

BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS



Requested Board Meeting Date: 07/15/2025

Director	Award:		
	Director	Director Award:	Director Award:

* = Mandatory, information must be provided

*Contractor/Vendor Name/Grantor (DBA):

CODAC Health, Recovery & Wellness, Inc.

*Project Title/Description:

Medical Forensic Examination and Evidence Collection for Victims of Sexual Assault

*Purpose:

Pima County is mandated by the State of Arizona per A.R.S. § 13-1414 to pay for the medical forensic examination expenses arising out of the need to secure evidence that a person has been the victim of a sexual assault occurring in Pima County. This new contract allows CODAC to continue to provide mandated medical forsenic examination services.

*Procurement Method:

BOS D29.7, Section III.I.1. Sole Source Procurement and Section III.I.2. Meet Legal or Regulatory Mandates.

*Program Goals/Predicted Outcomes:

CODAC will provide a coordinated approach to survivors of sexual violence, provide competent and compassionate medical care, enhance the confidence of the survivor in the legal system, maximize successful prosecutions and minimize the trauma to the survivor of sexual violence during the investigative process.

*Public Benefit:

Increased public safety due to prosecution of perpetrators of sexual assault crimes.

*Metrics Available to Measure Performance:

Quarterly program reports that outline number of exams performed, demographic information relating to medical-forensic exams provided, number of court testimonies, and staffing reports.

*Retroactive:

Yes, the contract renewal is retroactive by two weeks due to missing the deadline for the July 1, 2025 Board of Supervisors Meeting. If the contract is not approved, mandated services will not be provided and paid.

To:(0B, 6-26-26(1) Ners: D Pgs: 34

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: <u>PO</u>	Department Code: DCS	Contract Number (i.e., 15-123): <u>PO2500016949</u>
Commencement Date: 07/01/2025	Termination Date: <u>06/30/2026</u>	Prior Contract Number (Synergen/CMS):
Expense Amount \$ 312,000.00_*	Reve	nue <u>Amount: § N/A</u>
*Funding Source(s) required: General F	und	
Funding from General Fund? Yes	○ No If Yes \$ <u>312,000.0</u>	<u>00</u> % <u>100</u>
Contract is fully or partially funded with If Yes, is the Contract to a vendor or so	·	
Were insurance or indemnity clauses mo If Yes, attach Risk's approval.		
Vendor is using a Social Security Number If Yes, attach the required form per Adminis	•	
Amendment / Revised Award Informa	ntion	
Document Type:	Department Code:	Contract Number (i.e., 15-123):
Amendment No.:	AMS	S Version No.:
Commencement Date:	New	Termination Date:
	Prior	r Contract No. (Synergen/CMS):
← Expense ← Revenue ← Increas	se C Decrease	ount This Amendment: \$
Is there revenue included? Yes		and this Americanient. \$\sqrt{2}
*Funding Source(s) required:	_	
Funding from General Fund?	○ No If Yes \$	%
Grant/Amendment Information (for g	rants acceptance and awards)	C Award C Amendment
Document Type:	Department Code:	Grant Number (i.e., 15-123):
Commencement Date:	Termination Date:	Amendment Number:
Match Amount: \$	Revenue	e Amount: \$
*All Funding Source(s) required:		
*Match funding from General Fund?	C Yes C No If Yes \$	
*Match funding from other sources? *Funding Source:		<u> </u>
*If Federal funds are received, is fundi	ng coming directly from the Federal	government or passed through other organization(s)?
Contact: Paige Knott		
Department: Detainee and Crisis System	ems 11 01	Telephone: <u>520-724-7515</u>
Department Director Signature:	1111 /1	Date: 6/19/25
Deputy County Administrator Signatu re	OHA.	Date: 6-23-2025
County Administrator Signature:		Date: 6 12 3 2015



Modification to Insurance or Indemnity Clause

Date : 6/7/2025
Requestor Name: Paige Knott
Department: Detainee and Crisis Systems
✓ Change to Insurance Change to Indemnity
Supplier Name: CODAC Health, Recovery & Wellness, Inc.
Contract No: PO2500016949
Project Title/Description:
Medical Forensic Examination and Evidence Collection for Victims of Sexual Assault
Requested Change:
Standard Insurance language has been revised to reflect Professional Services Insurance language from Risk Management because this is a professional services agreement.
✓ Approved Denied
Risk Management: M. Juni
Comments:

Pima County Department of Detainee and Crisis Systems

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

Contractor: CODAC Health, Recovery & Wellness, Inc.

Amount: \$312,000.00

Contract No.: PO2500016949

Funding: General Fund

PROFESSIONAL SERVICES CONTRACT

1. Parties and Background.

- **1.1.** Parties. This Contract is between Pima County, a body politic and corporate of the State of Arizona ("County"), and CODAC Health, Recovery & Wellness, Inc. ("Contractor").
- **1.2.** <u>Authority</u>. County selected Contractor pursuant to and consistent with Board of Supervisors Policy D29.7, Section III.I.1., Sole Source Procurement and Section III.I.2., to Meet Legal or Regulatory Mandates.

2. Term.

- 2.1. <u>Initial Term</u>. The term of this Contract commences on July 1, 2025 and will terminate on June 30, 2026 ("<u>Initial Term</u>"). "Term," when used in this Contract, means the Initial Term plus any exercised extension options under Section 2.2. If the commencement date of the Initial Term is before the signature date of the last party to execute this Contract, the parties will, for all purposes, deem the Contract to have been in effect as of the commencement date.
- **2.2.** Extension Options. County may renew this Contract for up to four (4) additional periods of up to 1 year each (each an "Extension Option"). An Extension Option will be effective only upon execution by the Parties of a formal written amendment.
- 3. Scope of Services. Contractor will provide County with the services described in Exhibit A (5 pages), at the dates and times described in Exhibit A or, if Exhibit A contains no dates or time frames, then upon demand. The Services must comply with all requirements and specifications in the Solicitation.
- 4. Key Personnel. Contractor will employ suitably trained and skilled professional personnel to perform all consultant services under this Contract. Prior to changing any key personnel, especially those key personnel County relied upon in making this Contract, Contractor will obtain the approval of County. The key personnel include the following staff:

Dennis Regnier, CODAC President

5. Compensation and Payment.

- **5.1.** Rates; Adjustment. County will pay Contractor at the rates set forth in **Exhibit B (1 page)**. Those rates will remain in effect during an Extension Option period unless Contractor, at least 90 days before the end of the then-existing Term, or at the time the County informs Contractor that the County intends to extend the Term, if that is earlier, notifies County in writing of any adjustments to those rates, and the reasons for the adjustments.
- 5.2. <u>Maximum Payment Amount</u>. County's total payments to Contractor under this Contract, including any sales taxes, may not exceed \$312,000.00 per year (the "NTE Amount"). The NTE Amount can only be changed by a formal written amendment executed by the Parties. Contractor is not required to provide any services, payment for which will cause the County's total payments under this Contract to exceed the NTE Amount; if Contractor does so, it is at the Contractor's own risk.
- 5.3. <u>Sales Taxes</u>. The payment amounts or rates in **Exhibit B** do not include sales taxes. Contractor may invoice County for sales taxes that Contractor is required to pay under this Contract. Contractor will show sales taxes as a separate line item on invoices.
- 5.4. <u>Timing of Invoices</u>. Contractor will invoice County on a monthly basis unless a different billing period is set forth in **Exhibit B**. County must receive invoices no more than 30 days after the end of the billing period in which Contractor delivered the invoiced products or services to County. County may refuse to pay for any product or service for which Contactor does not timely invoice the County and, pursuant to A.R.S. § 11-622(C), will not pay for any product or service invoiced more than 6-months late.
- **5.5.** Content of Invoices. Contractor will include detailed documentation in support of its invoices and assign each amount billed to an appropriate line item.
- 5.6. <u>Invoice Adjustments</u>. County may, at any time during the Term and during the retention period set forth in Section 23 below, question any payment under this Contract. If County raises a question about the propriety of a past payment, Contractor will cooperate with County in reviewing the payment. County may set-off any overpayment against amounts due to Contractor under this or any other contract between County and Contractor. Contractor will promptly pay to County any overpayment that County cannot recover by set-off.
- 6. Insurance. Contractor will procure and maintain at its own expense insurance policies (the "Required Insurance") satisfying the below requirements (the "Insurance Requirements") until all of its obligations under this Contract have been met. The below Insurance Requirements are minimum requirements for this Contract and in no way limit Contractor's indemnity obligations under this Contract. The County in no way warrants that the required insurance is sufficient to protect the Contractor for liabilities that may arise from or relate to this Contract. If necessary, Contractor may obtain commercial umbrella or excess insurance to satisfy the Insurance Requirements.
 - **6.1.** Minimum Scope and Limits of Insurance. Contractor shall procure and maintain, until all of their obligations have been discharged, coverage with limits of liability not less than those stated below.

