of the Superior Court work to expedite the release to treatment of those individuals who do not present a public safety risk. This project will focus on those that are housed.

*Conmed Healthcare Management, (Conmed)* provides both somatic and behavioral health care at PCADC, employing the services of psychiatrists, MA-level licensed clinicians, mentalhealth RNs, and substance abuse counselors. All of the mental and behavioral health services at PCADC comply with the American Psychiatric Association's Jail Standards, and policies and procedures are based on NCCHC Standards and guidelines. Conmed's healthcare at PCADC was given very high marks in the 2013 NCCHC accreditation review.

*Old Pueblo Community Services (OPCS)*, founded in 1996, provides structured transitional housing and extensive supportive services including licensed outpatient substance abuse prevention and treatment, employment placement assistance, life skills training, and intensive

case management. The OPCS mission is to provide services for individuals leaving incarceration who are homeless upon release and who struggle with substance addiction. OPCS received its behavioral health licensure in November 2008 and its Commission on Accreditation of Rehabilitation Facilities (CARF) certification in June 2011.

Under the supervision of Katy Scoblink, MSc., LISAC, Clinical Director, OPCS conducts outpatient substance abuse counseling and mental health supports to offender populations using the evidence based practices previously discussed. OPCS currently has 300 beds and has provided supportive housing to over 12,000 clients. OPCS partnered with the Center for Applied Behavioral Health Policy – Arizona State University on a five-year SAMHSA project (TI-1853-04), the Casa Santa Clara Treatment for Homeless CSAT grant. Serving 525 men and women with substance abuse treatment and wrap-around services, significant improvements in reduction of substance use, employment, housing and criminality were documented through this project. In 2010, OPCS was awarded the SAMHSA Science and Service Award for the evidence-based services provided to homeless offenders through this grant.

**HOPE, Inc.:** HOPE began as an advocacy group – peers helping peers navigate behavioral health services in Pima County. In 1992, HOPE filed as a 501(c) (3) and in the early 2000s began providing peer-based support and rehabilitation services at the Nueva Luz Day Program. In 2012, HOPE became licensed as an outpatient provider, adding a clinical component to HOPE's existing service delivery. On January 1, 2014, HOPE became the first peer- and family-run Comprehensive Service Provider (CSP) in the state of Arizona. HOPE now provides all covered behavioral health services (psychiatric, counseling, medication, crisis, psychosocial, rehabilitation and support services) for all populations eligible for the public behavioral health

system. HOPE has worked with inmate populations since 2009 and developed the Recovery Toolkit for inmate populations, which has been approved for administration by the PCADC.

*El Rio Community Health Center* is a Federally Qualified Community Health Center that provides medical care to 80,000 low income persons annually, with over 310,000 medical and dental encounters per year. As the 14<sup>th</sup> largest community health center in the nation and nationally recognized by the National Committee for Quality Assurance and The Joint Commission, El Rio offers quality care through an extensive network of primary care and specialty clinics. 53% percent of the patients seen at El Rio live at or below the Federal Poverty Level. El Rio has agreed to provide eligibility screening for Medicaid, Medicare, and other federal healthcare entitlements, a full physical health exam for each client, HIV and other STD testing and follow-up, and to coordinate follow-up health care for chronic illnesses.

*Pima Prevention Partnership (PPP)* was founded in 1991 by a five-year grant from the U.S. Center for Substance Abuse Prevention. Within its five professional divisions today is Technical Services and Administrative Operations, which includes the Research and Evaluation Unit, with a staff of six Master's level and PhD-trained evaluators and four experienced data collection and management staff. During FY 2013 PPP's Research and Evaluation Department conducted program evaluations for more than 15 clients across the United States and other countries, including federally-funded, multi-year initiatives funded by the Dept. of Health and Human Services and the Bureau of Justice Assistance. PPP has extensive experience evaluating high-risk and minority communities in Arizona and specializes in the evaluation of local, statewide and national substance abuse treatment programs.

Pima County Behavioral Health currently has two grants from BJA: The Second Chance Act Reentry for Co-occurring Disorders from the FY 2011 funding cycle and the Justice and

Mental Health Collaboration Program which began with the FY 2012 funding cycle. The SCA grant funds the IORP program and will end in June 2014. The IORP program focuses on inmates that are housed at PCADC and continues providing services to them post-release. The JMHC focuses on diversion and providing services to those with mental health disorders involved with the criminal justice program but not housed at PCADC.

**D. PLAN FOR COLLECTING DATA REQUIRED FOR PERFORMANCE MEASURES:**

Current ability to collect and analyze client-level performance and outcome data. Pima Prevention Partnership (PPP) will be contracted to continue their work of conducting an independent evaluation of the IORP. They will update tools, monitor data collection, clean data, analyze, and report on all the required performance measures and outcomes related to program goals and objectives. PPP has evaluated the IORP initiative from its inception.

PPP will continue to conduct a mixed-methods evaluation to complete quarterly reports throughout the grant period. The process evaluation will assess the implementation of treatment and support services as well as stakeholder support and service coordination. The outcome evaluation will present client-level outcomes and identified BJA performance measures.

Performance will be documented in two main areas: 1) required performance measures and client-level data to assess program efficacy, 2) and stakeholder support and service coordination. The evaluation plan for the enhanced IORP will follow the evaluation plan used successfully for the IORP. A randomized trial will not be used in this evaluation.

Required performance measures and client-level data. PPP designed IORP data collection forms and a tracking system to provide all the client-related performance metrics required for the online BJA Performance Monitoring Tool (PMT) and to measure IORP project objectives specified in the grant.

IORP staff complete data collection forms for each client at program intake, jail exit and program exit. OPCS's Client Manager system tracks all client contacts for clients living on-site, while an excel database tracks client contacts for those clients living off-site. PPP enters all client information into a database, using unique numeric identifiers for confidentiality. Evaluators use OPCS and PPP databases to complete analyses and compile reports. All electronic data is stored on password-protected computers with strict access protocols.

The ongoing process monitoring is conducted using qualitative data collection methods including: 1) project documents and records reviews; 2) bi-annual staff interviews; 3) case study construction in coordination with staff/client focus group or interview; and 4) bi-monthly observation of staffing meetings. These methods will assess progress made in overcoming barriers to coordination and collaboration in service provision, data sharing, and program sustainment.

Data analysis and reporting. For the quarterly performance measures and outcomes report, quantitative data is analyzed using the Statistical Package for the Social Sciences (SPSS). Analyses include univariate and bivariate tests to determine changes over time in the key performance measures. Analyses by client characteristics and outcomes by gender, Hispanic ethnicity, risk level and discharge status, will inform the program about reaching the target population, minority, and hard-to-serve participants. Content analysis of qualitative data from record reviews, observations and interviews, will be used to assess trends and patterns. All reporting will be done in aggregate to protect client identities.

Measuring Recidivism: PPP currently sends a monthly recidivism report to OPCS, based on data collected from the online open access Pima County Sheriff Department's Inmate Roster. During the enhanced IORP planning period, the Superior Court, Sheriff's Department, Pima

County Behavioral Health, OPCS and PPP will meet to establish a working definition of recidivism, a protocol for collecting recidivism data, and a standard Release of Information form. A report summarizing recidivism will be completed at the end of the grant.

**E. MEASURING PROGRAM SUCCESS TO INFORM PLAN FOR SUSTAINMENT:**

Two years of IORP implementation and 42 graduates from the program have not been sufficient to collect the data needed to prove to County Administration the cost-effectiveness of funding this program. The continued rigorous, independent evaluation of IORP will provide Pima County Behavioral Health and OPCS the opportunity to confidently disseminate its evaluation findings to local, state, and national stakeholders to contribute to increased understanding of what is effective in prisoner re-entry and to build program support. Findings will be presented annually to the Pima County Re-entry Coalition and results will be disseminated through locally and nationally recognized publications and to local stakeholders and policy makers. Sustainability will be further supported by building on current partnerships, integrating services into the existing community systems of care, and linking program participants into existing outpatient, housing, and employment services. Pima County intends to shift costs related to recidivism into permanent programs to serve the target population. OPCS has a documented history of sustaining 100% of programmatic services initiated with federal funding beyond the project period.

*Policies, statutes, and regulations that will need to be put into place to support and sustain service delivery:* Current policies, statutes, and regulations are sufficient to support and sustain service delivery.

## ATTACHMENT A

### Project Abstract

**Applicant:** Pima County Behavioral Health

**Title:** Inside Out Recovery Partnership (IORP)

**Funding requested:** \$XXX over a two year period.

Pima County has a population of 1 million, most of which live in Tucson. In 2013, 29% of the County felony cases were for drug offenses. The Pima County Adult Detention Complex (PCADC) averaged a population of 2,041 in 2013, with approximately 40% of 2013 bookings having been previously booked since 1990. Only 20% of the population has been sentenced.

The revised IORP program will select participants from the mental health step down unit and minimum security facility of PCADC. Three instruments will be used for assessments: Arizona's Offender Screening Tool, a psychosocial/criminal thinking core assessment, and the TCU Drug Screen II. Phase I of the program is pre-release with treatment and case management services (one to two months). Phase I focuses on forming relationships and individualized release planning.

Phase II of the program begins upon release with intensive outpatient treatment. Housing is provided in OPCS' facilities. Phase III begins the transition to the community, adding employment and training. In each of Phase II and III, high risk offenders will receive three months of services and those assessed to be moderate risk will receive two months. Phase IV provides ongoing support to graduates of the IORP program through peer services and social events. 300 hours of services are planned for high risk offenders and 200 hours for moderate risk offenders. During the post-release phases, participants will be reassessed at a minimum every six months by the Pima County Adult Probation Department using the Field Reassessment Offender Screening Tool. OPCS staff will administer the TCU Criminal Thinking Scales at program intake and after three months.

Principal partners in IORP include: Pima County Behavioral Health, the Pima County Sheriff's Department, Conmed, Pima County Adult Probation, and NGOs OPCS, HOPE and El Rio Community Health Center. All partners have implemented programs aimed at offenders with mental health and/or substance use disorders for many years.

IORP includes the following priority considerations:

- Focus on post-release community based programs;
- Geographic area and target population with high recidivism;
- Jurisdictions implementing evidence based practices in specialized probation services;
- Partnership with an organization that specializes in evaluation;
- Innovative strategies and technological tools in place to enroll participants in insurance and provide continuity of care; and
- Provides affordable and supportive housing.

## ATTACHMENT B Program Timeline

| Project Goal /Outcome                                   | Objective /Output  | Activity   | Responsibility  | Schedule  |
|---|--|--|---|---|
| (1) Reduce drug and alcohol use among target population | •60% of program participants who are released to supportive transitional housing will test negative for drug and/or alcohol use for the duration of their stay in the post-release program (3 - 6 months). | •Screen, assess using OST, Core Assessment TCU-CT and TCU DS II tools and begin serving clients in <i>Inside Out Recovery Partnership (IORP)</i> program   | <ul style="list-style-type: none"> <li>• OPCS (Old Pueblo Community Services )( TCU, Core)</li> <li>• Pima County Probation (OST)</li> <li>• HOPE, Inc. (mental health screen)</li> </ul> | •First clients served 3 months after program funding; on-going throughout program duration  |
|   |  | •First individual treatment session to produce Individual Service Plan (ISP)   | • OPCS  | •First clients served 3 months after program funding; on-going throughout program duration  |
|   |  | •Provide participants 90 to 180 days of intensive in-custody treatment, individual and group, to include substance abuse, mental health and peer support services  | <ul style="list-style-type: none"> <li>• Conmed</li> <li>• OPCS</li> </ul>  |   |
|   |  | •Random urinalysis, at least one time in every month of in-custody treatment, or as necessary  | •Pima County Sheriff's Department (PCADC)   |   |
|   |  | •Develop Transition Plan and reentry goals for each participant  | • Recovery Team with addition of Pima County Adult Probation staff  | •3 months prior to release  |
|   |  | •Post release assessment using TCU Criminal Thinking   | • OPCS  | •Beginning upon release from incarceration (~6 months after program funding); exam to be completed within 14 days of release                            |
|   |  | •Physical and psychiatric exams post release will be offered to 100% of program participants.  | <ul style="list-style-type: none"> <li>• OPCS</li> <li>• El Rio Health Center</li> <li>• HOPE, Inc</li> </ul>   |   |
|   | •60% of program participants who are released to supportive transitional housing will test negative for drug for the duration of their stay in the post-release program (3-6 months)                       | •Provide participants 90-180 days post release outpatient treatment to include substance abuse, mental health and prescription payment assistance, intensive case management using evidenced-based practices; peer support services (for an IORP program total of 200-300 hours depending on risk level) | <ul style="list-style-type: none"> <li>•OPCS</li> <li>•HOPE, Inc</li> </ul>   | •Beginning upon release from incarceration (~6 months after program funding) and continuing 90-180 days each client, depending on risk level            |
|   |  | <ul style="list-style-type: none"> <li>•Random urinalysis, at least every month of post release treatment, or as needed;</li> <li>• Intensive follow-up case review of any client with first positive</li> </ul>   | •OPCS   | •Services begin upon release from incarceration (~6 months after program funding) and end at 3 to 6 months after incarceration, depending on risk level |

## ATTACHMENT B Program Timeline

| Project Goal /Outcome                                 | Objective /Output   | Activity  | Responsibility  | Schedule   |
|---|---|---|---|--|
| <b>(2) Reduce criminality among target population</b> | <ul style="list-style-type: none"> <li>•60% of IORP graduates will have not be arrested for a new offense within 12 months of release from incarceration</li> </ul> | <ul style="list-style-type: none"> <li>•Post release assessment using TCU Criminal Thinking</li> <li>• Review of PCADS records</li> </ul>   | <ul style="list-style-type: none"> <li>• OPCS</li> <li>• Pima County Adult Probation</li> </ul>                                   | <ul style="list-style-type: none"> <li>•Beginning upon release from incarceration (~6 months after program funding); to be completed within 14 days of release</li> </ul>                                |
|   | <ul style="list-style-type: none"> <li>•70% of all program participants will receive supervision upon release</li> </ul>  | <ul style="list-style-type: none"> <li>•Establish release supervision</li> </ul>  | <ul style="list-style-type: none"> <li>•Pima County Adult Probation</li> <li>•Other probation authorities as necessary</li> </ul> | <ul style="list-style-type: none"> <li>•Upon release from incarceration</li> </ul>   |
|   | <ul style="list-style-type: none"> <li>•60% of program participants will report reduced criminal thinking following program completion</li> </ul>                   | <ul style="list-style-type: none"> <li>•First individual treatment and first case management sessions to produce Individual Service Plan (ISP)</li> </ul>   | <ul style="list-style-type: none"> <li>•OPCS</li> </ul>   | <ul style="list-style-type: none"> <li>•ISPs will be completed for program participants within 72 hours of release</li> </ul>  |
|   |   | <ul style="list-style-type: none"> <li>•Provide intensive case management with daily check-in during the first 2 weeks following release from incarceration; weekly check-ins thereafter</li> </ul> | <ul style="list-style-type: none"> <li>•OPCS</li> </ul>   | <ul style="list-style-type: none"> <li>•Beginning upon release from incarceration (~6 months after program funding) and continuing for 90 to 180 days for each client depending on risk level</li> </ul> |
|   |   | <ul style="list-style-type: none"> <li>•TCU-CT at 3 months post-release; revise ISP as necessary</li> </ul>   | <ul style="list-style-type: none"> <li>•OPCS</li> </ul>   |  |
|   |   | <ul style="list-style-type: none"> <li>•Establish connection to community substance abuse support systems, treatment as necessary, and OPCS alumni group</li> </ul>                                 | <ul style="list-style-type: none"> <li>•OPCS</li> <li>•Pima County Adult Probation</li> </ul>                                     | <ul style="list-style-type: none"> <li>•Upon client discharge from IORP program and outpatient treatment</li> </ul>  |

**ATTACHMENT B**  
**Program Timeline**

| <b>Project Goal /Outcome</b>                                       | <b>Objective /Output</b>   | <b>Activity</b>   | <b>Responsibility</b> | <b>Schedule</b>  |
|--|--|---|-----------------------|--|
| <b>(3) Increase economic self-sufficiency of target population</b> | •50% participants in the post-release program found employment before leaving the program. | • 100% of clients will be offered job search training as part of their ISP)   | •OPCS                 | •30 days following participant's release from incarceration  |
|  |  | •70% of program participants who participate in the post-release program for at least 60 days will obtain employment before leaving the program |                       |  |
|  |  | •All clients without GED/or high school diploma diploma will be offered referral to GED services as part of their ISP)                          | •OPCS                 | •Within 60 days of participant's release from incarceration; ongoing through completion                                  |
|  |  | •100% of program participants will receive personal financial education and other Life Skills curriculum as written into their ISP              | •OPCS                 | •Within 30 days following participant's release from incarceration; ongoing through completion                           |
| <b>(4) Increase stable housing among target population</b>         | •70% of program participants will obtain stable housing upon program completion            | •70% of program participants will be housed in OPCS transitional housing upon release from incarceration  | •OPCS                 | •First clients served ~ 6 months after program funding (immediately upon release from incarceration)                     |
|  |  | •70% of program participants will receive housing referral services while in outpatient program.  | •OPCS                 | •First clients complete program ~6-9 months after program funding commences; on-going throughout duration of the program |

## ATTACHMENT C

### Program Elements to Strengthen in the Planning Phase

All of the fourteen mandatory design elements listed in the *Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders FY 2014 Competitive Grant Announcement* are included in the current Inside Out Recovery Partnership (IORP) program. However, Pima County has identified several elements that will be strengthened by the changes planned under this grant request. The planning phase will focus on the following elements and program changes:

| #  | Program Design Element  | Application for IORP  |
|----|---|---|
| 2  | Target Higher-Risk Offenders  | <ul style="list-style-type: none"> <li>• Add pre-release services at the main jail, focusing on the mental health step down pod.</li> <li>• Add a community intensive outpatient treatment phase.</li> </ul>                        |
| 3  | Establish Baseline Recidivism Rate and Collect and Report Recidivism Indicator Data | <ul style="list-style-type: none"> <li>• Superior Court, Sheriff's Department, Pima County Behavioral Health, OPCS and PPP will agree on how to measure recidivism of the target population and how to collect the data.</li> </ul> |
| 7  | Provide Evidence-Based Substance Abuse and Mental Health Treatment Services         | <ul style="list-style-type: none"> <li>• Add trauma assessment and treatment to the evidence based practices offered by IORP.</li> </ul>  |
| 14 | Provide Integrated Care   |   |
| 13 | Provide Community Supervision Services which Follow Evidence-Based Practices        | <ul style="list-style-type: none"> <li>• Increase the integration between the Superior Court's probation work and IORP implementation.</li> </ul>   |

## ATTACHMENT D

### **Pima County Innovations to Improve Continuity of Care for PCADC Detainees**

#### **Enrollment in Medicaid**

Pima County has worked to enroll inmates being released in AHCCCS (Arizona's Medicaid program) since 2007. The County pioneered a program whereby twice daily reports are sent from the Pima County Adult Detention Complex (PCADC) to AHCCCS with lists of people housed at and released from the PCADC. AHCCCS checks the lists against their membership. For those being housed, they suspend, rather than terminating, their Medicaid enrollment. For matches from the released list, they reinstate the membership immediately. This is done automatically, but does not work for those not enrolled in AHCCCS upon arrest or whose membership expires while incarcerated.

