



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: April 1, 2025

* = Mandatory, information must be provided

or Procurement Director Award:

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

Old Pueblo Community Services (OPCS)

***Project Title/Description:**

Opioid Abatement Funding – Coordinated Reentry Planning Services Programs

***Purpose:**

OPCS provides Reentry Community Intensive Outpatient (IOP) Program services which consists of a complete continuum of services that include delivering intensive outpatient treatment, recovery services, and available bed capacity for detainees re-entering the community from jail.

This amendment adds direct services for INVEST program participants to the OPCS contract because OPCS has the ability and capacity to provide these services which were provided by a different contractor terminating on April 1, 2025. This amendment will allow for a continuation of services with no interruption for INVEST program participants. This Amendment is adding an additional \$111,000.00 changing the Not to Exceed amount from \$249,000.00 to \$360,000.00 with no change to the termination date of 12/31/2025.

***Procurement Method:**

Board of Supervisors Policy D29.6 III-C Direct Selection.

***Program Goals/Predicted Outcomes:**

Provide halfway houses after initial residential treatment allowing for more structured recovery housing as program participants work with the INVEST team to become self-sufficient and able to meet their housing needs on their own.

***Public Benefit:**

Provide structured recovery housing as participants work to become self-sufficient and able to meet their housing needs on their own. Interventions designed to reduce recidivism, align with Pima County initiatives to increase public safety and allow law enforcement to direct resources to crime-solving, while reducing tax-payer burdens related to housing detainees post release who would be better serviced if they received behavioral and medical healthcare in appropriate community settings.

***Metrics Available to Measure Performance:**

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

***Retroactive:**

No.

TO: COB, 3-19-2025 (1)
Vers.: 01
pgs.: 14

GMI approves
KSN for RK Kelly
3/14/2025

MAR18'25AM0817 P0

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: PO Department Code: DCS Contract Number (i.e., 15-123): PO2400000685

Amendment No.: 01 AMS Version No.: 1

Commencement Date: 04/01/2025 New Termination Date: _____

Expense Revenue Increase Decrease

Prior Contract No. (Synergen/CMS): N/A

Is there revenue included? Yes No If Yes \$ _____ Amount This Amendment: \$ 111,000.00

*Funding Source(s) required: Attorney General State of Arizona Opioid Abatement Grant

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

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

Department: Detainee and Crisis Systems

Telephone: 520-724-7515

Department Director Signature: Paige Knott Date: 3-13-2025

Deputy County Administrator Signature: [Signature] Date: 3-14-2025

County Administrator Signature: [Signature] Date: 3/14/2025



DATE: 06/19/2024
TO: Jan Leshner, County Administrator
FROM: Paula Perrera, Behavioral Health Director *PPP*
Cc: Francisco Garcia, MD, MPH, Deputy County Administrator
Terri Spencer, Procurement Director
SUBJECT: Request for Direct Selection of Professional Services from Old Pueblo Community Services (OPCS) for Opioid Abatement Funding - Coordinated Reentry Planning Services Program Grant.

Pursuant to Board of Supervisors Policy D29.6 III.C – Direct Selection and Procurement Procedure No. PO-50, this memorandum seeks approval to select Old Pueblo Community Services (OPCS) to provide Reentry Community Intensive Outpatient Program (IOP) services.

Background: The Behavioral Health Department applied for the Opioid Abatement Funding-Coordinated Reentry Planning Services Program Grant and received the award letter from the Office of the Arizona Attorney General on February 12, 2024. This grant is going to allow for expansion and enhancement of the "Inmate Navigation, Enrollment, Support, and Treatment" INVEST program and " Coordinated Reentry – Discharge Planning" services in the Pima County Adult Detention Center (PCADC).

OPCS provides a complete continuum of services and will deliver intensive outpatient treatment and recovery services including available bed capacity for detainees re-entering the community, where feasible and appropriate. OPCS is currently a community partner with INVEST and the Discharge Planning staff at PCADC and with whom that staff work daily to coordinate bed capacity for detainees re-entering the community and providing opportunities for work through the Homeless Work Program. OPCS's experience with the INVEST program and the Discharge Planning staff at PCADC will allow for a swift and immediate start up for the grant program because Behavioral Health has a 30-day implementation deadline.