- 6.1.1. Commercial General Liability (CGL): Occurrence Form with limits not less than \$2,000,000 Each Occurrence and \$2,000,000 General Aggregate. Policy shall include cover for liability arising from premises, operations, independent contractors, personal injury, bodily injury, broad form contractual liability and products-completed operations. Any standard coverages excluded from the CGL policy, such as products/completed operations, etc. shall be covered by endorsement or separate policy and documented on the Certificates of Insurance.
- 6.1.2. Business Automobile Liability: Coverage for bodily injury and property damage on any owned, leased, hired, and/or non-owned autos assigned to or used in the performance of this Contract with minimum limits not less than \$1,000,000 Each Accident.
- 6.1.3. Workers' Compensation and Employers' Liability: Statutory coverage for Workers' Compensation. Workers' Compensation statutory coverage is compulsory for employers of one or more employees. Employers Liability coverage with limits of \$1,000,000 each accident and \$1,000,000 each employee disease.
- 6.1.4. Professional Liability (E & O) Insurance: This insurance is required for work from professionals whose coverage is excluded from the above CGL policy. The policy limits shall be not less than \$2,000,000 Each Claim and \$2,000,000 Annual Aggregate. The insurance shall cover professional misconduct or negligent acts of anyone performing any services under this contract.
- 6.1.5. In the event that the Professional Liability insurance required by this Contract is written on a claims-made basis, Contractor shall warrant that continuous coverage will be maintained as outlined under "Additional Insurance Requirements Claims-Made Coverage" located in the next section.

6.2. Additional Coverage Requirements:

- 6.2.1. Claims Made Coverage: If any part of the Required Insurance is written on a claims made basis, any policy retroactive date must precede the effective date of this Contract, and Contractor must maintain such coverage for a period of not less than three (3) years following Contract expiration, termination or cancellation.
- 6.2.2. Additional Insured Endorsement: The General Liability, Business Automobile Liability and Technology E&O Policies shall each be endorsed to include Pima County, its departments, districts, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.
- 6.2.3. Subrogation Endorsement: The General Liability, Business Automobile Liability, Workers' Compensation and Technology E&O Policies shall each contain a waiver of subrogation endorsement in favor of Pima County, and its departments, districts, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

- 6.2.4. Primary Insurance Endorsement: The Contractor's policies shall stipulate that the insurance afforded the Contractor shall be primary and that any insurance carried by Pima County, its agents, officials, employees or Pima County, shall be excess and not contributory insurance.
- 6.2.5. The Required Insurance policies may not obligate the County to pay any portion of a Contractor's deductible or Self Insurance Retention (SIR). Insurance provided by the Contractor shall not limit the Contractor's liability assumed under the indemnification provisions of this Contract.
- 6.2.6. Insurer Financial Ratings: Coverage must be placed with insurers acceptable to the County with A.M. Best rating of not less than A- VII, unless otherwise approved by the County.
- 6.2.7. Subcontractors: Contractor must either (a) include all subcontractors as additional insureds under its Required Insurance policies, or (b) require each subcontractor to separately meet all Insurance Requirements and verify that each subcontractor has done so, Contractor must furnish, if requested by County, appropriate insurance certificates for each subcontractor. Contractor must obtain County's approval of any subcontractor request to modify the Insurance Requirements as to that subcontractor.
- **Notice of Cancellation.** For each insurance policy required by the insurance provisions of this Contract, the Contractor must provide to Pima County, within two (2) business days of receipt of notice, if a policy is suspended, voided, or cancelled for any reason. Such notice shall be mailed, emailed, handdelivered or sent by facsimile transmission to the Pima County Contracting Representative. Notice shall include the Pima County project or contract number and project description.

6.4. Verification of Coverage:

- 6.4.1. Contractor shall furnish Pima County with certificates of insurance (valid ACORD form or equivalent approved by Pima County) as required by this Contract. An authorized representative of the insurer shall sign the certificates.
- 6.4.2. All certificates and endorsements, as required by this written agreement, are to be received and approved by Pima County before work commences. Each insurance policy required by this Contract must be in effect 10 days prior to work under this Contract. Failure to maintain the insurance coverages or policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.
- 6.4.3. All certificates required by this Contract shall be sent directly to the appropriate County Department. The Certificate of Insurance shall include the Pima County project or contract number and project description on the certificate. Pima County reserves the right to require complete copies of all insurance policies required by this Contract at any time.

- 6.4.4. Certificates must specify that the appropriate policies are endorsed to include additional insured and subrogation wavier endorsements for the County and its departments, officials and employees. Note: Contractors for larger projects must provide actual copies of the additional insured and subrogation endorsements.
- 6.5. Approval and Modifications: Pima County Risk Management reserves the right to review or make modifications to the insurance limits, required coverages, or endorsements throughout the life of this contract, as deemed necessary. Such action will not require a formal Contract amendment but may be made by administrative action. Neither the County's failure to obtain a required insurance certificate or endorsement, the County's failure to object to a non-complying insurance certificate or endorsement, or the County's receipt of any other information from the Contractor, its insurance broker(s) and/or insurer(s), constitutes a waiver of any of the Insurance Requirements.
- 7. **Indemnification**. To the fullest extent permitted by law, Contractor will defend, indemnify, and hold harmless Pima County and any related taxing district, and the officials and employees of each of them (collectively, "Indemnitee") from and against any and all claims, actions, liabilities, losses, and expenses (including reasonable attorney fees) (collectively, "Claims") arising out of actual or alleged injury of any person (including death) or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by any act or omission of Contractor or any of Contractor's directors, officers, agents, employees, volunteers, or subcontractors. This indemnity includes any claim or amount arising or recovered under the Workers' Compensation Law or arising out of the failure of Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. The Indemnitee will, in all instances, except for Claims arising solely from the acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all Claims. Contractor is responsible for primary loss investigation, defense and judgment costs for any Claim to which this indemnity applies. This indemnity will survive the expiration or termination of this Contract.

8. Laws and Regulations.

- **8.1.** Compliance with Laws. Contractor will comply with all federal, state, and local laws, rules, regulations, standards and Executive Orders.
- **8.2.** <u>Licensing</u>. Contractor warrants that it is appropriately licensed to provide the services under this Contract and that its subcontractors will be appropriately licensed.
- **8.3.** Choice of Law; Venue. The laws and regulations of the State of Arizona govern the rights and obligations of the parties under this Contract. Any action relating to this Contract must be filed and maintained in the appropriate court of the State of Arizona in Pima County.
- 9. Health Insurance Portability and Accountability Act. The parties acknowledge that the County is a hybrid covered entity as described in 45 C.F.R. §160.103 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is required to comply with the provisions of HIPAA with respect to safeguarding the privacy, confidentiality, and security of protected health information. Contractor acknowledges that it may obtain confidential personal health information in the course of its performance under the terms of this

Agreement. "Confidential personal health information" includes information that could be used to identify a participant, information pertaining to the participant's care, treatment or experience in County's program, and information pertaining to the cost of, payment for, or collections activities related to participant's care, treatment, and experience in County's program. Contractor agrees to maintain the privacy, confidentiality, and security of information it may obtain in the course of its performance under this Agreement. In particular, Contractor agrees that it is County's Business Associate and agrees to be bound by the Business Associate Agreement in **Exhibit C (7 pages)**, which is incorporated into this agreement, and further specifically agrees that:

