



**BOARD OF SUPERVISORS AGENDA ITEM REPORT  
CONTRACTS / AWARDS / GRANTS**

Award  Contract  Grant

Requested Board Meeting Date: June 22, 2021

\* = Mandatory, information must be provided

or Procurement Director Award

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

State of Arizona, Governor's Office of Youth, Faith and Family

**\*Project Title/Description:**

The title of the grant program is Arizona Parents' Commission on Drug Education and Prevention. Pima County's project is called HealthySPACE (Students, Parents and Community Engagement).

**\*Purpose:**

This project provides youth and parental education regarding mental health and substance use in school age youth. The program targets communities with high risk factors, with particular focus on vulnerable populations (e.g. low socio-economic status, minority groups, and rural areas).

Amendment #2 extends the term for a year and adds \$167,923, the annual funding amount.

**\*Procurement Method:**

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

**\*Program Goals/Predicted Outcomes:**

The third year of this project will include partnerships with Intermountain Centers and the Pascua Yaqui Tribe to begin plans to implement the Strengthening Families curriculum for families connected to the public behavioral health system and/or tribal members. The program incorporates suicide prevention, substance use and overdose prevention, and stigma reduction. It also includes partnerships with the Pima County Superintendent's Office to offer mental health and substance misuse education to public school staff, students, and parents county-wide.

The primary components of the program include:

1. Strengthening Families Curriculum, which is an 11-week program facilitated by trained health educators who conduct weekly sessions with families and youth regarding youth mental health and substance use.
2. Rx360, a shorter, 60 minute, training which addresses the dangers of opioids, overdose prevention, safe storage and disposal of medications, and signs/symptoms of addiction.
3. Mental Health First Aid is an 6 to 8-hour training facilitated by certified instructors authorized to teach critical awareness of mental health crises, suicide prevention, general signs/symptoms of mental health, and appropriate ways to provide support and intervention during a crisis.
4. QPR is a one time training with specific focus on suicide prevention. The training teaches effective ways to identify a person in distress, how to intervene, and potentially prevent a suicide.
5. NAMI Out of the Darkness is a 50-minute training facilitated by trained instructors to engage youth and educators in the school setting to provide effective methods to reduce stigma, maintain mental health awareness, and empower youth to speak out and become leaders to combat mental health stigma.

**\*Public Benefit:**

HealthySPACE Pima will widen the scale of existing promising prevention efforts for communities, parents and youth, thereby supporting a multi-faceted response to the high rates of suicide, drug overdoses, and a growing presence of substance use in Pima County.

**\*Metrics Available to Measure Performance:**

Metrics include the following:

- # and % of workshop participants exhibiting desired change in awareness, knowledge, attitudes & perception
- # of individuals in attendance at each training session
- # of parents/guardians and youth participating as a family unit

**\*Retroactive:**

No.

*GMM approved 6/17/21 LJS*

Revised 5/2020

**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: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_

Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ \_\_\_\_\_

Is there revenue included?  Yes  No If Yes \$ \_\_\_\_\_

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

Funding from General Fund?  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

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

Document Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 21-100

Commencement Date: 07/01/2021 Termination Date: 06/30/2022 Amendment Number: 02

Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ 167,923.00

**\*All Funding Source(s) required:** Governor's Office of Youth, Faith and Family (State tax revenue from liquor sales).

\*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)?** N/A

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: \_\_\_\_\_ 6/11/21

Deputy County Administrator Signature/Date: \_\_\_\_\_ 15 June 2021

County Administrator Signature/Date: \_\_\_\_\_ 6/17/21  
*(Required for Board Agenda/Addendum Items)*



Agency: Pima County Health Department

Form completed by: Mark Person Contact number: 520-724-7518

## Attachment Form B1: Line Item Budget

Please provide the original Line Item Budget submitted with the application.

- If there are **not** any changes please reflect updated renewal dates for FY22.
- If there have been modifications to the Line Item Budget since the original application, please **BOLD** each line item that has been modified.
- Please round budget category totals to the nearest dollar.
- Each line item included on the Line Item Budget must be included in the Budget Narrative (Attachment Form B2).

### Line Item Budget

Modified  Yes  No

Budget period: July 1, 2021 – June 30, 2022

Line Item Budget			
Category	Line Item	Requested Funds	Total Cost
Personnel	<b>\$106,229</b>	<b>\$106,229</b>	<b>\$106,229</b>
Fringe Benefits	<b>\$33,982</b>	<b>\$33,982</b>	<b>\$33,982</b>
Travel	<b>\$367</b>	<b>\$367</b>	<b>\$367</b>
Supplies and Other Operating Expenses	<b>\$12,079</b>	<b>\$12,079</b>	<b>\$12,079</b>
Indirect	<b>\$15,266</b>	<b>\$15,266</b>	<b>\$15,266</b>
<b>Total</b>	<b>\$167,923</b>	<b>\$167,923</b>	<b>\$167,923</b>

Authorized Signature  Date June 15, 2021

Job Title: Business Operations Manager Contact Information: donald.gates@pima.gov

## Attachment Form B2: Budget Narrative

Please provide the original Budget Narrative submitted with the application below.

- If there are **not** any changes please reflect updated renewal dates for FY22.
- If there have been modifications to the Budget Narrative since the original application, please **BOLD** each item that has been modified.
- **Each line item included on the Budget Narrative must be included in the Line Item Budget (Attachment Form B1).**

### **Budget Narrative**

**Modified**  Yes  No

**Budget period: July 1, 2021 – June 30, 2022**

#### **Personnel: A total of \$106,229 is requested for personnel costs.**

Program Coordinator, Raul Munoz, 50%, 12 months

Program Manager, Mayra Jeffery, 25%, 12 months

Health Educator, Vacant, 100%, 12 months

Health Educator, Angelina Portela, 100%, 12 months

#### **Fringe Benefits: A total of \$33,982 is requested for fringe benefits.**

The request is based on actual expenditures for FICA, Unemployment, employer-paid health insurance premiums, workers compensation, life insurance, Arizona State Retirement System employer contributions, and employer-paid dental insurance premiums for existing employees.

#### **Travel: A total of \$367.00 is requested for travel costs.**

Funding is requested for employee mileage reimbursement. PCHD projects a total of 25 miles traveled per month for 2.75 staff, for a total of 825 miles, reimbursed at the state-approved rate of \$.445 per mile for a total of \$367.00.

#### **Supplies: A total of \$8,422 is requested for supplies.**

Request is based on the following projections:

Office Supplies at \$500/ea per FTE for a subtotal of \$1,375

Rx360 and Trauma-Informed Care presentation supplies, such as educational materials, participant packets, pens and other office supplies will cost \$90 for each presentation for a subtotal of \$3,600 for 40 presentations over one year.

Strengthening Families materials & supplies, such as educational materials, participant packets, surveys, mailers, postage, flip charts, markers, and other office supplies will cost \$383 per cohort, for a total of 9 cohorts serving 45 families, for a subtotal of \$3,447.

#### **Other: A total of \$3,657 is requested for other.**

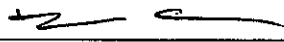
Request is based on the following projections:

1 computer and ancillary hardware/software for new health educator a \$3,000

Cell phone charges for program manager at \$50/mo for a total of \$600

Miscellaneous expenses for a total of \$57

**Indirect Cost is calculated at 10% of the total direct costs = \$15,266.**

Authorized Signature  Date June 15, 2021

Job Title Business Operations Manager Contact Information: donald.gates@pima.gov