



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: 10/17/2023

\* = Mandatory, information must be provided

or Procurement Director Award:

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

Banner Health

**\*Project Title/Description:**

Inpatient Court Ordered Evaluation Services Pursuant to ARS Title 36, Chapter 5

**\*Purpose:**

The contract between Pima County and Banner Health provides for hospital-based psychiatric services for involuntary commitment services (COE), required pursuant to Arizona Revised Statutes, Title 36, Chapter 5, Court Ordered Evaluations (COE). Amendment #1 will increase funding in the amount of \$3,246,197.89. This contract's initial term is for three years. Each one-year period of the three-year contract is to be funded for \$3,246,197.89, making the total for the initial three-year period \$9,738,593.67. Due to an oversight, the initial three-year period was funded for only a one-year period at \$3,246,197.89. The contract requires an amendment to add \$3,246,197.89 to cover the remaining FY23 and all FY24 expenses for the continued provision of involuntary, hospital-based psychiatric evaluation services required pursuant to ARS Title 36, Chapter 5, Court Ordered Evaluations.

**\*Procurement Method:**

Board of Supervisors Policy D29.7-I.4 (A)

**\*Program Goals/Predicted Outcomes:**

The contract will continue to provide COE services pursuant to Arizona Statute.

**\*Public Benefit:**

Continuous oversight by Pima County for COE services allows the County to achieve cost savings by reducing overhead and administrative costs previously paid to a third party to manage the COE contracts.

**\*Metrics Available to Measure Performance:**

Performance measures are identified in the contract and are monitored based on reporting criteria.

**\*Retroactive:**

No.

TO: BOS, 10-4-23 (1)  
Vers. 1.11  
pgs: 2

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): 22\*86

Amendment No.: 01 AMS Version No.: 11

Commencement Date: 10/17/2023 10/01/2021 New Termination Date: 09/30/2024

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense Revenue Increase Decrease

Amount This Amendment: \$ 3,246,197.89

Is there revenue included? Yes No If Yes \$ \_\_\_\_\_

\*Funding Source(s) required: General Fund

Funding from General Fund? Yes No If Yes \$ 3,246,197.89 % 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, Contracts and Compliance Manager

Department: Behavioral Health

Telephone: 724-7515

Department Director Signature: [Signature] Date: 4-27-2023
Deputy County Administrator Signature: [Signature] Date: 29 Sep 2023
County Administrator Signature: [Signature] Date: 9/29/23

**Pima County Department of Behavioral Health**

**Project: Inpatient Court Ordered Evaluation Services Pursuant to ARS Title 36, Chapter 5**

**Contractor: Banner Health**

**Contract No.: CT-BH-22\*86**

**Contract Amendment No.: 01**

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<b>Orig. Contract Term:</b> 10/01/2021 – 09/30/2024	<b>Orig. Amount:</b>	\$3,246,197.89
<b>Termination Date Prior Amendment:</b> N/A	<b>Prior Amendments Amount:</b>	\$ 0.00
<b>Termination Date This Amendment:</b> 09/30/2024	<b>This Amendment Amount:</b>	\$3,246,197.89
	<b>Revised Total Amount:</b>	\$6,492,395.78

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**CONTRACT AMENDMENT**

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

**1. Background and Purpose.**

**1.1. Background.** On October 1, 2021, County and Contractor entered into the above referenced agreement to provide Inpatient Court Ordered Evaluation Services Pursuant to ARS Title 36, Chapter 5.

**1.2. Purpose.** County is requesting Amendment #1 increase funding in the amount of \$3,246,197.89. This contract's initial term is for three years. Each one-year period of the three-year contract is to be funded for \$3,246,197.89, making the total for the initial three-year period \$9,738,593.67. Due to an oversight, the initial three-year period was funded for only a one-year period at \$3,246,197.89. The contract requires an amendment to add \$3,246,197.89 to cover the remaining FY23 and all FY24 expenses for the provision of involuntary, hospital-based psychiatric evaluation services required pursuant to ARS Title 36, Chapter 5, Court Ordered Evaluations.

**2. Term.** The commencement date is October 17, 2023. The contract terminates on September 30, 2024.

**3. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 5., is increased by \$3,246,197.89. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$6,492,395.78.

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

Contract No.: CT-BH-22\*86 (1)

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

**PIMA COUNTY**

**CONTRACTOR**

\_\_\_\_\_  
Chair, Board of Supervisors

*Sarah Frost*  
\_\_\_\_\_  
Authorized Officer Signature  
Sarah Frost Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title  
September 20, 2023 | 4:47 PM MST  
\_\_\_\_\_  
Date

**ATTEST**

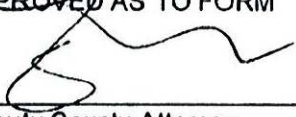
*BM*


\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
Deputy County Attorney

  
\_\_\_\_\_  
Department Head

**Jonathan Pinkney**

*8.22.2023*  
\_\_\_\_\_  
Date

Print DCA Name  
*Jonathan Pinkney*  
\_\_\_\_\_  
Date