- **9.1.** Any confidential personal health information that Contractor may obtain shall remain the sole property of the County; and
- 9.2. Contractor shall establish and maintain procedures and controls that are acceptable to County to assure that no confidential personal health information contained in its records or obtained from County or from others in carrying out its functions under this Agreement shall be used by or disclosed by Contractor, its agents, officers, employees, or sub-contractors, except as required in the performance of its obligations under the terms of this Agreement; and
- **9.3.** Contractor shall not remove any confidential personal health information from County premises, if applicable; and
- **9.4.** Any other information pertaining to individual persons shall not be divulged other than to employees or officers of Contractor as needed for the performance of its duties under this Agreement, or to County.
- 10. Independent Contractor. Contractor is an independent contractor. Neither Contractor, nor any of Contractor's officers, agents or employees will be considered an employee of Pima County for any purpose or be entitled to receive any employment-related benefits, or assert any protections, under the Pima County Merit System. Contractor is responsible for paying all federal, state and local taxes on the compensation received by Contractor under this Contract and will indemnify and hold County harmless from any and all liability that County may incur because of Contractor's failure to pay such taxes.
- 11. Subcontractors. Contractor is fully responsible for all acts and omissions of any subcontractor, and of persons directly or indirectly employed by any subcontractor, and of persons for whose acts any of them may be liable, to the same extent that Contractor is responsible for the acts and omissions of its own employees. Nothing in this Contract creates any obligation on the part of County to pay or see to the payment of any money due any subcontractor, except as may be required by law.
- **12. Assignment**. Contractor may not assign its rights or obligations under this Contract, in whole or in part, without the County's prior written approval. County may withhold approval at its sole discretion.
- **13. Non-Discrimination**. Contractor will comply with all provisions and requirements of Arizona Executive Order 2009-09, which is hereby incorporated into this contract, including flow-down of all provisions and requirements to any subcontractors. During the performance of this Contract, Contractor will not discriminate against any employee, client or any other

individual in any way because of that person's age, race, creed, color, religion, sex, disability or national origin.

- **14.** Americans with Disabilities Act. Contractor will comply with Title II of the Americans with Disabilities Act (Public Law 110-325, 42 U.S.C.§§ 12101-12213) and the federal regulations for Title II (28 CFR Part 35).
- 15. Authority to Contract. Contractor warrants its right and power to enter into this Contract. If any court or administrative agency determines that County does not have authority to enter into this Contract, County will not be liable to Contractor or any third party by reason of such determination or by reason of this Contract.
- 16. Full and Complete Performance. The failure of either party to insist, in one or more instances, upon the other party's complete and satisfactory performance under this Contract, or to take any action based on the other party's failure to completely and satisfactorily perform, is not a waiver of that party's right to insist upon complete and satisfactory performance, or compliance with any other covenant or condition in this Contract, either in the past or in the future. The acceptance by either party of sums less than may be due and owing it at any time is not an accord and satisfaction.
- 17. Cancellation for Conflict of Interest. This Contract is subject to cancellation for conflict of interest pursuant to A.R.S. § 38-511, the pertinent provisions of which are incorporated into this Contract by reference.
- 18. Termination by County.
 - **18.1.** Without Cause. County may terminate this Contract at any time without cause by notifying Contractor, in writing, at least 30 days before the effective date of the termination. In the event of such termination, County's only obligation to Contractor will be payment for services rendered prior to the date of termination.
 - **18.2.** With Cause. County may terminate this Contract at any time without advance notice and without further obligation to County when County finds Contractor to be in default of any provision of this Contract.
 - **18.3.** Non-Appropriation. Notwithstanding any other provision in this Contract, County may terminate this Contract if for any reason there are not sufficient appropriated and available monies for the purpose of maintaining County or other public entity obligations under this Contract. In the event of such termination, County will have no further obligation to Contractor, other than to pay for services rendered prior to termination.
- **19. Notice**. Any notice required or permitted to be given under this Contract must be in writing and be served by personal delivery or by certified mail upon the other party as follows:

County:

Contractor:

Paula Perrera, Director Detainee and Crisis Systems 3950 S. Country Club Rd., Suite 3240 Tucson, AZ 85714 Dennis Regnier, President and CEO CODAC Health, Recovery & Wellness, Inc. 4585 E. Speedway Blvd. Tucson. AZ 85712

- **20. Non-Exclusive Contract**. Contractor understands that this Contract is nonexclusive and is for the sole convenience of County. County reserves the right to obtain like services from other sources for any reason.
- **21. Remedies**. Either party may pursue any remedies provided by law for the breach of this Contract. No right or remedy is intended to be exclusive of any other right or remedy and each is cumulative and in addition to any other right or remedy existing at law or at equity or by virtue of this Contract.
- **22. Severability**. Each provision of this Contract stands alone, and any provision of this Contract found to be prohibited by law will be ineffective to the extent of such prohibition without invalidating the remainder of this Contract.
- 23. Books and Records. Contractor will keep and maintain proper and complete books, records and accounts, which will be open at all reasonable times for inspection and audit by duly authorized representatives of County. In addition, Contractor will retain all records relating to this Contract for at least five (5) years after its expiration or termination or, if later, until any related pending proceeding or litigation has concluded.

24. Public Records.

- **24.1. Disclosure**. Pursuant to A.R.S. § 39-121 et seq., and A.R.S. § 34-603(H) in the case of construction or Architectural and Engineering services procured under A.R.S. Title 34, Chapter 6, all documents submitted in response to the solicitation resulting in award of this Contract, including, but not limited to, pricing schedules, product specifications, work plans, and any supporting documents, are public records. As such, those documents are subject to release and/or review by the general public upon request, including competitors.
- 24.2. Records Marked Confidential; Notice and Protective Order. If Contractor reasonably believes that some of those records contain proprietary, trade-secret or otherwise-confidential information, Contractor must prominently mark those records "CONFIDENTIAL." In the event a public-records request is submitted to County for records marked CONFIDENTIAL, County will notify Contractor of the request as soon as reasonably possible. County will release the records 10 business days after the date of that notice, unless Contractor has, within that period, secured an appropriate order from a court of competent jurisdiction, enjoining the release of the records. County will not, under any circumstances, be responsible for securing such an order, nor will County be in any way financially responsible for any costs associated with securing such an order.

25. Legal Arizona Workers Act Compliance.

25.1. Compliance with Immigration Laws. Contractor hereby warrants that it will at all times during the term of this Contract comply with all federal immigration laws applicable to its employment of its employees, and with the requirements of A.R.S. § 23-214 (A) (together the "State and Federal Immigration Laws"). Contractor will further ensure that each subcontractor who performs any work for Contractor under this Contract likewise complies with the State and Federal Immigration Laws.

- **25.2.** <u>Books & Records</u>. County has the right at any time to inspect the books and records of Contractor and any subcontractor in order to verify such party's compliance with the State and Federal Immigration Laws.
- 25.3. Remedies for Breach of Warranty. Any breach of Contractor's or any subcontractor's warranty of compliance with the State and Federal Immigration Laws, or of any other provision of this section, is a material breach of this Contract subjecting Contractor to penalties up to and including suspension or termination of this Contract. If the breach is by a subcontractor, and the subcontract is suspended or terminated as a result, Contractor will be required to take such steps as may be necessary to either self-perform the services that would have been provided under the subcontract or retain a replacement subcontractor, as soon as possible so as not to delay project completion. Any additional costs attributable directly or indirectly to such remedial action are the responsibility of Contractor.
- **25.4.** <u>Subcontractors</u>. Contractor will advise each subcontractor of County's rights, and the subcontractor's obligations, under this Section 24 by including a provision in each subcontract substantially in the following form:

"Subcontractor hereby warrants that it will at all times during the term of this contract comply with all federal immigration laws applicable to Subcontractor's employees, and with the requirements of A.R.S. § 23-214 (A). Subcontractor further agrees that County may inspect the Subcontractor's books and records to insure that Subcontractor is in compliance with these requirements. Any breach of this paragraph by Subcontractor is a material breach of this contract subjecting Subcontractor to penalties up to and including suspension or termination of this contract."

