

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: 1/13/15

[X] Consent
[] Ordinance

☐ Regular
☐ Public Hearing

Department:

Submitted By: PALM BEACH COUNTY CRIMINAL JUSTICE COMMISSION

Submitted For: **PALM BEACH COUNTY CRIMINAL JUSTICE COMMISSION**

I. EXECUTIVE BRIEF

MOTION AND TITLE: Staff recommends motion to: **A) Receive and File** the Department of Children and Families Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program Final Financial Report. **B) Approve** the return of unexpended funds in the amount of \$40,500.41 (which includes unapplied interest in the amount of \$4,353.28).

SUMMARY: In 2011, Palm Beach County was awarded \$455,295 to establish supportive housing for homeless individuals with mental health and substance abuse issues leaving the County jail for a 3 year period. Jerome Golden Center for Behavioral Health Services, Inc. was selected to provide these services. To allow for planning and implementation, the project did not begin serving clients until November 2011. The County applied for a no cost extension to September 30, 2014, to allow the project to use unexpended funds and maximize programming for participants. However, the County was granted an extension to June 30, 2014, not allowing for all unexpended funds to be used. This grant is now being closed out and any unused funds are being returned to the Florida Department of Children and Families. Countywide (JB)

BACKGROUND AND JUSTIFICATION: The Board of County Commissioners approved the Memorandum of Understanding for Implementation Grant with the Department of Children and Families on March 15, 2011 (R2011-0411). Palm Beach County has received a direct award of \$455,295 under the Department of Children and Families Criminal Justice, Mental Health and Substance Abuse Reinvestment Act Program for supported housing for those leaving the jail that are homeless with a mental health and substance abuse disorder with a focus for custodial parents. Beginning in June 2008 the Palm Beach County Criminal Justice, Mental Health and Substance Abuse Planning Council worked on a one-year planning grant that was used to develop partnerships and strategies to identify and divert adults and juveniles with mental health and substance abuse issues out of the criminal justice system. Work to complete the Strategic Plan was funded by the Florida Reinvestment Act grant awarded by the Florida DCF. Under this grant program, the County's Criminal Justice, Mental Health and Substance Abuse (CJMHS) Planning Council completed a comprehensive strategic plan that included fifty-two strategies ranging in areas of: juvenile justice; law enforcement and emergency services; booking and initial appearance; jails and courts; community reentry and community corrections and community support. This project addressed implementation of Palm Beach County's Criminal Justice, Mental Health and Substance Abuse Strategic Plan (2009), Intercept 4 and 5 (Re-entry and Community Supports), Strategy 14. Strategy 14 proposes to expand transitional and permanent housing so that homelessness is decreased and increased stability in the community occurs. This project sought to provide for nine supportive housing placements for homeless dual-diagnosed persons transitioning from the County Jail.

Attachments:

- ## 1. Final Financial Report

RECOMMENDED BY:

DEPARTMENT DIRECTOR

12/24/14
DATE

APPROVED BY:

ASSISTANT COUNTY ADMINISTRATOR

DATE / /

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Year	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs		40,500.41			
External Revenues					
County Match					
In-Kind Match					
NET FISCAL IMPACT		40,500.41			
POSITIONS (Cumulative)		0			

Is Item In adopted budget? Yes x No

Budget Account No: Fund 1507 Agency 762 Org 7689 Object 4958

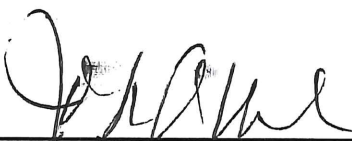
B. Recommended Sources Of Funds/Summary of Fiscal Impact:

Unexpended grant funds will be returned from the DCF Criminal Justice Mental Health Substance Abuse Reinvestment Grant Program fund.

C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

A. OFMB Fiscal And/Or Contract Development and Control Comments:

 12/30/14
OFMB h.d. sc - B AK
12/30 12/30 12/30/14

 1/2/15
Contract Development & Control

B. Legal Sufficiency:

 1/6/15
Assistant County Attorney

REVISED 9/95
ADM FORM 01

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

**Department of Children and Families
Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program**

Financial Report Guidance

This Financial Report is used to track all expenses associated with a Criminal Justice, Mental Health and Substance Abuse (CJMHS) Reinvestment Grant. The Financial Report is used for both Implementation and Expansion Grants. The Financial Report tracks both grant award-funded and county match-funded expenses and encourages program expenditure planning and projection.

