COB - BOSAIR FORM

07/09/2026 11:53 AM (MST)
Submitted by Paige.Knott@pima.gov

BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.

Record Number: PO DCS PO2500016949

Award Type:	Contract
BOSAIR Activity:	Board Meeting Request
Requested Board Meeting Date:	07/28/2026
Supplier / Customer / Grantor / Subrecipient:	CODAC Health, Recovery & Wellness, Inc.
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. Amendment #01 allows CODAC to continue to provide mandated medical forensic examination services for an additional year with funding.
Procurement Method:	Medical and Health Related Professional Services: Board of Supervisors Policy D29.7.
Procurement Method Additional Info:	BOS D29.7, Section III.I.1. Sole Source Procurement and Section III.I.2. 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 and Impact:	Increased public safety due to prosecution of perpetrators of sexual assault crimes.
Strategic Plan Pillar	• N/A
Support of Prosperity Initiative:	• N/A
Provide information that explains how this activity supports the selected Prosperity Initiatives	This contract amendment does not directly align with any of the Strategic Plan Pillars or support a Prosperity Initiative.

Metrics Available to Measure Performance:	Quarterly program reports that outline number of exams performed, demographic information relating to medical-forensic exams provided, number of court testimonies, and staffing reports.
Retroactive:	YES
Retroactive Description:	Yes, the contract is retroactive to July 1, 2026. The renewal amendment was completed before the July 1 effective date and was prepared for submission to the Board of Supervisors (BOS) in early May. However, at the end of May, DCS received a request to increase strangulation services and add $40,000 to the July 1 renewal amendment. As a result of these requested changes, DCS was unable to meet the deadline for the June 23, 2026, Board of Supervisors meeting. If the contract is not approved, mandated services cannot be provided or reimbursed, resulting in an interruption of required services and payment.

Amendment / Revised Award Information

Record Number: PO DCS PO2500016949

Document Type:	PO
Department Code:	DCS
Contract Number:	PO2500016949
Amendment Number:	01
Commencement Date:	07/01/2026
Termination Date:	06/30/2027
Supplier / Subrecipient Headquarters Location	Tucson, Arizona

* Headquarters information is not a consideration for awards

Is the Termination Date new?	YES
Classification:	Expense
Adjust Level:	Increase
Prior Contract Number (If Applicable):	PO2400000242

Amount This Amendment:

$352,000.00

Funding Source(s) required:	General Fund

Funding from General Fund?	YES
If Yes Provide Total General Funds:	
$352,000.00	
Percent General Funds 100	
Contract is fully or partially funded with Federal Funds?	NO
Contract is fully or partially funded with Non-Federal Grant Funds?	NO
Department: Detainee and Crisis Systems	
Name: Paige Knott	
Telephone: 5207247515	
Add GMI Department Signatures	No

Department Director Signature: Paula Perrera Date: 7/9/2026 | 12:22 PM MST

Deputy County Administrator Signature: Chad Kasmer Date: 7/9/2026 | 2:29 PM MST

County Administrator Signature: Date: 7/9/2026 | 4:14 PM MST

Pima County Department of Detainee and Crisis Systems

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

Contractor: CODAC Health, Recovery & Wellness, Inc.

Contract No.: PO2500016949

Contract Amendment No.: 01

Orig. Contract Term:	07/01/2025 - 06/30/2026	**Orig. Amount:**	$312,000.00
Termination Date Prior Amendment:	N/A	**Prior Amendments Amount:**	$ 0.00
Termination Date This Amendment:	06/30/2027	**This Amendment Amount:**	$352,000.00
		Revised Total Amount:	$664,000.00

CONTRACT AMENDMENT

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

1. **Background and Purpose.**

   1.1. Background. On July 1, 2025, 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. Under Arizona Revised Statutes § 13-1414, Arizona counties are required to provide medical forensic examinations and evidence collection for victims of sexual assault, and must ensure these services remain continuously available.

2. **Term.** The County is exercising the first extension option to renew the contract for one additional year commencing on July 1, 2026 and terminating on June 30, 2027. 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. Compensation and Payment increased by $352,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed $664,000.00.

4. **Scope of Services.** The parties have revised the Scope of Services as described in the attached **Exhibit A (5 pages)**.

5. **Rates.** The parties have revised the Rates as described in the attached **Exhibit B (1 page)**.

6. **Quarterly Program Report.** The parties have revised the Quarterly Program Report as described in the attached **Attachment B-1 (11 pages)**.