In 2011, Arizona's Medicaid expansion ended, making childless adults ineligible for AHCCCS. This change drastically reduced the number of inmates that could qualify for Medicaid. In June 2013, Governor Jan Brewer expanded Arizona's AHCCCS eligibility to the pre-2011 level in order to more fully take advantage of the Affordable Care Act. In November 2013, Pima County, together with a number of non-profit organizations, began a new program to actively enroll inmates in AHCCCS. Eligibility screening begins during the booking process, at which time an application is created. Those eligible for AHCCCS receive a business card and a follow up call after release to encourage them to have their application submitted – a process taking less than 10 minutes. The County is working with AHCCCS to have the applications automatically submitted upon release. Maricopa County, with a population of almost four million, is starting the process to institute the system pioneered by Pima County in their jail.

OPCS is also working with the non-profit organization Enroll America and El Rio Health Clinic to have them screen clients for AHCCCS eligibility. This provides a second layer of opportunity to enroll.

### **PCADC Access to an HIE**

The PCADC is the first jail in the country to be linked to a Health Information Exchange (HIE). Conmed checks the State HIE for matches when an inmate with medical or mental health issues is booked. If there is a match, this informs Conmed regarding the patient's medical and behavioral health history. Conmed also enters the medical history from the inmate's time in jail into the HIE. As more and more people are loaded into Arizona's HIE, continuity of care will be dramatically improved.

### **Pima County Justice Health Information Sharing Pilot Project**

In 2013, SEARCH, The National Consortium for Justice Information and Statistics, awarded a \$75,000 grant to Pima County for the purpose of assisting in the development and implementation of electronic medical information sharing between the PCADC's contracted medical provider, Conmed, and the Community Partnership of Southern Arizona (CPSA). Arizona administers their public behavioral health system through Regional Behavioral Health Authorities (RBHAs). CPSA is the RBHA for Pima County. This grant is one of only two awarded nationwide.

The Pima County Justice Health Information Sharing pilot project is a collaborative effort between SEARCH, the National Consortium for Justice Information and Statistics, and Pima County and Arizona State justice and health service provider communities to establish, deploy, and assess standards-based electronic information exchanges to improve offender management

and care among these stakeholders. The Pima County stakeholder agencies include Pima County Behavioral Health, Pima County Information Technology, the Pima County Sheriff's Department, Conmed and CPSA. The information exchange includes RBHA enrollment status, Serious Mental Illness designation, current civil commitment order status, current diagnosis, current community service provider and current medications.

This project will eliminate the current system that relies on paper based sharing and phone calls from Conmed to CPSA to check the status of every individual coming through the booking process. Replacing this process with an automated one will increase the efficiency of identifying those with mental health conditions, which of those are eligible for pretrial release, as well as identifying those who are not enrolled in Medicaid who may be eligible to enroll. Overall, this effort will reduce human error, increase continuity of care and increase efficiency in the booking process.

## **ATTACHMENT E**

### **Position Descriptions and Curriculum Vitae**

OPCS Job Description – Clinical Director

OPCS Job Description – Clinical Manager

OPCS Job Description – Behavioral Health Technician

CV, Danna Whiting, Pima County Behavioral Health Administrator

CV, Sharon Grant, Pima County Contracts/Grants Manager

CV, Katy Scoblink, OPCS Clinical Director

CV, Judith Frances, PhD, Evaluator with Pima Prevention Partnership



## **Job Description – Clinical Director**

**Reports To:** Chief Executive Officer

### **Duties and Responsibilities**

1. Responsible for the oversight of all clinical services delivered by OPCS Behavioral Health Employees and Contractors.
2. Ensure development and maintenance of Outpatient Policy and Procedure and Outpatient Forms in compliance with Arizona Revised Statutes as interpreted by the Arizona Department of Health Services, Office of Behavioral Health Licensure.
3. Ensure development and maintenance of the OPCS Disaster Plan, Information Technology Plan, Quality Management Plan, Clinical Supervision and Orientation Manual, and Annual Training Plan, in accordance with CARF standards.
4. Serve as Director of all OPCS Grants and Contracts, ensuring compliance with contractual standards for documentation and service delivery.
5. Monitor all Evaluation activities provided by outside contractors.
6. Assist with grant writing with a primary responsibility for development of clinical sections of all proposals.
7. Prepare and monitor Outpatient budgets.
8. Provide Reports to the Board of Directors.
9. Manage the ASIST software.
10. Maintain a list of all clients served by the Outpatient.
11. Attend all Manager Meetings
12. Participate in OPCS Strategic Planning
13. Develop new partnerships through participation in community action committees and conferences.
14. Attend all training and meetings required in grant and contractual awards.
15. Review a sample of files reviewed by the Clinical Manager on a quarterly basis.
16. Provide In-service Training on Evidence Based Practices
17. Provide Training and Support to MI Coaches
18. Provide Community Training on MI
19. Provide MI Training to Mentees during orientation.
20. Manage the Steps for Vets Program, to include providing case consultation to the counselor and participation in weekly staffing sessions with the VA liaison.

### **Qualifications:**

- 1 Masters Degree in Counseling
- 2 LASAC or LISAC awarded by the Arizona Office of Behavioral Health Licensure
- 3 Management Experience in Behavioral Health
- 4 Outstanding written and oral communication skills
- 5 Highly organized, creative, entrepreneurial, flexible and able to manage multiple tasks concurrently
- 6 Exceptional interpersonal skills; ability to be a leader and a team player
- 7 Strong computer skills
- 8 Reliable transportation with valid driver's license and current insurance
- 9 Ability and willingness to work flexible schedules



## Job Description – Clinical Manager

**Reports To:** Clinical Director

### **Duties and Responsibilities**

1. Responsible for the oversight of all clinical services delivered by OPCS Behavioral Health Employees and contractors in the absence of the Clinical Director.
2. Provide clinical supervision of non-licensed staff, and case consultation with licensed staff. Includes bi-weekly group supervision and weekly supervision for non-licensed staff.
3. Lead 4 weekly staffings
4. Directly monitor program delivery through scheduled observations of services.
5. Lead Program Meetings for housing and clinical staff on a bi-weekly basis.
6. Oversee GPRA/logs for programs
7. Develop and implement new workshop materials for counselors and clients/planning for group supervision delivery – specific topics, i.e. 'Tools for group therapy,' 'The 12-step approach'.
8. Provide in-service training to clinical staff to keep up with required OBHL hours and enhance staff knowledge and skill.
9. Organization of staff training to ensure compliance with OBHL, ABBHE, CARF, and contractual requirements.
10. Assist Clinical Director in budget management.
11. Development and Implementation of Treatment Protocols.
12. Interviewing prospective employees.
13. Assist Clinical Director in grant implementation & delivery of services.
14. Complete performance reviews for behavioral health staff.
15. Review and sign off on all staff paperwork completed by non-licensed staff – assessments, treatment plans, discharge summaries, progress notes
16. Attend community coordination meetings with community collaborators, such as the Federal Grants and contracts, to ensure effective coordination of services.
17. Other duties as assigned.

### **Qualifications:**

- 1 Masters Degree in Counseling
- 2 LASAC or LISAC awarded by the Arizona Behavioral Health Examiners
- 3 Management Experience in Behavioral Health
- 4 Outstanding written and oral communication skills
- 5 Highly organized, creative, entrepreneurial, flexible and able to manage multiple tasks concurrently
- 6 Exceptional interpersonal skills; ability to be a leader and a team player
- 7 Strong computer skills
- 8 Reliable transportation with valid driver's license and current insurance
- 9 Ability and willingness to work flexible schedules



## **Job Description – Behavioral Health Technician**

**Reports To:** Clinical Director

**Purpose:** Delivery of outpatient substance abuse and dependence behavioral health services, under the direct supervision of a Behavioral Health Professional to persons identified as substance abuse and/or substance dependent.

### **Duties and Responsibilities:**

1. Screening
2. Assessment
3. Developing and Implementing Service Plans
4. Discharge Planning
5. Life Skill Group and Individual Education Services
6. Referrals
7. Document client information in confidential files with accuracy and compliance with state and federal law.
8. Document and protect the confidentiality of client records and information.
9. Provide treatment that promotes client dignity, individuality, strengths, privacy, and choice.
10. Meet the unique needs of substance abuse and criminal justice referred clients served by OPCS Outpatient.
11. Protect and maintain the confidentiality of client records and information.
12. Recognize and Respect cultural differences
13. Respond to a situation in which a client may be a danger to self or a danger to others, behaves in an aggressive manner, or may be experiencing a crisis situation, or a medical emergency.
14. Read and implement a client treatment plan.
15. Assist a client in accessing community services and resources.
16. Record and document client information in confidential client records.
17. Demonstrate ethical behavior
18. Duties as assigned.

### **Qualifications:**

1. This position requires a Bachelors Degree with a minimum of six weeks of behavioral health work experience and a preference of one year experience. (Experience may be gained after employment through six weeks of continuous onsite direction from a behavioral health professional, technician, or paraprofessional who has a minimum of six months behavioral health work experience.)
2. English usage, spelling, grammar and punctuation.
3. Strong communication skills.
4. Evidence Based behavioral health interventions for persons in recovery from substance abuse and/or substance dependence.
5. Laws and Rules regarding delivery of outpatient services for substance abuse and dependent persons.
6. Cultural Competence in the area of poverty, homelessness, local ethnic groups, and criminal justice populations.
7. Use computer spreadsheets and word processing software.
8. Recognize and respond to fire, disaster, hazard and medical emergency.
9. Needs AZ Drivers Licenses, Proof of Insurance and reliable transportation.
10. Prefer Spanish Speaking and a Veteran a Plus.

## PROFILE

Excellence-minded, forward looking individual seeking to utilize nearly fifteen years of extensive knowledge, unique experience, and specialized skills in the areas of administration, public health, criminal justice, crisis response, program development, operational planning, policy creation and implementation, and budget oversight to benefit my employer by increasing efficiency, fostering innovation and creativity, and providing outstanding customer service.

## EDUCATION

University of Phoenix, Tucson, 2008-2009, Master of Science in Psychology

University of Phoenix, Tucson, 2004-2008, Bachelor of Science in Criminal Justice Administration

## SKILLS

Excellent communication skills, ability to maintain excellent working relationships with peers and supervisors. Strong supervisory skills, flexibility, attention to detail, and strong interpersonal skills. Ability to work alone with little supervision, or as part of a team. At ease with a fast-paced, changing environment. Excellent customer service skills with specialized experience in training and motivation. Dutiful respect for compliance with regulations, policy or statute-driven practices. Specialized skills in the areas of public administration and the criminal justice system.

## EXPERIENCE

### Behavioral Health Administrator, Pima County, 2011- present

Oversight of Pima County Restoration to Competency Program including supervision of clinical and support staff, responsible for working with the probate, criminal and civil benches as related to monitoring community response of challenging cases, responsible for assisting in the oversight and administration of all behavioral health care for Pima County. This includes contract management and oversight of the involuntary commitment (Title 36, Chapter 5) process, oversight and contract management of health care providers at the adult detention and juvenile detention facilities, oversight of budgetary functions related to the RTC, oversight and management of detailed operational data related to the court ordered evaluation contract.

### Chief Operations Officer, Center4 Stress Reduction, 2010-2011

Located, secured and rehabbed office space to build a multi-disciplinary mental health and wellness center in the private sector. Duties included creating systems and procedures to ensure smooth operations. Development of all patient forms, privacy compliance and record storage, patient scheduling, insurance verification, negotiating single case and fee-for-service contracts, credentialing, marketing, recruitment and hiring of therapists, training of office staff, and general oversight of front office and day-to-day operations.

### Director of Court Services, COPE Community Services, 2007-2010

Created, supervised and fostered multi-disciplinary team of court, and jail liaisons. Designed and implemented cooperative programming between the organization and stakeholders including the court system, CPSA, law enforcement, the Pima County Jail, Level I psychiatric units, and the criminal courts. Responsible for overseeing Title 36 process, monitoring petition process, hearing process and discharge from hospital to community by working with treatment teams, court staff, CPSA staff, and the Pima County Attorney's Office. Responsible for training and process

development of over 450 staff in the areas of crisis response, crisis management, interaction with law enforcement, de-escalation, internal processes, and the Title 36 civil commitment process.

Criminal Justice Coordinator, COPE Community Services, 2002-2007

Split duties between supervising multidisciplinary team of liaisons assigned to city, county, and justice courts, adult probation, corrections, pretrial services and the Pima County Jail with additional duties of utilization management for a Level I sub-acute, 90 day inpatient unit for SMI adults. Duties include working with courts to ensure calendar coverage by my staff, coordinating with attorneys and judges on discharge planning and compliance with court orders,

Case Manager, COPE Community Services, 1999-2002

Provided support and services to assigned SMI, GMH and Title 36 clients, and acted as a trainer/mentor to other staff in the areas of crisis intervention, Title 36 petition process, and liability reduction. Responsible for ensuring access to medications, doctor appointments, available treatment. Assessing psycho/social needs and addressing them as part of overall treatment. Participated in team approach to resolving client needs, including meeting with doctors, other staff, family members, CPSA staff and other community stakeholders.

#### ACCOMPLISHMENTS

Participated in design and implementation of Crisis Intervention Training (CIT) for law enforcement and continued to assist in training first responders (2002-2010).

Recipient of 2003 Arizona Cooperative Law Enforcement Award from the Department of Justice for participation/collaboration in CIT.

American Red Cross Health and Safety Instructor (1997-2007).

Certified Life Coach, Spencer Institute, 2010.

#### VOLUNTEER EXPERIENCE

President, Board of Directors, Arizona Professional Partners (2010-2011)

Member, Police Chief's Steering Committee, Tucson Police Department (2010-present)

Member, Tucson Oracle Project Committee (2011-present)

Victim Witness Advocate, Pima County Attorney's Office (2004-2007).

#### REFERENCES

Laura Benchik, Community Partnership of Southern Arizona, 520.325.4268

Mark Person, Community Partnership of Southern Arizona, 520.325.4268

Bernie Winegrad, Center4 Stress Reduction, 520.237.7702

Rosemary Cline, Center4 Stress Reduction, 520-400-2021

Ryan Blanton, COPE Community Services, 520.548.3240

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## SHARON GRANT

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### SUMMARY Management experience includes:

- Oversight of multi-million dollar programs and over 160 staff.
- Considerable reporting and communication experience.
- Education and experience with budgeting, financial reporting and financial analysis.
- Significant grant writing and management experience, including federal government.
- Strong analytical skills; detail oriented.
- Excellent written and oral communication skills in both English and Spanish.
- Organized conferences and led multiple trainings.
- Master's degree in International Management from top rated business school.

### SELECTED EXPERIENCE

**Pima County**, Health Department, Tucson, AZ 2013 - present  
*Contracts/Grants Manager*

- Manage process of reviewing and executing new revenue contracts, grants, and amendments for the Health Department, in addition to those formerly in the Department of Institutional Health. Portfolio of over 60 grants/contracts worth about \$31 million annually.
- Responsible for researching grant opportunities from federal, state, and private sources and assisting with proposal writing and submission.
- Manage federal grants for the Behavioral Health Administrator, including invoice review, editing and submitting program reports, and correspondence with the Office of Justice Programs and their technical assistance provider, Council of State Governments.

**Pima County**, Department of Institutional Health, Tucson, AZ 2009 - 2013  
*Special Staff Assistant*

- Facilitated, edited and produced Request for Proposals for healthcare at the County correctional facilities. Resulting contract estimated to be \$36 million over three years.
- Department lead on obtaining and managing grants. Awarded grants for \$600,000 and \$200,000 from Office of Justice Programs with sub-grantee non-profit organizations.
- Led process of contract amendments to extend and make modifications to the healthcare contract for the Pima County jail, put in place a new healthcare provider for the PC Juvenile Detention Center, a new contract (and yearly amendments) for managing the involuntary psychiatric commitment process, and other smaller contracts and amendments. Each of these contracts involved leading weeks of meetings with various stakeholders to arrive at consensus and prepare documentation.
- Assisted the Director of Behavioral Health with the process of preparation for operations in the two new psychiatric buildings being built on the Kino Campus. Involved working with several community partners and county departments.
- Research and analysis as requested (special projects), such as extensive financial and staffing analysis of healthcare services provided since 2002 at the PC Adult Detention Complex, in preparation for extension of healthcare contract.
- Responsible for monitoring contract for healthcare at the Juvenile Detention Center and assisted with audit of performance indicators at the Adult Detention Complex.

**Habitat for Humanity International**, Atlanta, GA 2005 - 2009  
*Grants Development Officer*

- Research, develop and write grant proposals and MOUs with governments, organizations and foundations. Focus on raising funds for Latin America/Caribbean, Africa/Middle East and proposals to US federal government. Assist co-workers with editing and budgeting.
- Responsible for reporting on and managing funded grants.

- Assist HFHI in their transition to project based funding: design forms and provide input into processes and systems being developed.
- Provide training to staff and assist them to access new funding.

**Habitat for Humanity International, Americus, GA**

1999 - 2003

*Monitoring & Evaluation Director*

- Negotiated and managed HFHI's first headquarters grant from USAID (federal government) to improve monitoring and evaluation systems globally and in three target countries.
- Compiled, edited and submitted program and financial reports to USAID. Responded to queries regarding federal regulations and monitored compliance.
- Organized annual conferences for monitoring & evaluation coordinators from all HFHI areas.
- Provided library of internal and external monitoring & evaluation resources.
- Supported other institutional strengthening initiatives as needed.

**Food for the Hungry International, Phoenix, AZ**

1988 - 1999

Held a variety of positions of increasing responsibility with international development and relief non-profit organization.

*Country Director, Beira, Mozambique*

1997 - 1999

- Overall responsibility for program portfolio of agriculture extension and marketing, small business development, mother/child health, education, and church training.
- Supervised finance, logistics, human resources, and administration.
- Communication, negotiation, and reporting with/to USAID, other donors, and all entities in Food for the Hungry international partnership.
- Oversaw staff of 164, of ten nationalities.
- Managed annual cash budget of \$3.5 million.

*International Programme Officer*

1996 - 1997

- Supported programs in 18 countries in Africa, Latin America, Asia and Europe.
- Served as primary contact for country directors: provided resources, advice, and encouragement; monitored programs, reporting, and relationships with FHI partners.
- Wrote monthly field report for Board of Directors and reports for donors.
- Assisted with budget and long range plan consolidation and negotiation.
- Primary liaison with USAID for four countries with multi-million dollar grants.
- Provided technical support to organization in area of micro-credit.

*Matching Grant Officer*

1991 - 1997

- Co-wrote and negotiated two successful Matching Grant proposals for USAID.
- Responsible for program and financial reporting for multi-country grants.
- Participated in baseline surveys, evaluations, and trainings.
- Second grant involved setting up regional micro-finance institution.

*International Programme Coordinator/Latin America Caribbean*

1988 - 1995

- Served as regional coordinator and resource person for six countries.
- Writing responsibilities included grant proposals, reports, and newsletters.
- Led trainings in Spanish on various subjects including micro-credit, corporate mission and identity, and financial management.
- Organized and helped lead four regional conferences.
- Travelled 20-30% of time, monitoring programs, leading training events, and attending conferences.
- Served as *Interim Country Director of Peru* for eight months 1990-1991, under difficult security conditions. Supervised staff of 40.

**American Red Cross, Pomona Valley Chapter, La Verne, CA** 1986 - 1987  
*Assistant/Secretary to Branch Manager*

- Assisted with initial organization and implementation of Hispanic Outreach Program.
- Conducted CPR and first aid trainings in Spanish.

**Associated Mills, Inc. (Pollenex), Chicago, IL** 1985 - 1986  
*Secretary to Vice-President of Purchasing*

- Interacted with all departments on new products, routine and rush purchase orders.
- Maintained information flow through distribution of and feedback from weekly reports.

**World Relief Corporation, Honduras, Central America** 1982 - 1985  
Worked in a number of positions in program that dealt with providing emergency aid to and implementing development programs for Nicaraguan refugees.

*Administrative Assistant to Development Coordinator, La Mosquitia* 1984 - 1985

- Assisted with establishment of new development agency; wrote grant proposals.
- Supervised education and social promotion programs involving 12 staff.
- Translated documents from English to Spanish.
- Assisted with design and implementation of accounting and logistical systems for community stores aimed at improving local marketing.
- Controlled budgeted expenditures and cash flow.

*Systems Analyst, Tegucigalpa* 1984

- Implemented new accounting and word processing system for central office.
- Revised personnel, logistics, and financial control policies.

*Finance Coordinator, Tegucigalpa* 1983 - 1984

- Managed \$3.8 million annual budget and controlled expenses for the three principal offices in Honduras.
- Prepared financial statements for the program's three primary sources of funds.

*Area Mocerón Coordinator, La Mosquitia* 1982 - 1983

- Supervised relocation from camp situation to semi-permanent communities in one of three principal relocation areas.
- Responsible for distribution of food and household goods, monitored construction of six schools and five clinics in communities totalling 5,000 refugees.
- Managed staff of seven technical personnel.

## EDUCATION

*Master of International Management* 1988  
American Graduate School of International Management, Glendale, AZ  
Emphasis in accounting and finance.

*Bachelor of Arts, Sociology* 1981  
Wheaton College, Wheaton, IL  
Emphasis in developing countries and family studies.

## LANGUAGES

Excellent communication skills in English and Spanish, some Portuguese and French.

## **KATY J. SCOBLINK**

### **Personal profile**

- Reliable, trustworthy individual, showing dedication and commitment to work at all times.
- Friendly, excellent communication and interpersonal skills with clients and staff.
- Ability to build a healthy, strong rapport with employees, aiding successful teamwork.
- Exceptional organizational and planning skills, facing challenges with enthusiasm and determination.
- Good listening skills, an empathic & caring individual; allowing for excellent performance in the practical and academic sides of my career.
- Conscientious throughout my work, allowing for; attention to detail and intuitive observation skills.
- Computer literate in Word, Excel and Power point.
- With HR & experience, a certificate in Personnel practice & experience working as a clinical supervisor, I am motivated and confident working at a managerial level.

### **Employment History**

#### **January 2012 – present Old Pueblo Community Services, Clinical Director**

- Develop, implement, and comply with policies and procedures that ensure the health, safety, and welfare of a client on the premises, an agency-sponsored activity off the premises, or outings.
- Supervise the delivery of outpatient substance abuse and dependence behavioral health services delivered by behavioral health paraprofessionals, technicians, and professionals.
- Develop and implement a written training plan for the agency.
- Program planning & implementation as well as regular report writing for current grants.
- Assist the Treatment Administrator in the development and implementation of policy that complies with state and federal law.
- Liaison with Behavioral Health Contractors and Referring Agencies
- Make recommendations to the CEO for any changes in policies or by-laws necessary to accomplish overall objectives for compliance with applicable state and federal regulations concerning the outpatient services.
- Make recommendations to the CEO for any program changes that will benefit the clients & aids in representing OPCS in the community.
- Assist in maintaining and supervising a strong organizational staff and consultants for implementing delegated responsibility.
- Perform other related duties as assigned by the CEO as required to achieve the goals and objectives of the Old Pueblo Community Services, i.e. involvement in grant writing.

#### **August 2009 – present Desert Star, Therapist**

- Helped develop ED-IOP program drawing on the combination of the 12-step model, Cognitive Behavioral Therapy and Nutritional Counseling in order to effectively promote recovery.
- Provide individual therapy to those suffering with eating disorders and/or substance abuse.

#### **February 2009 – January 2012 Old Pueblo Community Services, Clinical Manager**

- Started at OPCS working as a therapist in a halfway house with 24 women suffering with addiction and mental illness. Provided individual & group counseling.
- As of October 2009 I promoted to Clinical Manager for Addiction treatment services.
- Provide group and individual supervision for Behavioral Health Technicians and Counselors, encompassing; thorough training, case study work, observations with thorough written and verbal feedback, examination of boundaries/ethics/personal process and facilitation of the personal and professional development of the counselor.
- Active in current project work, Grant applications and development within our services.
- Review and sign off on all staff paperwork completed by non-licensed staff – assessments, treatment plans, discharge summaries, progress notes.
- Lead clinical staffing & community coordination meetings with collaborators, such as the EMPOWER/CDC grants, to ensure effective coordination of services.
- Supervise the delivery of outpatient substance abuse and dependence behavioral health services delivered by behavioral health paraprofessionals, technicians, and professionals.
- Assist the Clinical Director in the development and implementation of policy that complies with state and federal law.
- Review Quality Management Reports and make recommendations as part of the QM Committee.

**December 2008 – December 2008 Sierra Tucson. Evening/Wkend Counselor**

- Counselor in the evening/weekend team at Sierra Tucson, providing various programs for patients suffering from addiction and mental illness, seeking recovery.
- Running various groups tailored to meet all patients' needs.
- Providing one to one counseling when required.

**October 2006 – March 2008 HMP The Mount. Counselor**

- Counselor in a team running a 12-step rehabilitation program in custody. Working with men, suffering with addiction, primarily; substance abuse, gambling, eating disorders, codependency issues.
- Planning and facilitating group therapy sessions to prisoners on pre-admission, primary and aftercare. Running various workshops, lectures on the 12 steps and assignment groups.
- Managing a caseload of clients, coordinating treatment planning, providing 1-1 counseling.
- Involvement in the assessment needs of applicants, supporting them in their recovery.
- Maintaining up-to-date notes and records of all client work.
- Attending staff meetings, staff support sessions, case conferences and supervision.
- Organising the involvement of peer supporters, volunteers and guest speakers in the program, providing necessary support.
- Thorough training in care planning and psychometric testing.

**September 2007 – October 2008 The Fox. Trainer/Supervisor**

- Trained and supervised employees in a stylish, renowned gastro country pub and eating house. Including supporting and managing employees around general health and wellbeing.
- Motivating employees, promoting a team working approach at all times – utilizing Motivational Interviewing.
- Regularly hosting busy shifts, solely responsible for all staff and the opening and running of the restaurant/pub.

**January 2006 – October 2006 HMP Holloway. CARAT worker**

- CARAT (Counseling, Assessment, Referral, Advice and Throughcare) Worker in custody.
- Assessing clients & creating care plans identifying appropriate services inside and outside who can help clients with drug and alcohol problems.
- Providing, where appropriate, addiction education and harm reduction information to clients.

- Maintaining up-to-date notes and records of all client work.
- Attending supervision & staff support sessions.
- Running 'addressing alcohol use' and 'relapse prevention' groups and training to new staff.
- Managing the 'Lifer' unit of the prison. Included one to one counseling work with lifer prisoners. Prominent areas concentrated on; eating disorders and self-esteem issues.

**November 2003 – Dec 2005 Archant Herts. Human Resources Assistant**

- Pursuing Occupational Psychology I begun work as an HR Assistant.
- Updating and maintaining HR database, Resourcelink and personnel files
- Issuing offer letters and contracts to new employees.
- Organisation of pension administration, conducting exit interviews and monitoring absence levels, producing monthly reports on the statistics.
- Assisting in the creation and production of a variety of quarterly HR management reports and supporting current projects, i.e. the implementation of a new HR and Payroll database.
- Training included job description, broad banding, absence management, staff forum and disability discrimination.
- Attended various employment law seminars and received a certificate for completing a 2 day Personal Effectiveness Programme in October 2005.

**Jan 2003 – July 2003 HMP High Down. Psychological Assistant.**

- Working within Forensic Psychology; assessing prisoners' suitability to participate in the offending programme, ETS (Enhanced Thinking Skills), conducting Semi-Structured interviews, (based on the 'motivational interviewing' model to treatment).
- Supporting Psychologists in; group work, suicide and life sentence prisoner work and requests to move to therapeutic communities.
- Working alongside the probation service and courts & training in suicide and self-injury.

**Education**

| Date                  | School/ university                                     | Qualifications   |
|-----------------------|--|--|
| 1992-1997             | Roundwood Park School Hertfordshire                    | <b>GCSE's</b><br>- English Lit B                      - Geography B<br>- English Language C           - Child Development C<br>- Mathematics B                   - French C<br>- Science (double) CC       - Art B |
| 1997-1999             | Roundwood Park Sch/Oaklands college, St. Albans        | <b>'A' level's-</b> Psychology B<br>- Art C<br>- English Language C  |
| 1999-2002             | University of Surrey, Roehampton, London               | Second class honours (upper division, 2:1) BSc degree in Psychology & Counseling. Registered with BPS.   |
| Feb 2004 - March 2005 | Barnfield College, Luton                               | Awarded merit in Certificate in Personnel Practice, NVQ level 3/4  |
| Sept 2005 – June 2008 | London South Bank University & PROMIS Recovery Center. | MSc in Addiction Psychology and Counselling.   |

**Certifications**

Licensed Associate Substance Abuse Counselor, Arizona Board of Behavioral Health Examiners, September, 2009.

**Awards**

**The PROMIS Award - outstanding performance and application in studies through year 2 of MSc in Addiction Psychology and Counseling.**

**Research**

*'Psychological Developmental Issues in Adolescence'* - year 3 of BSc Psychology & Counseling

*'Young Women's experience of the media's role in their eating disorder'*. – year 3 of MSc Addiction Psychology & Counseling.

**Volunteer Services**

**April-June 2006 – Cottonwood De Tucson, Arizona**

- 12-step treatment center. Particularly observing on the family and adolescent programme.

**Nov 2002- Dec 2002 - SOVA (*Society of Voluntary Associates*)**

- Working voluntarily in crime reduction and offender rehabilitation.
- Interviewing offenders on probation, advising, and giving support and company.

**Creative Arts** (Awarded with qualifications in Art, music and dance.)

Jazz dance – Bronze and Silver awards

Piano –Grade 6/Theory of Music Grade 5

Last updated: November 2012

**Judith L. Francis**  
**924 N. Alvernon Way Tucson, Arizona 85716**  
**(520) 791-2711 x1425** [jfrancis@thepartnership.us](mailto:jfrancis@thepartnership.us)

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**Education**

|  |                           | Degree Date: |
|--|---------------------------|--------------|
| Doctor of Philosophy<br>Social Policy                                  | Brandeis University       | 1993         |
| Master of Theological Studies<br>Psychology and Religion               | Harvard University        | 1997         |
| Master of Public Health  | Boston University         | 1995         |
| Teaching Certificate: K-9<br>(California Standard Teaching Credential) | San Jose State University | 1974         |
| Master of Arts<br>Latin American Studies                               | Stanford University       | 1970         |
| Bachelor of Arts<br>French, Spanish                                    | Antioch college           | 1968         |

**Experience**

**Pima Prevention Partnership, Tucson Arizona** 2009-Present  
**Evaluator**

Projects include evaluation of adolescent substance abuse treatment, Teen Court, Adult Veterans Court, offender reentry, offender co-occurring disorders treatment, and school-based physical education and health programs. Responsibilities include project design, supervision of data collection staff, process evaluation, data analyses, and preparation of reports and manuscripts for publication.

**LeCroy & Milligan Associates, Tucson, AZ** 2008-2009  
**Evaluation Associate**

Carried out evaluations of state and regional projects in dropout prevention, teacher professional development, and child care quality enhancement, and was a team member of a statewide needs and assets assessment for early childhood services. Duties included data collection, analysis, creation of annual reports, technical assistance to sites and to state agencies, and presentation of findings.

**Brandeis University, Heller School for Policy and Management, Waltham, MA** 1997-2003  
**Senior Research Associate and Project Director**

Directed a large, university-based site of a national longitudinal study of low-income families. Responsibilities included grant and budget administration; local project design and implementation; instrument development as part of national team; hiring, training, and supervision of 15 field and data management staff; oversight of data collection, data quality, and preliminary data analyses; coordination with other sites and with local agencies and organizations, preparation of presentations and reports, and presentation of findings.

**Workplace Solutions, Reading, MA. Research and Evaluation Consultant** 1993-1997

Designed and carried out a variety of evaluation and other studies for local and state agencies and organizations. Clients included the MA Department of Public Health, Office for Children, Division of Child Support Enforcement, Boston Child Care Coalition, and Department of Elder Affairs. Conducted key informant, focus group, and individual interviews, document review, survey administration and data analysis, literature searches and reviews, site visits and all analysis.

**Casa Myrna Vasquez, Inc. Boston, MA. Evaluator** 1995-1996

On-site evaluator for federal CSAP-funded transitional living program for battered women and their children. Completed process and outcomes evaluation using quantitative and qualitative tools. Designed and completed additional follow-up study working with bi-lingual staff. Prepared and presented final report and findings at conferences.

**Department of Veterans Affairs Medical Center, Bedford, MA** 1993-1995  
**Center for health Outcomes and Economic Research. Post-Doctoral Research Fellow**

Conducted analysis of barriers to physician-patient communication around advance directives and presented findings at local and regional professional meetings. Assisted in the design of physician training to address patient

wishes concerning end-of-life care. Participated in team analysis sessions of Veterans' Health Study. Designed an instrument for evaluating audio-taped family conversations with severely impaired nursing home patients.