Counties are required to submit a Financial Report documenting their CJMHS activities. Reports are due on or before May 1 (for the reporting period October 1 through March 31) and November 1 (for the reporting period April 1 through September 30) of any semi-annual period in which CJMHS grant award funds were used. The Financial Report is available in an Excel spreadsheet for ease of reporting. Counties must submit the Financial Report in both electronic format and hard copy. The Financial Report must be accompanied by the signed certification from the County Administrator, found on Tab 2 - Certification. The County Administrator certifies that the Financial Report represents a complete and accurate account of all activities and expenses supported by the CJMHS grant award and county match obligations.

General Guidance

Counties are required to enter information into only those portions of the Financial Report indicated by a white cell. All other color coded cells will automatically input data as appropriate.

Enter all amounts as dollars and cents. Do not round. Enter all percentages to the nearest tenth of a percent. Enter all dates as mm/dd/yyyy. Do not enter any additional category lines.

Do not enter negative amounts. Counties must monitor and ensure spending is within approved limits. Counties are encouraged to discuss reasonable, allowable and necessary budget adjustments with DCF in advance of committing excess funds from any category to any other category.

Attach a brief narrative justification for the current period expense reporting. Discuss any payment delays, budget adjustments, underestimates or changes to the detail budgets and timelines contained in the MOU.

Tab Specific Guidance

Tab 2 - Certification

Cut and paste the certification statement onto county grantee letterhead. Include signed original certification with the hard copy of the Financial Report.

Tab 3 - Approved Budget

Enter the identifying information requested in Lines 2 through 7, Columns B and D. The executed CJMHS MOU contains the MOU#, MOU beginning and end dates, and the County Grant Manager information.

The County Lead Agency is the county entity given primary responsibility by the County Public Safety Planning Council for achieving the goals and objectives of the CJMHS program. This agency may or may not be the same agency as the County Grant Manager's agency. In the event grant activities are wholly or partially subcontracted, the lead agency is the county agency responsible for oversight of the subcontracting entity. Enter the Type of CJMHS grant as "Implementation" or "Expansion."

Enter the name, title and agency designation of the individual preparing the report and the date on which the report is completed.

Enter the From and To dates of the current reporting period.

Enter the approved budgeted amounts as presented in the county application included as Attachment I of the MOU. If the county has formally requested and received written approval from DCF for a budget revision, enter the approved revised budget amounts. Budget amounts for Implementation and Expansion Grants must be entered for the full multi-year Grant Award and County Match amounts.

Contractual Expenses presented in a single line in the Attachment I must be broken out by the approved CJMHSA Expenses Categories using the supporting budget narrative detail in the Attachment I

Enter the dollar amounts for Administrative Indirect costs combining the indirect cost of both Direct and Contractual Expenses

Enter the Amount and Date of any CJMHSA funds advanced to the county under the MOU. In the event of multiple advances, enter the combined total of all advances and the most recent advance date. Enter the amount of interest accrued on the combined total of all advance funds by the county according to the most recent statement provided by the county financial administrator. Enter the statement date.

Tab 4 - Expenses This Period

Enter the dates included in the current reporting period. At a minimum, financial reports must be current through the close of the previous fiscal quarter, (i.e., through March 31 for any reports delivered May 1 and through September 30 for any reports delivered November 1).

Enter the actual expense amounts disbursed during the current period as reflected in the official county financial system. Do not include unpaid encumbrances, pending invoices, estimates or other amounts which may represent activities during this period which have not yet been processed through the county payment system.

Tab 5 - Prior Period Expenses

Enter the "To" date only. The "To" date on Tab 5 is the day before the "From" date of Expenses This period on Tab 4. The "From" date on Tab 5 will automatically populate when the MOU Begin Date on Tab 3 is entered.

Enter the actual expense amounts disbursed during the all previously reported periods. If desk reviews, audits or other financial adjustments have been made to reconcile previously reported expenses, provide a narrative description of the nature and reason for the adjustment.

