

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: March 10, 2015 [ X ] Consent [ ] Regular  
[ ] Ordinance [ ] Public Hearing

Department

Submitted By: Community Services

Submitted For: Financially Assisted Agencies (FAA)

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve:

A) Amendment No. 01 to the Contract for Provision of Financial Assistance with Drug Abuse Treatment Association, Inc. (R2014-1688), for the period October 1, 2014, through September 30, 2015, in an amount not to exceed \$257,035, to modify the definition of the unit of service in the Walter D. Kelly Treatment Center/Adolescent Residential Services; and

B) Amendment No. 02 to the Contract for Provision of Financial Assistance with Adopt-A-Family of the Palm Beaches, Inc. (R2013- 1623), for the period October 1, 2014, through September 30, 2015, in an amount not to exceed \$60,000, to modify the definition of the unit of service in the Service Enriched Housing Program.

**Summary:** These amendments are necessary in order to modify units of service definitions for both agencies. Drug Abuse Treatment Association, Inc. (DATA) will modify the units of service definitions in the DATA Adolescent Residential Treatment Program, and Adopt-A-Family of the Palm Beaches, Inc. (AAF) will modify the units of service definitions in the Service Enriched Housing Program. The Contract amounts are unchanged by these amendments. Countywide (HH)

**Background and Justification:** The FAA Program currently contracts with service providers in nine (9) different service categories. DATA and AAF funding allocations were approved by the Board of County Commissioners as part of the FY 2015 funding allocation for the Financially Assisted Agencies Program..

**Attachments:** Amendments (2)

Recommended By: [Signature] 2/11/15  
Department Director Date

Approved By: [Signature] 2/23/15  
Assistant County Administrator Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>					

No. ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No     

Budget Account No.:

Fund 0001 Dept 740 Unit 1004 Object 8201 Program Code      Program Period      <sup>† 2013</sup>

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

No funding changes are requested in these amendments.

**C. Departmental Fiscal Review:**     T.M.A.      
Taruna Malhotra, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

    M. Diaz 2/13/15         D. J. Jacobson 2/13/15      
OFMB <sup>2/13</sup> <sub>AK 2/13</sub> Contract Development and Control

**B. Legal Sufficiency:**

    Helene C. Stuyzel      
Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
Department Director

**This summary is not to be used as a basis for payment.**

**AMENDMENT TO FINANCIALLY ASSISTED AGENCIES  
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

**THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2014-1688)** made and entered into in Palm Beach County Florida, on this \_\_\_\_ day of \_\_\_\_\_ 2015 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and **Drug Abuse Treatment Association, Inc.** hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is **1016 North Clemons Street, Suite 200, Jupiter, Florida 33477.**

**WITNESSETH:**

**WHEREAS**, the parties entered in a contract on **November 18, 2014** which provided for Adolescent Residential and Non-Residential Services which provides substance abuse treatment to adolescents; and

**WHEREAS**, the contract currently has an expiration date of September 30, 2015 and is funded in the amount of \$257,035; and

**WHEREAS**, the need exists to amend the contract to change the definition of unit of service to be provided by modifying Exhibit B, "Units of Service Rate and Definition 2015":

**NOW THEREFORE**, the above named parties hereby mutually agree that the contract is hereby amended as follows:

1. Exhibit B for FY 2015 is hereby amended and replaced with Exhibit B-1 attached hereto and made a part hereof showing new definition of Unit of Service and such exhibit supersedes and replaces Exhibit B.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a  
Political Subdivision of the State of  
Florida

BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Deputy Clerk

BY: \_\_\_\_\_  
Shelley Vana, Mayor

WITNESS:

*Micheleen Hughes*

AGENCY:

Drug Abuse Treatment Association, Inc.  
Agency's Name Typed

Micheleen Hughes  
Name Typed

BY *[Signature]*  
Signature

59-1363887  
Agency's Federal ID Number

John Fowler  
Agency's Signatory Name Typed

President and CEO  
Agency's Signatory Title Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS  
Department of Community Services

\_\_\_\_\_  
~~Senior~~ Assistant County Attorney

By: *[Signature]*  
Channell Wilkins, Director

**UNITS OF SERVICE RATE AND DEFINITION 2015  
FINANCIAL ASSISTANCE CONTRACT**

**Agency:** Drug Abuse Treatment Association, Inc.  
(DATA)

Service Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
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**Service: DATA Non-Residential Services** **\$61.02 \$133,285**

A unit of service is defined as one hour of staff time in direct client services or in related indirect work and can include outpatient services by appointment, non-scheduled visits, intervention services, and short-term counseling and referral.

**Service: Data Adolescent Residential Treatment Program** **\$174.03 \$123,750**

A unit of service is defined as one (1) day of direct client services or in related indirect work and can include individual, group, and family therapies, behavior modification, on-site education program, transportation, meals and snacks, recreation, art programs, cultural and entertainment activities.

Group supervision or any group services will be billed as a single unit per hour, not per employee or client participating.