- 26. Grant Compliance. Not Applicable.
- 27. Israel Boycott Certification. Pursuant to A.R.S. § 35-393.01, if Contractor engages in for-profit activity and has 10 or more employees, and if this Contract has a value of \$100,000.00 or more, Contractor certifies it is not currently engaged in, and agrees for the duration of this Contract to not engage in, a boycott of goods or services from Israel. This certification does not apply to a boycott prohibited by 50 U.S.C. § 4842 or a regulation issued pursuant to 50 U.S.C. § 4842.
- 28. 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 Contractor 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.

- 29. 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.
- **30.** Amendment. The parties may modify, amend, alter or extend this Contract only by a written amendment signed by the parties.
- 31. Entire Agreement. This document constitutes the entire agreement between the parties pertaining to the subject matter it addresses, and this Contract supersedes all prior or contemporaneous agreements and understandings, oral or written.

This agreement will become effective when all parties have signed it. The effective date of the agreement will be the date this agreement is signed by the last party (as indicated by the date associated with that party's signature).

PIMA COUNTY	CONTRACTOR
	Violen
Chair, Board of Supervisors	Authorized Officer Signature
	Dennis Regnier
Date	Dennis Regnier Printed Name and Title
	_6/17/2025
	Date
ATTEST	
Clerk of the Board	
Date	
\mathcal{A}	
APPROVED AS TO FORM	APPROYED AS TO CONTENT
	Mat Pot
Deputy County Attorney	Department Head
Jonathan Pinkney	6/19/25
Print DCA Name	Date
6/17/25	
Date	

10

Contract No.: PO2500016949

Exhibit A (5 pages) Scope of Services

1. CONTRACTOR shall provide Medical Forensic Examinations.

- 1.1. Pursuant to A.RS. §13-1414, Pima County has a mandate to pay for the medical forensic examination expenses arising out of the need to secure evidence that a person has been the victim of a sexual assault occurring in Pima County. By means of this Contract, CONTRACTOR ensures that Pima County fulfills this mandate.
- 1.2. The goal of CONTRACTOR's Sexual Assault Resource Service (SARS) is to provide a coordinated approach to survivors of sexual violence, provide competent and compassionate medical care, enhance the confidence of the survivor in the legal system, increase apprehension of offenders, maximize successful prosecutions, and minimize the trauma to a survivor of sexual violence during the investigative process. Providing an immediate and effective response to survivors following a sexual assault can minimize the detrimental long-term effects of trauma related to sexual violence.
- 1.3. If the victim chooses to have a medical-forensic exam with or without filing a police report, the SARS Advocate will dispatch a Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner (SANE/SAFE) to complete a medical forensic examination (MFE). The MFE is a head-to-toe exam which identifies areas of injury and provides recommendations for treatment and follow-up to support the ongoing health of the survivor following the trauma. Additionally, evidence collected from the medical-forensic exam may help with the identification and prosecution of the perpetrator of the crime.
- 1.4. The SANE/SAFE is a specially trained Registered Nurse, Nurse Practitioner, Physician's Assistant or Physician with advanced education and clinical preparation. The following may be included in a medical-forensic exam:
 - 1.4.1. Obtain a detailed history of the assault or abuse.
 - 1.4.2. Provide a detailed comprehensive examination.
 - 1.4.3. Perform a detailed genital examination, which may include an examination with a speculum.
 - 1.4.4. Collect biological specimens and/or photographic images from the victim's body.
- 1.5. The SARS Advocate and the SANE/SAFE must work as a team to ensure the survivor's sense of safety. SANE/SAFE relies on the SARS Advocate to coordinate services outside of the exam room so the SANE/SAFE can provide quality medical care and protect the integrity of evidence. The CONTRACTOR shall provide both the SARS Advocate and SANE/SAFE services as required by the Pima County Protocol.

1.6. The following is a summary of the different responsibilities of CONTRACTOR in responding to a sexual assault:

1.6.1. Role of the Sexual Assault Nurse Examiner (SANE)

- 1.6.1.1. Provide medical care to sexual assault patients.
- 1.6.1.2. Complete a medical-forensic exam, medical and assault history, head-to-toe exam, detailed genital exam, and evidence collection when consented to by the survivor and/or guardian (when consent can be provided).
- 1.6.1.3. When necessary, obtain photo-documentation of injuries to support written documentation.
- 1.6.1.4. Preserve the chain of custody.
- 1.6.1.5. Provide the sexual assault patient with medical follow-up information.
- 1.6.1.6. Provide factual testimony, with the ability to provide expert testimony for the purposes of judicial disposition of a case.

1.6.2. Role of the SARS Advocate (Not funded through this Contract)

- 1.6.2.1. Coordinate relevant personnel response, including dispatch of a Medical Forensic Examiner; collaboration with law enforcement, medical personnel, DCS/APS or other case workers, interpreters, and/or other social services.
- 1.6.2.2. Facilitate communication between response personnel (primarily the Medical Forensic Examiner, law enforcement and medical personnel).
- 1.6.2.3. Ensure the immediate needs of the victim are met.
- 1.6.2.4. Respond to the needs of secondary victims, when applicable.
- 1.6.2.5. Provide full and accurate information about services, options, victim's rights and ensure that they understand the right of choice and informed consent.
- 1.6.2.6. Explain support services/resources available, including information about Arizona Crime Victim's Compensation.

2. <u>CONTRACTOR shall provide Medical Forensic Examinations for victims of strangulation.</u>

2.1. Strangulation is defined as a form of asphyxia and is characterized by the closure of the blood vessels and/or air passages of the neck and may disrupt the delivery of oxygen supply to the brain. Strangulation is often incorrectly referred to as choking, which involves blocking, or obstructing the windpipe. The effects of strangulation may not be obvious, but they are numerous and can be life threatening.

Contract No.: PO2500016949

- 2.2. The CONTRACTOR has the Sexual Assault Resource Service (SARS) which provides a coordinated approach to victims of strangulation, provides competent and compassionate medical care, enhances the confidence of the survivor in the legal system, increases apprehension of offenders, maximizes successful prosecutions, and minimizes the trauma to a victim of strangulation during the investigative process. Providing an immediate and effective response to victims following a strangulation can minimize the detrimental long-term effects of trauma related to an assault.
- 2.3. Following the Pima County Strangulation Protocol, if the victim of a strangulation chooses to have a strangulation exam (in conjunction with filing a police report), the SARS Advocate will dispatch a Medical Forensic Examiner to complete a strangulation examination. The strangulation medical forensic exam is a head-to-toe exam which identifies areas of injury and provides recommendations for treatment and follow-up to support the ongoing health of the survivor following the trauma. Additionally, evidence collected from the strangulation medical forensic exam may help with the identification and prosecution of the perpetrator of the crime.
- 2.4. The Medical Forensic Examiner is a specially trained Registered Nurse, Nurse Practitioner, Physician's Assistant or Physician with advanced education and clinical preparation.
- 2.5. The following may be included in a strangulation medical forensic exam:
 - 2.5.1. Patient consent and assent
 - 2.5.2. Medical history and assault account
 - 2.5.3. Head-to-toe nursing assessment
 - 2.5.4. Photo documentation
 - 2.5.5. Collection of forensic evidence items and samples
 - 2.5.6. Emergency Department referral assessment
 - 2.5.7. Education and resources
- 2.6. The SARS Advocate and the Medical Forensic Examiner work as a team to ensure the victim's sense of safety. The Medical Forensic Examiner relies on the SARS Advocate to coordinate services outside of the exam room so the Medical Forensic Examiner can provide quality medical care and protect the integrity of evidence. The CONTRACTOR shall provide both the SARS Advocate and Medical Forensic Examiner/strangulation medical forensic exam services.
- 2.7. Following is a summary of the different responsibilities of CONTRACTOR in responding to a victim of strangulation.
 - 2.7.1. Role of the Medical Forensic Examiner:
 - 2.7.1.1. Provide medical evaluation to a victim of strangulation.
 - 2.7.1.2. Complete a strangulation medical forensic exam which may I include medical and assault history, head-to-toe exam, and evidence collection when consented to by the survivor and/or guardian (when consent can be provided).
 - 2.7.1.3. When appropriate, obtain photo-documentation of injuries to support written documentation.

