**NOTICE OF PUBLIC MEETING**

**CRIME VICTIM COMPENSATION PROGRAM**

**BOARD MEETING**

**OF THE PINAL COUNTY ATTORNEY’S OFFICE**

**AND AGENDA**

Pursuant to A.R.S. §38-431.02, notice is hereby given to the members of the CRIME VICTIM COMPENSATION PROGRAM BOARD of the Pinal County Attorney’s Office and to the general public that the CRIME VICTIM COMPENSATION PROGRAM BOARD will hold a ***VIRTUAL*** meeting open to the public on **Thursday, April 18, 2024 at 2:00 p.m.** via Google Meet. To join the meeting, please click Video call link:

Meeting ID

<https://meet.google.com/ejc-tgwf-bqa?hs=122&authuser=0>

Phone Numbers

Tel (

PIN:

Pursuant to the Americans with Disabilities Act (ADA), the Pinal County Attorney’s Office endeavors to ensure the accessibility of its meetings to all persons with disabilities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter by contacting the Commission office at (520) 866-6805. Requests should be made as early as possible to allow time to arrange the accommodation.

Agenda for the meeting is as follows:

1. **Call to order and Roll Call**

 Crime Victim Compensation Board Members:

Michael Hing

Barbara Kelly

Ninfa West

1. **Approval of the Minutes from the March 21, 2024 Meeting**
2. **Financial Report- March 2024**

|  |  |
| --- | --- |
| ACCOUNT | BALANCE |
| RESTITUTION | $117,559.92 |
| INTEREST | $13,663.87 |
| SUBROGATION | $47,221.55 |
| ACJC ALLOCATION ($55,000.00 for administrative costs) | $6,732.20 |
| ARPA FUNDS RECEIVED | $269,191.00 |
| Total compensation funds spent & encumbered to date  | $216,942.53 |
| **BALANCE OF AJCJ COMPENSATION ALLOCATION** | $52,248.47 |

**ACJC has granted the program an addition $50,000.00 in funds for this fiscal year, we are waiting for the Board of Supervisors to approve this infusion of funds.**

|  |
| --- |
| **IV. Previously Approved/Old Case Consent Agenda:** **PREVIOUSLY APPROVED CASE CONSENT AGENDA** |
|  **Meeting Date: April 18, 2024** |
|  |  |  |
| **Case #**  | **DESCRIPTION OF REQUESTED FUNDING:** | **Payment** | **Approved** | **Moved to Discussion****Agenda** |
| **0141402-5** | To mental health provider, Centre for Well Being, for service date: 3/19/24 Billed @ $110.00 each **Total to Provider**  | **$ 110.00** |  |  |
| **0170286-1** | To mental health provider, Fresh Start Counseling, for service dates: 3/2/224, 3/9/24, 3/16/24, 3/23/24 & 3/30/24 Billed at $110.00 each session $110.00 \* 5 = $550.00 **Total to Provider**To claimant for mileage to mental health appointment dates: 3/2/224, 3/9/24, 3/16/24, 3/23/24 & 3/30/24RT 50 miles \* 0.67 = $33.50 \* 5 = $167.50**Total to Claimant** | **$550.00****$167.50** |  |  |
| **0172030-6** | To mental health provider Spero Psychiatry and Counseling for service date: 3/21/24Billed $110.00 each **Total to Provider**To claimant for mileage to mental appointment: 3/21/24RT 30 miles \* 0.67 = $20.10 **Total to Claimant**  | **$110.00****$20.10** |  |  |
| **0180866-1** | To claimant for out of pocket mental health appointments at Restoring Connections Counseling - service dates 3/1/24, 3/15/24 & 3/22/24Billed $120.00 per session; program can only pay $110.00 per session $110.00 \* 3 = **$330.00****Total to Claimant**  | **$330.00** |  |  |
| **0180866-2** | To claimant for out of pocket mental health appointments at Restoring Connections Counseling - service dates 3/1/24, 3/15/24 & 3/22/24Billed at $120.00 per session. The program can pay $110.00 per session $110.00 \* 3 = **$330.00**To claimant for mileage to mental health appointments; 3/1/24, 3/15/24 & 3/22/24RT 54 miles \* 0.67 = $36.18 \* 3 = **$108.54****Total to Claimant** | **$438.54** |  |  |
| **0181898-1** | To claimant for out of pocket mental health appointments at New Wind Counseling - service dates: 11/29/23, 12/6/23, 12/13/23, 12/19/23, 1/31/24 & 2/15/24 Billed at $115.00 per session. The program can pay $110.00 per session. $110.00 \* 6 = $660.003/21/24 & 4/5/24 Billed at $110.00 \* 2 = $220.00$660.00 + $220.00 = **$880.00**To claimant for mileage to mental health appointment: 11/29/23, 12/6/23, 12/13/23, 12/19/23, 1/31/24, 2/15/24, 3/21/24 & 4/5/24RT 15.2 \* 0.67 = $10.18 \* 8 = **$81.44****Total to Claimant**  | **$961.44** |  |  |
| **17-2128** | To claimant for mileage to court date: 3/11/2024RT 134.6 \* 0.67 = $90.18**Total to Claimant** | **$90.18** |  |  |
| **0161608-5** | To claimant for out of pocket mental health expenses at Open Paths - service dates: 1/6/24, 1/13/24, 2/8/24, 2/15/24, 2/22/24, 2/29/24, 3/7/24, 3/14/24, 3/28/24 & 4/4/24 Billed $30.00 per session $30.00 \* 10 = **$300.00**To claimant for mileage to mental health appointments 1/6/24, 1/13/24, 2/8/24, 2/15/24, 2/22/24, 2/29/24, 3/7/24, 3/14/24, 3/28/24 & 4/4/24RT 12 \* 0.67 = $ 8.04 \* 10 = **$80.40****Total to Claimant** | **$380.40** |  |  |
|  |
| **PINAL COUNTY CRIME VICTIM COMPENSATION PROGRAM BOARD ACTION:****Motion to Approve: Seconded by:** |
|    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_April 18, 2024 \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_April 18, 2024\_\_ Date  Date  |
| **Chairman:****\_\_\_\_\_\_ Michael Hing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: 4/18/2024** |