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 Tanner Beckwith

7/7/26
Date

CONTRACTOR

Dennis Regnier
Authorized Officer Signature

Dennis Regnier, President & CEO
Printed Name and Title

6/9/26
Date

APPROVED AS TO CONTENT

Department Head

6.11.2026
Date

Exhibit A (5 pages)
Scope of Services
Effective July 01, 2026

1. **CONTRACTOR shall provide Medical Forensic Examinations.**

1.1. Pursuant to A.RS. §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.

1.2. 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.

1.3. 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.

1.4. 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:

1.4.1. Obtain a detailed history of the assault or abuse.

1.4.2. Provide a detailed comprehensive examination.

1.4.3. Perform a detailed genital examination, which may include an examination with a speculum.

1.4.4. Collect biological specimens and/or photographic images from the victim's body.

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

1.6. The following is a summary of the different responsibilities of CONTRACTOR in responding to a sexual assault:

1.6.1. Role of the Sexual Assault Nurse Examiner (SANE)

1.6.1.1. Provide medical care to sexual assault patients.

1.6.1.2. 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).

1.6.1.3. When necessary, obtain photo-documentation of injuries to support written documentation.

1.6.1.4. Preserve the chain of custody.

1.6.1.5. Provide the sexual assault patient with medical follow-up information.

1.6.1.6. Provide factual testimony, with the ability to provide expert testimony for the purposes of judicial disposition of a case.

1.6.2. Role of the SARS Advocate (Not funded through this Contract)

1.6.2.1. 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.

1.6.2.2. Facilitate communication between response personnel (primarily the Medical Forensic Examiner, law enforcement and medical personnel).

1.6.2.3. Ensure the immediate needs of the victim are met.

1.6.2.4. Respond to the needs of secondary victims, when applicable.

1.6.2.5. Provide full and accurate information about services, options, victim's rights and ensure that they understand the right of choice and informed consent.

1.6.2.6. Explain support services/resources available, including information about Arizona Crime Victim's Compensation.

2. CONTRACTOR shall provide Medical Forensic Examinations including Specialized Initial and Follow Up Evaluations for victims of strangulation.

2.1. 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. There is a risk of hidden injuries (e.g., internal bleeding, nerve damage, or vascular injury) that may not

be visible immediately. Medical forensic examinations including specialized initial and follow up evaluations for victims of strangulation are critical to assess health risks that may be ongoing, document injuries and support safety planning.

2.2. The CONTRACTOR has the Sexual Assault Resource Service (SARS) which 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.

2.3. 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.

2.4. The Medical Forensic Examiner is a specially trained Registered Nurse, Nurse Practitioner, Physician's Assistant or Physician with advanced education and clinical preparation.

2.5. The following may be included in a strangulation medical forensic exam:

2.5.1. Patient consent and assent

2.5.2. Medical history and assault account

2.5.3. Head-to-toe nursing assessment

2.5.4. Photo documentation

2.5.5. Collection of forensic evidence items and samples

2.5.6. Emergency Department referral assessment

2.5.7. Education and resources

2.6. 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.

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

2.7.1. Role of the Medical Forensic Examiner:

2.7.1.1. Provide medical evaluation to a victim of strangulation.

2.7.1.2. 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).

2.7.1.3. When appropriate, obtain photo-documentation of injuries to support written documentation.

2.7.1.4. Preserve the chain of custody.

2.7.1.5. Provide the victim of strangulation with medical follow-up information.

2.7.1.6. Provide factual testimony, with the ability to provide expert testimony for the purposes of judicial disposition of a case.

2.7.2. Role of SARS Advocate (Not funded through this Contract):

2.7.2.1. 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.

2.7.2.2. Facilitate communication between response personnel (primarily the Medical Forensic Examiner, law enforcement and medical personnel).

2.7.2.3. Ensure the immediate needs of the victim are met.

2.7.2.4. Respond to the needs of secondary victims, when applicable.

2.7.2.5. Provide full and accurate information about services, options, victim's rights and ensure that they understand the right of choice and informed consent.

2.7.2.6. Explain support services/resources available, including information about Arizona Crime Victim's Compensation.

3. Quarterly Program Reports

3.1. The SACASA Quarterly Program Report is due no more than 30 days following the end of the each fiscal quarter within the contract year (July 1 through June 30). The report shall include the data specified in **ATTACHMENT B-1, Quarterly Program Report (11 pages)**, as outlined below:

3.1.1. A list of requested and completed medical-forensic examinations by law enforcement record/report number when applicable.