Tab 6 - Total Expenses to Date

Tab 6 will automatically total information entered in Tabs 4 and 5. Counties are responsible for verifying the accuracy of these totals before submitting the Financial Report. Report any formula adjustments needed to your DCF Grant Manager.

Tab 7 - CJMHSA Available Fund Balance

Enter the "From" date on Tab 7 as the day after the "To" date on Tab 4 Expenses This Period

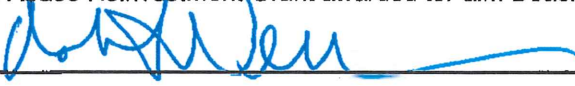
Tab 7 will automatically subtract totals on Tab 6 from the Approved Budget totals on Tab 3. Counties are responsible for verifying the accuracy of these totals before submitting the Financial Report. Report any formula adjustments needed to your DCF Grant Manager.

Tab 8 - CJMHSA Projected Additional Expenses

Provide an updated estimate of the costs involved in completing the CJMHSA program as described in the MOU. Discuss any differences between this report and the totals on Tab 7 in the financial narrative attachment.

I, Robert Weisman, hereby certify the above to be accurate and in agreement with the records on file and with the terms and conditions of the Memorandum of Understanding for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant awarded to Palm Beach County.

Signed:



Name: Robert Weisman, County Administrator

Date:

11/17/14

CRIMINAL JUSTICE MENTAL HEALTH AND SUBSTANCE ABUSE REINVESTMENT GRANT PROGRAM			
County	Palm Beach	MOU#	LHZ##236
MOU Begin Date	3/29/2011	End Date	6/30/2014
County Grant Manager	Michael Rodriguez	Title and Agency	Executive Director
County Lead Agency	Palm Beach County Criminal Justice	Grant Type	Implementation
Report Prepared By	Shahzia Jackson	Report Date	11/14/2014
Report Period: From	3/29/2011	To:	6/30/2014
CJMHA Expense Category	Total CJMHA Approved Budget ¹		
	Grant Award	County Match	Total
DIRECT EXPENSES			
Salaries:	\$77,629.86	\$176,829.00	\$254,458.86
Fringe Benefits:	\$0.00	\$0.00	\$0.00
Equipment:	\$0.00	\$0.00	\$0.00
Travel:	\$346.76	\$0.00	\$346.76
Supplies:	\$0.00	\$0.00	\$0.00
Rent/Utilities:	\$141,894.25	\$15,000.00	\$156,894.25
Other Expenses:	\$23,148.59	\$3,000.00	\$26,148.59
SUBTOTAL DIRECT	\$243,019.46	\$194,829.00	\$437,848.46
CONTRACTUAL EXPENSES			
Consultant Fees:	\$45,105.00	\$0.00	\$45,105.00
Fringe Benefits:	\$0.00	\$0.00	\$0.00
Equipment:	\$0.00	\$0.00	\$0.00
Travel:	\$0.00	\$0.00	\$0.00
Supplies:	\$0.00	\$0.00	\$0.00
Rent/Utilities:	\$0.00	\$0.00	\$0.00
Other Expenses:	\$0.00	\$334,019.04	\$334,019.04
SUBTOTAL CONTRACTUAL	\$45,105.00	\$334,019.04	\$379,124.04
ADMINISTRATIVE \$	\$27,593.00	\$0.00	\$27,593.00
ADMINISTRATIVE %	8.7%	0.0%	3.3%
TOTAL ALL COSTS	\$315,717.46	\$528,848.04	\$844,565.50
MATCH %			167.5%
STATE ADVANCES AND INTEREST			
CJMHA Funds Advanced	\$310,736.00	Date Funds Advanced	4/1/2013
Accrued Interest on Advances	\$9,334.74	Interest Accrued As Of Date	11/14/2014

¹ As approved in the county original CJMHA application or as revised with written approval of the Department of Children and Families. To be confirmed by the Clerk and Comptroller's Office

* Grant Award totals under column B reflect line item transfers made to cover overages of approved costs - See Attachment for details