**TOTAL CONTRACT \$257,035**

The AGENCY is allowed to expend up to \$4,000 for initial certification or \$1,500 for the annual renewal fee out of this FY 2015 contract. This option if exercised by the agency will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 14 of the original contract.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/16/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Florida, Inc. 300 Colonial Center Pkwy, Ste 120 Lake Mary, FL 32746	CONTACT NAME: Diana Myhra PHONE (A/C, No, Ext): 407-562-2475 E-MAIL ADDRESS: Diana.Myhra@Willis.com	FAX (A/C, No): 407-562-2480
	INSURER(S) AFFORDING COVERAGE	
INSURED Drug Abuse Treatment Association, Inc. 1016 Clemons Street Ste 300 Jupiter, FL 33477	INSURER A : Arch Insurance Co	11150
	INSURER B : Wesco Ins/State National	40134
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			NTPKG0004607	05/01/2014	05/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NTAUT0002307	05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WPP11007920114016	06/01/2014	06/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab			NTPKG0004607	05/01/2014	05/01/2015	\$1,000,000/\$3,000,000
A	Abuse/Molestation			NTPKG0004607	05/01/2014	05/01/2015	\$1,000,000/\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and Agents, is listed as an additional insured on the Commercial General Liability.

General Liability and Professional Liability are on an Occurrence basis.

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County c/o Community Services Dept  
 810 Datura Street  
 West Palm Beach, FL 33401

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Diana Myhra*

**AMENDMENT TO FINANCIALLY ASSISTED AGENCIES  
CONTRACT FOR PROVISION OF FINANCIAL ASSISTANCE**

**THIS AMENDMENT TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2013-1623)** made and entered into in Palm Beach County Florida, on this \_\_\_\_ day of \_\_\_\_\_ 2015 by and between PALM BEACH COUNTY, hereinafter referred to as "COUNTY" and **Adopt-A-Family of the Palm Beaches, Inc.** hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose address is **1712 - 2<sup>nd</sup> Avenue North, Lake Worth, FL 33460.**

**WITNESSETH:**

**WHEREAS**, the parties entered in a contract on **November 19, 2013** which provided for the agency/program which provides services to the brief program description; and

**WHEREAS**, the contract currently has an expiration date of September 30, 2015 and is funded in the amount of **SIXTY THOUSAND DOLLARS (\$60,000).**

**WHEREAS**, the need exists to amend the contract to change the definition of units of service to be provided by modifying Exhibit B-1, "Units of Service Rate and Definition 2015."

**NOW THEREFORE**, the above named parties hereby mutually agree that the contract is hereby amended as follows:

1. Exhibit B-1 for FY 2015 is hereby amended and replaced with Exhibit B-2 attached hereto and made a part thereof showing the new Definition of Unit of Service and such exhibit supersedes and replaces Exhibit B-1.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this Second Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock, Clerk & Comptroller


PALM BEACH COUNTY, FLORIDA, a  
Political Subdivision of the State of  
Florida

BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Deputy Clerk

BY: \_\_\_\_\_  
Shelley Vana, Mayor

WITNESS:

  
\_\_\_\_\_

AGENCY:

Adopt-A-Family of the Palm Beaches, Inc.  
Agency's Name Typed

  
\_\_\_\_\_  
Name Typed

BY   
\_\_\_\_\_  
Signature

59-2471253  
Agency's Federal ID Number


Matthew Constantine  
Agency's Signatory Name Typed

Chief Executive Officer  
Agency's Signatory Title Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS  
Department of Community Services

\_\_\_\_\_  
Assistant County Attorney

By:   
\_\_\_\_\_  
Channell Wilkins, Director



**UNITS OF SERVICE RATE AND DEFINITION 2015  
FINANCIAL ASSISTANCE CONTRACT**

**Agency:** Adopt-A-Family of the Palm Beaches, Inc.

Service Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
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<b>Service:</b>	<b>Service Enriched Housing</b>	\$46.30	\$60,000
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A unit of service is defined as one hour of staff time in direct or indirect client-related service; home visit, office visit, phone and personal contact, referral and linkage, intake and assessment, case staffing, credit repair services, home buyer workshops, data collection, document management, financial transactions and recordkeeping, outreach and marketing; a week of Project Grow per child in residence; a subsidized month of rent; a month of common areas utility expense per occupied unit. One 15 minute telephone call equates to .25 units of service

<b><u>TOTAL CONTRACT</u></b>	<b><u>\$60,000</u></b>
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The AGENCY is allowed to expend up to \$4,000 for initial certification or \$1,500 for the annual renewal fee out of this FY 2015 contract. This option exercised by the agency will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in Article 14 of the original contract.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Caledinas Insurance Group 4400 PGA Blvd, Suite 1000 Palm Beach Gardens, FL 33410	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (561) 622-2550		<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b>  Adopt A Family of the Palm Beaches, Inc 1712 2nd Ave North Lake Worth, FL 33460	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Philadelphia Indemnity Insurance Company</b>		<b>18058</b>	
	<b>INSURER B : Guarantee Insurance Company</b>		<b>11398</b>	
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			
<b>INSURER F :</b>				

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	X	PHPK1267413	12/07/2014	12/07/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Prof. Liability \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			PHPK1267413	12/07/2014	12/07/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB482929	12/07/2014	12/07/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCP101059201GIC	12/22/2014	12/22/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Comm-General Liabili			PHPK1267413	12/07/2014	12/07/2015	Abuse/Molestation 1,000,000
A	Comm-General Liabili			PHPK1267413	12/07/2014	12/07/2015	Prof Liab 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Additional insured under the general liability is: palm Beach County Board of county commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents. Coverage is primary and non-contributory. The General Liability package also includes Professional liability with a \$1,000,000 limit. Its is occurrence form. And the liability includes abuse and molestation at \$1,000,000. Auto coverage does include PIP/No Fault at \$10,000

## CERTIFICATE HOLDER

## CANCELLATION

Palm Beach County  
 C/O Community Services Department  
 810 datura St  
 West Palm Beach, FL 33401

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE