



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 09/19/2023

* = Mandatory, information must be provided

or Procurement Director Award: ☐

***Contractor/Vendor Name/Grantor (DBA):**

Community Bridges, Inc. (CBI)

***Project Title/Description:**

Inmate Navigation Enrollment Support and Treatment (INVEST)

***Purpose:**

To continue to carry-out subrecipient duties in support of Pima County Behavioral Health Inmate Navigation Enrollment Support and Treatment (INVEST) grant. CBI will continue to provide direct services designed to reduce recidivism and stabilize INVEST program participants diagnosed with co-occurring mental illness and substance abuse disorders for an additional twelve months.

***Procurement Method:**

This is a non-procurement contract and not subject to procurement rules.

***Program Goals/Predicted Outcomes:**

At least 150 individuals will benefit from direct services incorporating critical time interventions and collaborative comprehensive case management to reduce recidivism rates, decrease crisis-related costs, and enhance community safety. The goal of the INVEST program is to identify and address system gaps, and develop test protocols to construct a continuous pipeline from jail to post-release community service providers, and create a program scalable to jurisdictions dealing with similar issues.

***Public Benefit:**

Policies designed to reduce recidivism align with Pima County initiatives to increase public safety and allow law enforcement to focus crime-solving resources, while reducing tax-payer burdens related to housing detainees who would be better served if they received behavioral and medical healthcare in appropriate settings.

***Metrics Available to Measure Performance:**

Program performance is measured through data collection in collaboration with a third-party evaluation team, which will analyze programming for process improvement opportunities, data validity, and outcomes measuring recidivism, and quality of life for program participants.

***Retroactive:**

No.

TO: COB 9-5-2023(1)
Vers: 18
Pgs: 3

GM I approves
(signature) 8/30/23

SEP05'23PM1241 Pg:

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount \$ _____ * ☐ Revenue Amount: \$ _____

***Funding Source(s) required:** _____

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☐ No
If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No
If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 21*378

Amendment No.: 01 AMS Version No.: 18

Commencement Date: 10/01/2023 New Termination Date: 09/30/2024

Prior Contract No. (Synergen/CMS): _____

☒ Expense ☐ Revenue ☐ Increase ☐ Decrease

Amount This Amendment: \$ 0.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ _____

***Funding Source(s) required: Dept. of Justice and Behavioral Health Unit 3048**

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 1,160,188.88 % _____

Grant/Amendment Information (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Commencement Date: _____ Termination Date: _____ Amendment Number: _____

☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

***All Funding Source(s) required:** _____

***Match funding from General Fund?** ☐ Yes ☐ No If Yes \$ _____ % _____

***Match funding from other sources?** ☐ Yes ☐ No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

Contact: Paige Knott, Contracts and Compliance Manager

Department: Behavioral Health

Telephone: 724-7515

Department Director Signature: Paige Knott

Date: 8-29-2023

Deputy County Administrator Signature: [Signature]

Date: 1 Sep 2023

County Administrator Signature: [Signature]

Date: 9/1/2023

Pima County Department of Behavioral Health**Project: Inmate Navigation Enrollment Support & Training (INVEST)****Subrecipient name and address: Community Bridges, Inc.
250 S. Toole Avenue
Tucson, AZ 85701****Amount: \$0.00****Contract No.: CT-BH-21*378****Amendment No.: 01**

Subrecipient Unique Entity Identifier (UEI):	TM6ECH6UD6K9	SAM expiration date (if applicable):	12/27/2023
Federal Award Identification Number (FAIN)	2019-RW-BX-0007	Federal award date	09/22/2019
Subaward term/ period of performance start and end date	10/01/2023-09/30/2024	Subaward budget period start and end date	10/01/2023-09/30/2024
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this amendment)			\$0.00
Total amount of federal funds obligated to the subrecipient by the pass-through entity including the current financial obligation (amount of original agreement, plus any prior amendments, including this amendment)			\$615,130.00
Total amount of the federal award committed to the subrecipient by the pass-through entity (amount of original agreement, plus any prior amendments, plus any match, plus any future budget periods, if applicable)			\$1,775,318.88
Federal award project description (descriptive project title)		Inmate Navigation Enrollment Support & Training	
Funding agency		U.S. Department of Justice	
Pass-through entity (primary recipient)		Pima County Behavioral Health	
Pass-through entity (secondary recipient, if applicable)		N/A	
Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)		16.812 "Second Chance Act Reentry Initiative"	
Is this subaward for research and development?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Subrecipient indirect cost rate and methodology	<input checked="" type="checkbox"/> Negotiated Indirect Cost Rate Agreement 14.89%	<input type="checkbox"/> De minimis rate	<input type="checkbox"/> No Indirect
Required match	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Match amount	\$0.00

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1 Background. On May 18, 2021, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to provide Inmate Navigation Enrollment Support & Training.

1.2 Purpose. County requires additional Critical Time Intervention services for participants in the INVEST program.

2. **TERM.** The County is exercising the first extension option to renew the contract for one additional year commencing on 10/01/2023 and terminating on 09/30/2024. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

3. COMPENSATION AND PAYMENT.

3.1. Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Section 4 is remaining unchanged with this amendment.

4. EXHIBIT B: BUDGET.

4.1 In paragraph 1. Change, "For services provided May 18, 2021 through September 2023" to "For services provided October 1, 2023 to September 30, 2024".

All other provisions of the Agreement not expressly modified in this Amendment will remain in effect and be binding on the parties.

This agreement may be executed in counterparts, each of which, when taken together, will constitute one original agreement.

PIMA COUNTY

Chair, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

SUBRECIPIENT



Authorized Officer Signature

John Hogeboom President/CEO

Printed Name and Title

8/24/2023

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

Deputy County Attorney

Jonathan Pinkney

Print DCA Name

8/21/20
Date

APPROVED AS TO CONTENT

Paula J. Perrera
Director, Behavioral Health

8.22.2023
Date