- 2.7.1.4. Preserve the chain of custody.
- 2.7.1.5. Provide the victim of strangulation with medical follow-up information.
- 2.7.1.6. Provide factual testimony, with the ability to provide expert testimony for the purposes of judicial disposition of a case.

2.7.2. Role of SARS Advocate (Not funded through this Contract):

- 2.7.2.1. Coordinate relevant personnel response, including dispatch of a Medical Forensic Examiner; collaboration with law enforcement, medical personnel, DCS/APS or other case workers, interpreters, and/or other social services.
- 2.7.2.2. Facilitate communication between response personnel (primarily the Medical Forensic Examiner, law enforcement and medical personnel).
- 2.7.2.3. Ensure the immediate needs of the victim are met.
- 2.7.2.4. Respond to the needs of secondary victims, when applicable.
- 2.7.2.5. Provide full and accurate information about services, options, victim's rights and ensure that they understand the right of choice and informed consent.
- 2.7.2.6. Explain support services/resources available, including information about Arizona Crime Victim's Compensation.

3. Quarterly Program Reports

- 3.1. The SACASA Quarterly Program Report is due no more than 30 days following the end of the each fiscal quarter within the contract year (July 1 through June 30). The report shall include the data specified in ATTACHMENT B-1, Quarterly Program Report (11 pages), as outlined below:
 - 3.1.1. A list of requested and completed medical-forensic examinations by law enforcement record/report number when applicable.
 - 3.1.2. Examinations requested but not performed and the reason for non-performance.
 - 3.1.3. Number of testimonies provided during the quarter.
 - 3.1.4. Demographic information relating to medical-forensic exams provided during the quarter (age, gender, ethnicity, income level, residence zip code and disabilities or as otherwise agreed upon by County and Contractor).
 - 3.1.5. Demographic information relating to only strangulation exams provided during the quarter (age, gender, ethnicity, residence zip code and referral to other services) as otherwise agreed upon by County and Contractor).

- 3.1.6. Participation in quarterly interdisciplinary meeting to discuss trends, gaps, service needs, and ad-hoc data reporting, unless parties mutually agree to cancel.
- 3.1.7. Ad-hoc reporting as mutually agreed upon by COUNTY and CONTRACTOR.

4. Monthly Staffing Reports

Along with each monthly invoice, the CONTRACTOR shall provide the COUNTY with a detailed accounting of all work shifts during the invoiced month for medical-forensic exams. This accounting shall specify the personnel who staffed each filled shift, as well as identify any shifts that remained unstaffed.

End of EXHIBIT A

Exhibit B (1 page) Rates

1. Medical Forensic Examinations:

- 1.1. The contract covers expenses incurred for services mandated under A.RS. §13-1414. COUNTY will pay for the medical forensic exam expenses arising out of the need to secure evidence that a person has been a victim of a dangerous crime against children, as defined in A.RS. §13-705 or a sexual assault occurring in Pima County.
- 1.2. An annual fixed fee of two hundred forty thousand dollars (\$240,000.00) has been agreed upon as payment to the CONTRACTOR for providing medical-forensic examinations. This amount will be paid in twelve equal monthly installments of twenty thousand dollars (\$20,000.00) each.

2. Medical Forensic Examinations for victims of strangulation:

- 2.1. This contract also includes the provision of strangulation-only examinations for victims of strangulation.
- 2.2. An all-inclusive rate of five hundred ninety-six dollars and eighty-four cents (\$596.84) per exam has been agreed upon as payment to the CONTRACTOR for each strangulation-only exam provided.
- 2.3. The total number of exams to be provided will depend on the actual number of exams requested.
- 3. The total NOT-TO-EXCEED dollar amount of this contract is \$312,000.00 annually.

End of EXHIBIT B

Attachment B-1 (11 pages) Quarterly Program Report

Quarterly Program Report

Pima County Detainee and Crisis System Contract Number: <u>PO2500016949</u> Agency: Southern Arizona Center Against Sexual Assault, a division of CODAC

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

Reporting Period: Prepared by: Date submitted:

Submit Quarterly Program Report to: PCBH.Reports@pima.gov

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

Signature:		

		F	Y	Q1	F۱	/	Q2	FY Q3			FY Q4			FY
		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
1	Total served by SARS Hospital Response													
	Advocates at the hospital (all encounters).													
2	Individuals served by Facility (Hospital Location)													
	Banner UMC													
	Tucson Medical Center													
	Other Hospitals													
3	Total Medical Forensic Exams provided.													
	% of MFEs from Total Seen by SARS											-		
	Banner UMC													
	Tucson Medical Center													
	Other Hospitals (require Mobile Kits)													
4	Total served at hospital who have previously been served through SARS Program for separate incidents based on "rolling" 12-month period (as data is available). (aka: Repeat Survivors)													
	TOTAL NEW Patients Seen													
5	Total Strangulation-Only Exams provided.													
6	MFE status for individuals served by SARS Hospit	al Res	ponse	Advoca	ite:									
	Yes MFE - At Time													
	Yes MFE - Returned													
	No MFE - Declined													

Contract No.: PO2500016949

	No MFE - Not Authorized				ļ									
	No MFE - Unable to Consent													
	No MFE - Other													
	No MFE- Referred to CAC													
	No MFE - Consult Only													
_	(Not completed reason accounted for above)	<u> </u>	<u> </u>		<u> </u>		<u></u>	1			<u> </u>	<u> </u>		
7	Law Enforcement Agency Involved:	т			1	γ	,	.	T		,			
	Tucson Police Department	ļ	ļ						<u> </u>	ļ	ļ	ļ	ļ	
	Pima County Sheriff's Department							ļ		ļ				
_	Marana Police Department				ļ	<u> </u>								
	Oro Valley Police Department													
	Sahuarita Police Department													
	South Tucson Police Department													
	U of A Police Department							<u> </u>						
	Other Jurisdiction													
	None													
8	JUSTICE SYSTEMS SUPPORT: Number of													
	medical records requested for survivors (Addi'll costs).					1								
9	JUSTICE SYSTEMS SUPPORT: Total #		-	 										
	testimonies provided by SAF Examiners							1						
	contracted with SACASA (Addi'll costs related to													
	MFE).		-		ļ									ļ
	Referral to SARS Hospital Response Advocates by Referral Type	ĺ												
	Total Referred by Law Enforcement								-				-	
	Total Referred by Hospital								<u> </u>			<u> </u>	 	
	Total Referred by Other Agency								-					
	Agency Type									<u> </u>				
	Health Agency											<u> </u>	<u> </u>	
	BH Agency													
							-						-	-
	Social Service Agency		-					1						-
İ	Emerge SACAC		 						 		ļ —			
			<u> </u>					ļ						
	Total Self-Referral	DC Ua		Respon	so De	mogra	L		L		L	<u> </u>	<u></u>	L
	SA			<u>-</u>										Γ
	ACT CROUPS			Q1			Q2			Q3	F\		Q4 .	FY YTD
	AGE GROUPS:	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	'''
	Birth to 5:		<u> </u>										 	<u> </u>
	6-12:				ļ								-	<u> </u>
	13-17:	-										<u> </u>	ļ	
													1	l .
į	18-22: 23-59:				ļ									_

