



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: June 20, 2023

* = Mandatory, information must be provided

or Procurement Director Award:

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

Southern Arizona Children's Advocacy Center (SACAC)

***Project Title/Description:**

Forensic Medical Examination and Evidence Collection for Juvenile Abuse

***Purpose:**

Pima County is mandated by the State of Arizona per A.R.S. § 13-1414 to fund medical and/or forensic interview expenses for victims of sexual assault and dangerous crimes against children.

***Procurement Method:**

BOS D29.7, Section III.I.2. Legal Mandate

***Program Goals/Predicted Outcomes:**

Funds will provide for medical and/or forensic interview and exam expenses in cases involving dangerous crimes against children or sexual assault within Pima County.

***Public Benefit:**

This agreement will ensure child survivors of abuse and or sexual assault are offered professional and compassionate services during the investigative process and increase public safety through prosecution of perpetrators of abuse and/or sexual assault crimes.

***Metrics Available to Measure Performance:**

Invoices submitted on a monthly basis will measure performance, as well as quarterly reports detailing activities performed.

***Retroactive:**

No.

TO: COB 6-5-23 (1)
Jes: 11
pgs.: 5

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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): 20*426

Amendment No.: 03 AMS Version No.: 11

Commencement Date: 7/1/2023 New Termination Date: 06/30/24

Prior Contract No. (Synergen/CMS):

Expense Revenue Increase Decrease

Amount This Amendment: \$ 375,000.00

Is there revenue included? Yes No If Yes \$

*Funding Source(s) required: General Fund

Funding from General Fund? Yes No If Yes \$ 375,000.00 % 100

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: Behavioral Health

Telephone: 724-7515

Department Director Signature: Date: 5-20-2023

Deputy County Administrator Signature: Date: 31 May 2023

County Administrator Signature: Date: 6/1/2023

Pima County Department of Behavioral Health

Project: Forensic Medical Examination and Evidence Collection for Juvenile Abuse

Contractor: Southern Arizona Children's Advocacy Center (SACAC)

Contract No.: CT-BH-20*426

Contract Amendment No.: 03

Orig. Contract Term: 07/01/2020 – 6/30/2021	Orig. Amount:	\$375,000.00
Termination Date Prior Amendment: 6/30/2023	Prior Amendments Amount:	\$550,000.00
Termination Date This Amendment: 6/30/2024	This Amendment Amount:	\$375,000.00
	Revised Total Amount:	\$1,300,000.00

CONTRACT AMENDMENT

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

1. Background and Purpose.

1.1. Background. On July 1, 2020, County and Contractor entered into the above referenced agreement to provide forensic medical examination and evidence collection services for juveniles.

1.2. Purpose. County is legally mandated per A.R.S. § 13-1414 to fund forensic medical examinations and requires continuing services.

2. Term. The County is exercising its third extension option to renew the contract for one additional year, commencing on July 1, 2023, and terminating on June 30, 2024. If the commencement date is before the Effective Date of this amendment, the parties will deem the amendment to have been in effect as of the commencement date.

3. Maximum Payment Amount. The maximum amount the County will spend under this Contract is increased by \$375,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$1,300,000.00.

4. Compensation & Billing. The parties have revised the Compensation & Billing as described in the attached Exhibit B (1 page).

5. Quarterly Program Report. The parties have revised the Quarterly Program Report as described in attachment B-1 (2 pages).

6. **Forced Labor of Ethnic Uyghurs.** Pursuant to A.R.S. § 35-394, if Contractor engages in for-profit activity and has 10 or more employees, Contractor certifies it is not currently using, and agrees for the duration of this Contract to not use (1) the forced labor of ethnic Uyghurs in the People's Republic of China; (2) any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China; and (3) any contractors, subcontractors or suppliers that use the forced labor or any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China. If Contractor becomes aware during the term of the Contract that the Company is not in compliance with A.R.S. § 35-394, Contractor must notify the County within five business days and provide a written certification to County regarding compliance within one hundred eighty days.