**Massachusetts Department of Education, Bureau of Adult Education. Evaluator** 1993  
Designed and completed evaluation of System of Adult Basic Education Support, SABES. Worked closely with staff of 5 community college-based support centers in a highly participatory evaluation effort that included designing with staff site-level evaluations to be carried out by them the following year.

**Brandeis University. Waltham, MA** 1991-1993  
**Florence Heller School for the Advanced Study of Social Welfare Policy. Research Associate**  
Responsible for the design and completion of formative and summative evaluations of the Child Care Careers Institute as part of the evaluation of the evaluation of Boston-based United Way Child Care Initiative.

**Wellesley College Center for Research on Women, Wellesley, MA. Research Associate** 1987-1990  
Completed policy and program studies of national, state, and local child care, and was team leader of the Child Care for Adolescent Parents Project.

### **Skills**

Languages: French – Intermediate, Spanish – Intermediate Portuguese – Basic  
Computer: Knowledge of Microsoft Office software, QRS, Ethnograph, SPSS, ArcGIS Explore

### **Other Experience**

Child Care Administration, Licensing and Technical Assistance. Worcester, MA 1978-1985  
MA Office for Children, St. Agnes Guild Day Care Center, Quinsigamond Community College  
Chassa Secondary School, Sinda, Zambia. English Teacher 1973-1974  
Stanford University Libraries. Stanford, CA. Latin American Subject Specialist 1970-1973

### **Honors & Awards**

- Post-Doctoral Fellowship. Dept of Veterans Affairs. Center for health Outcomes and Economic Research 1993-1995
- Family and Children's Policy Center Dissertation Grant. Brandeis University Heller School 1991-1992
- Heller School Study Grant, Brandeis University 1985-1987
- Massachusetts Office of Children Volunteer of the Decade Award; Greater Worcester Council for Children 1983
- Ford Foundation Fellowship 1968-1969
- National Merit Scholarship 1964-1968

### **Recent Presentations & Papers**

Francis, Judith and Charlie Alcaraz. *Helping Families Help Their Adolescents: Supporting the Recovery of Homeless/Runaway Youth in Sin Puertas Substance Abuse Treatment Program*. Poster presentation at SAMHSA's Treatment of Homeless Programs Annual Grantee Conference, August 1-2, 2012.

Ruiz, Bridget. Christopher Branson, Judith Francis, Gretchen Vaughn, Alison Greene, Nancy King Wood and Gifty Ampadu. (2012) Integrating Adolescent Substance Abuse treatment with HIV Services: Evidence-Based Models and Baseline Descriptions. *Journal of Evidence-Based Social Work*. – in press 2013.

Francis, Judith, Kara Jones and Wallace Beauchamp. *Understanding Families on the Border: Combining evaluation and program data with family voices*. Presentation at the Joint Meeting on Adolescent Treatment Effectiveness, April 10, 2012.

Francis, Judith and Kara Jones. *Families on the Border: Using evaluation and program data to understand family problems and value family strengths for a recovery-oriented model of care*. Paper presented at the American Evaluation Association Conference, November 3, 2011.

Phillips, Clarissa, Sonia Cota-Robles, Margaret Knight, Judith Francis, Elizabeth Phillips, & Laurie Mazerbo (2011). Child Immunization Status Among Adolescent Mothers: Comparing the Validity of Measurement Strategies. *Journal of Family Social Work* 14:4,326-334.

Francis, Judith, Kara Jones and Sonia Cota-Robles. *Youth in Substance Abuse Treatment in the Southwest: What are their family problems and strengths?* Paper presented at the 4th National Research Conference on Child and Family Programs and Policy, July 21, 2011.

Francis, Judith and Charlie Alcaraz. *Narrowing the Gap: Outcomes for Homeless or Runaway Youth in Sin Puertas Outpatient Substance Abuse Treatment Program*. Poster presentation at SAMHSA's Treatment of Homeless Program Technical Assistance Workshop, May 24-25. 2011.

Francis, Judith. Richard Wood and Matthew Rahr. *Mapping Adolescent Substance Abuse Issues and Treatment in Pima County, Arizona: a Geographic Information System (GIS) Spatial Analysis Strategy for Community Needs/Assets Assessment*. Paper presented at the American Evaluation Association, November 13, 2010. Presentation at the AzeNet Spring Evaluation Conference, March, 2011.

## **ATTACHMENT F**

### **Letters of Support**

Old Pueblo Community Services, Primary Implementing Partner

HOPE, Inc.

Pima Prevention Partnership

El Rio Community Health Center

Arizona Superior Court – Adult Probation

Drug Court

Pima County Sheriff's Department



Main: 520.546.0122 • [www.helptucson.org](http://www.helptucson.org)

March 6, 2014

Danna Whiting  
Behavioral Health Administrator  
Pima County  
3950 S. Country Club Rd.  
Tucson, AZ 85714

Dear Ms. Whiting:

On behalf of the Board and staff of Old Pueblo Community Services (OPCS), I wish to offer my commitment to the **Inside Out Reentry Partnership (IORP)** collaboration with Pima County Office of Behavioral Health for the purpose of responding to USDOJ's **Second Chance Act Reentry Program for Adult Offenders with Co-occurring Substance Abuse and Mental Health Disorders, BJA-2014-3773**.

OPCS will contribute to the proposed project by:

- Serving as the primary implementation partner of IORP, coordinating services provided by all partners and consolidating data and reports;
- Providing assessments for and assistance to potential program participants in the "1A" mental health step down unit of the Pima County Adult Detention Complex utilizing evidence-based tools;
- Establishing Transition Service Plans for program participants to meet individual needs and goals;
- Providing 200-300 hours of intensive substance abuse and co-occurring disorder treatment services to program participants, beginning during incarceration and continuing after release;
- Enrolling homeless participants in OPCS transitional housing programs and providing intensive case management, or securing appropriate alternative transitional housing for program participants upon release;
- Linking program participants to all available mainstream services, including financial and health benefits and entitlements;
- Linking program participants to services of partnering agencies, including psychiatric services, health services, and employment services;
- Providing case management to identify personal goals and guide participants to meeting goals utilizing evidence based practices, moving participants to self-sufficiency at program completion; and

Since 1996, OPCS has been providing transitional housing and extensive wrap-around reentry services to men and women returning to the Tucson community from incarceration. More than 14,000 individuals have been served in OPCS's transitional housing programs. OPCS currently

Administration  
Housing Development

Transitional Housing  
Clinical Services

serves more than 1,200 men and women each year, including homeless veterans and female survivors of interpersonal violence. In 2008, OPCS received licensure for outpatient substance abuse treatment, and established evidence-based treatment modalities as part of the *Casa Santa Clara* project funded by SAMHSA Grant T-118543-03. All clinical and case management staff members are trained in evidence-based practices proven to be effective in serving this population. Currently under a second SAMHSA Grant, 1H79TI1021852-01, Old Pueblo Community Services provides clinical services to homeless men and women, in and out of the criminal justice system.

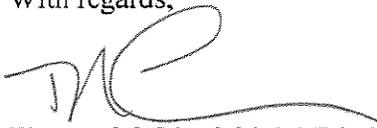
OPCS in collaboration with Pima County Office of Behavioral Health will provide male and female adults enrolled in the **IORP** program the following additional, individualized support services through partners listed above:

- Mental health assessment and treatment;
- Physical exams and treatment of medical issues;
- Employment training and support; and

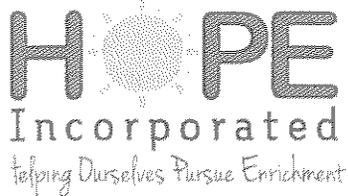
OPCS agrees to provide individual criminal history information for all participants, as provided by the Pima County Sheriff's Department and the Superior Court, to evaluators, unless prohibited by law. This data will be provided in response to periodic requests throughout the period of performance of this project to capture both criminal histories prior to program enrollment and subsequent recidivism.

OPCS looks forward to this continued collaboration with Pima County to meet the complex needs of reentry populations to help decrease their risk for criminal recidivism and to subsequently promote public safety. We join you in your efforts to bring these much needed services to our community.

With regards,



Thomas M. Litwicki, M.Ed., LISAC  
Chief Executive Officer



1200 N. Country Club · Tucson, AZ 85716  
Phone: (520) 770-1197 · Fax: (520) 622-3784  
info@hopetucson.org · www.hopetucson.org

Danna Whiting

Behavioral Health Administrator

Pima County

3950 S. Country Club Rd.

Tucson, AZ 85714

Dear Ms. Whiting:

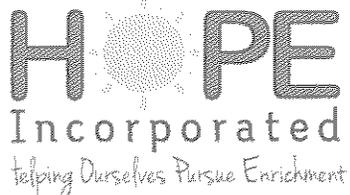
On behalf of the Board and staff of HOPE, Inc, I wish to offer my support to the Pima County Department of Institutional Health and Old Pueblo Community Services for the purpose of responding to USDOJ's Second Chance Act Reentry Program for Adult Offenders with Co-occurring Substance Abuse and Mental Health Disorders Program (CFDA #16.812, ID BJA-2014-3773).

HOPE, Inc. has agreed to contribute to the proposed project by:

- In coordination with the Pima Community Action Program, assisting offender reentry program participants with completing eligibility screening for Medicaid, Medicare, and other federal or state health care entitlements;
- In collaboration with Old Pueblo Community Services, HOPE will administer services to those inmates who have been assessed and diagnosed with a serious mental illness and/or a serious mental illness co-occurring with a substance use diagnosis
- Conducting peer support groups during incarceration
- Transportation from the Pima County Adult Detention Complex
- Coordinating follow-up health care and case management; and
- Coordinating SMI determination process for eligible individuals
- Provide all services with existing funding.

On January 1, 2014, HOPE became the first peer- and family-run Comprehensive Service Provider (CSP) in the state of Arizona. HOPE now provides all covered behavioral health services (psychiatric, counseling, medication, crisis, psychosocial, rehabilitation and support services) for all populations eligible for the public behavioral health system. HOPE's creative model of service delivery eliminates the role of a single individual managing someone's

We're in it together.



1200 N. Country Club · Tucson, AZ 85716  
Phone: (520) 770-1197 · Fax: (520) 622-3784  
info@hopetucson.org · www.hopetucson.org

recovery goals (i.e. a 'Case Manager') and focuses on a team approach to recovery. All HOPE Members are assigned Recovery Teams, which are assembled in collaboration with the Member and their Recovery Coordinator, to purposefully honor the Member's preference of how they want their recovery to look and who they want involved. Every Member has access to HOPE's Day Program (Nueva Luz), in which the Member can engage in therapeutic and recovery services from 8 AM -4 PM Monday through Friday (10 AM – 2 PM Saturday and Sunday), which includes two hot meals and access to laundry and shower facilities.

HOPE understands that the Pima County Department of Institutional Health together with Old Pueblo Community Services will provide adults enrolled in the Inside Out Recovery Program with evidenced-based inpatient co-occurring substance abuse and mental health treatment while still in custody and community outpatient treatment services after release. In addition, post release outpatient treatment will be used in combination with one or more of the following individualized support services through OPCS and other partners:

Assertive case management support;

- Transitional housing;
- Mental health assessment and treatment;
- Life Skills, parenting, and/or relationship training;
- Employment training and support;
- Educational supports; and
- Regular and on-going recovery activities for participants and alumni.

HOPE, Inc. looks forward to this collaboration with Pima County and OPCS to meet the health care needs of reentry populations to help decrease their risk for criminal recidivism. We wish you well in your efforts to bring these much needed services to our community.

Sincerely,

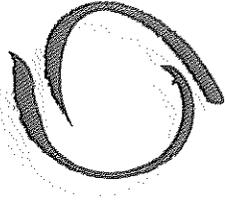
A handwritten signature in black ink that reads "Daniel Lee Haley".

Daniel Lee Haley

CEO

HOPE, Inc.

We're in it together.



creating conditions for change

## Partnership

March 13, 2014

Sharon Grant  
Contracts/Grants Manager  
Pima County Health Department  
3950 S. Country Club Rd, Suite 300  
Tucson, AZ 85714-2228

Re: FY 2014 Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders.

Dear Ms. Grant,

Pima Prevention Partnership will be delighted to serve as the independent evaluator for the proposed Inside Out Recovery Partnership (IORP) project and understands that this application for funding has been submitted to the U.S. Department of Justice, Bureau of Justice Assistance with an anticipated start date of October 1, 2014.

As you know, PPP has served as the IORP project evaluator for the past two years. PPP is pleased that the project partners have been able to use the evaluation findings of the current program to inform the development of this proposed enhancement: an enhanced reentry service package to Pima County Adult Detention inmates with co-occurring mental health and substance abuse disorders as they transition back into the community, including intensive outpatient substance abuse and mental health services.

PPP is committed to implementing the program evaluation plan included in this application. Staff will update tools, monitor data collection, clean and analyze data, and report on all the required performance measures and outcomes related to the proposed program goals and objectives. PPP will train staff on updated evaluation tools and protocols and will report mid-course and end of program findings to the project partners, as delineated in the project management plan.

Pima Prevention Partnership (PPP) has provided professional research and program evaluation services to local, state and federal-level and non-profit agencies in the United States and other countries since 1997. PPP has completed multi-year federally funded evaluations for programs funded by SAMHSA, Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention, and Administration for Children and Families and is currently participating in several cross-site evaluations which include evaluation site visits by the granting agencies. This project will contribute important information to the field in terms of effective re-entry strategies and services individuals with co-occurring substance use and mental health disorders who are transitioning from prison or jail to the community

Thank you for this opportunity.

Sincerely,

Claire Scheuren  
Deputy Director

# EL RIO

COMMUNITY HEALTH CENTER

Danna Whiting  
Behavioral Health Administrator  
Pima County  
3950 S. Country Club Rd., Suite 300  
Tucson, AZ 85714

Dear Ms. Whiting:

On behalf of the Board and staff of El Rio Community Health Center, I wish to offer my support to the Pima County Office of Behavioral Health and Old Pueblo Community Services for the purpose of responding to *USDOJ's Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders (CFDA #16.812, ID BJA-2014-3773)*.

El Rio has agreed to contribute to the proposed project by:

- In coordination with the Pima Community Action Program, assisting offender reentry program participants with completing eligibility screening for Medicaid, Medicare, and other federal or state healthcare entitlements;
- Providing offender reentry program participants with a full physical health exam at one of our community clinics, targeted to occur within two weeks of their enrollment in OPCS services (cost: \$100.00 per offender);
- Providing HIV, HCV and STD testing and follow-up;
- Coordinating follow-up health care for chronic illnesses; and
- Provide all services with existing funding.

Since 1970 El Rio Community Health Center has been providing accessible and affordable healthcare, primarily to underserved and uninsured populations. Today, over 80,000 people access El Rio for medical and dental care. We strive to exceed industry standards for key quality measures for preventive and chronic care. We serve the greater Tucson area and southern Arizona, improving access to care for many special population groups, including: women at risk, children, the homeless, seriously mentally ill, and individuals with HIV/AIDS.

El Rio is the largest provider of primary health care, medical case management, advocacy, and behavioral health services in the Tucson area. Although access to care is available at all El Rio sites, El Rio's Broadway Health Center at 1101 E. Broadway specializes in the needs of people who are experiencing homelessness or at risk of homelessness. An employee at that clinic will be designated as the single point of contact to coordinate access to care for those transitioning from the Pima County jail.

El Rio looks forward to this collaboration with Pima County and OPCS to meet the health care needs of reentry populations to help decrease their risk for criminal recidivism. We wish you well in your efforts to bring these much needed services to our community.

Sincerely,



Tara Radke, MPH  
Director of Special Populations Programs



**ADULT PROBATION DEPARTMENT OF THE  
SUPERIOR COURT IN PIMA COUNTY**



**David F. Sanders**  
**Chief Probation Officer**  
2695 E. Ajo Way  
Tucson, Arizona 85713  
520-740-4800  
Fax 520-243-6304

March 11, 2014

Danna Whiting  
Behavioral Health Administrator  
Pima County  
3950 S. Country Club Rd., Suite 300  
Tucson, AZ 85714

Dear Ms. Whiting:

The Adult Probation Department of the Superior Court in Pima County offers support to the Pima County Office of Behavioral Health and Old Pueblo Community Services (OPCS) for the purposes of responding to the Inside Out Reentry Partnership (IORP). [Solicitation: Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders], (Grants.gov #: BJA-2014-3773; CFDA #: 16.812).

The Pima County Adult Probation Department implemented Evidence-Based Practices (EBP) in fiscal year 2006 and since then, the number of probationers successfully completing probation has increased every year but one. In fiscal year 2012, the department experienced a 78.27% success rate compared to 77.64% the previous year. In contrast, the department experienced a 21.73% revocation rate compared to 22.36% the previous year.

Pima County Adult Probation supports the integral function of EBP of engaging individuals in treatment and facilitating their subsequent transition to stable and supportive housing and ongoing integrated care. The IORP affords higher-risk probationers with co-occurring disorders the opportunity to begin treatment while incarcerated and utilizes community support networks to reinforce pro-social behaviors and helps them establish pro-social contacts in their natural communities once released, in an effort to reduce recidivism.

Sincerely,

Michael Smith  
Treatment Program Coordinator  
520-724-3839



**ADULT PROBATION DEPARTMENT OF THE  
SUPERIOR COURT IN PIMA COUNTY**



**David F. Sanders**  
**Chief Probation Officer**  
2695 E. Ajo Way  
Tucson, Arizona 85713  
520-740-4800  
Fax 520-243-6304

March 12, 2014

Danna Whiting  
Behavioral Health Administrator  
Pima County  
3950 S. Country Club Rd., Suite 300  
Tucson, AZ 85714

RE: Inside Out Reentry Partnership (IORP)

Dear Ms. Whiting:

Pima County Adult Probation, Post Conviction Drug Court (PCDC) offers support to the Office of Behavioral Health and Old Pueblo Community Services for the purpose of responding to the Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders.