		1		г	T	Т	1		Γ	T	T	
60-65:			<u> </u>		ļ						<u> </u>	_
66-85:					ļ		ļ					
85+:												
Unreported:												
Unknown:											<u> </u>	
Total												
GENDER:												
Male:												
Female:												
Trans Female / Trans Woman:												
Trans Male / Trans Man:					·							
Genderqueer / Gender non-conforming:												
Different Identity:												
Unreported:												
Unknown:		-										
Total												
RACE/ETHNICITY:	L	l	L		L	l	L	·	I	L	<u> </u>	L
African American:											T	
Anglo/Caucasian:												
Asian/Pacific Islander:		-										
Hispanic/Latino:					<u> </u>	,			<u></u>		ļ	
Native American/Alaskan Native:					<u> </u>							
Other Ethnic Origins:					-						-	
Multi-ethnic/Multi-racial:		-										
Unreported:		-										l
Unknown:											<u> </u>	
Total			-								<u>-</u>	
SOCIAL Determinants (Additional Information)												
Veteran								-				
Homeless												
OTHER		L										
PERSONS WITH DISABILITIES:		Γ			I		-				l	
Acquired, Cognitive, Sensory, Physical, Congenital, Psychiatric, Developmental												
Percentage of Total												1
		1				L						
INCOME LEVEL: Economically disadvantaged/low income (0% -		T	l									
50% of the Median Income as defined by HUD):												
Percentage of Total							***************************************					***************************************
INSURANCE STATUS:												
Medicaid												
Private / Commercial											-	
Contract No : PO2500016949	10	Ļ	l		L						l	

No Insurance			Ţ	[1	 	Ţ	T	l	[Ţ	T	T
Medicare					<u> </u>	 					 	 	-
Not Reported				ļ		 	ļ					 	
OTHER						 						 	
By Zip Code - Pima County addresses only by indi	vidual i	recid	ence.	l	<u> </u>	L	<u></u>	L	L		L	J	
85701		Colu		T	<u> </u>	1		1		ī —	T		T
85702			-		ļ							ļ	
85704						 					<u> </u>	 	
85705		,											
85706						 			<u> </u>			-	
85707						 	1					-	
85708			-							· · · · · · · · · · · · · · · · · · ·			
85709				ļ		<u> </u>							
85710	-				-	1							
85711												 	
85712						 	-		-			 	
85713												1	
85714				***************************************									
85715													
85716			-										
85718													
85719													
85721													
85726													
85730													
85731													
85735													
85741													
85742													
85743										:			
85745								w		***************************************			
85746													
85747													
85748													
85749						<u> </u>							
85756													
85757													
Other Surrounding												[
Areas (Arivara) 85.601						<u> </u>					.,		
(Arivaca) 85601						<u> </u>							
(Ft. Huachuca) 85613													

(Green Valley) 85614			T			
(Summerhaven) 85619						
(Nogales) 85621						
(Green Valley) 85622						
(Sahuarita) 85629						
(Sells) 85634						
(Vail) 85641						
(Rio Rico) 85648						
(Marana) 85653						
(Rillito) 85654						
(Marana) 85658						
(Three Points) 85736						
(Oro Valley) 85737						
(Saddlebrooke) 85739						
(Catalina Foothills) 85750						
(Oro Valley) 85755						
Not Reported						
Total						

	MF	E Provi	ided - D	emog	raphics	5							
AGE GROUPS:		FYQ	FYQ1			FYQ2			(3	FY Q4			FY
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
Birth to 5:													
6-12:													
13-17:													
18-22:													
23-59:													
60-65:													
66-85:													
85+:													
Unknown:													
Total													
GENDER:													
Male:													
Female:													
Trans Female / Trans Woman:													
Trans Male / Trans Man:													
Genderqueer / Gender non-conforming:													
Different Identity:													
Unreported:													
Unknown:													

Total:					<u> </u>					I		
RACE/ETHNICITY:	L		1	<u> </u>	L	L		<u></u>	<u></u>	L		L
African American:						T		T				
Anglo/Caucasian:						 						
Asian/Pacific Islander:												
Hispanic/Latino:												
Native American/Alaskan Native:				1							<u> </u>	
Other Ethnic Origins:												
Multi-ethnic/Multi-racial:												
Unknown:												
Total												
SOCIAL Determinants (Additional Information)												
Veteran												
Homeless												
INSURANCE STATUS:								*******				1
Medicaid												
Private / Commercial												
No Insurance												
Medicare												
Not Reported												
OTHER											ļ	
PERSONS WITH DISABILITIES:	4						r					
Acquired, Cognitive, Sensory, Physical, Congenital, Psychiatric, Developmental												
Total												
INCOME LEVEL:												
Economically disadvantaged/low income (0% -												
50% of the Median Income as defined by HUD):												
Total									<u> </u>			
By Zip Code - Pima County addresses only by indi	vidual resid	gence:									I	
85701												
85704 85705												
85705 85706												
85707												-
85707 85708												
85708 85709												
85710												
85711												
85712												
85713			***************************************									
03/13		L									L	

	 	1	T	T	Т	1		T	T	1	1
85714	}	-						-	<u> </u>	<u> </u>	
85715		-		ļ				ļ		ļ	<u> </u>
85716					<u> </u>		ļ	ļ	ļ	ļ	
85718		<u> </u>								ļ	
85719											
85721										ļ	
85726	 					İ			ļ	ļ	
85730											
85735											
85736											
85737											
85739											
85741											
85742											
85743											
85745	1										
85746											
85747											
85748											
85749											
85750			,								
85755											
85756				·							
85757				***************************************					· · · · · · · · · · · · · · · · · · ·		
Other Surrounding											
Areas	 										
(Arivaca) 85601											
(Ft. Huachuca) 85613											
(Green Valley) 85614											
(Summerhaven) 85619											
(Nogales) 85621											
(Green Valley) 85622											
(Sahuarita) 85629											
(Sells) 85634											
(Vail) 85641											
(Rio Rico) 85648											
(Marana) 85653								***************************************			
(Rillito) 85654											
(Marana) 85658											
(Three Points) 85736											
(Oro Valley) 85737											

(Saddlebrooke) 85739	T						,		T	{	[
(Catalina Foothills) 85750										 			
(Oro Valley) 85755													
Not Reported	<u> </u>					<u> </u>				<u> </u>			
Total					···	 				<u> </u>	***************************************		
	1	L		I	l			l .	L	L	l		
Str	angul	ation C	nly Exa	ım - D	emogra	aphics							
	1		Q1	F		Q2	F	·		F	FY		
AGE GROUPS:	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Q4 Jun	YTD
Birth to 5:			346	-				100		1	1110.7		
6-12:													
13-17:						-			<u> </u>			-	
18-22:				<u> </u>		<u> </u>						<u> </u>	
23-59:					L							-	
60-65:										ļ		 	
66-85:													
85+:													
Unreported:													
Unknown:													
Total												-	
GENDER:	L	L		<u>i.</u>		L		L	L	<u> </u>		l	
Male:													
Female:													
Trans Female / Trans Woman:													
Trans Male / Trans Man:													
Genderqueer / Gender non-conforming:													
Different Identity:													
Unreported:													
Unknown:													
Total													
RACE/ETHNICITY:					L			<u> </u>				I	
African American:													
Anglo/Caucasian:													
Asian/Pacific Islander:													,
Hispanic/Latino:													
Native American/Alaskan Native:													
Other Ethnic Origins:													
Multi-ethnic/Multi-racial:													
Unreported:													
Unknown:													
Total													

SOCIAL Determinants (Additional Information) Veteran		Ì	1	1	ì	ì	ì	1	1		
	1 1		i							İ	
				ļ						ļ	
Homeless				-							ļ
OTHER					<u></u>	l			L	<u></u>	<u> </u>
PERSONS WITH DISABILITIES:						1	1		F		Т
Acquired, Cognitive, Sensory, Physical,			İ								
Congenital, Psychiatric, Developmental Percentage of Total											
INCOME LEVEL:					L	l			L	J	
Economically disadvantaged/low income (0% -		T		I			r		Γ	l	T
50% of the Median Income as defined by HUD):		ŀ								l 	
Percentage of Total											
INSURANCE STATUS:											
Medicaid											
Private / Commercial											
No Insurance											
Medicare											
Not Reported											
OTHER											
By Zip Code - Pima County addresses only by individ	ual reside	nce:									
85701											
85704											
85705											
85706											
85707											
85708											
85709											
85710											
85711											
85712										***************************************	
85713											
85714											
85715											
85716											
85718											
85719											
85721											
85726											
85730											
85735											
85736											
85737											