Requested Action: The Behavioral Health Department requests Old Pueblo Community Services to be selected for the Opioid Abatement Funding - Coordinated Reentry Planning Services Program Grant to provide IOP services with a not to exceed amount of \$747,000.00 for a contract term of one year with two one-year extensions pursuant to the Direct Select provisions of Board of Supervisors Policy D29.6, III-C.

Approved as to Form: *Terri Spencer*
Terri Spencer, Procurement Director

Date: 6/20/24

Concur: *Francisco Garcia*
Francisco Garcia, MD, MPH
Deputy County Administrator

Date: 21 June 2024

Direct Select Approved: *Jan Leshner*
Jan Leshner, County Administrator

Date: 6/21/2024

Pima County Department of Detainee and Crisis Systems

Project: Opioid Abatement Funding – Coordinated Reentry Planning Services Programs

Contractor: Old Pueblo Community Services (OPCS)

Contract No.: PO240000685

Contract Amendment No.: 01

Orig. Contract Term: 07/01/2024 – 12/31/2025	Orig. Amount:	\$249,000.00
Termination Date Prior Amendment: N/A	Prior Amendments Amount:	\$ 0.00
Termination Date This Amendment: 12/31/2025	This Amendment Amount:	\$111,000.00
	Revised Total Amount:	\$360,000.00

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. Parties, Authority, Background and Purpose.

1.1. Parties. On July 1, 2024, County and Contractor entered into the above referenced agreement to provide Opioid Abatement Funding – Coordinated Reentry Planning Services Programs.

1.2. Authority.

1.2.1. County selected Contractor pursuant to and consistent with Board of Supervisors Policy D29.6 III-C.

1.2.2. County is entered into this Contract with Old Pueblo Community Services based on prior approval granted by the State of Arizona, Office of the Attorney General on February 12, 2024.

1.3. Background.

1.3.1. As of August 2023, Attorney General Kris Mayes reports that her office has secured consent judgements finalizing multiple historic multistate settlements with pharmaceutical companies for their roles in the opioid's crisis. The Attorney General's Office ("AGO") previously reached an agreement with 91 Arizona cities and towns and all 15 counties, providing the framework of the One Arizona Distribution of Opioids Settlement Funds Agreement (the "One Arizona Agreement") to expeditiously distribute funds from future opioid settlements across Arizona. As part of the One Arizona Agreement, the Arizona Legislature appropriated a portion of the settlement funds to the AGO during the 2023 legislative session for purposes of providing funding for grant programs to address and ameliorate opioid abuse across the state during FY2024.

1.3.2. The State of Arizona, Office of the Attorney General, awarded funds to Pima County Detainee and Crisis Systems under the Opioid Abatement Funding – Coordinated Reentry Planning Services Programs to provide for extension and expansion of the INVEST program which provides reentry services and programs for offenders with co-occurring substance abuse and mental illness returning from incarceration.

1.3.3. Pursuant to State of Arizona, Office of the Attorney General Guidelines Old Pueblo Community Services is a “Contractor” of these grant program funds and will conduct all activities under this Contract accordingly.

1.4. Purpose. This amendment is to ensure continuity of services due to the termination of a former contractor’s agreement on April 1, 2025. OPCS has the capability to provide the essential direct services as outlined in this amendment for INVEST Program Participants.

