



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 9/17/19

\* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Sonora Behavioral Health

**\*Project Title/Description:**

Court Ordered Evaluation Services Pursuant to ARS 36, Chapter 5

CT-OMS-16\*0051 has been converted to CT-BH-20\*0034

**\*Purpose:**

This contract between Pima County and Sonora Behavioral Health, provides for the provision of hospital-based psychiatric services for involuntary commitment services, required pursuant to Arizona Revised Statutes, Title 36, Chapter 5, Court Ordered Evaluations (COE). Amendment #5 extends the term of the contract for a period of one year to 09/30/2020. No funding is added with this amendment as there is sufficient funding in the contract to cover for anticipated services for the year.

**\*Procurement Method:**

Board of Supervisors Policy D29.7, section I.2 to meet legal or regulatory mandates and section I.4a, providers who provide a limited-availability service.

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

This amendment extends the contract one year to allow services and payments as described above.

**\*Public Benefit:**

Oversight by Pima County for COE services has allowed the County to realize cost savings by reducing overhead and administrative costs previously paid to a third party to manage the contracts.

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

Performance measures have been identified in the contract and will be monitored based on reporting criteria set forth in Exhibit D (reporting) of the contract.

**\*Retroactive:**

No

Procure Dept 09/03/19 PM08:47

TO: COB 9/3/19 (1)  
Vers.: 03  
pgs.: 2

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_

Effective 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 22-73.***Amendment / Revised Award Information**Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 20\*0034Amendment No.: 5 AMS Version No.: 23008Effective Date: 10/01/2019 New Termination Date: 09/30/2020Prior Contract No. (Synergen/CMS): CT-0MS-164051☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ N/AIs there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:** N/AFunding from General Fund? ☐ Yes ☒ No If Yes \$ N/A % N/A**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Grant Number (i.e., 15-123): \_\_\_\_\_

Effective 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: April GuzmanDepartment: Behavioral HealthTelephone: 520-724-7515Department Director Signature/Date: Paul J. Deneer / 8/26/19Deputy County Administrator Signature/Date: [Signature] / 8/26/19County Administrator Signature/Date: [Signature] / 8/27/19  
(Required for Board Agenda/Addendum Items)

**Pima County Department of Behavioral Health**

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

**Contractor: Sonora Behavioral Health, 6050 N. Corona Rd., Tucson, Az. 85704**

**Contract No.: CT-OMS-16\*0051 CONVERTED TO CT-BH-20\*0034**

**Contract Amendment No.: 05**

<b>Orig. Contract Term:</b> 10/01/15 – 09/30/16	<b>Orig. Amount:</b>	\$750,000.00
<b>Termination Date Prior Amendment:</b> 09/30/2019	<b>Prior Amendments Amount:</b>	\$1,500,000.00
<b>Termination Date This Amendment:</b> 09/30/2020	<b>This Amendment Amount:</b>	\$0.00
	<b>Revised Total Amount:</b>	\$2,250,000.00

**CONTRACT AMENDMENT**

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

**1. Background and Purpose.**

1.1. Background. On 10/01/2015, County and Contractor entered into the above referenced agreement to provide Court Ordered Evaluation Services.

1.2. Purpose. County to extend the Contract (CT) for an additional year.

**2. Term.** The Contract terminates on 09/30/2020. No further extensions are available.

**3. Maximum Payment Amount.** County's total payments to Contractor under this contract including any sales taxes will remain at the maximum amount of \$2,250,000.00 from the date of the original contract beginning 10/01/2015.

The effective date of this Amendment is October 1, 2019.

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

PIMA COUNTY

\_\_\_\_\_  
Chairman, Board of Supervisors

\_\_\_\_\_  
Date

ATTEST

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

\_\_\_\_\_  
Date

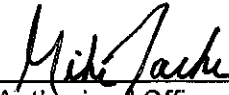
APPROVED AS TO FORM

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

8/26/19  
\_\_\_\_\_  
Print DCA Name

→ JONATHAN PINKNEY  
\_\_\_\_\_  
Date


CONTRACTOR

  
\_\_\_\_\_  
Authorized Officer Signature

Mike Tacke  
\_\_\_\_\_  
Printed Name and Title

8/22/2019  
\_\_\_\_\_  
Date

APPROVED AS TO CONTENT

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

8-26-19  
\_\_\_\_\_  
Date

(if required by County Department or delete)