FINAL REPORT

County	Palm Beach	MOU#	LHZ##236	Report Date	11/14/2014
CJMHS A Expense Category	CJMHS A Expenses This Period ²				
	From			To	
	4/1/2014			6/30/2014	
	Grant Award	County Match		Total	
DIRECT EXPENSES					
Salaries:	\$5,987.27	\$44,904.29		\$50,891.56	
Fringe Benefits:	\$0.00	\$0.00		\$0.00	
Equipment:	\$0.00	\$0.00		\$0.00	
Travel:	\$0.00	\$0.00		\$0.00	
Supplies:	\$0.00	\$0.00		\$0.00	
Rent/Utilities:	\$15,696.44	\$1,249.98		\$16,946.42	
Other Expenses:	\$13,982.91	\$0.00		\$13,982.91	
SUBTOTAL DIRECT	\$35,666.62	\$46,154.27		\$81,820.89	
CONTRACTUAL EXPENSES					
Consultant Fees:	\$0.00			\$0.00	
Fringe Benefits:	\$0.00			\$0.00	
Equipment:	\$0.00			\$0.00	
Travel:	\$0.00			\$0.00	
Supplies:	\$0.00			\$0.00	
Rent/Utilities:	\$0.00			\$0.00	
Other Expenses:	\$0.00	\$719.34		\$719.34	
SUBTOTAL CONTRACTUAL	\$0.00	\$719.34		\$719.34	
ADMINISTRATIVE \$	\$9,606.59			\$9,606.59	
ADMINISTRATIVE %	21.2%	0.0%		10.4%	
TOTAL ALL COSTS	\$45,273.21	\$46,873.61		\$92,146.82	
MATCH %				103.5%	

² Current reporting period costs only.

County	Palm Beach	MOU#	LHZ##236	Report Date	10/31/2013
CJMHA Expense Category	CJMHA Expenses Prior Period ³				
	From			To	
	3/29/2011			3/31/2014	
	Grant Award	County Match		Total	
DIRECT EXPENSES					
Salaries:	\$71,622.08	\$235,788.36		\$307,410.44	
Fringe Benefits:	\$0.00	\$0.00		\$0.00	
Equipment:	\$0.00	\$0.00		\$0.00	
Travel:	\$346.01	\$0.00		\$346.01	
Supplies:	\$0.00	\$0.00		\$0.00	
Rent/Utilities:	\$126,197.81	\$7,083.22		\$133,281.03	
Other Expenses:	\$6,915.50	\$50,713.03		\$57,628.53	
SUBTOTAL DIRECT	\$205,081.40	\$293,584.61		\$498,666.01	
CONTRACTUAL EXPENSES					
Consultant Fees:	\$24,365.30	\$0.00		\$24,365.30	
Fringe Benefits:	\$0.00	\$0.00		\$0.00	
Equipment:	\$0.00	\$0.00		\$0.00	
Travel:	\$0.00	\$0.00		\$0.00	
Supplies:	\$0.00	\$0.00		\$0.00	
Rent/Utilities:	\$0.00	\$0.00		\$0.00	
Other Expenses:	\$0.00	\$3,937.44		\$3,937.44	
SUBTOTAL CONTRACTUAL	\$24,365.30	\$3,937.44		\$28,302.74	
ADMINISTRATIVE \$	\$4,850.42	\$0.00		\$4,850.42	
ADMINISTRATIVE %	2.1%	0.0%		0.9%	
TOTAL ALL COSTS	\$234,297.12	\$297,522.05		\$531,819.17	
MATCH %				127.0%	

³ Cumulative summary of any and all expense reports submitted prior to the "Report Period From" date on page 1