	1			7	1	т			·		T
85739			 								
85741				ļ							
85742											
85743											
85745											
85746											
85747											
85748										***************************************	
85749				1			78888 81 61 111	:		i	
85750			-							ļ	
85755											
85756											
85757			 								
Other Surrounding										!	
Areas											
(Arivaca) 85601											
(Ft. Huachuca) 85613											
(Green Valley) 85614											
(Summerhaven) 85619											
(Nogales) 85621											
(Green Valley) 85622											
(Sahuarita) 85629											
(Sells) 85634			 								
(Vail) 85641											
(Rio Rico) 85648											
(Marana) 85653											
(Rillito) 85654											
(Marana) 85658			 						***************************************		
(Three Points) 85736			 								
(Oro Valley) 85737			 								
(Saddlebrooke) 85739			 ······································						***************************************		
(Catalina Foothills) 85750											
(Oro Valley) 85755											
Not Reported			 								
Total			 								
Total											P.M. ett.
SACASA-WIDE											
SERVICES											
(Entire Victims Services Program)											
TOTAL INDIVIDUALS SERVED (Including SARS,											
MFE, STRANGULATION ONLY, & SACASA-WIDE SERVICES)											
Referral to Other Services, and Type:											
Contract No.: PO2500016949	L_	 26									

Basic Needs (Food / Shelter)						
Medical Services						
Mental Health and / or Substance Use Services						
Domestic Violence Services						
SACAC						
Other Victims Services Programs						
Legal Services						
Law Enforcement / DCS / APS						
Supports and Resources (OTHER & Type)						

End of ATTACHMENT B-1

Contract No.: PO2500016949

Exhibit C (7 pages) Business Associate Agreement

WHEREAS, Pima County, on behalf of the Pima County Detainee and Crisis Systems Department, (Covered Entity), and CODAC Health, Recovery & Wellness, Inc. ("Business Associate") (each, a "Party," and collectively, the "Parties") wish to enter into a Business Associate Agreement to ensure compliance with the Privacy and Security Rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA Privacy and Security Rules") (45 C.F.R. Parts 160 and 164); and

WHEREAS, the Health Information Technology for Economic and Clinical Health ("HITECH") Act of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5, modified the HIPAA Privacy and Security Rules (hereinafter, all references to the "HIPAA Privacy and Security Rules" include all amendments thereto set forth in the HITECH Act and any accompanying regulations); and

WHEREAS, the Parties have entered into a written or oral arrangement or arrangements (the "Underlying Agreement") whereby Business Associate will provide certain services to Covered Entity that require Business Associate to create, receive, maintain, or transmit Protected Health Information ("PHI") on Covered Entity's behalf, and accordingly Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Privacy and Security Rules; and

WHEREAS, Business Associate and Covered Entity wish to comply with the HIPAA Privacy and Security Rules, and Business Associate wishes to honor its obligations as a business associate to Covered Entity.

THEREFORE, in consideration of the Parties' continuing obligations under the Underlying Agreement, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree to the provisions of this Business Associate Agreement ("Agreement").

Except as otherwise defined herein, any and all capitalized terms in this Agreement shall have the definitions set forth in the HIPAA Privacy and Security Rules. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Privacy and Security Rules, as amended, the HIPAA Privacy and Security Rules in effect at the time shall control. Where provisions of this Agreement are different than those mandated by the HIPAA Privacy and Security Rules but are nonetheless permitted by the HIPAA Privacy and Security Rules, the provisions of this Agreement shall control.

I. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

A. Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Underlying Agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rules if done by Covered Entity.

- **B.** Business Associate may use PHI in its possession for its proper management and administration and to fulfill any present or future legal responsibilities of Business Associate, provided that such uses are permitted under state and federal confidentiality laws.
- **C.** Business Associate may disclose PHI in its possession to third parties for the purposes of its proper management and administration or to fulfill any present or future legal responsibilities of Business Associate, provided that:
 - **1.** the disclosures are required by law; or
- **2.** Business Associate obtains reasonable assurances from the third parties to whom the PHI is disclosed that the information will remain confidential and be used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party, and that such third parties will notify Business Associate of any instances of which they are aware in which the confidentiality of the information has been breached.
- **D.** Until such time as the Secretary issues regulations pursuant to the HITECH Act specifying what constitutes "minimum necessary" for purposes of the HIPAA Privacy and Security Rules, Business Associate shall, to the extent practicable, access, use, and request only PHI that is contained in a limited data set (as defined in 45 C.F.R. § 164.514(e)(2)), unless Business Associate requires certain direct identifiers in order to accomplish the intended purpose of the access, use, or request, in which event Business Associate may access, use, or request only the minimum necessary amount of PHI to accomplish the intended purpose of the access, use, or request.

II. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

- **A.** Business Associate agrees not to use or further disclose PHI other than as permitted or required by this Agreement or the Underlying Agreement or as required by law.
- **B.** Business Associate agrees to use appropriate safeguards and to comply, where applicable, with 45 C.F.R. Part 164, Subpart C with respect to Electronic Protected Health Information, to prevent use or disclosure of PHI other than as provided for by this Agreement. Specifically, Business Associate will:
- 1. implement the administrative, physical, and technical safeguards set forth in 45 C.F.R. §§ 164.308, 164.310, and 164.312 that reasonably and appropriately protect the confidentiality, integrity, and availability of any PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity, and, in accordance with 45 C.F.R. § 164.316, implement and maintain reasonable and appropriate policies and procedures to enable it to comply with the requirements outlined in 45 C.F.R. §§ 164.308, 164.310, and 164.312; and
- **2.** report to Covered Entity any Security Incident, and any use or disclosure of PHI that is not provided for by this Agreement, of which Business Associate becomes aware.
- **C.** Business Associate shall require each subcontractor that creates, receives, maintains, or transmits PHI on its behalf to enter into a Business Associate Agreement or equivalent agreement containing the same restrictions on access, use, and disclosure of PHI as those applicable to Business Associate under this Agreement. Furthermore, to the extent that Business Associate provides Electronic PHI to a subcontractor, Business Associate shall require such subcontractor to comply with all applicable provisions of 45 C.F.R. Part 164, Subpart C.

- **D.** Business Associate agrees to comply with any requests for restrictions on certain disclosures of PHI to which Covered Entity has agreed in accordance with 45 C.F.R. § 164.522, of which Business Associate has been notified by Covered Entity.
- E. If Business Associate maintains a designated record set on behalf of Covered Entity, at the request of Covered Entity and in a reasonable time and manner, Business Associate agrees to make available PHI required for Covered Entity to respond to an individual's request for access to his or her PHI in accordance with 45 C.F.R. § 164.524. If Business Associate maintains PHI in an electronic designated record set, it agrees to make such PHI available electronically to Covered Entity or, upon Covered Entity's specific request, to the applicable individual or to a person or entity specifically designated by such individual, upon such individual's request.
- **F.** If Business Associate maintains a designated record set on behalf of Covered Entity, at the request of Covered Entity and in a reasonable time and manner, Business Associate agrees to make available PHI required for amendment by Covered Entity in accordance with the requirements of 45 C.F.R. § 164.526.
- **G.** Business Associate agrees to document any disclosures of Protected Health Information, and to make PHI available for purposes of accounting of disclosures, as required by 45 C.F.R. § 164.528.
- **H.** If Business Associate is to carry out one or more of Covered Entity's obligations under 45 C.F.R. Part 164, Subpart E, Business Associate shall comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligation(s).
- I. Business Associate agrees that it will make its internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by Business Associate on behalf of, Covered Entity, available to the Secretary, in a time and manner designated by the Secretary, to enable the Secretary to determine Business Associate's or Covered Entity's compliance with the HIPAA Privacy and Security Rules. Business Associate also shall cooperate with the Secretary and, upon the Secretary's request, pursuant to 45 C.F.R. § 160.310, shall disclose PHI to the Secretary to enable the Secretary to investigate and review Business Associate's or Covered Entity's compliance with the HIPAA Privacy and Security Rules.
- **J.** Unless expressly authorized in the Underlying Agreement, Business Associate shall not:
 - **1.** use PHI for marketing or fundraising:
 - **2.** use PHI to create a limited data set or to de-identify the information;
- **3.** use PHI to provide data aggregation services relating to the health care operations of Covered Entity; or
- **4.** use or disclose PHI in exchange for remuneration of any kind, whether directly or indirectly, financial, or non-financial, other than such remuneration as Business Associate receives from Covered Entity in exchange for Business Associate's provision of the services specified in the Underlying Agreement.
- **5.** Prior express written authorization from Covered Entity is required for Business Associate to access, store, share, maintain, transmit, use, or disclose PHI in any form

via any medium with any entity or person, including the Business Associate's employees and subcontractors, beyond the boundaries and jurisdiction of the United States. Authorization may be granted in the sole discretion of Covered Entity and, if granted, will be subject to additional conditions with which Business Associate must agree.