2. **Term.** The contract term of December 31, 2025, will remain in place. The effective date of these revisions will be effective on April 1, 2025.
3. **Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 5. is increased by \$111,000.00. County’s total payments to Contractor under this contract, including any sales taxes, will not exceed \$360,000.00.
4. The parties agree to revise Section 3. and Section 5. of this agreement as follows:
 - 4.1. Section 3. Scope of Services. Exhibit A (4 pages) is hereby revised as Exhibit A (5 pages).
 - 4.2. Section 5. Compensation and Payment, 5.1. Rates: Adjustment Exhibit B (1 page) is hereby revised as Exhibit B (2 pages).
5. **Exhibit A - Scope of Services.** The parties have revised Scope of Services as follows:
 - 5.1. Replaced Exhibit A - Scope of Services with a new attached Exhibit A – Scope of Services (5 pages) effective April 1, 2025.
 - 5.2. Section 7. Data Requirements. Exhibit E (1 page) is hereby revised as Exhibit E (2 pages).
6. **Exhibit B - Compensation and Payment.** The parties have revised Compensation and Payment as follows:
 - 6.1. Replaced Exhibit B - Compensation and Payment with a new attached Exhibit B – Compensation and Payment (2 pages) effective April 1, 2025.
7. **INVEST Program Participant Activity Report.** The parties have added Attachment A-1 INVEST Program Participant Activity Report (1 page) as referenced in Exhibit A- Scope of Services, Section 4. Coordination of Care, sub-section 4.1, paragraph 4.1.8.

8. **Data Requirements.** The parties have revised Data Requirements as follows:

8.1. Replaced Exhibit E – Data Requirements with a new attached Exhibit E – Data Requirements (2 pages) effective April 1, 2025.

9. **Heat Injury and Illness Prevention and Safety Plan.** Pursuant to Pima County Procurement Code 11.40.030, Contractor hereby warrants that if Contractor's employees perform work in an outdoor environment under this Contract, Contractor will keep on file a written Heat Injury and Illness Prevention and Safety Plan. At County's request, Contractor will provide a copy of this plan and documentation of heat safety and mitigation efforts implemented by Contractor to prevent heat-related illnesses and injuries in the workplace. Contractor will post a copy of the Heat Injury and Illness Prevention and Safety Plan where it is accessible to employees. Contractor will further ensure that each subcontractor who performs any work for Contractor under this Contract complies with this provision.

THE REMAINDER OF THIS PAGE IS LEFT INTENTIONALLY BLANK

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

PIMA COUNTY

Chair, Board of Supervisors

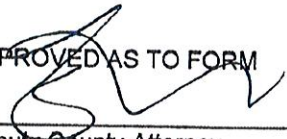
Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney
Jonathan Pinkney

Print DCA Name
3/11/25

Date

CONTRACTOR



Authorized Officer Signature

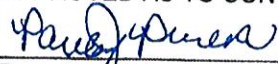
Thomas Litwicki, CEO

Printed Name and Title

3-12-25

Date

APPROVED AS TO CONTENT



Department Head

3-11-2025

Date

Exhibit A (5 pages)
Scope of Services
Commencement Date: April 1, 2025

OPCS's program for critical time intervention includes services provided to Program Participants in Pima County's INVEST program ("Program Participants"). OPCS has a reentry community with intensive outpatient ("IOP") services. The goal of IOP is to help identify the root cause of addictive behaviors and provide the tools necessary to help achieve wellness and successful reintegration. OPCS's approach utilizes evidenced-based practices such as motivational interviewing, Cognitive Behavioral Therapy ("CBT"), contingency management, and peer support services among others. OPCS offers IOP in a compassionate and gender-inclusive environment.

Program Participants will have the opportunity to live independently while receiving treatment, allowing them the freedom to work and reconnect with the community. Program Participants meet with their recovery coach, employment specialist, and therapist for a minimum of 9-12 hours per week for a period of 90 days.

OPCS is a Tucson-based nonprofit organization serving our community since 1996. OPCS's mission is to end homelessness in our community. They provide housing, counseling, and support services for people experiencing homelessness. Including families, youth, veterans, individuals struggling with mental illness and substance use disorders, and those returning to our community post-incarceration.