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

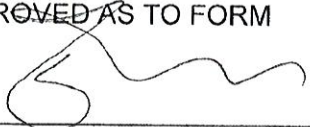
Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Jonathan Pinkney
Deputy County Attorney

5-12-23
Date

CONTRACTOR



Authorized Officer Signature

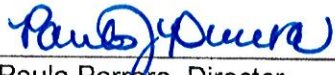
Marie Fordney, Executive Director

Printed Name and Title

May 19, 2023

Date

APPROVED AS TO CONTENT



Paula Perrera, Director
Pima County Behavioral Health

5-26-2023
Date

EXHIBIT B – COMPENSATION & BILLING (1 page)

Forensic Interviews (est. 1100/year)					Extended Cost
<i>Workday Interviews =</i>	900	@	\$240.00	=	\$216,000.00
<i>After-hours Interviews =</i>	175	@	\$360.00	=	\$63,000.00
Forensic Medical Exams (est. 100/year)					
<i>Workday Exams =</i>	50	@	\$770.00	=	\$38,500.00
<i>After-hours Exams =</i>	50	@	\$980.00	=	\$49,000.00
Hair Samples (est. 15/year)					
<i>Hair Sample Collections =</i>	17	@	\$500.00	=	\$8,500.00

Annual Not to Exceed Amount: \$375,000.00

ATTACHMENT B-1 Quarterly Program Report (2 pages)

Quarterly Program Report - Contract Number: CT-20*426

Agency: Southern Arizona Children's Advocacy Center

Program: Medical Forensic Examination and Evidence Collection for Juvenile Victims of Sexual Assault

Reporting Period:

Prepared by:

Date Submitted:

VERIFICATION: I certify that to the best of my knowledge, the information reported represents actual program activities which have been completed, and numbers of beneficiaries which are in accordance with the contract and are based on official program records.

Signature:

Indicators	Q1				Q2				Q3				Q4				FYTD
	Jul	Aug	Sept	TOTAL	Oct	Nov	Dec	TOTAL	Jan	Feb	Mar	TOTAL	Apr	May	Jun	TOTAL	
1 Number Served																	
Unique Individuals (Victims) Served (Unduplicated)				0				0				0				0	
Total Individuals (Victims) Served (Duplicated)				0				0				0				0	
Total Served (all services for all individuals - victim, family, caregiver - duplicated)				0				0				0				0	
Interdisciplinary Oversight																	
Law Enforcement requests for Medical Consultations w/trained Pediatric Examiners				0				0				0				0	
Multi-Disciplinary Team Meetings (1 intensive case staffing per MDT) & Case Tracking				0				0				0				0	
Law Enforcement Agency Involved																	
Tucson Police Department				0				0				0				0	
Pima County Sheriff's Department				0				0				0				0	
Marana Police Department				0				0				0				0	
Oro Valley Police Department				0				0				0				0	
Sahuarita Police Department				0				0				0				0	
South Tucson Police Department				0				0				0				0	
Pascua Yaqui Police Department				0				0				0				0	
Tohono O'odham Police Department				0				0				0				0	
Department of Public Safety				0				0				0				0	
U of A Police Department				0				0				0				0	
Department of Child Safety				0				0				0				0	
Federal Bureau of Investigation				0				0				0				0	
TOTAL (should match line 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other Jurisdiction Referrals																	
Cochise County				0				0				0				0	
Graham County				0				0				0				0	
Pinal County				0				0				0				0	
Santa Cruz County				0				0				0				0	
OTHER				0				0				0				0	
Total Referred by Law Enforcement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Medical and Case Management Services																	
Average number of hours of on-site medical examination assistance & advocacy (includes preparation of children, monitoring child during exam & ensuring child's consent)				0				0				0				0	
On-site crisis intervention/case management with non-offending family members (interviews with caretakers, preparation of psycho-social evaluations & evidence of Chain of Custody); (Does not apply to foster care families per CPS directive.)				0				0				0				0	
Number of calls for Emergency Telephone Triage Services (for urgent cases requiring immediate medical evals/evidence collection)				0				0				0				0	
Number of Advocacy & Case Management contacts for Follow-Up Services				0				0				0				0	
Demographic Information																	
	Q1				Q2				Q3				Q4				FYTD
	Jul	Aug	Sept	TOTAL	Oct	Nov	Dec	TOTAL	Jan	Feb	Mar	TOTAL	Apr	May	Jun	TOTAL	
13 CURRENT GENDER IDENTITY																	
Female				0				0				0				0	
Male				0				0				0				0	
Trans Female / Trans Woman				0				0				0				0	
Trans Male / Trans Man				0				0				0				0	
Genderqueer / Gender non-conforming				0				0				0				0	
Different identity				0				0				0				0	
Unreported				0				0				0				0	
Unknown				0				0				0				0	
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14 RACE/ETHNICITY																	
African American				0				0				0				0	
Anglo/Caucasian				0				0				0				0	
Asian/Pacific Islander				0				0				0				0	
Hispanic/Latino				0				0				0				0	
Native American/Alaskan Native				0				0				0				0	
Other Ethnic Origins				0				0				0				0	
Multi-ethnic/Multi-racial				0				0				0				0	
Unreported				0				0				0				0	
Unknown				0				0				0				0	
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15 PERSONS WITH DISABILITIES - VOCA definition includes: Physical, Learning, Visual, Mental Health, Developmental, Hearing, Speech, Emotional & Behavioral																	
Victim				0				0				0				0	
Caretaker				0				0				0				0	
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16 INCOME LEVEL (As defined by HUD)																	
Number of clients reporting income				0				0				0				0	
Economically disadvantaged/low income (Between \$34,000 - \$21,000)				0				0				0				0	
Economically disadvantaged/very low income (Between \$21,000 - \$12,600)				0				0				0				0	
Economically disadvantaged/extremely low income (less than \$12,600)				0				0				0				0	
17 By Zip Code - Pima County Location (Incident)																	
85701				0				0				0				0	
85702				0				0				0				0	