III. <u>BUSINESS ASSOCIATE'S MITIGATION AND BREACH NOTIFICATION</u> OBLIGATIONS

- **A.** Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- Following the discovery of a Breach of Unsecured PHI ("Breach"), Business B. Associate shall notify Covered Entity of such Breach without unreasonable delay and in no case later than thirty (30) calendar days after discovery of the Breach, and shall assist in Covered Entity's breach analysis process, including risk assessment, if requested. A Breach shall be treated as discovered by Business Associate as of the first day on which such Breach is known to Business Associate or, through the exercise of reasonable diligence, would have been known to Business Associate. The Breach notification shall be provided to Covered Entity in the manner specified in 45 C.F.R. § 164.410(c) and shall include the information set forth therein to the extent known. If, following the Breach notification, Business Associate learns additional details about the Breach, Business Associate shall notify Covered Entity promptly as such information becomes available. Covered Entity shall determine whether Business Associate or Covered Entity will be responsible for providing notification of any Breach to affected individuals, the media, the Secretary, and/or any other parties required to be notified under the HIPAA Privacy and Security Rules or other applicable law. If Covered Entity determines that Business Associate will be responsible for providing such notification, Business Associate may not carry out notification until Covered Entity approves the proposed notices in writing.
- **C.** Notwithstanding the provisions of Section III.B. above, if a law enforcement official states to Business Associate that notification of a Breach would impede a criminal investigation or cause damage to national security, then:
- **1.** if the statement is in writing and specifies the time for which a delay is required, Business Associate shall delay such notification for the time period specified by the official: or
- 2. if the statement is made orally, Business Associate shall document the statement, including the identity of the official making it, and delay such notification for no longer than thirty (30) days from the date of the oral statement unless the official submits a written statement during that time.

Following the period of time specified by the official, Business Associate shall promptly deliver a copy of the official's statement to Covered Entity.

D. Business Associate shall bear Covered Entity's costs of any Breach and resultant notifications, if applicable, to the extent the Breach arises from Business Associate's negligence, willful misconduct, violation of law, violation of the Underlying Agreement, or violation of this Agreement.

IV. OBLIGATIONS OF COVERED ENTITY

- **A.** Upon request of Business Associate, Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 C.F.R. § 164.520.
- **B.** Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by an individual to use or disclose Protected Health Information, if such changes could reasonably be expected to affect Business Associate's permitted or required uses and disclosures.
- **C.** Covered Entity shall notify Business Associate of any restriction on the use or disclosure of PHI to which Covered Entity has agreed in accordance with 45 C.F.R. § 164.522, and Covered Entity shall inform Business Associate of the termination of any such restriction, and the effect that such termination shall have, if any, upon Business Associate's use and disclosure of such Protected Health Information.

V. TERM AND TERMINATION

- A. <u>Term.</u> The Term of this Agreement shall be effective as of the first effective date of any Underlying Agreement, and shall terminate upon later of the following events: (i) in accordance with Section V.C., when all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity is returned to Covered Entity or destroyed (and a certificate of destruction is provided) or, if such return or destruction is infeasible, when protections are extended to such information; or (ii) upon the expiration or termination of the last of the Underlying Agreement.
- B. <u>Termination</u>. Upon either Party's knowledge of a material breach by the other Party of its obligations under this Agreement, the non-breaching Party shall, within twenty (20) days of that determination, notify the breaching Party, and the breaching Party shall have thirty (30) days from receipt of that notice to cure the breach or end the violation. If the breaching Party fails to take reasonable steps to effect such a cure within such time period, the non-breaching Party may terminate this Agreement and the Underlying Agreement without penalty.

Where either Party has knowledge of a material breach by the other Party and determines that cure is infeasible, prior notice of the breach is not required, and the non-breaching Party shall terminate the portion of the Underlying Agreement affected by the breach without penalty.

C. Effect of Termination.

1. Except as provided in paragraph 2 of this subsection C., upon termination of this Agreement, the Underlying Agreement or upon request of Covered Entity, whichever occurs first, Business Associate shall return or destroy all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity.

This provision shall apply to PHI that is in the possession of subcontractors of Business Associate. Neither Business Associate nor its subcontractors shall retain copies of the PHI except as required by law.

2. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide within ten (10) days to Covered

Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return, or destruction of PHI is infeasible, Business Associate, and its applicable subcontractors, shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate and its applicable subcontractors maintain such Protected Health Information.

VI. MISCELLANEOUS

- A. <u>No Rights in Third Parties</u>. Except as expressly stated herein or in the HIPAA Privacy and Security Rules, the Parties to this Agreement do not intend to create any rights in any third parties.
- **B.** <u>Survival</u>. The obligations of Business Associate under Section V.C. of this Agreement shall survive the expiration, termination, or cancellation of this Agreement, the Underlying Agreement, and/or the business relationship of the Parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.
- c. Amendment. The Parties agree that this Agreement will be amended automatically to conform to any changes in the HIPAA Privacy and Security Rules as are necessary for each of them to comply with the current requirements of the HIPAA Privacy and Security Rules and the Health Insurance Portability and Accountability Act, unless a particular statutory or regulatory provision requires that the terms of this Agreement be amended to reflect any such change. In those instances where an amendment to this Agreement is required by law, the Parties shall negotiate in good faith to amend the terms of this Agreement within sixty (60) days of the effective date of the law or final rule requiring the amendment. If, following such period of good faith negotiations, the Parties cannot agree upon an amendment to implement the requirements of said law or final rule, then either Party may terminate this Agreement and the Underlying Agreement upon ten (10) days' written notice to the other Party. Except as provided above, this Agreement may be amended or modified only in a writing signed by the Parties.
- **D.** <u>Assignment</u>. Neither Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party.
- E. <u>Independent Contractor</u>. None of the provisions of this Agreement are intended to create, nor will they be deemed to create any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. Nothing in this Agreement creates or is intended to create an agency relationship.
- **F.** Governing Law. To the extent this Agreement is not governed exclusively by the HIPAA Privacy and Security Rules or other provisions of federal statutory or regulatory law, it will be governed by and construed in accordance with the laws of the state in which Covered Entity has its principal place of business.
- G. <u>No Waiver</u>. No change, waiver, or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

- **H.** <u>Interpretation</u>. Any ambiguity of this Agreement shall be resolved in favor of a meaning that permits Covered Entity and Business Associate to comply with the HIPAA Privacy and Security Rules.
- **I.** <u>Severability.</u> In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.
- J. <u>Notice</u>. Any notification required in this Agreement shall be made in writing to the representative of the other Party who signed this Agreement or the person currently serving in that representative's position with the other Party.
- K. <u>Entire Agreement</u>. This Agreement constitutes the entire understanding of the Parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written. In the event of any inconsistency between this Agreement and any other agreement between the Parties concerning the use and disclosure of PHI and the Parties' obligations with respect thereto, the terms of this Agreement shall control.
- **L.** <u>Counterparts</u>. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement.

End of Exhibit C