The Program will include the following services if determined by OPCS and the INVEST program manager as appropriate according to each Program Participant's individualized care plan:

1. Coordination Prior to Intake of Program Participants

1.1. OPCS will work with the INVEST Program Manager, Reentry Manager, Justice & Workforce Navigator, Rehabilitation Services Coordinator, Educational Programs Supervisor, Contracted Medical Provider at the Pima County Adult Detention Complex ("PCADC"), and the Pima County Sheriff's Department INVEST corrections officer (the "INVEST Care Team") to coordinate care prior to intake.

1.1.1. INVEST Care Team will request available bedspace and OPCS will attempt to accommodate any request when seven (7 days) advance notice is provided.

2. Health Plan Billing and No Match Obligation:

2.1. The Parties acknowledge some Program Participants may carry health insurance through other health plans, including federal health care programs (Medicaid). Nothing in this Agreement prohibits Contractor from billing and collecting payment from other health plans for healthcare services rendered to Program Participants. The Parties acknowledge and agree healthcare services reimbursed by other health plans are not within the Scope of Services contemplated under this Agreement. Notwithstanding any other provision of this Agreement, Contractor has no obligation to report its collections from other health plans to the County.

2.2. Notwithstanding anything to the contrary in this Agreement, Contractor has no obligation to match or cost share any of the funding by the County under this Agreement.

3. Intake of Program Participants:

3.1. INVEST Care Team will coordinate transportation to an OPCS reentry community at an agreed upon time.

3.1.1. INVEST Care Team will provide the following:

- 3.1.1.1. Health Plan and if on Medicaid their ID number.
- 3.1.1.2. Biopsychosocial assessment.
- 3.1.1.3. Name, date of birth and any existing mental health diagnoses.
- 3.1.1.4. Medication list.

3.1.2. OPCS will complete intake and ensure the following:

- 3.1.2.1. The Program Participant is at least 18 years of age.
- 3.1.2.2. They have contact info and release for the INVEST Care Team and relevant judicial contacts (e.g. probation officer).
- 3.1.2.3. They have a substance use disorder.
- 3.1.2.4. Their insurance status and plan.
- 3.1.2.5. Confirmation of no arson or sex convictions.
- 3.1.2.6. Review and get Program Participant to sign reentry community rules.

3.2. OPCS will coordinate with the INVEST program evaluation team as needed.

4. Coordination of Care:

4.1. OPCS will use established best practices and existing written procedures to provide coordination of care for INVEST Program Participants.

4.1.1.1. Care coordination can be done via email, phone, telehealth, or in person between OPCS and INVEST Care Teams. Coordination should include important updates, key observations, and if anything was purchased for the program participant.

4.1.2. Encourage Program Participant attendance in weekly Freedom Management classes at either Abrams or an OPCS reentry community location.

4.1.3. Attend weekly case conferencing meetings, in person or virtually.

4.1.4. Encourage Program Participants to attend INVEST Care Team office hours.

4.1.5. All direct service support/client provisions, and rental assistance require written approval from the INVEST Care Team prior to purchase/payment made.

4.1.6. OPCS will provide transportation for INVEST Program Participants for the following Activities:

- 4.1.6.1. Pick-up all INVEST Program Participants and transport to the Homeless Work Program (HWP) pick-up location.
- 4.1.6.2. Freedom Management weekly meetings.
- 4.1.6.3. Adult Recovery Team (ART) meetings.
- 4.1.6.4. All other Program Participant needs as directed and approved by the INVEST Care Team.
- 4.1.6.5. Program Participant(s) will not request transportation directly.
- 4.1.7. OPCS is available and operates services to INVEST Program Participants Monday through Friday. OPCS is expected to work flexible hours that should not exceed forty (40) hours per week. No overtime will be allowed.
- 4.1.8. OPCS will provide INVEST an **INVEST Program Participant Activity Report – Attachment A-1 (page 1)** weekly.

