



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: June 4, 2024

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

CODAC Health, Recovery & Wellness, Inc. dba CODAC

***Project Title/Description:**

Medical Forensic Examination and Evidence Collection for Victims of Sexual Assault

***Purpose:**

This amendment will enhance available medical services for Victims of Strangulation, increasing public health capacity in the community. The Southern Arizona Center Against Sexual Assault (SACASA) provides strangulation exams for victims of strangulation. These exams gather crucial evidence and provide important medical care for victims of strangulation and aid in the prosecution of these cases.

***Procurement Method:**

Board of Supervisors Policy D29.7, Section III.I.1 Sole Source

***Program Goals/Predicted Outcomes:**

CODAC provides a coordinated approach to survivors of sexual violence including victims of strangulation, providing competent and compassionate medical care, enhancing the confidence of the survivor in the legal system, maximizing successful prosecutions and minimizing the trauma to the survivor of sexual violence or a victim of strangulation during the investigative process.

***Public Benefit:**

These exams gather crucial evidence and provide important medical care for victims of strangulation and aid in the prosecution of these cases.

***Metrics Available to Measure Performance:**

The number of strangulation exams and demographic data such as age, gender identity, race/ethnicity, and residential zip codes of individuals examined.

***Retroactive:**

No.

TO: COB, 5-22-2024 (1)
VERS: 11
PGS: 18

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*268
Amendment No.: 06 AMS Version No.: 11
Commencement Date: 06/04/2024 New Termination Date: 06/30/2024
Prior Contract No. (Synergen/CMS): _____

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 6,000.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ N/A

*Funding Source(s) required: General Fund

Funding from General Fund? ☒ Yes ☐ No If Yes \$ \$6,000.00 % 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: 5.14.2024

Deputy County Administrator Signature:  Date: 5/14/2024

County Administrator Signature: _____ Date: 5/17/2024



DATE: May 20, 2024
TO: Jan Leshner, County Administrator
FROM: Paula Perrera *PSP by HS*
Behavioral Health Director
Cc: Francisco Garcia MD, MPH, Deputy County Administrator
Terri Spencer, Procurement Director
SUBJECT: Amendment Request – Direct Selection of Professional Services from CODAC Health, Recovery & Wellness, Inc. dba CODAC for Medical Forensic Examination and Evidence Collection for Victims of Sexual Assault, Contract Number CT 20*268

Pursuant to Board of Supervisors Policy D29.6 III.C – Direct Selection and Procurement Procedure No. PO-50, approval was received to direct select CODAC to provide continued provision of services for sexual assault victims and the fulfillment of legal mandates, and Contract Number CT 20*268 was awarded in the amount of \$240,000.00.

Background: This amendment will enhance available medical services for victims of strangulation, increasing public health capacity in the community. SACASA provides strangulation exams for victims of strangulation. These exams gather crucial evidence and provide important medical care for victims of strangulation, aiding in the prosecution of these cases.

Requested Action: The Behavioral Health Department requests approval to amend CT 20*268 to increase funds in the amount of \$6,000.00 for strangulations exams in FY 2024, for a NTE amount of \$246,000.00. We are also requesting an increase in the FY 2025 NTE amount encompassing \$71,620.80 for strangulation exams in FY 2025 and the final contract year (7/1/24-6/30/25) amount of \$240,000.00 to a NTE amount of \$311,620.80 to allow for continued services with CODAC pursuant to the Direct Select provisions of Board of Supervisors Policy D29.6, III-C.

Initials LS

Approved as to Form:

Terri Spencer
Terri Spencer
Procurement Director

Date: 5/21/2024

Concur:

Francisco Garcia
Francisco Garcia MD, MPH, DCA

Date:

21 May 2024

Direct Select Approved:

Jan Leshner
Jan Leshner
County Administrator

Date:

5/21/2024

Pima County Department of Behavioral Health

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

Contractor: CODAC Health, Recovery & Wellness, Inc. dba CODAC

Contract No.: CT-BH-20*268

Contract Amendment No.: 06

Orig. Contract Term: 03/31/2020 - 03/30/2021	Orig. Amount:	\$240,000.00
Termination Date Prior Amendment: 06/30/2024	Prior Amendments Amount:	\$780,000.00
Termination Date This Amendment: 06/30/2024	This Amendment Amount:	\$ 6,000.00
	Revised Total Amount:	\$1,026,000.00

CONTRACT AMENDMENT

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

1. Background and Purpose.

1.1. Background. On March 31, 2020, County and Contractor entered into the above referenced agreement to provide medical forensic examination and evidence collection for victims of sexual assault.

