



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: July 2, 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:

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.

*Procurement Method:

Board of Supervisors Policy D29.7, Section III.I.2 Legal Mandate

*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:

Number of exams performed; demographic information about survivors; number of testimonies provided in Court and number/type of training provided.

*Retroactive:

Yes, the contract renewal is retroactive by two days due to missing the deadline for the 6/18/2024 Board of Supervisors meeting.

TO: COB, 6-18-24(1)
vers.: 12
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): 20*268
Amendment No.: 07 AMS Version No.: 12
Commencement Date: 07/01/2024 New Termination Date: 06/30/2025
Prior Contract No. (Synergen/CMS): _____
Expense Revenue Increase Decrease
Amount This Amendment: \$ 311,620.80

Is there revenue included? Yes No If Yes \$ N/A
*Funding Source(s) required: General Fund
Funding from General Fund? Yes No If Yes \$ 311,620.80 % 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: [Signature] Date: 6-13-2024

Deputy County Administrator Signature: [Signature] Date: 13 June 2024

County Administrator Signature: [Signature] Date: 20/17/2024

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.: 07

Orig. Contract Term: 03/31/2020 – 03/30/2021	Orig. Amount:	\$240,000.00
Termination Date Prior Amendment: 06/30/2024	Prior Amendments Amount:	\$786,000.00
Termination Date This Amendment: 06/30/2025	This Amendment Amount:	\$311,620.80
	Revised Total Amount:	\$1,337,620.80

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 and will require services for an additional year.

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.

2. Term. The County is exercising the fourth extension option to renew the contract for one additional year commencing on July 1, 2024 and terminating on June 30, 2025. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

3. Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Section 5, is increased by \$311,620.80. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$1,337,620.80.

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

6/7/24
Date

CONTRACTOR



Authorized Officer Signature

Kristine Welter Hall, Chief Operating Officer
Printed Name and Title

6/12/24
Date

APPROVED AS TO CONTENT



Department Head