5. Critical Time Intervention Services for Program Participants:

- 5.1. OPCS will provide housing and IOP services to Program Participants. IOP services will be reimbursed through OPCS contract with AHCCCS. The daily bed rate paid under this contract is for housing related costs, based not on delivery of behavioral health outpatient services, reimbursable through AHCCCS.
 - 5.1.1. Core IOP services may include:
 - 5.1.1.1. Minimum 9-12 hours of clinical services weekly with focus on:
 - 5.1.1.1.1. Relapse Prevention.
 - 5.1.1.1.2. Healing past trauma.
 - 5.1.1.1.3. Building healthy relationships and a support system.
 - 5.1.1.1.4. Cognitive Restructuring.
 - 5.1.1.1.5. Weekly case management.
 - 5.1.1.2. Peer Support Services (group and individual).
 - 5.1.1.3. Life Skills Classes.
 - 5.1.1.4. Financial Literacy Classes.
 - 5.1.1.5. Employment Coaching.
 - 5.1.1.6. Assistance with document retrieval (ID, birth certificate, social security card).
 - 5.1.1.7. Group outing in the community.

5.1.1.8. Support with AA/NA and SMART Recovery.

5.1.2. Housing services include:

5.1.2.1. Fully furnished shared living space in a one (1) or two (2) bedroom apartment.

5.1.2.2. Access to staff on-site for support and guidance.

5.1.2.3. Access to free Wi-Fi and laundry.

6. Discharge of Program Participants from INVEST Program:

6.1. OPCS will work with the INVEST Care Team and Program Participants when determining appropriate discharge from the INVEST program. The goal of discharge is to have the Program Participant manage their housing and treatment services, such as behavioral health or primary care, without the need of the OPCS or the INVEST Care Team. The Program Participant will be an active participant in their discharge activities.

6.2. Conditions for Discharge: A Program Participant may be considered for discharge from the INVEST program if the following conditions have been met:

6.2.1. Program Participant shows stability with medical, behavioral, and/or substance use recovery as determined by INVEST Care Teams AND has not been booked into jail for at least forty-five (45) days.

6.2.1.1. Program participant may be discharged from OPCS services AND still be involved in INVEST.

6.2.2. A Program Participant may withdraw consent to participate in the INVEST program at any time and may re-enroll later if requested. Program Participants who withdraw consent to participate in evaluation activities may still receive clinical services if desired.

6.3. Program Reengagement Protocols: If at any time the Program Participant becomes unresponsive, misses follow-up appointments with OPCS, or does not return to their apartment unit, then OPCS will notify the INVEST Care Team.

6.3.1. OPCS will hold their bed for up to seven (7) days and INVEST will pay for the bed even if the client is not present during this time period.

6.3.2. If there is no response from the Program Participant within the Seven (7) days after the reengagement protocol is initiated, then the Program Participant will be removed from the reentry community.

7. **Data Requirements:** OPCS will regularly deliver data summary reports per the Data Requirements described in **Exhibit E – Data Requirements (2 pages)**.

8. **Collaborative Comprehensive Care Planning:** OPCS will participate in Collaborative Comprehensive Care Planning meetings, to be convened either in-person or remotely via telephone or video conference on a regular basis at the request of the INVEST Program Manager.

End of Exhibit A

Attachment A-1 (1 page)
INVEST Program Participant Activity Report
Commencement Date: April 1, 2025

1. OPCS will provide INVEST on a weekly basis with an INVEST Program Participant Activity Report outlining INVEST Program Participant activities.
2. The following information is to be included in the weekly OPCS report:
 - 2.1. Date of services provided
 - 2.2. Program Participant name
 - 2.3. Description of activity(s)
 - 2.4. Starting mileage
 - 2.5. Ending mileage
 - 2.6. Start time of activity(s)
 - 2.7. End time of activity(s)
 - 2.8. Description of purchase(s) made for Program Participant
 - 2.9. Total amount of purchase(s) made for Program Participant
 - 2.10. Miscellaneous (Misc.) items not identified in the report
3. The INVEST Program Participant Activity Report will be sent to the following email address:
INVESTadmin@pima.gov