County	Palm Beach	MOU#	LHZ#236	Report Date	10/31/2013
CJMHS A Expense Category	CJMHS A Total Expenses to Date				
	From			To	
	3/29/2011			6/30/2014	
	Grant Award		County Match		Total
DIRECT EXPENSES					
Salaries:	\$77,609.35		\$280,692.65		\$358,302.00
Fringe Benefits:	\$0.00		\$0.00		\$0.00
Equipment:	\$0.00		\$0.00		\$0.00
Travel:	\$346.01		\$0.00		\$346.01
Supplies:	\$0.00		\$0.00		\$0.00
Rent/Utilities:	\$141,894.25		\$8,333.20		\$150,227.45
Other Expenses:	\$20,898.41		\$50,713.03		\$71,611.44
SUBTOTAL DIRECT	\$240,748.02		\$339,738.88		\$580,486.90
CONTRACTUAL EXPENSES					
Consultant Fees:	\$24,365.30		\$0.00		\$24,365.30
Fringe Benefits:	\$0.00		\$0.00		\$0.00
Equipment:	\$0.00		\$0.00		\$0.00
Travel:	\$0.00		\$0.00		\$0.00
Supplies:	\$0.00		\$0.00		\$0.00
Rent/Utilities:	\$0.00		\$0.00		\$0.00
Other Expenses:	\$0.00		\$4,656.78		\$4,656.78
SUBTOTAL CONTRACTUAL	\$24,365.30		\$4,656.78		\$29,022.08
ADMINISTRATIVE \$	\$14,457.01		\$0.00		\$14,457.01
ADMINISTRATIVE %	5.2%		0.0%		2.3%
TOTAL ALL COSTS	\$279,570.33		\$344,395.66		\$623,965.99
MATCH %					123.2%

County	Palm Beach	MOU#	LHZ##236	Report Date	41957
CJMHS A Expense Category	CJMHS A Available Fund Balance				
	From			To	
	4/1/2014			6/30/2014	
	Grant Award	County Match		Total	
DIRECT EXPENSES					
Salaries:	\$20.51	-\$103,863.65		-\$103,843.14	
Fringe Benefits:	\$0.00	\$0.00		\$0.00	
Equipment:	\$0.00	\$0.00		\$0.00	
Travel:	\$0.75	\$0.00		\$0.75	
Supplies:	\$0.00	\$0.00		\$0.00	
Rent/Utilities:	\$0.00	\$6,666.80		\$6,666.80	
Other Expenses:	\$2,250.18	-\$47,713.03		-\$45,462.85	
SUBTOTAL DIRECT	\$2,271.44	-\$144,909.88		-\$142,638.44	
CONTRACTUAL EXPENSES					
Consultant Fees:	\$20,739.70	\$0.00		\$20,739.70	
Fringe Benefits:	\$0.00	\$0.00		\$0.00	
Equipment:	\$0.00	\$0.00		\$0.00	
Travel:	\$0.00	\$0.00		\$0.00	
Supplies:	\$0.00	\$0.00		\$0.00	
Rent/Utilities:	\$0.00	\$0.00		\$0.00	
Other Expenses:	\$0.00	\$329,362.26		\$329,362.26	
SUBTOTAL CONTRACTUAL	\$20,739.70	\$329,362.26		\$350,101.96	
ADMINISTRATIVE \$	\$13,135.99	\$0.00		\$13,135.99	
ADMINISTRATIVE %	36.3%	0.0%		6.0%	
TOTAL ALL COSTS	\$36,147.13	\$184,452.38		\$220,599.51	
MATCH %				510.3%	

County	Palm Beach	MOU#	LHZ##236	Report Date	41957
CJMHSA Expense Category	CJMHSA Projected Additional Expenses				
	From			To	
	40631			41820	
	Grant Award	County Match		Total	
DIRECT EXPENSES					
Salaries:					\$0.00
Fringe Benefits:					\$0.00
Equipment:					\$0.00
Travel:					\$0.00
Supplies:					\$0.00
Rent/Utilities:					\$0.00
Other Expenses:					\$0.00
SUBTOTAL DIRECT		\$0.00		\$0.00	\$0.00
CONTRACTUAL EXPENSES					
Consultant Fees:					\$0.00
Fringe Benefits:					\$0.00
Equipment:					\$0.00
Travel:					\$0.00
Supplies:					\$0.00
Rent/Utilities:					\$0.00
Other Expenses:					\$0.00
SUBTOTAL CONTRACTUAL		\$0.00		\$0.00	\$0.00
ADMINISTRATIVE \$					\$0.00
ADMINISTRATIVE %		#DIV/0!		#DIV/0!	#DIV/0!
TOTAL ALL COSTS		\$0.00		\$0.00	\$0.00
MATCH %					#DIV/0!