

# COB - BOSAIR FORM

12/23/2025 3:12 PM (MST)

Submitted by Christina.Drennan2@pima.gov



## BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

**\*All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.\***

Record Number: PO HD PO2500009108

**Award Type:** Contract

**Is a Board Meeting Date Requested?** Yes

**Requested Board Meeting Date:** 01/20/2026

**Signature Only:**

NO

**Procurement Director Award / Delegated Award:** • N/A

**Supplier / Customer / Grantor / Subrecipient:** Helping Ourselves Pursue Enrichment, Inc.

**Project Title / Description:** Crisis Cooperative for Opioid Misuse/Abuse and Prevention

**Purpose:** Amendment one will extend the original contract term by one year and not add additional funding. This project aims to provide counter measures and mitigation in response to opioid overdoses in Pima County. Specifically, the contractor will provide peer and family support services to individuals and their families following an opioid overdose and for those at risk of experiencing an overdose. The contractor will provide linkages to outpatient services, patient education, and local resources.

**Procurement Method:** Subrecipient Agreements: This Subrecipient Agreement is a non-Procurement contract and not subject to Procurement rules.

**Procurement Method Additional Info:** N/A

**Program Goals/Predicted Outcomes:** Enhance local capacity to refer/link individuals to clinical services and wrap around care in close proximity to an overdose. Establish streamlined communication between emergency departments and community treatment providers. Improve the response time from community providers to help engage and initiate critical outpatient services for the treatment of opioid addiction.

**Public Benefit and Impact:** Contractor aims to create a more efficient use of emergency services, reduce recidivism, and decrease costs associated with the opioid epidemic. Services will also address individuals with opioid use disorder being released from the Pima County Adult Detention Complex and connect individuals to care in the community. The contractor will distribute lifesaving medication (Naloxone) to individuals at high risk in an effort to reduce overdose fatalities.

TO: COB, 01/05/26 (1)

VERSION: 1

PAGES: 3

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<b>Budget Pillar</b>	<ul style="list-style-type: none"> <li>• Improve the quality of life</li> </ul>
<b>Support of Prosperity Initiative:</b>	<ul style="list-style-type: none"> <li>• 2. Improve Quality of Life and Opportunity in High Poverty Areas</li> </ul>
<b>Provide information that explains how this activity supports the selected Prosperity Initiatives</b>	Funding of this project supports the Prosperity Initiative on improving the quality of life for Pima County residents by increasing funds for and access to resources and services focused on connecting at risk individuals to wrap-around care.
<b>Metrics Available to Measure Performance:</b>	<p>Contractor will report based on ADHS mandated template which includes:</p> <ul style="list-style-type: none"> <li>- Number of patients served;</li> <li>- Number engaged in the Emergency Department (ED);</li> <li>- Number successfully connected to services;</li> <li>- Number of patients provided with "take home" Naloxone kits; and</li> <li>- Number of participating hospitals/EDs who engage in grant activities and coordination the contractor.</li> </ul>
<b>Retroactive:</b>	<b>YES</b>
<b>Retroactive Description:</b>	Yes, this agreement is retroactive. Pima County received an amendment to the grant funding this agreement after the start of the period of performance for the grant, resulting in delays to subrecipient agreements. If not approved, critical activities will be further delayed.

### Amendment / Revised Award Information

Record Number: PO HD PO2500009108

<b>Document Type:</b>	PO
<b>Department Code:</b>	HD
<b>Contract Number:</b>	PO2500009108
<b>Amendment Number:</b>	01
<b>Commencement Date:</b>	09/30/2025
<b>Termination Date:</b>	09/29/2026

**Is the Termination Date new?** **YES**

<b>Classification:</b>	Expense
<b>Adjust Level:</b>	No change
<b>Prior Contract Number (If Applicable):</b>	N/A
<b>Amount This Amendment:</b>	\$0.00