INVEST PROGRAM PARTICIPANT ACTIVITY REPORT

Weekly Period from Date to Date

DRIVER INFORMATION																					
Name																					
Date	Participant Name	Description of Activities	Starting Mileage	Ending Mileage	Start Time	End Time	Purchases	Amount of Purchase	Misc.	Total											
										\$0.00											
										\$0.00											
										\$0.00											
										\$0.00											
										\$0.00											
										\$0.00											
										\$0.00											
										\$0.00											
										\$0.00											
										\$0.00											
Total								\$0.00	\$0.00	\$0.00											
										Subtotal	\$0.00										
APPROVED										NOTES										Advances	\$0.00
																				Total	\$0.00

End of Attachment A-1

Exhibit B (2 pages)
Compensation and Payment
Commencement Date: April 1, 2025

1. Compensation and Payment:

The allowable compensation line items reflected below are the not-to-exceed dollar amounts for staffing and direct services provided to Program Participants for the program period of April 1, 2025, through December 31, 2025.

Original Contract Allowable Compensation Line Item	Amount
Original Contract effective 07/01/2024 Contract total amount	\$249,000.00
Paid Bed Days 07/01/2024 to 02/28/2025	\$19,700.00
Balance	\$229,300.00
Amendment #1 effective 04/01/2025 Balance forward	\$229,300.00
4/1/25 Amendment Amount	\$111,000.00
Contract subtotal	\$340,300.00
All Inclusive Bed Space (room & board) including IOP Program \$50.00 per day remaining total	\$91,999.00
Salary	\$72,630.00
Fringe	\$14,526.00
Transportation	\$26,934.00
Direct Service Support (must receive County approval)	\$51,000.00
Rental Assistance	\$51,000.00
Office Supplies	\$500.00
Operating Costs (monthly cell phones)	\$775.00
Administrative Costs/Indirect costs	\$30,936.00
Total Not-to-Exceed Contract Amount	\$360,000.00

2. Inclusive Bed Space Rate (Room and Board) including IOP program: \$50.00 per day.

2.1. A Bed Day is defined as: A Program Participant sleeps in bed for a night, that night will equal one bed day for the purpose of charging \$50.00 per day.

2.2. Program Reengagement Payment: Upon notification from OPCS to the INVEST Team because the Program Reengagement Protocols apply to Program Participant(s) for reasons outlined in Section 6. Discharge of Program Participants from INVEST Program, OPCS will hold a Program Participant(s) bed for up to seven (7) days or until the Program Participant reengages. INVEST will pay for the bed day even if the client is not present during this time or in the direction of the INVEST Team.

3. The County will pay the Contractor following the submission of an invoice (see below) for services rendered. No payment will be made prior to receipt of service and an accurate invoice.
4. Invoices will be sent to the following email address: INVESTAdmin@pima.gov.
5. OPCS will submit an invoice monthly with attached required data summary reports as defined in the revised Exhibit E – Data Requirements.
6. Contractor's total Not-to-Exceed dollar amount is \$360,000.00 for the entire contract term through December 31, 2025.

Monthly Invoice effective 04/01/2025.

**PIMA COUNTY DETAINEE AND CRISIS SYSTEMS
CONTRACTOR REPORTING
Effective 4/1/2025 – 12/31/2025**

Bill to Pima County - this form is to be used for submitting all billings to Pima County

Invoice for the month of _____, 2025

SEND INVOICE TO:
3550 S. Country Club Rd
Tucson, AZ 85714
SEND TO THE ATTENTION
OF: MONICA PADRON

AGENCY NAME: OLD PUEBLO COMMUNITY SERVICES (OPCS) AGENCY CONTRACT #: PO00000685 DATE: _____
INVOICE IS _____ INVOICE #: _____
FOR: _____

APPROVED BUDGET & BILLING DETAILS

PAYMENT TERMS: Net 10 Days	APPROVED BUDGET	April Billed Amt	May Billed Amt	June Billed Amt	July Billed Amt	August Billed Amt	September Billed Amt	October Billed Amt	November Billed Amt	December Billed Amt	YEAR TO DATE TOTALS	BALANCE AVAILABLE	CURT MONTH ACCRUALS
SALARY	22,650												
FRINGE	14,526												
DIRECT SERVICE SUPPORT	55,000												
RENTAL ASSISTANCE	55,000												
REG DAYS 550.00	91,999												
OFFICE SUPPLIES	500												
CELL PHONES	735												
VEHICLE EXPENSES	24,894												
INDIRECT	30,938												
TOTAL REIMBURSABLE EXPENSES													