1.2. Purpose. County is statutorily mandated to provide medical forensic examination and evidence collection for victims of sexual assault per A.R.S. 13-1414.

1.3. The County is authorized by A.R.S. §§ 11-251 (5) and 11-251 (17), to provide for the care and maintenance of the sick of the county and provide provisions necessary to preserve the health of the county and provide for expenses by making available medical services for Victims of Strangulation, increasing public health capacity. The Southern Arizona Center Against Sexual Assault (SACASA) provides strangulation exams for victims of strangulation. These exams gather crucial evidence and provide important medical care for victims of strangulation and aid in the prosecution of these cases.

2. **Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 5, is increased by \$6,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$1,026,000.00.
3. **Scope of Services.** The parties have revised the Scope of Services as described in the attached **Exhibit A** (4 pages).
4. **Pricing Schedule.** The parties have revised the Pricing Schedule as described in the attached **Exhibit B** (1 page).
5. Replace Attachment B-1.1 Quarterly Program Report with the following Attachment attached hereto Attachment B-1.2., Quarterly Program Report.

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

PIMA COUNTY

Chair, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM,

Deputy County Attorney

Jonathan Pinkney

Print DCA Name

5/16/24
Date

CONTRACTOR

Kristine Welter Hall

Authorized Officer Signature

Kristine Welter Hall, Chief Operating Officer

Printed Name and Title

5/16/24

Date

APPROVED AS TO CONTENT

Paul J. Penner

Department Head

EXHIBIT A
SCOPE OF SERVICES (4 pages)

1. CONTRACTOR shall provide Medical Forensic Examinations.

Pursuant to A.R.S. §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.

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.

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.

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:

- Obtain a detailed history of the assault or abuse;
- Provide a detailed comprehensive examination;
- Perform a detailed genital examination, which may include an examination with a speculum; and
- Collect biological specimens and/or photographic images from the victim's body.

The SARS Advocate and the SANE/SAFE must work as a team to ensure the survivor's sense of safety. The 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.

Following is a summary of the different responsibilities of CONTRACTOR in responding to a sexual assault:

ROLE OF THE SEXUAL ASSAULT NURSE EXAMINER (SANE)

- a. Provide medical care to sexual assault patients.
- b. 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).

- c. When necessary, obtain photo-documentation of injuries to support written documentation.
- d. Preserve the chain of custody.
- e. Provide the sexual assault patient with medical follow-up information.
- f. Provide factual testimony, with the ability to provide expert testimony for the purposes of judicial disposition of a case.

ROLE OF THE SARS ADVOCATE (Not funded through this Contract)

- 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. Facilitate communication between response personnel (primarily the Medical Forensic Examiner, law enforcement and medical personnel).
 - 3. Ensure the immediate needs of the victim are met.
 - 4. Respond to the needs of secondary victims, when applicable.
 - 5. Provide full and accurate information about services, options, victim's rights and ensure that they understand the right of choice and informed consent.
 - 6. Explain support services/resources available, including information about Arizona Crime Victim's Compensation.
- 2. CONTRACTOR shall provide Medical Forensic Examinations for victims of strangulation.**

CONTRACTOR shall provide Medical Forensic Examinations for victims of strangulation.

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.

The CONTRACTOR has the Sexual Assault Resource Service (SARS) which – in addition to sexual assault services provided outside of this contract – 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.

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.

The Medical Forensic Examiner 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 strangulation medical forensic exam:

- a. Patient consent and assent
- b. Medical history and assault account
- c. Head-to-toe nursing assessment
- d. Photo documentation
- e. Collection of forensic evidence items and samples
- f. Emergency Department referral assessment
- g. Education and resources

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.