**Funding Source(s) required:** Substance Abuse and Mental Health Services Administration (SAMHSA) passed through Arizona Department of Health Services

**Funding from General Fund?**

NO

**Contract is fully or partially funded with Federal Funds?**

YES

**If Yes, Is the Contract to a supplier or subrecipient?** Subrecipient

**Enter CFDA #** 93.788

**and FAIN #** H79TI087838

**Associated AmpliFund Grant Record ID#** 70319

**Advantage Initial GTAW# (If Applicable):** N/A

**Department:** Health

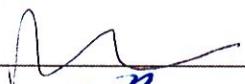
**Name:** Christina Drennan

**Telephone:** 5207247614

**Add GMI Department Signatures**

Yes

GMI Director:  Date: 1/02/2026

Department Director Signature:  Date: 12/30/25

Deputy County Administrator Signature:  Date: 1-2-2026

County Administrator Signature:  Date: 1/2/2026

**Pima County Department of Health**

**Project:** Crisis Cooperative for Opioid Misuse/Abuse and Prevention

**Subrecipient name and address:** Helping Ourselves Pursue Enrichment, Inc.  
1200 North Country Club Road  
Tucson, Arizona 85712

**Amount:** \$275,000.00

**Contract No.:** PO2500009108

**Amendment No.:** 01

<b>Subrecipient Unique Entity Identifier (UEI):</b>	ZN8EX96YZ853	<b>SAM expiration date (if applicable):</b>	12/15/2026
<b>Federal Award Identification Number (FAIN)</b>	H79T1087838	<b>Federal award date</b>	09/24/2024
<b>Subaward term/ period of performance start and end date</b>	09/30/2024-09/29/2026	<b>Subaward budget period start and end date</b>	09/30/2024-09/29/2026
<b>Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this amendment)</b>			\$0.00
<b>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)</b>			\$275,000.00
<b>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)</b>			\$275,000.00
<b>Federal award project description (descriptive project title)</b>	The goal of the Arizona State Opioid Response Grant IV is to increase access to Opioid Use Disorder treatment, coordinated and integrated care, support services and prevention activities to reduce the prevalence of Opioid Use Disorder. Services will be delivered by trained Forensic Peer Support Staff to support individuals who are at risk of experiencing an overdose and are simultaneously involved in the justice system.		
<b>Funding agency</b>	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)		
<b>Pass-through entity (primary recipient)</b>	Arizona Health Care Cost Containment System (AHCCCS)		
<b>Pass-through entity (secondary recipient, if applicable)</b>	Arizona Department of Health Services (ADHS)		
<b>Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)</b>	93.788, Opioid STR		

Is this subaward for research and development?			Yes	No X
Subrecipient indirect cost rate and methodology	Negotiated Indirect Cost Rate Agreement	X De minimis rate		No Indirect
Required match	YES X NO	Match amount		N/A

## SUBAWARD AMENDMENT

### 1. BACKGROUND AND PURPOSE.

1.1. Background. On September 30, 2024, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to provide counter measures and mitigation in response to overdoses in Pima County.

1.2. Purpose. County requires additional time to provide services.

2. **TERM**. The County is exercising the first extension option to renew the contract for one additional year commencing on 09/30/2025 and terminating on 9/29/2026. 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.

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

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK**

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

**SUBRECIPIENT**

 Authorized Officer Signature

Rebecca King

Printed Name and Title

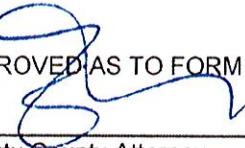
12/23/2025

Date

**ATTEST**

Clerk of the Board

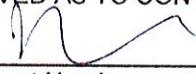
Date

  
APPROVED AS TO FORM

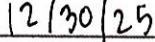
Deputy County Attorney  
**Jonathan Pinkney**

Print DCA Name

Date

  
APPROVED AS TO CONTENT

Department Head

  
Date