



**BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS**

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 8/15/2022

\* = 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:**

MANDATE: ARS 13-1414 states that the County is responsible for paying the medical or forensic interview expenses arising out of the need to secure evidence that a person has been a victim of a dangerous crime against children or a sexual assault occurring in Pima County. Through this contract, CODAC will continue to provide these medical/forensic interviews and exams as required. Amendment 4 increases the Not-to-Exceed amount for the term beginning March 30, 2021 through June 30, 2023.

**\*Procurement Method:**

Board of Supervisors Policy D29.7 per section III.1.2, To 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:**

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

**\*Retroactive:**

Yes. Negotiations with contractor began in March 2022 and signed documents were not received in time to meet deadlines for the 8/2/2022 meeting. The next available meeting is scheduled for 8/15/2022. If not signed, the County will not be meeting legal obligations required by the State.

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THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_  
☐ Expense Amount \$ \_\_\_\_\_ \* ☐ Revenue Amount: \$ \_\_\_\_\_

**\*Funding Source(s) required:** \_\_\_\_\_

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? \_\_\_\_\_

Were insurance or indemnity clauses modified? ☐ Yes ☐ No  
If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No  
If Yes, attach the required form per Administrative Procedure 22-10.

**Amendment / Revised Award Information**

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 20\*268

Amendment No.: 04 AMS Version No.: 8 CP

Commencement Date: 7/1/2022 New Termination Date: 06/30/2023

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

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 240,000

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

**\*Funding Source(s) required: General Fund**

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 240,000.00 only % \_\_\_\_\_

**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: Molly Hilber

Department: BH

Telephone: x7515

Department Director Signature: [Signature]

Date: 7.15.2022

Deputy County Administrator Signature: [Signature]

Date: 25 July 2022

County Administrator Signature: [Signature]

Date: 7/25/2022

**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.: 04**

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<b>Orig. Contract Term:</b> 03/31/2020 – 3/30/2021	<b>Orig. Amount:</b>	\$240,000.00
<b>Termination Date Prior Amendment:</b> 6/30/2022	<b>Prior Amendments Amount:</b>	\$300,000.00
<b>Termination Date This Amendment:</b> 6/30/2023	<b>This Amendment Amount:</b>	\$240,000.00
	<b>Revised Total Amount:</b>	\$780,000.00

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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 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. 14-1414 and will require services for an additional year.

**2. Term.** The County is exercising the second extension option to renew the contract for one additional year commencing on July 1, 2022 and terminating on June 30, 2023. 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 is increased by \$240,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$780,000.00.

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

**SIGNATURES ON FOLLOWING PAGE**

**PIMA COUNTY**

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

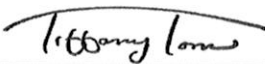
\_\_\_\_\_  
Date

**ATTEST**

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

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

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

Tiffany Tom  
Print DCA Name

7/20/2022  
Date

**CONTRACTOR**


  
\_\_\_\_\_

Authorized Officer Signature

Dennis Regnier, President & CEO  
Printed Name and Title

7/14/22  
Date

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
Paula Perrera, Director  
Pima County Behavioral Health