Following is a summary of the different responsibilities of CONTRACTOR in responding to a victim of strangulation:

ROLE OF THE MEDICAL FORENSIC EXAMINER

- a. Provide medical evaluation to a victim of strangulation.
- b. Complete a strangulation medical forensic exam which may 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).
- c. When appropriate, obtain photo-documentation of injuries to support written documentation.
- d. Preserve the chain of custody.
- e. Provide the victim of strangulation with medical follow-up information.
- f. Provide factual testimony, with the ability to provide expert testimony for the purposes of judicial disposition of a case.

ROLE OF THE SARS ADVOCATE (Not funded through this Contract)

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. Facilitate communication between response personnel (primarily the Medical Forensic Examiner, law enforcement and medical personnel).
3. Ensure the immediate needs of the victim are met.
4. Respond to the needs of secondary victims, when applicable.
5. Provide full and accurate information about services, options, victim's rights and ensure that they understand the right of choice and informed consent.
6. Explain support services/resources available, including information about Arizona Crime Victim's Compensation.

3. Quarterly Reports

The SACASA Quarterly Utilization Report is due the 15th day following the end of each quarter, on the contract year (April 1 through March 31). The report includes the data reporting detailed in **ATTACHMENT B-1.2 REPORTING**:

- a. A list of requested and completed medical-forensic examinations by law enforcement record/report number when applicable;
- b. Examinations requested but not performed and the reason for non-performance;
- c. Number of testimonies provided during the quarter;
- d. 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);
- e. 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).
- f. Participation in quarterly interdisciplinary meeting to discuss trends, gaps, service needs, and ad-hoc data reporting, unless parties mutually agree to cancel; and
- g. Ad-hoc reporting as mutually agreed upon by COUNTY and CONTRACTOR.

4. Monthly Staffing Reports

Along with the monthly invoice, CONTRACTOR will provide to COUNTY an accounting of the work shifts to provide medical-forensic exams for the month corresponding to the invoice. This accounting shall indicate who filled each shift that was staffed, and which shifts were not staffed.

End of EXHIBIT A

EXHIBIT B
PRICING SCHEDULE (1 page)

1. Medical Forensic Examinations:

This contract covers expenses incurred for services mandated under A.R.S. §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.R.S. §13-705 or a sexual assault occurring in Pima County.

An annual fixed fee amount of two hundred and forty thousand dollars (\$240,000.00) has been agreed to as payment for the medical-forensic exams to be provided by CONTRACTOR. This is a monthly amount of twenty-thousand dollars (\$20,000.00) for twelve months.

2. Medical Forensic Examinations for victims of strangulation:

This contract covers strangulation-only exams for a victim of strangulation.

An all-inclusive rate of five hundred and ninety-six dollars and eighty-four cents (\$596.84) has been agreed to as payment for each strangulation-only exam provided by CONTRACTOR.

Strangulation-only exams provided will not exceed \$6,000.00 for the term of this agreement.

COUNTY will pay invoices within 30 days of receipt.

The number of exams to be provided is dependent on the number of requested exams.

End of EXHIBIT B

ATTACHMENT B-1.2 (11 pages) QUARTERLY PROGRAM REPORT

Quarterly Program Report - Contract Number: CT-BH-20*268 AM#6

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:

Send to: Pima County Behavioral Health (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 beneficiaries which are in accordance with the contract and are based on official program records.

Signature:

		FY____ Q1			FY____ Q2			FY____ Q3			FY____ Q4			FY____ YTD
		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
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 (requires 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 Hospital Response Advocate:													
	Yes MFE - At Time													
	Yes MFE - Returned													
	No MFE - Declined													
	No MFE - Not Authorized													
	No MFE - Unable to Consent													