**V. Cases scheduled for consideration of award (regular discussion agenda OLD BUSINESS):**

|  |  |  |  |
| --- | --- | --- | --- |
| **0169200-1** | To claimant for out of pocket mental health appointments at Strategies for Success - |  |  |
|  | service dates: 1/18/23, 2/2/23, 2/9/23, 2/15/23, 2/22/23, 2/28/23, 3/8/23, 3/15/23, 3/22/23,  |  |  |
|  | 4/5/23, 4/12/23, 4/19/23, 5/3/23, 4/26/23, 5/22/23, 6/7/23, 6/14/23, 6/21/23, 7/5/23 & 7/19/23 |  |  |
|  | Billed $25.00 per session  |  |  |
|  | $25.00 \* 20 session = $ 500.00  |  |  |
|  | Statement shows claimant paid $575.00 there was a beginning balance of $25.00 and the  |  |  |
|  | program cannot pay for missed visit ($50.00) $575.00 - $75.00 prior date and  |  |  |
|  | miss appointment = $500.00 |  |  |
|  |  |  |  |
|  | **Total to Claimant**  | $ | **500.00** |
|  |  |
| **0184474-1** | To claimant for out of pocket medical expenses at Banner Desert Medical Center - service  |  |  |
|  | date 1/17/24.  |  |  |
|  | Provider billed $1,272.20, less $18.40 provider adjustment, less $1,537.00 payment by  |  |  |
|  | claimant = - $283.20 |  |  |
|  | The provider refunded the claimant $283.20 |  |  |
|  | $1,537.00 - $283.20 = $1,253.80 |  |  |
|  |  |  |  |
|  | To claimant for out of pocket medical expenses at Vitality service date: 1/17/24  |  |  |
|  | Billed $440.00 |  |  |
|  | $1,253.80 + $440.00 = **$1,693.80** |  |  |
|  | **Total to Claimant** | **$** | **1,693.80** |
|  |  |  |  |
| **0182853-1** | To claimant for out of pocket funeral expenses at Whitney & Murphy Bueler Mortuary |  |  |
|  | Billed $6,396.02  |  |  |
|  |  |  |  |
|  | To claimant for out of pocket funeral expenses at Hoy-Baker Funeral Home  |  |  |
|  | Billed $3,835.00 |  |  |
|  |  |  |  |
|  | **$6,396.02 + $3,835.00 = $10,231.02; Maximum funeral award is $10,000.00. The Board**  |  |  |
|  | **awarded a 75% award for this case. Therefore, the award maximum is $7,500.00** |  |  |
|  |  |  |  |
|  | **Total to Claimant** | **$** | **7,500.00** |
|  |  |  |  |
| **0184067-1** | To claimant for out of pocket medical expenses at BMG Arizona East - service date: 1/26/24 |  |  |
|  | Billed $251.00 less $87.60 provider write-off = $163.40 |  |  |
|  |  |  |  |
|  | **Total to Claimant**  | **$** | **163.40** |
|  |  |  |  |
|  | To provider for medical expenses not otherwise paid at Banner Health - Service date: 1/26/24 |  |  |
|  | Billed $1,669.70 less $667.88 provider write-off =$1,001.82 |  |  |
|  |  |  |  |
|  | **Total to Provider** | **$** | **1,001.82** |
|  |  |  |  |
| **0180983-1** | To claimant one way trip for safety  |  |  |
|  | One way 1,097 miles \* 0.67 = $ 734.99 |  |  |
|  | **Total to Claimant**  | **$** | **734.99** |
|  |  |  |  |
|  |  |  |  |
| **0184076-1** | To mental health provider Northern Lights Therapy - service dates 3/6/24, 3/20/24 & 3/27/24 |  |  |
|  | Billed $ 110.00 per session  |  |  |
|  | $110.00 \* 3 = $330.00 |  |  |
|  | **Total to Provider** | **$** | **330.00** |
|  | To claimant for mileage to MH appointment dates: 3/6/24, 3/20/24 & 3/27/24 |  |  |
|  | RT 4 miles \* 0.67 = $ 2.68 \* 3 = $ 8.04 |  |  |
|  | **Total to Claimant** | **$** | **8.04** |
|  |  |  |  |
| **0182116-1** | To claimant for out of pocket medical expenses at Banner University Medical Center Tucson -  |  |  |
|  | Service dates: 6/2/23, 6/3/23, 6/4/23 & 6/5/23 |  |  |
|  | Claimant paid $3,861.00 provider refunded to claimant $1,257.80 = $2,603.20total paid by claimant |  |  |
|  |  |  |  |
|  | To claimant for out of pocket medical expenses at Banner University Medical Center Tucson - |  |  |
|  | Service dates: 6/2/23, 6/3/23, 6/4/23 & 6/5/23 |  |  |
|  | Claimant paid $243.00 provider refunded to claimant $150.60 = $71.44total paid by claimant |  |  |
|  |  |  |  |
|  | $2,603.20 + $71.44 = $**2,674.64** |  |  |
|  |  |  |  |
|  | **Total to Provider** | **$** | **2,674.64** |
|  |  |  |  |
| **0185276-1** | To mental health provider Northern Lights Therapy - service dates: 3/16/24, 3/23/24, 3/30/24 &  |  |  |
|  | 4/6/24  |  |  |
|  | Billed $130.00 for 3/16/2024. Program can pay $110.00 per session  |  |  |
|  | Billed $110.00 for 3/23/24, 3/30/24 & 4/6/24  |  |  |
|  | $110.00 \* 4 = $440.00 |  |  |
|  |  |  |  |
|  | **Total to Provider** | $ | **440.00** |
|  |  |  |  |
|  | To claimant for mileage to mental health appointments: 3/16/24, 3/23/24, 3/30/24 & 4/6/24 |  |  |
|  | RT 6 miles \* 0.67 = $4.02 \* 4 = $16.08 |  |  |
|  | **Total to Provider** | **$** | **16.08** |
|  |  |  |  |