3.1.2. Examinations requested but not performed and the reason for non-performance.

3.1.3. Number of testimonies provided during the quarter.

3.1.4. 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).

3.1.5. Demographic information relating to only strangulation exams and specialized initial and follow up evaluations provided during the quarter (age, gender, ethnicity, residence zip code and referral to other services) as otherwise agreed upon by County and Contractor).

3.1.6. Participation in quarterly interdisciplinary meeting to discuss trends, gaps, service needs, and ad-hoc data reporting, unless parties mutually agree to cancel.

3.1.7. Ad-hoc reporting as mutually agreed upon by COUNTY and CONTRACTOR.

4. Monthly Staffing Reports

Along with each monthly invoice, the CONTRACTOR shall provide the COUNTY with a detailed accounting of all work shifts during the invoiced month for medical-forensic exams. This accounting shall specify the personnel who staffed each filled shift, as well as identify any shifts that remained unstaffed.

End of EXHIBIT A

Exhibit B (1 page)
Rates
Effective July 01, 2026

1. **Medical Forensic Examinations:**

   1.1. The 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.RS. §13-705 or a sexual assault occurring in Pima County.

   1.2. An annual fixed fee of two hundred forty thousand dollars ($240,000.00) has been agreed upon as payment to the CONTRACTOR for providing medical-forensic examinations. This amount will be paid in twelve equal monthly installments of twenty thousand dollars ($20,000.00) each.

2. **Medical Forensic Examinations including Specialized Initial and Follow Up Evaluations for victims of strangulation:**

   2.1. This contract also includes the provision of strangulation-only examinations including specialized initial and follow up evaluations for victims of strangulation.

   2.2. An annual fixed fee of one hundred and twelve thousand dollars ($112,000.00) has been agreed upon as payment to the CONTRACTOR for providing medical-forensic examinations including specialized initial and follow up evaluations related to strangulation. This amount will be paid in eleven equal monthly installments of nine thousand three hundred and thirty three dollars ($9333.00) each. The twelfth and last monthly installment will be billed at nine thousand three hundred and thirty seven dollars ($9337.00) for a total of $112,000.

   2.3. The total number of exams to be provided will depend on the actual number of exams requested.

3. **The total NOT-TO-EXCEED dollar amount of this contract is $352,000.00 annually.**

End of EXHIBIT B

Attachment B-1 (11 pages)
Quarterly Program Report
Effective July 01, 2026

Quarterly Program Report

Pima County Detainee and Crisis System Contract Number: PO2500016949
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:
Submit Quarterly Program Report to: **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 people 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 (require 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 and Specialized Initial and Follow up Evaluations 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

	FY____ Q1			FY____ Q2			FY____ Q3			FY____ Q4			FY__ YTD
AGE GROUPS:	**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													
Not Reported													
OTHER_____													
By Zip Code - Pima County addresses only by individual residence:													
85701													
85702													
85704													
85705													
85706													
85707													
85708													
85709													
85710													
85711													
85712													
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85749													
85756													
85757													
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													

MFE Provided - 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:													
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85+:													
Unknown:													
Total													
GENDER:													
Male:													
Female:													
Trans Female / Trans Woman:													
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Genderqueer / Gender non-conforming:													
Different Identity:													
Unreported:													
Unknown:													

Total:													
RACE/ETHNICITY:													
African American:													
Anglo/Caucasian:													
Asian/Pacific Islander:													
Hispanic/Latino:													
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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													
85706													
85707													
85708													
85709													
85710													
85711													
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(Arivaca) 85601													
(Ft. Huachuca) 85613													
(Green Valley) 85614													
(Summerhaven) 85619													
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(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 including Specialized Initial and Follow-Up Evaluation- Demographics													
	FY____ Q1			**FY____ Q2**			**FY____ Q3**			**FY____ Q4**			**FY__ YTD**
AGE GROUPS:	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	
Birth to 5:													
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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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85718													
85719													
85721													
85726													
85730													
85735													
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85739													

85741													
85742													
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85749													
85750													
85755													
85756													
85757													
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)													
TOTAL INDIVIDUALS SERVED (Including SARS, MFE, STRANGULATION ONLY, STRANGULATION SPECIALIZED INITIAL & FOLLOW UP EVALUATIONS & SACASA-WIDE SERVICES)													
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