Old Pueblo Community Services (OPCS) has played a vital role in PCDC with the implementation of the Inside Out Reentry Partnership (IORP). IORP provided drug court with an alternative treatment plan for clients serving a jail sanction. IORP assisted with the many needs of our drug court population, such as, housing, substance abuse treatment, employment, and sober support. OPCS staff worked collaboratively with the drug court team, and attended drug court staffings.

A large number of our drug court clients suffer from co-occurring disorders. The Office of Behavioral Health together with OPCS, focusing on co-occurring substance abuse and mental health disorder, will provide a much needed service and support to our probation population as they reenter the community. Our clients will have a greater chance of success in drug court, as well as in society, with this joint collaboration. We support you in this effort.

Respectfully,

Cynthia Duhon,  
Drug Court Coordinator  
Pima County Adult Probation  
(520) 740-4868



## **Pima County Sheriff's Department**

1750 E. Benson Highway • Tucson, AZ 85714-1758  
Phone 520-351-4600 • Facsimile 520-351-4622  
www.pimasheriff.org

Clarence W. Dupnik  
Sheriff

Christopher Nanos  
Chief Deputy

Keeping the Peace and Serving the Community Since 1865

March 14, 2014

Danna Whiting, Behavioral Health Administrator  
Pima County Behavioral Health  
3950 S. Country Club Road, Suite 300  
Tucson, AZ 85714

Dear Ms. Whiting:

Subject: Second Chance Act Reentry Program for Adult Offenders  
With Co-Occurring Substance Abuse and Mental Health Disorders  
Grants.gov #BJA-2014-3773  
CFDA #: 16.812

The Pima County Sheriff's Department in collaboration with the Pima County Office of Mental Health Services (OMS) and Conmed Healthcare Management Inc. are responsible for the care and management of over 2000 inmates incarcerated at the Pima County Adult Detention Complex (PCADC). Over half of these inmates are on the Mental Health caseload, with about half of the caseload exhibiting substance abuse disorders only (not mental health disorders). Of the approximately 110 individuals presented at the Adult Detention Complex each average day, as many as 50 have been connected with behavioral health treatment providers and may be eligible for release at their initial court appearance if they can be reengaged with treatment. It is the role of the collaborative effort of the Sheriff's Department, County Administration, Conmed and the Pretrial Services Division of the Superior Court, to expedite the release to treatment of those individuals who do not present a public safety risk if so engaged and to reduce recidivism of those being released to the community.

Old Pueblo Community Services plays an important role in this collaboration. There is a critical need to expand their role of providing co-occurring treatment programs at PCADC, as well as a need for more intensive follow-up treatment when released from custody. This grant will be able to fulfill needs of providing treatment programs to our sentenced inmates at the PCADC. The grant will also fund needs for defendants to be connected to treatment upon release from custody upon completion of Court Ordered Sanctions.

The Pima County Sheriff's Department is committed to providing a safe atmosphere for all individuals. We are pleased to collaborate with our community providers to provide better services to all inmates but particularly those with mental illness and co-occurring disorders. We fully support the continuation of the Inside Out Recovery Partnership

Page 2  
March 14, 2014

program under the Second Chance Act Reentry Program to provide expansion for our treatment of inmates with co-occurring disorders. We expect these services will enhance the success of the expedited treatment program by providing improved care for the individual in custody and follow-up treatment and programming upon release from custody. We are thrilled at the opportunity to participate in this exciting expansion project and look forward to its implementation.

Sincerely,

A handwritten signature in black ink, appearing to read "Byron Gwaltney". The signature is written in a cursive style with a prominent flourish at the end.

Byron Gwaltney  
Bureau Chief, Corrections Bureau

BWG/md

## **ATTACHMENT G**

### **Mandatory Certification and Coordination Requirement Form and Copies of Licenses, Certification and Accreditation**

Mandatory Certification and Coordination Requirement Form

Old Pueblo Community Services: Outpatient Clinic License (3 pages)

Old Pueblo Community Services: CARF International Accreditation

(Note: Accreditation for Intensive Outpatient Treatment services will be received in May 2014)

HOPE, Inc.: Outpatient Clinic License

HOPE, Inc.: Outpatient Treatment Center License

El Rio Community Health Center: Outpatient Treatment Center License

PCADC: Arizona Revised Statutes Exemptions to Licensure

PCADC: NCCHC Certificate of Accreditation

## Appendix 2

### Mandatory Certification and Coordination Requirement Form (Submit with the Application as an Attachment)

As the Authorized Representative of [insert name of applicant organization]  
OPCS, I assure BJA the following:

**Mandatory Certification Requirement: Service Provider Licensing/ Accreditation/ Certification Documentation:** In addition, as the Authorized Representative I also assure BJA that all collaborating service provider organizations listed in this application meet applicable licensing, accreditation, and certification requirements.

As the authorized representative, I also understand that the following information is required to receive funding, and these materials have been included within the application materials:

- A letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in the application that has agreed to participate in the project.
- Official documentation that all service provider organizations collaborating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years.
- Official documentation that all collaborating service provider organizations are in compliance with all local (city, county) and state/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable state/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

**Note:** Official documentation is a copy of each service provider organization's license, accreditation, and certification.

- Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist, does not constitute adequate documentation.

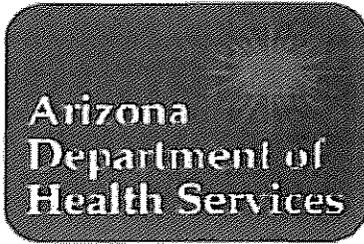
**Mandatory Coordination Requirement:** I assure BJA that if my organization is not the Single State Agency (SSA) for Substance Abuse Services, and I assure and have demonstrated that the proposal has been developed in coordination with SAA support, except in the case of federally-recognized tribal government applicants.

Signature of Authorized Representative

ME

Date

3-6-14



**Division of Licensing Services  
Office of Behavioral Health Licensing**

150 North 18th Avenue, Suite 410  
Phoenix, Arizona 85007-3242  
(602) 364-2595 Office  
(602) 324-5872 Fax

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, DIRECTOR

August 2, 2013

Mr. Thomas Litwicki, Director  
Old Pueblo Community Services Outpatient Program  
4501 East 5th Street, Suite 1  
Tucson, AZ 85711

**Re: License #: BH3664  
Old Pueblo Community Services Outpatient Program  
4501 East 5th Street, Suite 1  
Tucson, AZ 85711**

Dear Mr. Litwicki:

Enclosed is the certificate for behavioral health service agency license number BH3664. This license authorizes Old Pueblo Community Services Outpatient Program to provide the services indicated on the license certificate until its expiration on August 31, 2014.

Arizona Revised Statutes and the Arizona Administrative Code require that license certificates be conspicuously posted in the reception area of the licensed facilities.

If you have any questions, need additional information, or we may be of further assistance, please contact the Office of Behavioral Health Licensing at (602) 364-2595.

As part of implementing Laws 2011, Chapter 96, the Department is conducting rulemaking to remove the licensing of health care institutions that provide behavioral health services from Arizona Administrative Code (A.A.C.) Title 9, Chapter 20 and moving them into Title 9, Chapter 10. This is to be completed by October 1, 2013. Other types of behavioral health service agencies, such as agencies that provide DUI services, misdemeanor domestic violence offender treatment, or adult therapeutic foster care, are also currently regulated under the rules in Title 9, Chapter 20. Although the rules regulating these types of behavioral health service agencies will remain in Title 9, Chapter 20, the Department is revising the requirements for them to be consistent with statutory authority. Please take time to review the current drafts of the proposed rules and provide feedback by visiting our website: <http://www.azdhs.gov/als/behavior/index.htm>.

Sincerely,

Barbara J. Lang, M.A., L.P.C., L.I.S.A.C., C.C.S.O.T.S.  
Behavioral Health Licensing Office Chief

PROPERTY OF THE  
ARIZONA DEPARTMENT OF HEALTH SERVICES



OLD PUEBLO COMMUNITY SERVICES OUTPATIENT PROGRAM  
4501 East 5th Street, Suite 1  
Tucson, AZ 85711

Branch Location: Highway 86, Mile Marker 114, Sells, AZ 85634  
This agency is approved to provide the following services at the above location:

- OUTPATIENT CLINIC
- Counseling
- DUI Treatment
- DUI Screening
- DUI Education

TOTAL LICENSED BED CAPACITY N/A

\*THESE SERVICES ARE TITLE XIX CERTIFIED

This license has been issued under the authority of Arizona Revised Statutes, Title 36, Chapters 4, 5, 18, and 30, pursuant to Department of Health Services rules included in the Arizona Administrative Code, Title 9, Chapter 20. The license is not transferable, shall not be altered in any way, and is valid only for the quarters occupied, and services approved at the time of issuance.

License Effective:

From: September 1, 2013 To: August 31, 2014

Issued: August 2, 2013

Number: BH-3664

Recommended By:   
Issued By:   
Assistant Director

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED  
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE



# CARF INTERNATIONAL

*A Three-Year Accreditation is awarded to  
Old Pueblo Community Services*

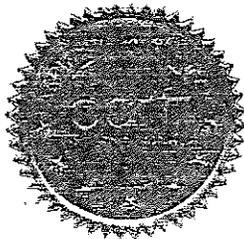
*for the following identified programs:*

*Outpatient Treatment: Alcohol and Other Drugs/Addictions  
(Adults)*

*Outpatient Treatment: Integrated: AOD/MH  
(Adults)*

*This accreditation is valid through  
May 2014*

*The accreditation seals in place below signify that the organization has met annual  
conformance requirements for quality standards that enhance the lives of persons served.*



*This accreditation certificate is granted by authority of:*

*Cathy Ellis P.T.*

Cathy Ellis, PT  
Chair  
CARF International Board of Directors

*Brian J. Boon Ph.D.*

Brian J. Boon, Ph.D.  
President/CEO  
CARF International

CARF

CARFCCAC

CARFCANADA

PROPERTY OF THE  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**



**HELPING OURSELVES PURSUE ENRICHMENT, INC**  
**HOPE, Inc**  
**1200 North Country Club Road**  
**Tucson, AZ 85716**

This agency is approved to provide the following services at the above location:

**OUTPATIENT CLINIC**  
Counseling  
Assistance in the Self Administration of Medication

**TOTAL LICENSED BED CAPACITY N/A**

**\*THESE SERVICES ARE TITLE XIX CERTIFIED**

This license has been issued under the authority of Arizona Revised Statutes, Title 36, Chapters 4, 5, 18, and 30, pursuant to Department of Health Services rules included in the Arizona Administrative Code, Title 9, Chapter 20. The license is not transferable, shall not be altered in any way, and is valid only for the quarters occupied, and services approved at the time of issuance.

**License Effective:**

**From:** October 1, 2013      **To:** September 30, 2014

**Issued:** September 18, 2013

**Number:** BH-4098

**Recommended By:** *Diane Eckler*  
**Issued By:** *W. McIntire* Assistant Director

**PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED  
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE**

PROPERTY OF THE  
ARIZONA DEPARTMENT OF HEALTH SERVICES



Helping Ourselves Pursue Enrichment  
HOPE, INC  
2802 East District Street, Suite 100  
Tucson, AZ 85701

This facility is licensed to operate as an **OUTPATIENT TREATMENT CENTER**

This license has been issued under the authority of Title 36, Chapter 4, Arizona Revised statutes and pursuant to Department of Health Services' Rules, is not transferable and is valid only for the location identified above.

License Effective:

From: December 17, 2013

To: November 30, 2014

Issued: December 26, 2013

Number: OTC6155

Recommended By:

*Cecilia Belden*

Issued By: Assistant Director

*C. M. Belden*

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED  
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

PROPERTY OF THE  
ARIZONA DEPARTMENT OF HEALTH SERVICES



El Rio Santa Cruz Neighborhood Health Center, Inc., dba  
EL RIO BROADWAY CLINIC  
1101 East Broadway  
Tucson, Arizona 85719

This facility is licensed to operate as an **OUTPATIENT TREATMENT CENTER**

This license has been issued under the authority of Title 36, Chapter 4, Arizona Revised statutes and pursuant to Department of Health Services' Rules, is not transferable and is valid only for the location identified above.

License Effective:

From: **January 1, 2014**

To: **December 31, 2014**

Issued: **October 16, 2013**

Number: **OTC3405**

*Connie Balder*  
Recommended By:

*CM*

Issued By: **Assistant Director**

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED  
**TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE**

**The Pima County Adult Detention Center is not licensed by the Office of Behavioral Health per the following statute. The facility is accredited by NCCHC, however as per the letter following this statute.**

## **Arizona Revised Statutes - Title 36 Public Health and Safety - Section 36-402 Exemptions**

[Legal Research Home](#) >

### 36-402. Exemptions

A. This chapter and the rules adopted by the director pursuant to this chapter do not authorize the licensure, supervision, regulation or control of:

1. The remedial care or treatment of residents or patients in any home or institution conducted only for those who rely solely on treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denomination.
2. Establishments, such as motels, hotels and boarding houses, that provide domiciliary and ancillary commercial services, but do not provide adaptive, medical, hospital, nursing, health related or supervisory care services.
3. Private offices and clinics of health care providers licensed under title 32 that are not freestanding urgent care centers, unless:
  - (a) Patients are kept overnight as bed patients or treated otherwise under general anesthesia except when treatment by general anesthesia is regulated by title 32, chapter 11.
  - (b) The office or clinic is an abortion clinic. For the purposes of this subdivision, "abortion clinic" has the same meaning prescribed in section 36-449.01.
4. Dispensaries and first aid stations located within business or industrial establishments maintained solely for the use of employees if the facility does not contain inpatient beds and is under the supervision of a physician.
5. The collection, processing or distribution of whole human blood, blood components, plasma, blood fractions or derivatives procured, processed or distributed by federally licensed and regulated blood banks.
6. Places where four or fewer adults not related to the administrator or owner receive adult day health services for compensation on a regular basis.

7. Places at which persons receive health related services only from relatives or from legal guardians or places that do not purport to be establishments that regularly provide health related services and at which one or two persons receive health related services on a twenty-four hour basis.

8. The Arizona pioneers' home. However, the department of health services shall evaluate the health and sanitation conditions at the Arizona pioneers' home annually using the standards applicable to licensed nursing care institutions.

9. The personal residence of a terminally ill person, or the personal residence of that person's relative or guardian, where that person receives hospice services from a hospice service agency.

10. All medical and health related facilities and services that are provided to inmates who are confined in a state prison. The state department of corrections shall annually evaluate the medical and health related facilities and services that are provided to inmates to determine that the facilities and services meet the applicable standards that are adopted by the director of the department of health services. The state department of corrections shall report the results of its annual evaluation and the actual findings, including a plan of correction for any deficiencies, to the director of the department of health services. The department of health services shall conduct validation surveys on a percentage of the medical and health related facilities, the number of which shall be determined by the state department of corrections and the department of health services. The director of the state department of corrections shall maintain the annual evaluation reports. This paragraph does not apply to licensed behavioral or mental health inpatient treatment facilities that the state department of corrections operates.

11. A facility that provides medical and health services to inmates who are confined in a county jail. The sheriff shall annually evaluate the facility to determine if it meets the applicable standards that are adopted by either a national corrections commission on health care or an American correctional association or the sheriff shall annually submit the facility to a similar separate inspection by an outside agency with medical standards. The sheriff must submit the certificate of accreditation or proof of successful inspection to the department annually and keep a copy of the certificate or proof of inspection.

B. A medical and health related facility that provides medical and health services exclusively to persons who are incarcerated, detained or confined under court order or court jurisdiction is exempt from the patient-per-room capacity requirements provided in rule if the facility:

1. Does not exceed its intended medical and custodial purposes.

2. Adopts policies and procedures to comply with the national commission on correctional health care standards, or equivalent standards.

3. As soon as practicable, becomes accredited by the national commission on correctional health care, or by an equivalent organization.

4. Once accreditation is obtained, submits a certificate of accreditation to the department of health services annually.
5. Maintains a copy of the certificate of accreditation.
6. Maintains patient and custodial records, including on-site current photographs and fingerprints, if permitted by applicable law.
7. Makes patient lists with inmate identifiers available to the state department of corrections on reasonable request.
8. Provides timely notice of any major incident involving public safety to the appropriate law enforcement agency and allows that agency access to the facility for the purposes of law enforcement and investigation.

C. Subsection B of this section does not apply to health care institutions that exclusively provide behavioral health services.

Sections: [Previous](#) [36-401](#) [36-402](#) [36-403](#) [36-404](#) [36-405](#) [36-405.01](#) [36-406](#) [36-407](#) [36-408](#) [36-409](#) [36-410](#) [36-411](#) [36-412](#) [36-413](#) [36-414](#) [Next](#)

*Last modified: March 5, 2010*

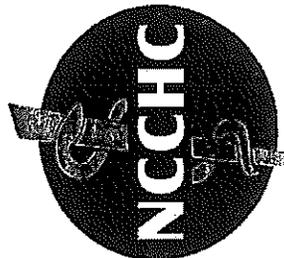
National Commission on Correctional Health Care

Certificate of Accreditation

Pima County Adult Detention Center  
Tucson, Arizona

The above named facility is hereby recognized by the National Commission on Correctional Health Care upon recommendation of its Accreditation Committee to have met all the requirements of accreditation under NCCHC's *Standards for Health Services*.