**VI. NEW BUSINESS:**

|  |  |
| --- | --- |
| **0178776-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0184383-1 &****-2** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0185536-1, -2,****& -3** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.(-1) To claimant for out of pocket funeral expenses in the amount of $2,210.00**Total to Claimant $2,210.00** |
|  |  |
| **0185576-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0184570-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0182284-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0185254-1, -2,****-3, & -4****(1 of 3)** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. (-1) To claimant for out of pocket funeral expenses; Angels in Waiting; in the amount of $1,560.00**Total to Claimant $1,560.00** |
|  |  |
| **0185254-5****(2 of 3)** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0185254-6****(3 of 3)** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0177217-1, -2,****& -3** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
|  **0178090-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0043806-1 &****-2** | To Board for good cause exception to the two year timeframe to apply.To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0186015-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |
| **0184103-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.  |
|  |  |

 **VII. Rehearing Requests**

|  |  |
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|  | none |

**VIII. Call to the Public**

 Those wishing to address the Compensation Board need not request permission in advance.

 Action taken as a result of public comment will be limited to directing Board members to study

 the matter or rescheduling the matter for further consideration and decision at a later date.

**IX. Date-Time-Location of Next Meeting**

The next proposed Crime Victim Compensation Program Board meeting is tentatively scheduled

for Thursday**, May 23, 2024** **at 2:00 pm** via Google Meet.

 **X. Other Business**

* Volunteer Time Sheet (how many days)

 **XI. Adjournment**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ motions to adjourn to meeting; seconded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Crime Victim Compensation Program Board Meeting of the Pinal County Attorney’s Office was adjourned at \_\_\_\_\_\_.

 A copy of the agenda background material provided to Compensation Board members is available

 for public inspection at the Pinal County Attorney’s Office, 45 N. Pinal Street, Florence, AZ 85132

 (520) 866-6805. This document is available in alternative formats by contacting the Pinal County

 Attorney’s Office.