Employee Name	HOURS PER STAFF PERSON FOR EXPENDITURE REPORT						TOTALS
	FUNDING SOURCE						
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
TOTAL HOURS	0.00	0.00	0.00	0.00	0.00	0.00	0.00

I certify the billing is complete and accurate to the best of my knowledge and all expenses are for the purpose set forth in this contract with Pima County:

Prepared by - please print & sign _____ Date _____ Contact Phone Number/Ext. _____ Authorized Agency Signature - please print & sign _____ Date _____ Contact Phone Number/Ext. _____

End of Exhibit B

Exhibit E (2 pages)
Data Requirements
Commencement Date: April 1, 2025

Contractor will submit all documents, reports, and data in accordance with the schedule in this Exhibit E: Data Requirements. All deliverables will be submitted in the format prescribed by the County and within the time frames specified. The Contractor is required to obtain a Release of Information Form - **Attachment E-1 (2 pages)** from each participant and submit any additional documents and /or ad hoc reports requested by the County.

1. Management and Reporting

- 1.1. County reserves the right to audit any process or data resulting from provision of services pursuant to this Agreement and to request data compilation as the County determines necessary.
- 1.2. Contractor shall cooperate with the County in providing information and data as needed and on a monthly basis, necessary for the County to develop and submit all reports regarding INVEST services. Reporting data will be emailed to the County INVESTadmin@pima.gov on a monthly basis within fifteen (15) days following the end of each month.

Monthly reports will include the following information for all individuals enrolled in program activities, as available relative to each individual's progression in the program:

- 1.2.1. Date and time of participant enrollment with OPCS.
- 1.2.2. Date and time of OPCS Intake.
- 1.2.3. Participant income upon entry to program.
- 1.2.4. Participant diagnoses relevant to current episode (top 5).
- 1.2.5. Participant current health insurance status.
- 1.2.6. Participant current health insurer.
- 1.2.7. Most recent Behavioral Health Home at which participant was enrolled if any.
- 1.2.8. Behavioral health provider(s) to which participant was referred by OPCS for each individual referral.
- 1.2.9. Date of participant referral to behavioral health provider(s) by OPCS, for each individual referral.
- 1.2.10. Type of application for emergent or involuntary evaluation of participant while participating in INVEST, if filed by OPCS.
- 1.2.11. Date of application for emergent or involuntary evaluation of participant while participating in INVEST, if filed by OPCS.
- 1.2.12. Date and time of participant referral for housing services (if referred by OPCS).
- 1.2.13. Provision of housing by OPCS to participants if any.

- 1.2.14. Date of participant SSDI/SSI Outreach, Access, and Recovery (SOAR) application.
 - 1.2.15. Date of participant SOAR approval.
 - 1.2.16. Date of participant SOAR denial.
 - 1.2.17. Date of participant SOAR appeal(s).
 - 1.2.18. Date of participant exit from program.
 - 1.2.19. Date and time of participant referral for housing services (if referred by OPCS).
 - 1.2.20. Number of AHCCCS services completed per participant.
 - 1.2.20.1. May included:
 - 1.2.20.1.1. Counseling
 - 1.2.20.1.2. Peer Support Services
 - 1.2.20.1.3. Life Skills
 - 1.2.20.1.4. Financial Literacy
 - 1.2.20.1.5. Employment Coaching
 - 1.2.21. Date of participant exit from program
 - 1.2.22. Reason for participant unsuccessful exit from program.
- 1.3. Subrecipient will also provide data elements featured in the agency's existing reports:
- 1.3.1. Participant Utilization Report (Match Report).

End of Exhibit E