February 2014



Carl C. Bell, M.D.  
Chair, NCCHC Accreditation Committee

Joseph V. Penn, MA, CCHP  
Chair, NCCHC Board of Directors

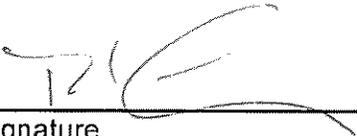
*Joseph V. Penn*  
President, NCCHC

ATTACHMENT H

Appendix 3

**Chief Executive Assurance to Collect and Report Recidivism Indicator Data**

I hereby assure that, if awarded grant funds under the Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders Program, my organization will collect unique identifiers for each program participant, will collect recidivism indicator performance data, and will submit all such data upon the end of the grant period via the Bureau of Justice Assistance Performance Measurement Tool. I understand that the inability or refusal to submit such data after an award is made may impact my organization's ability to receive future Bureau of Justice Assistance competitive grant funding.

  
\_\_\_\_\_  
Signature  
CEO, OPCS  
\_\_\_\_\_  
Title  
3-6-14  
\_\_\_\_\_  
Date

## **ATTACHMENT I**

### **Disclosure of Pending Applications**

At this time neither the Pima County Office of Behavioral Health nor any of the other organizations included in this application have pending applications submitted within the last 12 months for federally funded grants or subgrants (including cooperative agreements) that include requests for funding to support the same project being proposed under this solicitation and that will cover the identical cost items outlined in the budget narrative and worksheet in the application under this solicitation.

## ATTACHMENT J

### Evaluation Independence and Integrity

The applicant, Pima County has in place policies and procedures to identify and mitigate or eliminate potential personal or financial conflicts of interest on the part of its staff, consultants, and/or sub-recipients. This section will identify and describe those policies and procedures and explain how and why Pima County has concluded that no potential personal or organizational conflicts of interest exist.

Pima County Behavioral Health (PCBH) oversees the mental health care services provided to the populations at the County's Adult and Juvenile Detention centers by monitoring the performance of health care providers under contract to provide such services, ensuring the provision of quality health care and the reduction of County liability. In addition, the Restoration to Competency program operated at the Pima County Adult Detention Complex (PCADC) is operated by PCBH. Finally, PCBH staff members ensure the County's compliance with statutory obligations regarding mental health care by funding the county's mandated contributions to state health care delivery systems and coordinating with the mental/behavioral health system providers.

What follows is the Pima County Administrative Procedure related to conflicts of interest, Procedure 03-26. The effective date of the procedure was 3/15/2004 with a revision date of 9/24/2013. PCBH will follow this procedure in its conduct of the proposed Inside Out Recovery Partnership Project.

#### **I. Purpose**

This Administrative Procedure augments Board of Supervisors Policy C 2.1 (Ethics, Conduct and Compliance) and provides explicit guidance to County Departments for compliance with A.R.S. §§ 38-501 *et seq.* It is designed to preserve and promote the integrity of the workplace.

#### **II. Conflicts of Interest**

##### **A. General Requirements and Objective**

Arizona law (A.R.S. §§ 38-501 *et seq.*) requires any Pima County officer or employee who has, or whose relative has, a substantial interest in any contract, sale, purchase, service or decision of Pima County to make the interest known in the County's official records and to refrain from any participation in an official capacity in the contract, sale, purchase, service or decision. "Employee" includes all persons employed on a full-time, part-time or contract basis.

The object of conflict of interest statutes is to remove or limit the possibility of personal influence which might bear upon an official's decision.

**B. Relative**

"Relative" includes spouse, child, grandchild, parent, grandparent, brother or sister of the whole or half blood and their spouses, and the parent, brother, sister or child of a spouse. A substantial interest of a relative is considered a substantial interest of the employee.

**C. Substantial Interest**

A substantial interest is any interest that confers a pecuniary (monetary) or proprietary (ownership) interest, either direct or indirect, which is not a remote interest. An employee must disclose a substantial interest of the employee or the employee's relative and the employee must also refrain from participating in any manner in the relevant contract, purchase or decision.

**D. Remote Interest Defined**

Remote interests are not considered substantial, do not need to be disclosed and do not prevent participation of the employee in an official capacity because they are not considered significant enough to influence a public decision maker. A.R.S. § 32-502(10) defines remote interests as:

1. employee or employee's relative is a non-salaried officer of a nonprofit corporation
2. employee or employee's relative is a landlord or tenant of a contracting party\
3. employee or employee's relative is an attorney of a contracting party
4. employee or employee's relative is a member of a nonprofit cooperative marketing association
5. employee or employee's relative owns less than 3 percent of the shares of a for-profit corporation, provided the total annual income from dividends, including the value of stock dividends, from the corporation does not exceed 5 percent of the total family income of the official or employee, and other payments from the corporation to the person do not exceed an additional 5 percent of his/her total family income
6. employee or employee's relative is reimbursed for actual and necessary expenses incurred in the performance of official duties
7. employee or employee's relative is a recipient of public services generally available to the public
8. employee or employee's relative is a public officer or employee of another public agency unless the action of that agency would confer a direct economic benefit or detriment upon the employee or the employee's family
9. employee or employee's relative is a member of a trade, business, occupation or professional association or class of persons consisting of at least ten members whose interest is no greater than the interest of any other members of that or similar groups.

**E. Responsibility of Employees**

Any employee who has, or whose relative has, a substantial interest in any contract, sale, purchase, service or decision of Pima County shall promptly do two things:

1. pursuant to this procedure, make known that interest in the files maintained by the Clerk of the Board and/or the Finance Department; and
2. refrain from voting or participating in the employee's official capacity in any manner in the contract, sale, purchase, service or decision.

After complying with these requirements, an employee or employee's relative with a substantial interest may supply equipment, material, supplies, or services to Pima County, but only pursuant to award or contract let after competitive bidding.

**F. Appearance of Impropriety and the Pima County Gift Policy**

It is important to recognize that the appearance of a conflict of interest may also damage public trust and confidence in local government and may impair Pima County's ability to conduct its legitimate operations. For this reason employees are required to scrutinize their actions and to avoid situations where their official acts appear to affect their own or their relatives' private or business interests. All County employees are expressly prohibited from accepting any gift, gratuity, favor, service, entertainment, rebate, loan, money or remuneration of any kind from any person, firm company or corporation to which any purchase order or contract is or may be awarded. See, also, Board of Supervisors Policy D 29.2, Gifts and Rebates and Administrative Procedure 3-19, County Employees- Gifts.

**III. Departmental Responsibility**

Each department shall ensure that employees are familiar with this procedure requiring employees to provide notice of substantial interests. The department may also institute department-specific procedures where necessary to incorporate department-specific criteria or requirements. In all instances employees shall use the attached Notice of a Substantial Interest in a Pima County Contract, Sale, Purchase, Service or Decision form (see Attachment A).

**IV. Violations**

Violations of A.R.S. §§ 38-501 *et seq.*, Board Policy C 2.1, this Administrative Procedure, or departmental procedures shall be handled in accordance with the Pima County Merit System Rules and Personnel Policies. Employees who violate A.R.S. §§ 38-501 *et seq.*, may also be subject to criminal prosecution and forfeiture of employment, as provided by law.

The Inside Out Recovery Partnership is a two-year, collaborative effort between the Pima County Behavioral Health (PCBH), Pima County Sheriff's Dept., Conmed Healthcare Management, Inc. (Conmed), Old Pueblo Community Services (OPCS) and other not for profit organizations, with the primary objective of reducing recidivism for inmates leaving the PCADC and increasing public safety in Pima County. Pima Prevention Partnership has served as the IORP project's independent evaluator for the past two years.

Funding is being sought to provide an enhanced reentry service package to PCADC inmates with co-occurring mental health and substance abuse disorders as they transition back into the community, including intensive outpatient substance abuse and mental health services.

The evaluator, Pima Prevention Partnership (PPP), is a non-profit agency located in Tucson, Arizona. PPP has provided research and evaluation services to local, state and federal-level governments and non-profit agencies in the United States and other countries since 1997. PPP has completed multi-year federally funded evaluations for programs funded by SAMHSA, Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention, and Administration for Children and Families and is currently participating in several cross-site evaluations which include evaluation site visits by the granting agencies.

PPP was chosen as the independent evaluator for IORP because of its experience and expertise in the evaluation of substance abuse treatment, particularly for clients with justice system involvement.

The following four sections outline the PPP institutional, staff, and project policies and procedures that ensure PPP's independence and integrity in evaluating this project.

**Organization Policies and Procedures.** All employees, including those in the Program Services Unit, are bound by the Policies and Procedures instituted by its Board of Directors:

- **804 Conflicts of Interest**, which prohibits employees from accepting outside employment with any organization doing business with PPP, accepting gifts such as lavish entertainment or free travel and lodging, or sharing in financial interest in any firm that does business or competes with PPP.
- **805 Confidential Nature of PPP Affairs**, which specifies the responsibility of the Executive Director for the control and securing of all confidential client and employee data, including client records, supplier and research data; establishes an executive review process for all press releases, publications, speeches and other; and authorizes the organization to discipline any employees violating the policy.
- **Audit.** PPP Board of Directors requires the organization to complete a full financial audit annually with HBL CPAs, P.C., Certified Public Accounts, of Tucson, AZ.

**Research and Evaluation Policies and Procedures.** All PPP research and evaluation policies and procedures are modeled on the Federal Policy for the Protection of Human Subjects (45 CRF 46 Subpart A), including the treatment of all clients and staff evaluated, confidentiality and anonymity of all reporting, and the security of all data and research/evaluation records.

Evaluation staff are required to complete the US Department of Health and Human Services Human Subjects Research training; certificates of completion are kept in personnel files

- PPP has completed an Institution Review Process using independent Institutional review board, Argus, Inc. for evaluations of federally funded grants where required, in Arizona, California and Ohio involving vulnerable populations including women, children and adolescents.
- All evaluation proposals and plans are reviewed by senior management staff for adherence to professional standards, federal requirements and protection of human subjects requirements
- The organization funds evaluators' membership in the field's primary professional organization, the American Evaluation Association, and follows the professional guidelines published by AEA.

#### **Evaluation Procedures of PPP to ensure quality and objectivity in reporting.**

- Evaluation activities, including evaluation planning, data management and reporting are supervised by PPP's Associate Director of Research and Evaluation.
- The evaluator selected for this project is a PhD-level professional with 25 years of experience in research and evaluation of social program and four years of experience with PPP.
- The project includes ongoing coordination between OPCS/PPP evaluation staff on issues of data collection and management, to ensure data quality.
- Reporting to OPCS will include analyses of characteristics and outcomes for program drop-outs as well as completers and for high risk and difficult-to-serve clients, for purposes of program improvement.
- Data management, analysis and reporting follow the federal protection of human subjects guidelines for anonymity and confidentiality. Client data is stored without identifying information on a secure server; data is reported in aggregate form; and individual examples, case studies or record reviews are not associated with a client name or identification.

**Inside Out Recovery Partnership -- Old Pueblo Community Services – Pima County Behavioral Health.** PPP has reviewed the proposal and the services to be provided and has identified no organizational or personal conflict of interest with regard to the proposed evaluation.

- PPP is governed by a Board of Directors, which has no members who work for OPCS or the County or are on the Board of Directors of OPCS.
- Neither the senior management of PPP nor any evaluation and research staff are employed by OPCS to provide services other than evaluation.
- PPP's Program Services Division currently has three subcontracts with OPCS to provide evaluation services for projects funded by SAMHSA CSAT and the Bureau of Justice Assistance.

**ATTACHMENT K-1  
Budget and Budget Narrative - IORP Total Project**

|   | Year 1<br>Implementation<br>(9 mos.) |                | Year 2<br>Implementation | Two-Year<br>Total |
|---|--------------------------------------|----------------|--------------------------|-------------------|
|   | Planning<br>(3 mos.)                 |                |                          |                   |
| <b>A. Personnel</b>   |                                      |                |                          |                   |
| Name / Position   |                                      |                |                          | \$0               |
| Danna Whiting, Behavioral Health Administrator  |                                      |                |                          | \$5,480           |
| Sharon Grant, Contracts/Grants Manager  | \$685                                | \$2,055        | \$2,740                  | \$5,890           |
| Finance Staff, Principal Finance Accountant   | \$736                                | \$2,209        | \$2,945                  | \$5,890           |
| Sub-Total Personnel   | \$1,421                              | \$4,264        | \$5,685                  | \$11,370          |
| <b>Project Related Duties</b>   |                                      |                |                          |                   |
| Sharon Grant, Contracts/Grants Manager  |                                      |                |                          |                   |
| Finance Staff, Principal Finance Accountant   |                                      |                |                          |                   |
| Will review and prepare grant reports and invoices and process grant-related reimbursements<br>Will monitor all grant accounting, issue requests for reimbursement, and assist in preparing financial reports and analysis                                  |                                      |                |                          |                   |
| <b>B. Fringe Benefits</b>   |                                      |                |                          |                   |
| FICA / Medicare   | \$107                                | \$320          | \$428                    | \$853             |
| Health Insurance (employer's contribution)  | \$240                                | \$721          | \$961                    | \$1,922           |
| Arizona State Retirement System   | \$164                                | \$492          | \$656                    | \$1,312           |
| Workers' Compensation   | \$31                                 | \$94           | \$125                    | \$250             |
| Unemployment Compensation   | \$24                                 | \$72           | \$97                     | \$193             |
| Sub-Total Fringe Benefits   | \$566                                | \$1,699        | \$2,265                  | \$4,530           |
| <b>Total Personnel &amp; Fringe Benefits</b>  | <b>\$1,987</b>                       | <b>\$5,962</b> | <b>\$7,950</b>           | <b>\$15,900</b>   |
| <b>C. Travel</b>  |                                      |                |                          |                   |
| Purpose of Travel   |                                      |                |                          |                   |
| Required Travel-Out of State Training   |                                      | \$1,828        | \$1,928                  | \$3,656           |
| 3-day meeting for 1 staff - Airfare: 1 staff at \$700 per flight (\$700); Lodging: 1 staff at \$225 per night x 4 nights (\$916); Per Diem: 1 staff at 4 days at \$39 (\$156); other travel expenses estimated at \$56 per person (\$56) -- each of 2 years |                                      |                |                          |                   |
| Local Mileage   | \$17                                 | \$50           | \$67                     | \$134             |
| Total Travel  | \$17                                 | \$1,878        | \$1,995                  | \$3,790           |
| <b>D. Equipment</b>   |                                      |                |                          |                   |
| N/A   |                                      |                |                          |                   |
| Sub-Total Equipment   | \$0                                  | \$0            | \$0                      | \$0               |
| <b>E. Supplies</b>  |                                      |                |                          |                   |
| N/A   |                                      |                |                          |                   |
| Sub-Total Supplies  | \$0                                  | \$0            | \$0                      | \$0               |

**ATTACHMENT K-1  
Budget and Budget Narrative - IORP Total Project**

|  | Year 1               |                            | Year 2<br>Implementation | Two-Year<br>Total |
|--|----------------------|----------------------------|--------------------------|-------------------|
|  | Planning<br>(3 mos.) | Implementation<br>(9 mos.) |                          |                   |
| <b>F. Construction</b>   |                      |                            |                          |                   |
| N/A  |                      |                            |                          |                   |
| Sub-Total Construction   | \$0                  | \$0                        | \$0                      | \$0               |
| <b>G. Consultants / Contracts</b>  |                      |                            |                          |                   |
| Contractor   |                      |                            |                          |                   |
| Implementation of IORP: clinical treatment; intensive case management; transitional housing services; life skills training; peer support recovery activities; psychiatric exams; physical exams; employment training and support services; evaluation; and education services (See tab 2 - OPCS Line Item Budget-Attachment K-2) | \$19,808             | \$244,281                  | \$316,219                | \$580,309         |
| Old Pueblo Community Services  |                      |                            |                          |                   |
| Sub-Total Consultants / Contracts  | \$19,808             | \$244,281                  | \$316,219                | \$580,309         |
| <b>H. Other Costs</b>  |                      |                            |                          |                   |
| N/A  |                      |                            |                          |                   |
| Sub-Total Other Costs  | \$0                  | \$0                        | \$0                      | \$0               |
| <b>I. Indirect Costs</b>   |                      |                            |                          |                   |
| N/A  |                      |                            |                          |                   |
| Sub-Total Indirect Costs   | \$0                  | \$0                        | \$0                      | \$0               |
| <b>Budget Summary</b>  |                      |                            |                          |                   |
| A. Personnel   | \$1,421              | \$4,264                    | \$5,685                  | \$11,370          |
| B. Fringe Benefits   | \$566                | \$1,699                    | \$2,265                  | \$4,530           |
| C. Travel  | \$17                 | \$1,678                    | \$1,695                  | \$3,790           |
| D. Equipment   | \$0                  | \$0                        | \$0                      | \$0               |
| E. Supplies  | \$0                  | \$0                        | \$0                      | \$0               |
| F. Construction  | \$0                  | \$0                        | \$0                      | \$0               |
| G. Consultants / Contracts   | \$19,808             | \$244,281                  | \$316,219                | \$580,309         |
| H. Other Costs   | \$0                  | \$0                        | \$0                      | \$0               |
| I. Indirect Costs  | \$0                  | \$0                        | \$0                      | \$0               |
| <b>TOTAL PROJECT COSTS (all direct costs)</b>  | <b>\$21,812</b>      | <b>\$252,121</b>           | <b>\$326,064</b>         | <b>\$599,998</b>  |