	No MFE - Other																		
	No MFE- Referred to CAC																		
	No MFE - Consult Only (Not completed reason accounted for above)																		
7	Law Enforcement Agency Involved:																		
	Tucson Police Department																		
	Pima County Sheriff's Department																		
	Marana Police Department																		
	Oro Valley Police Department																		
	Sahuarita Police Department																		
	South Tucson Police Department																		
	U of A Police Department																		
	Other Jurisdiction																		
	None																		
8	JUSTICE SYSTEMS SUPPORT: Number of medical records requested for survivors (Addi'll costs).																		
9	JUSTICE SYSTEMS SUPPORT: Total # testimonies provided by SAF Examiners contracted with SACASA (Addi'll costs related to MFE).																		
	Referral to SARS Hospital Response Advocates by Referral Type																		
	Total Referred by Law Enforcement																		
	Total Referred by Hospital																		
	Total Referred by Other Agency																		
	Agency Type																		
	Health Agency																		
	BH Agency																		
	Social Service Agency																		
	Emerge																		
	SACAC																		
	Total Self-Referral																		

SARS Hospital Response - Demographics													
AGE GROUPS:	FY____ Q1			FY____ Q2			FY____ Q3			FY____ Q4			FY____ YTD
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Birth to 5:													
6-12:													
13-17:													
18-22:													
23-59:													
60-65:													
66-85:													

85+:														
Unreported:														
Unknown:														
Total														
GENDER:														
Male:														
Female:														
Trans Female / Trans Woman:														
Trans Male / Trans Man:														
Genderqueer / Gender non-conforming:														
Different Identity:														
Unreported:														
Unknown:														
Total														
RACE/ETHNICITY:														
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														
Homeless														
OTHER_____														
PERSONS WITH DISABILITIES:														
Acquired, Cognitive, Sensory, Physical, Congenital, Psychiatric, Developmental														
Percentage of Total														
INCOME LEVEL:														
Economically disadvantaged/low income (0% - 50% of the Median Income as defined by HUD):														
Percentage of Total														
INSURANCE STATUS:														
Medicaid														
Private / Commercial														
No Insurance														
Medicare														

(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													

MFE Provided - Demographics

AGE GROUPS:	FY20 Q1			FY20 Q2			FY20 Q3			FY20 Q4			FY20 YTD
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
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:																			
RACE/ETHNICITY:																			
African American:																			
Anglo/Caucasian:																			
Asian/Pacific Islander:																			
Hispanic/Latino:																			
Native American/Alaskan Native:																			
Other Ethnic Origins:																			
Multi-ethnic/Multi-racial:																			
Unknown:																			
Total																			
SOCIAL Determinants (Additional Information)																			
Veteran																			
Homeless																			
INSURANCE STATUS:																			
Medicaid																			
Private / Commercial																			
No Insurance																			
Medicare																			
Not Reported																			
OTHER _____																			
PERSONS WITH DISABILITIES:																			
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																			
By Zip Code - Pima County addresses only by individual residence:																			
85701																			
85704																			
85705																			
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Other Surrounding Areas (Arivaca) 85601													
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(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													

Strangulation Only Exam - Demographics													
AGE GROUPS:	FY____ Q1			FY____ Q2			FY____ Q3			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+:													
Unreported:													
Unknown:													
Total													
GENDER:													
Male:													
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Multi-ethnic/Multi-racial:													
Unreported:													
Unknown:													
Total													
SOCIAL Determinants (Additional Information)													
Veteran													

Homeless														
OTHER _____														
PERSONS WITH DISABILITIES:														
Acquired, Cognitive, Sensory, Physical, Congenital, Psychiatric, Developmental														
Percentage of Total														
INCOME LEVEL:														
Economically disadvantaged/low income (0% - 50% of the Median Income as defined by HUD):														
Percentage of Total														
INSURANCE STATUS:														
Medicaid														
Private / Commercial														
No Insurance														
Medicare														
Not Reported														
OTHER _____														
By Zip Code - Pima County addresses only by individual residence:														
85701														
85704														
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85708														
85709														
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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													
SACASA-WIDE SERVICES (Entire Victims Services Program)													
<u>TOTAL INDIVIDUALS SERVED (Including SARS, MFE, STRANGULATION ONLY, & SACASA-WIDE SERVICES)</u>													
Referral to Other Services, and Type:													
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-1.2