85704				0				0								0	0
85705				0				0								0	0
85706				0				0								0	0
85707				0				0								0	0
85708				0				0								0	0
85709				0				0								0	0
85710				0				0								0	0
85711				0				0								0	0
85712				0				0								0	0
85713				0				0								0	0
85714				0				0								0	0
85715				0				0								0	0
85716				0				0								0	0
85718				0				0								0	0
85719				0				0								0	0
85721				0				0								0	0
85726				0				0								0	0
85730				0				0								0	0
85731				0				0								0	0
85735				0				0								0	0
85741				0				0								0	0
85742				0				0								0	0
85743				0				0								0	0
85745				0				0								0	0
85746				0				0								0	0
85747				0				0								0	0
85748				0				0								0	0
85749				0				0								0	0
85756				0				0								0	0
85757				0				0								0	0
Other Surrounding Areas																	
(Arivaca) 85601				0				0								0	0
(Ft. Huachuca) 85613				0				0								0	0
(Green Valley) 85614				0				0								0	0
(Summerhaven) 85619				0				0								0	0
(Nogales) 85621				0				0								0	0
(Green Valley) 85622				0				0								0	0
(Sahuarita) 85629				0				0								0	0
(Sells) 85634				0				0								0	0
(Sierra Vista) 85635				0				0								0	0
(Val) 85641				0				0								0	0
(Rio Rico) 85648				0				0								0	0
(Marana) 85653				0				0								0	0
(Rillito) 85654				0				0								0	0
(Marana) 85658				0				0								0	0
(Three Points) 85736				0				0								0	0
(Oro Valley) 85737				0				0								0	0
(Saddlebrook) 85739				0				0								0	0
(Catalina Foothills) 85750				0				0								0	0
(Oro Valley) 85755				0				0								0	0
Other zip code				0				0								0	0
Online (Internet)				0				0								0	0
Not Reported				0				0								0	0
Total (to match line 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 Referral from SACAC to Other Services, and Type																	
Health Services				0				0								0	0
Behavioral Health Services				0				0								0	0
Social Services (e.g., food, transportation, assistance)				0				0								0	0
Substance Use Services				0				0								0	0
Housing				0				0								0	0
Other Victims Services				0				0								0	0
Other & Type																	
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0