**ATTACHMENT K-2  
Budget and Budget Narrative - IORP Contractor's, Managed by OPCS**

|   | Year 1            |                         | Two-Year Total   |
|---|-------------------|-------------------------|------------------|
|   | Planning (3 mos.) | Implementation (9 mos.) |                  |
| <b>A. Personnel</b>                                   |                   |                         |                  |
| <b>Name / Position</b>                                |                   |                         |                  |
| Katy Scoblink, Clinical Director                      | \$3,675           | \$11,025                | \$15,141         |
| Yvonna Fields, .2 FTE Program Manager Reentry         | \$2,210           | \$6,630                 | \$9,165          |
| To Be Hired, 1.0 FTE Case Manager                     |                   | \$21,060                | \$28,922         |
| To Be Hired, 0.75 FTE Behavioral Health Technician    |                   | \$16,865                | \$23,299         |
| To Be Hired, 1.0 FTE Counselor                        |                   | \$30,750                | \$42,230         |
| To Be Hired, 0.5 FTE Peer Recovery Support Specialist |                   | \$8,590                 | \$11,742         |
| To Be Hired 0.5 FTE Job Coach                         |                   | \$12,670                | \$17,675         |
| <b>Sub-Total Personnel</b>                            | <b>\$5,885</b>    | <b>\$107,860</b>        | <b>\$145,114</b> |
| <b>Project Related Duties</b>                         |                   |                         |                  |
| Katy Scoblink, Director of Recovery Communities       |                   |                         |                  |
| Yvonna Fields, .2 FTE Program Manager Reentry         |                   |                         |                  |
| To Be Hired, Case Manager                             |                   |                         |                  |
| To Be Hired, Behavioral Health Technician             |                   |                         |                  |
| To Be Hired, Counselor                                |                   |                         |                  |
| To Be Hired, Peer Recovery Support Specialist         |                   |                         |                  |
| To be hired, Job Coach                                |                   |                         |                  |
| <b>B. Fringe Benefits</b>                             |                   |                         |                  |
| <b>Taxes and Benefits</b>                             |                   |                         |                  |
| FICA  | \$460             | \$8,253                 | \$11,331         |
| Health Insurance                                      | \$209             | \$3,775                 | \$5,184          |
| Workers Compensation                                  | \$118             | \$2,158                 | \$2,962          |
| Unemployment Compensation                             |                   | \$1,960                 | \$1,960          |
| Simple IRA  | \$88              | \$1,128                 | \$2,222          |
| HR Administration                                     | \$94              | \$1,726                 | \$2,370          |
| <b>Sub-Total Fringe Benefits</b>                      | <b>\$956</b>      | <b>\$19,001</b>         | <b>\$26,020</b>  |
| <b>Total Personnel &amp; Fringe Benefits</b>          | <b>\$6,841</b>    | <b>\$126,861</b>        | <b>\$174,143</b> |
| <b>C. Travel</b>                                      |                   |                         |                  |
| <b>Purpose of Travel</b>                              |                   |                         |                  |
| Required Travel-Out of State Training                 |                   | \$3,912                 | \$3,912          |
| Local Mileage   | \$342             | \$1,026                 | \$1,368          |
| Sub-Total Travel                                      | <b>\$342</b>      | <b>\$4,938</b>          | <b>\$5,280</b>   |
| <b>D. Equipment</b>                                   |                   |                         |                  |
| N/A   |                   |                         |                  |
| <b>Sub-Total Equipment</b>                            | <b>\$0</b>        | <b>\$0</b>              | <b>\$0</b>       |
| <b>E. Supplies</b>                                    |                   |                         |                  |
| <b>Description</b>                                    |                   |                         |                  |
| General office supplies                               |                   | \$460                   | \$960            |
| Trauma Curriculum                                     | \$250             |                         | \$250            |
| BUS Passes  |                   | \$1,125                 | \$1,500          |
| <b>Sub-Total Supplies</b>                             | <b>\$250</b>      | <b>\$1,605</b>          | <b>\$1,990</b>   |
| <b>F. Construction</b>                                |                   |                         |                  |
| N/A   |                   |                         |                  |
| <b>Sub-Total Construction</b>                         | <b>\$0</b>        | <b>\$0</b>              | <b>\$0</b>       |

**ATTACHMENT K-2  
Budget and Budget Narrative - IORP Contractor's, Managed by OPCS**

|   | Planning<br>(3 mos.) | Year 1<br>Implementation<br>(9 mos.) | Year 2<br>Implementation | Two-Year<br>Total |
|---|----------------------|--------------------------------------|--------------------------|-------------------|
| <b>G. Consultants / Contracts</b>             |                      |                                      |                          |                   |
| Contractor                                    |                      |                                      |                          |                   |
| El Rio Community Health Center                |                      |                                      |                          |                   |
| Sub-Total Consultants / Contracts             |                      |                                      |                          |                   |
| <b>H. Other Costs</b>                         |                      |                                      |                          |                   |
| <b>Description</b>                            |                      |                                      |                          |                   |
| Communication                                 | \$4,275              | \$35,625                             | \$39,900                 | \$79,800          |
| Housing                                       | \$6,100              | \$34,800                             | \$42,900                 | \$85,800          |
| Ultrasound testing                            |                      | \$575                                | \$675                    | \$1,350           |
| Sub-Total Other Costs                         | \$0                  | \$35,431                             | \$47,077                 | \$82,448          |
| <b>I. Indirect Costs</b>                      |                      |                                      |                          |                   |
| N/A   |                      |                                      |                          |                   |
| Sub-Total Indirect Costs                      |                      |                                      |                          |                   |
| <b>Budget Summary</b>                         |                      |                                      |                          |                   |
| A. Personnel                                  | \$5,885              | \$107,880                            | \$148,114                | \$261,879         |
| B. Fringe Benefits                            | \$956                | \$19,001                             | \$26,029                 | \$45,985          |
| C. Travel                                     | \$342                | \$4,938                              | \$5,280                  | \$10,560          |
| D. Equipment                                  | \$0                  | \$0                                  | \$0                      | \$0               |
| E. Supplies                                   | \$250                | \$1,605                              | \$1,990                  | \$3,835           |
| F. Construction                               | \$0                  | \$0                                  | \$0                      | \$0               |
| G. Consultants / Contracts                    | \$12,375             | \$75,425                             | \$87,800                 | \$175,600         |
| H. Other Costs                                | \$0                  | \$35,431                             | \$47,077                 | \$82,448          |
| I. Indirect Costs                             | \$0                  | \$0                                  | \$0                      | \$0               |
| <b>TOTAL PROJECT COSTS (all direct costs)</b> | <b>\$19,808</b>      | <b>\$244,281</b>                     | <b>\$316,219</b>         | <b>\$580,309</b>  |

EXHIBIT D  
NOTICE OF AWARD



Department of Justice  
Office of Justice Programs

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Office of the Assistant Attorney General

Washington, D.C. 20531

September 23, 2014

Mr. Garrett Hancock  
Pima County Department of Institutional Health  
3950 South Country Club Road, Suite 300  
Tucson, AZ 85714

Dear Mr. Hancock:

On behalf of Attorney General Eric Holder, it is my pleasure to inform you that the Office of Justice Programs has approved your application for funding under the FY 14 Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders: County or city local government agencies serving adult offenders in the amount of \$599,998 for Pima County Department of Institutional Health.

Enclosed you will find the Grant Award and Special Conditions documents. This award is subject to all administrative and financial requirements, including the timely submission of all financial and programmatic reports, resolution of all interim audit findings, and the maintenance of a minimum level of cash-on-hand. Should you not adhere to these requirements, you will be in violation of the terms of this agreement and the award will be subject to termination for cause or other administrative action as appropriate.

If you have questions regarding this award, please contact:

- Program Questions, Jennifer L. Lewis, Program Manager at (202) 305-8064; and
- Financial Questions, the Office of the Chief Financial Officer, Customer Service Center (CSC) at (800) 458-0786, or you may contact the CSC at [ask.ocfo@usdoj.gov](mailto:ask.ocfo@usdoj.gov).

Congratulations, and we look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "Karol V. Mason".

Karol Virginia Mason  
Assistant Attorney General

Enclosures



## OFFICE FOR CIVIL RIGHTS

Office of Justice Programs  
Department of Justice  
810 7th Street, NW  
Washington, DC 20531

Tel: (202) 307-0690  
TTY: (202) 307-2027  
E-mail: [askOCR@usdoj.gov](mailto:askOCR@usdoj.gov)  
Website: [www.ojp.usdoj.gov/ocr](http://www.ojp.usdoj.gov/ocr)

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September 23, 2014

Mr. Garrett Hancock  
Pima County Department of Institutional Health  
3950 South Country Club Road, Suite 300  
Tucson, AZ 85714

Dear Mr. Hancock:

Congratulations on your recent award. In establishing financial assistance programs, Congress linked the receipt of federal funding to compliance with federal civil rights laws. The Office for Civil Rights (OCR), Office of Justice Programs (OJP), U.S. Department of Justice (DOJ) is responsible for ensuring that recipients of financial assistance from the OJP, the Office of Community Oriented Policing Services (COPS), and the Office on Violence Against Women (OVW) comply with the applicable federal civil rights laws. We at the OCR are available to help you and your organization meet the civil rights requirements that come with DOJ funding.

### Ensuring Access to Federally Assisted Programs

Federal laws that apply to recipients of financial assistance from the DOJ prohibit discrimination on the basis of race, color, national origin, religion, sex, or disability in funded programs or activities, not only in employment but also in the delivery of services or benefits. A federal law also prohibits recipients from discriminating on the basis of age in the delivery of services or benefits.

In March of 2013, President Obama signed the Violence Against Women Reauthorization Act of 2013. The statute amends the Violence Against Women Act of 1994 (VAWA) by including a nondiscrimination grant condition that prohibits discrimination based on actual or perceived race, color, national origin, religion, sex, disability, sexual orientation, or gender identity. The new nondiscrimination grant condition applies to certain programs funded after October 1, 2013. The OCR and the OVW have developed answers to some frequently asked questions about this provision to assist recipients of VAWA funds to understand their obligations. The Frequently Asked Questions are available at <http://ojp.gov/about/ocr/vawafaqs.htm>.

### Enforcing Civil Rights Laws

All recipients of federal financial assistance, regardless of the particular funding source, the amount of the grant award, or the number of employees in the workforce, are subject to prohibitions against unlawful discrimination. Accordingly, the OCR investigates recipients that are the subject of discrimination complaints from both individuals and groups. In addition, based on regulatory criteria, the OCR selects a number of recipients each year for compliance reviews, audits that require recipients to submit data showing that they are providing services equitably to all segments of their service population and that their employment practices meet equal opportunity standards.

### **Providing Services to Limited English Proficiency (LEP) Individuals**

In accordance with DOJ guidance pertaining to Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, recipients of federal financial assistance must take reasonable steps to provide meaningful access to their programs and activities for persons with limited English proficiency (LEP). See U.S. Department of Justice, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 67 Fed. Reg. 41,455 (2002). For more information on the civil rights responsibilities that recipients have in providing language services to LEP individuals, please see the website <http://www.lep.gov>.

### **Ensuring Equal Treatment for Faith-Based Organizations**

The DOJ regulation, *Equal Treatment for Faith-Based Organizations*, 28 C.F.R. pt. 38, requires State Administering Agencies (SAAs) to treat faith-based organizations the same as any other applicant or recipient. The regulation prohibits SAAs from making awards or grant administration decisions on the basis of an organization's religious character or affiliation, religious name, or the religious composition of its board of directors.

The regulation also prohibits faith-based organizations from using financial assistance from the DOJ to fund inherently (or explicitly) religious activities. While faith-based organizations can engage in non-funded inherently religious activities, they must hold them separately from the program funded by the DOJ, and recipients cannot compel beneficiaries to participate in them. The Equal Treatment Regulation also makes clear that organizations participating in programs funded by the DOJ are not permitted to discriminate in the provision of services on the basis of a beneficiary's religion. For more information on the regulation, please see the OCR's website at [http://www.ojp.usdoj.gov/about/ocr/equal\\_fbo.htm](http://www.ojp.usdoj.gov/about/ocr/equal_fbo.htm).

SAAs and faith-based organizations should also note that the Omnibus Crime Control and Safe Streets Act (Safe Streets Act) of 1968, as amended, 42 U.S.C. § 3789d(c); the Victims of Crime Act of 1984, as amended, 42 U.S.C. § 10604(e); the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, 42 U.S.C. § 5672(b); and VAWA, Pub. L. No. 113-4, sec. 3(b)(4), 127 Stat. 54, 61-62 (to be codified at 42 U.S.C. § 13925(b)(13)) contain prohibitions against discrimination on the basis of religion in employment. Despite these nondiscrimination provisions, the DOJ has concluded that it may construe the Religious Freedom Restoration Act (RFRA) on a case-by-case basis to permit some faith-based organizations to receive DOJ funds while taking into account religion when hiring staff, even if the statute that authorizes the funding program generally forbids recipients from considering religion in employment decisions. Please consult with the OCR if you have any questions about the regulation or the application of RFRA to the statutes that prohibit discrimination in employment.

### **Using Arrest and Conviction Records in Making Employment Decisions**

The OCR issued an advisory document for recipients on the proper use of arrest and conviction records in making hiring decisions. See *Advisory for Recipients of Financial Assistance from the U.S. Department of Justice on the U.S. Equal Employment Opportunity Commission's Enforcement Guidance: Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act of 1964* (June 2013), available at [http://www.ojp.usdoj.gov/about/ocr/pdfs/UseofConviction\\_Advisory.pdf](http://www.ojp.usdoj.gov/about/ocr/pdfs/UseofConviction_Advisory.pdf). Recipients should be mindful that the misuse of arrest or conviction records to screen either applicants for employment or employees for retention or promotion may have a disparate impact based on race or national origin, resulting in unlawful employment discrimination. In light of the Advisory, recipients should consult local counsel in reviewing their employment practices. If warranted, recipients should also incorporate an analysis of the use of arrest and conviction records in their Equal Employment Opportunity Plans (EEOs) (see below).

### **Complying with the Safe Streets Act**

An organization that is a recipient of financial assistance subject to the nondiscrimination provisions of the Safe Streets Act, must meet two obligations: (1) complying with the federal regulation pertaining to the development of an EEO (see 28 C.F.R. pt. 42, subpt. E) and (2) submitting to the OCR findings of discrimination (see 28 C.F.R. §§ 42.204(c), .205(c)(5)).

### Meeting the EEOP Requirement

If your organization has less than fifty employees or receives an award of less than \$25,000 or is a nonprofit organization, a medical institution, an educational institution, or an Indian tribe, then it is exempt from the EEOP requirement. To claim the exemption, your organization must complete and submit Section A of the Certification Form, which is available online at <http://www.ojp.usdoj.gov/about/ocr/pdfs/cert.pdf>.

If your organization is a government agency or private business and receives an award of \$25,000 or more, but less than \$500,000, and has fifty or more employees (counting both full- and part-time employees but excluding political appointees), then it has to prepare a Utilization Report (formerly called an EEOP Short Form), but it does not have to submit the report to the OCR for review. Instead, your organization has to maintain the Utilization Report on file and make it available for review on request. In addition, your organization has to complete Section B of the Certification Form and return it to the OCR. The Certification Form is available at <http://www.ojp.usdoj.gov/about/ocr/pdfs/cert.pdf>.

If your organization is a government agency or private business and has received an award for \$500,000 or more and has fifty or more employees (counting both full- and part-time employees but excluding political appointees), then it has to prepare a Utilization Report (formerly called an EEOP Short Form) and submit it to the OCR for review within sixty days from the date of this letter. For assistance in developing a Utilization Report, please consult the OCR's website at <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>. In addition, your organization has to complete Section C of the Certification Form and return it to the OCR. The Certification Form is available at <http://www.ojp.usdoj.gov/about/ocr/pdfs/cert.pdf>.

To comply with the EEOP requirements, you may request technical assistance from an EEOP specialist at the OCR by telephone at (202) 307-0690, by TTY at (202) 307-2027, or by e-mail at [EEOSubmission@usdoj.gov](mailto:EEOSubmission@usdoj.gov).

### Meeting the Requirement to Submit Findings of Discrimination

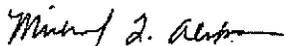
If in the three years prior to the date of the grant award, your organization has received an adverse finding of discrimination based on race, color, national origin, religion, or sex, after a due-process hearing, from a state or federal court or from a state or federal administrative agency, your organization must send a copy of the finding to the OCR.

### Ensuring the Compliance of Subrecipients

SAAs must have standard assurances to notify subrecipients of their civil rights obligations, written procedures to address discrimination complaints filed against subrecipients, methods to monitor subrecipients' compliance with civil rights requirements, and a program to train subrecipients on applicable civil rights laws. In addition, SAAs must submit to the OCR every three years written Methods of Administration (MOA) that summarize the policies and procedures that they have implemented to ensure the civil rights compliance of subrecipients. For more information on the MOA requirement, see [http://www.ojp.usdoj.gov/funding/other\\_requirements.htm](http://www.ojp.usdoj.gov/funding/other_requirements.htm).

If the OCR can assist you in any way in fulfilling your organization's civil rights responsibilities as a recipient of federal financial assistance, please contact us.

Sincerely,



Michael L. Alston  
Director

cc: Grant Manager  
Financial Analyst



Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance

Grant

PAGE 1 OF 5

| 1. RECIPIENT NAME AND ADDRESS (Including Zip Code)<br>Pima County Department of Institutional Health<br>3950 South Country Club Road, Suite 300<br>Tucson, AZ 85714  |           | 4. AWARD NUMBER: 2014-RW-BX-0008   |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
|--|-----------|--|-----------------------|-----------|-----------|-----------|--------|------|--------|---|---|----|----|----|----|--|--------|--|--|
|  |           | 5. PROJECT PERIOD: FROM 10/01/2014 TO 09/30/2016<br>BUDGET PERIOD: FROM 10/01/2014 TO 09/30/2016   |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| 1A. GRANTEE IRS/VENDOR NO.<br>866000549  |           | 6. AWARD DATE 09/23/2014   | 7. ACTION<br>Initial  |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
|  |           | 8. SUPPLEMENT NUMBER<br>00   |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
|  |           | 9. PREVIOUS AWARD AMOUNT \$ 0  |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| 3. PROJECT TITLE<br>The Inside Out Recovery Partnership  |           | 10. AMOUNT OF THIS AWARD \$ 599,998  |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
|  |           | 11. TOTAL AWARD \$ 599,998   |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| 12. SPECIAL CONDITIONS<br>THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH ON THE ATTACHED PAGE(S).  |           |  |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| 13. STATUTORY AUTHORITY FOR GRANT<br>This project is supported under FY14(BJA - Second Chance Act Treatment & Justice Collaboration) 42 USC 17521; Pub. L. No. 113-76, 128 Stat. 5, 63   |           |  |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| 15. METHOD OF PAYMENT<br>GPRS  |           |  |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| AGENCY APPROVAL  |           | GRANTEE ACCEPTANCE   |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| 16. TYPED NAME AND TITLE OF APPROVING OFFICIAL<br>Karol Virginia Mason<br>Assistant Attorney General   |           | 18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL<br>Garret Hanecek<br>Division Leader, Business Operations<br>Sharon Bronson<br>Chair, Board of Supervisors |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| 17. SIGNATURE OF APPROVING OFFICIAL<br><i>Karol V. Mason</i>   |           | 19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL<br><i>Sharon Bronson</i>  | 19A. DATE<br>10/14/14 |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| 20. ACCOUNTING CLASSIFICATION CODES  |           | 21. NRWUGT1545   |                       |           |           |           |        |      |        |   |   |    |    |    |    |  |        |  |  |
| <table border="1"> <thead> <tr> <th>FISCAL YEAR</th> <th>FUND CODE</th> <th>BUD. ACT.</th> <th>DIV. OFC.</th> <th>DIV. REG.</th> <th>SUB.</th> <th>POMS</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>X</td> <td>B</td> <td>RW</td> <td>80</td> <td>00</td> <td>00</td> <td></td> <td>599998</td> </tr> </tbody> </table> |           | FISCAL YEAR  | FUND CODE             | BUD. ACT. | DIV. OFC. | DIV. REG. | SUB.   | POMS | AMOUNT | X | B | RW | 80 | 00 | 00 |  | 599998 |  |  |
| FISCAL YEAR  | FUND CODE | BUD. ACT.  | DIV. OFC.             | DIV. REG. | SUB.      | POMS      | AMOUNT |      |        |   |   |    |    |    |    |  |        |  |  |
| X  | B         | RW   | 80                    | 00        | 00        |           | 599998 |      |        |   |   |    |    |    |    |  |        |  |  |

Please see attached signature page.

OJP FORM 4000/2 (REV. 5-87) PREVIOUS EDITIONS ARE OBSOLETE.

OJP FORM 4000/2 (REV. 4-88)

ATTEST:

*Robin Brunson*  
Clerk, Board of Supervisors  
Pima County, Arizona  
OCT 14 2014



Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance

**AWARD CONTINUATION  
SHEET  
Grant**

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PROJECT NUMBER 2014-RW-BX-0008

AWARD DATE 09/23/2014

*SPECIAL CONDITIONS*

1. The recipient agrees to comply with the financial and administrative requirements set forth in the current edition of the Office of Justice Programs (OJP) Financial Guide.
2. The recipient acknowledges that failure to submit an acceptable Equal Employment Opportunity Plan (if recipient is required to submit one pursuant to 28 C.F.R. Section 42.302), that is approved by the Office for Civil Rights, is a violation of its Certified Assurances and may result in suspension or termination of funding, until such time as the recipient is in compliance.
3. The recipient agrees to comply with the organizational audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) from OMB Circular A-133 audits (and any other audits of OJP grant funds) are not satisfactorily and promptly addressed, as further described in the current edition of the OJP Financial Guide.
4. Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of OJP.
5. The recipient must promptly refer to the DOJ OIG any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. This condition also applies to any subrecipients. Potential fraud, waste, abuse, or misconduct should be reported to the OIG by -

mail:

Office of the Inspector General  
U.S. Department of Justice  
Investigations Division  
950 Pennsylvania Avenue, N.W.  
Room 4706  
Washington, DC 20530

e-mail: [oig.hotline@usdoj.gov](mailto:oig.hotline@usdoj.gov)

hotline: (contact information in English and Spanish): (800) 869-4499

or hotline fax: (202) 616-9881

Additional information is available from the DOJ OIG website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig).

6. Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of OJP.
7. The recipient agrees to comply with any additional requirements that may be imposed during the grant performance period if the agency determines that the recipient is a high-risk grantee. Cf. 28 C.F.R. parts 66, 70.



Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance

**AWARD CONTINUATION  
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PROJECT NUMBER 2014-RW-BX-0008

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*SB*

**SPECIAL CONDITIONS**

8. The recipient agrees to comply with applicable requirements regarding registration with the System for Award Management (SAM) (or with a successor government-wide system officially designated by OMB and OJP). The recipient also agrees to comply with applicable restrictions on subawards to first-tier subrecipients that do not acquire and provide a Data Universal Numbering System (DUNS) number. The details of recipient obligations are posted on the Office of Justice Programs web site at <http://www.ojp.gov/funding/sam.htm> (Award condition: Registration with the System for Award Management and Universal Identifier Requirements), and are incorporated by reference here. This special condition does not apply to an award to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own or operate in his or her name).
9. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages recipients and sub recipients to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.
10. The recipient agrees to comply with all applicable laws, regulations, policies, and guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal 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. Information on pertinent laws, regulations, policies, and guidance is available in the OJP Financial Guide Conference Cost Chapter.
11. The recipient understands and agrees that any training or training materials developed or delivered with funding provided under this award must adhere to the OJP Training Guiding Principles for Grantees and Subgrantees, available at <http://www.ojp.usdoj.gov/funding/ojptrainingguidingprinciples.htm>.
12. The recipient agrees that if it currently has an open award of federal funds or if it receives an award of federal funds other than this OJP award, and those award funds have been, are being, or are to be used, in whole or in part, for one or more of the identical cost items for which funds are being provided under this OJP award, the recipient will promptly notify, in writing, the grant manager for this OJP award, and, if so requested by OJP, seek a budget-modification or change-of-project-scope grant adjustment notice (GAN) to eliminate any inappropriate duplication of funding.
13. The recipient understands and agrees that award funds may not be used to discriminate against or denigrate the religious or moral beliefs of students who participate in programs for which financial assistance is provided from those funds, or of the parents or legal guardians of such students.
14. The recipient understands and agrees that - (a) No award funds may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography, and (b) Nothing in subsection (a) limits the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.
15. The award recipient agrees to participate in a data collection process measuring program outputs and outcomes. The data elements for this process will be outlined by the Office of Justice Programs.
16. Grantee agrees to comply with the requirements of 28 C.F.R. Part 46 and all Office of Justice Programs policies and procedures regarding the protection of human research subjects, including obtainment of Institutional Review Board approval, if appropriate, and subject informed consent.



Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance

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*SPECIAL CONDITIONS*

17. Grantee agrees to comply with all confidentiality requirements of 42 U.S.C. section 3789g and 28 C.F.R. Part 22 that are applicable to collection, use, and revelation of data or information. Grantee further agrees, as a condition of grant approval, to submit a Privacy Certificate that is in accord with requirements of 28 C.F.R. Part 22 and, in particular, section 22.23.
18. Grantee agrees that assistance funds awarded under this grant will not be used to support any inherently religious activities, such as worship, religious instruction, or proselytization. If the grantee refers participants to, or provides, a non-Federally funded program or service that incorporates such religious activities, (1) any such activities must be voluntary for program participants, and (2) program participants may not be excluded from participation in a program or otherwise penalized or disadvantaged for any failure to accept a referral or services. If participation in a non-Federally funded program or service that incorporates inherently religious activities is deemed a critical treatment or support service for program participants, the grantee agrees to identify and refer participants who object to the inherently religious activities of such program or service to, or provide, a comparable secular alternative program or service.
19. The recipient agrees to cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any activities within this project.
20. Approval of this award does not indicate approval of any consultant rate in excess of \$650 per day. A detailed justification must be submitted to and approved by the Office of Justice Programs (OJP) program office prior to obligation or expenditure of such funds.
21. Recipient agrees that funds provided under this award may not be used to operate a "pay-to-stay" program in any local jail. Recipient further agrees not to subaward funds to local jails which operate "pay-to-stay" programs.
22. Recipient understands and agrees that it must submit quarterly Federal Financial Reports (SF-425) and semi-annual performance reports through GMS (<https://grants.ojp.usdoj.gov>), and that it must submit quarterly performance metrics reports through BJA's Performance Measurement Tool (PMT) website ([www.bjaperformancetools.org](http://www.bjaperformancetools.org)). For more detailed information on reporting and other requirements, refer to BJA's website. Failure to submit required reports by established deadlines may result in the freezing of grant funds and High Risk designation.
23. The recipient agrees to comply with applicable requirements to report first-tier subawards of \$25,000 or more and, in certain circumstances, to report the names and total compensation of the five most highly compensated executives of the recipient and first-tier subrecipients of award funds. Such data will be submitted to the FFATA Subaward Reporting System (FSRS). The details of recipient obligations, which derive from the Federal Funding Accountability and Transparency Act of 2006 (FFATA), are posted on the Office of Justice Programs web site at <http://www.ojp.gov/funding/ffata.htm> (Award condition: Reporting Subawards and Executive Compensation), and are incorporated by reference here. This condition, and its reporting requirement, does not apply to grant awards made to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own or operate in his or her name).
24. Award recipients must verify Point of Contact (POC), Financial Point of Contact (FPOC), and Authorized Representative contact information in GMS, including telephone number and e-mail address. If any information is incorrect or has changed, a Grant Adjustment Notice (GAN) must be submitted via the Grants Management System (GMS) to document changes.



Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance

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AWARD DATE 09/23/2014

**SPECIAL CONDITIONS**

25. The recipient may incur obligations, expend, and draw down funds in an amount not to exceed \$50,000 for the sole purpose of completing the planning and implementation guide. The grantee is not authorized to incur any additional obligations, make any additional expenditures, or drawdown any additional funds until BJA has reviewed and approved the grant recipient's completed Planning and Implementation Guide and has issued a Grant Adjustment Notice (GAN) removing this condition.
26. The recipient agrees to comply with OJP grant monitoring guidelines, protocols, and procedures, and to cooperate with BJA and OCFO on all grant monitoring requests, including requests related to desk reviews, enhanced programmatic desk reviews, and/or site visits. The recipient agrees to provide to BJA and OCFO all documentation necessary to complete monitoring tasks, including documentation related to any subawards made under this award. Further, the recipient agrees to abide by reasonable deadlines set by BJA and OCFO for providing the requested documents. Failure to cooperate with BJA's/OCFO's grant monitoring activities may result in sanctions affecting the recipient's DOJ awards, including, but not limited to: withholdings and/or other restrictions on the recipient's access to grant funds; referral to the Office of the Inspector General for audit review; designation of the recipient as a DOJ High Risk grantee; or termination of an award(s).
27. With respect to this award, federal funds may not be used to pay cash compensation (salary plus bonuses) to any employee of the award recipient at a rate that exceeds 110% of the maximum annual salary payable to a member of the federal government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. (An award recipient may compensate an employee at a higher rate, provided the amount in excess of this compensation limitation is paid with non-federal funds.)  
  
This limitation on compensation rates allowable under this award may be waived on an individual basis at the discretion of the OJP official indicated in the program announcement under which this award is made.
28. All procurement (contract) transactions under this award must be conducted in a manner that is consistent with applicable Federal and State law, and with Federal procurement standards specified in regulations governing Federal awards to non-Federal entities. Procurement (contract) transactions should be competitively awarded unless circumstances preclude competition. Noncompetitive (e.g., sole source) procurements by the award recipient in excess of the Simplified Acquisition Threshold (currently \$150,000) set out in the Federal Acquisition Regulation must receive prior approval from the awarding agency, and must otherwise comply with rules governing such procurements found in the current edition of the OJP Financial Guide.
29. The recipient may not obligate, expend or draw down funds until the Office of the Chief Financial Officer (OCFO) has approved the budget and budget narrative and a Grant Adjustment Notice (GAN) has been issued to remove this special condition.



**Department of Justice**  
**Office of Justice Programs**  
*Bureau of Justice Assistance*

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*Washington, D.C. 20531*

**Memorandum To:** Official Grant File

**From:** Orbin Terry, NEPA Coordinator

**Subject:** Categorical Exclusion for Pima County Department of Institutional Health

Awards under this program will be used to develop reentry programs that target adult offenders with co-occurring substance abuse and mental health disorders.

None of the following activities will be conducted whether under the Office of Justice Programs federal action or a related third party action:

- (1) New construction.
- (2) Any renovation or remodeling of a property located in an environmentally or historically sensitive area, including property (a) listed on or eligible for listing on the National Register of Historic Places, or (b) located within a 100-year flood plain, a wetland, or habitat for an endangered species.
- (3) A renovation which will change the basic prior use of a facility or significantly change its size.
- (4) Research and technology whose anticipated and future application could be expected to have an effect on the environment.
- (5) Implementation of a program involving the use of chemicals.

Additionally, the proposed action is neither a phase nor a segment of a project which when reviewed in its entirety would not meet the criteria for a categorical exclusion.

Consequently, the subject federal action meets the Office of Justice Programs' criteria for a categorical exclusion as contained in paragraph 4(b) of Appendix D to Part 61 of Title 28 of the Code of Federal Regulations.



Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance

**GRANT MANAGER'S MEMORANDUM, PT. I:  
PROJECT SUMMARY**

**Grant**

PROJECT NUMBER

2014-RW-BX-0008

PAGE 1 OF 1

This project is supported under FY14(BJA - Second Chance Act Treatment & Justice Collaboration) 42 USC 17521; Pub. L. No. 113-76, 128 Stat. 5, 63

**1. STAFF CONTACT (Name & telephone number)**

Jennifer L. Lewis  
(202) 305-8064

**2. PROJECT DIRECTOR (Name, address & telephone number)**

Sharon Grant  
Contracts/Grants Manager  
3950 S. Country Club Rd, Suite 300  
Tucson, AZ 85714  
(520) 243-7842

**3a. TITLE OF THE PROGRAM**

BJA FY 14 Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders: County or city local government agencies serving adult offenders

**3b. POMS CODE (SEE INSTRUCTIONS ON REVERSE)**

**4. TITLE OF PROJECT**

The Inside Out Recovery Partnership

**5. NAME & ADDRESS OF GRANTEE**

Pima County Department of Institutional Health  
3950 South Country Club Road, Suite 300  
Tucson, AZ 85714

**6. NAME & ADDRESS OF SUBGRANTEE**

**7. PROGRAM PERIOD**

FROM: 10/01/2014 TO: 09/30/2016

**8. BUDGET PERIOD**

FROM: 10/01/2014 TO: 09/30/2016

**9. AMOUNT OF AWARD**

\$ 599,998

**10. DATE OF AWARD**

09/23/2014

**11. SECOND YEAR'S BUDGET**

**12. SECOND YEAR'S BUDGET AMOUNT**

**13. THIRD YEAR'S BUDGET PERIOD**

**14. THIRD YEAR'S BUDGET AMOUNT**

**15. SUMMARY DESCRIPTION OF PROJECT (See instruction on reverse)**

The Second Chance Act of 2007 provides a comprehensive response to the increasing number of people who are released from prison, jail and returning to communities, including resources to address the myriad of needs of these offenders to achieve a successful return to their communities. Section 201 of the Second Chance Act authorizes federal awards to states, units of local government, and Indian tribes to improve the provision of treatment to adult offenders in prisons and jails during the period of incarceration and through the completion of parole or other court supervision after release into the community.

The goal of Section 201 of the Second Chance Act is to provide support to eligible applicants for the development and implementation of comprehensive and collaborative strategies that address the challenges posed by reentry to increase public safety and reduce recidivism. The objectives of this program are to provide offenders with co-occurring substance abuse and mental health disorders with appropriate evidence-based services including addressing individual criminogenic needs-based on a reentry plan that relies on a risk and needs assessment that reflects the risk of recidivism for that offender. Funds may be used for treating co-

occurring substance abuse and mental health disorders in prison and jail programs, providing recovery support services, reentry planning and programming, and post-release treatment and aftercare programming in the community through the completion of parole or court supervision.

Pima County will use grant funds to administer the Inside Out Recovery Partnership program with the primary objective of reducing recidivism for inmates leaving the Pima County Jail and increasing public safety in Pima County. The target population are high to moderate risk inmates who are within two months of schedule release to the community that are housed in the mental health step down pod in PCADC or the Minimum Security Facility.

CA/NCF

IN WITNESS THEREOF, the parties have affixed their signatures to this Contract on the date written below:

PIMA COUNTY

Sham Brinson

Chair, Board of Supervisors

OCT 14 2014

Date

ATTEST

Rabia Brigode

Clerk of Board

OCT 14 2014

Date

APPROVED AS TO FORM

Paul J. Pineda

Deputy County Attorney

10-7-14

Date