



**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

=====
Meeting Date: March 10, 2015 Consent
 Ordinance **Regular**
 Public Hearing
Department
Submitted By: Community Services
Submitted For: Financially Assisted Agencies
 =====

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve:

A) Issuance of termination notice to Comprehensive Alcoholism Rehabilitation Programs, Inc. (CARP) Contract R2014-1901, effective March 15, 2015; and

B) Amendment No. 01 to Contract for Provision of Financial Assistance with Drug Abuse Foundation of Palm Beach County, Inc., (R2014-1692), for the period October 1, 2014, through September 30, 2015, to increase funding by \$153,000, for a new total contract amount not to exceed \$903,353.

Summary: Contract termination is being recommended for CARP due to a failure of the agency to provide reasonable assurances that patient care, service delivery, financial accountability and other essential performance requirements and contract provisions are being maintained, and will be maintained in the future. CARP has failed to adequately address the monitoring concerns of the County and has lost State funding provided through the managing entity, Southeast Florida Behavioral Health Network, Inc. (SEFBHN) and the Department of Corrections, and has stopped accepting patients. To avoid a disruption of services, staff is recommending an expansion of our current contract with the Drug Abuse Foundation of Palm Beach County, Inc. to provide detoxification treatment beds for the duration of the contract period March 16, 2015, through September 30, 2015. No new County funding is required. Countywide (HH)

Background and Justification: The Medical Detoxification Program is a 24/7 program available to adults 18 years of age or older who present signs or symptoms of withdrawal or require services to maintain an abstinence-based recovery and the ability to manage basic life task and relations. The program is an essential component of the system of care. County and State funding supports treatment for very low income and indigent residents. Monitoring reports for CARP and other funded agencies are maintained by the Department of Community Services and SEFBHN.

Attachments: Amendment No. 01 with Drug Abuse Foundation of Palm Beach County, Inc.
 =====

Recommended By: <u></u>	<u>3/6/15</u>
Department Director	Date
Approved By: <u></u>	<u>3/9/15</u>
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	153,000				
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	153,000				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget: Yes X No _____

Budget Account No.:

Fund 0001 Dept. 740 Object 8201 Program Code Program Period

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

Funding is being re-directed from a previous contract with CARP through the FAA Program. No additional funding is needed since it is included in the FY2015 budget to meet County obligations.

C. Departmental Fiscal Review:

MM
Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

J. Malhotra
OFMB ^{AK} _{3/6 3/6/15}

Dr. J. Jacobson 3/6/15
Contract Development and Control

B. Legal Sufficiency:

Helene C. Boyd
Assistant County Attorney

C. Other Department Review:

Department Director

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

THIS IS AMENDMENT No. 01 TO THE FINANCIALLY ASSISTED AGENCIES CONTRACT (R2014-1692) 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 hereinafter referred to as the COUNTY, and **Drug Abuse Foundation of Palm Beach County, Inc.** hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is 23-7074625.

WITNESSETH:

WHEREAS, the parties entered in a contract on November 18, 2014 which provided for behavioral health services; and

WHEREAS, the contract currently has an expiration date of September 30, 2015 and is funded in the amount of **SEVEN HUNDRED AND FIFTY-THOUSAND, THREE HUNDRED AND FIFTY-THREE DOLLARS (\$750,353)**; and

WHEREAS, the need exists to further amend the contract to add \$153,000 additional dollars to Drug Abuse Foundation of Palm Beach County, Inc. by modifying Article 3- Payments, Exhibit A- Scope of Work & Service Units 2015 Financial Assistance Contract, and Exhibit B- Units of Service Rate and Definition 2015, Financial Assistance Contract.

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

1. So much of Article 3 – Payments is amended to read "The County shall pay to the Agency for services rendered under this contract not to exceed a total amount of **NINE HUNDRED THREE THOUSAND AND THREE HUNDRED AND FIFTY THREE DOLLARS (\$903,353)**.
2. Exhibit A for FY 2015 is hereby amended and replaced with Exhibit A-1 attached hereto and made a part hereof.
3. Exhibit B for FY 2015 is hereby amended and replaced with Exhibit B-1 attached hereto and made a part hereof.

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:

Signature

Terri-Ann Binns Beavers
Name Typed

23-7074625
AGENCY's Federal ID Number

AGENCY:

Drug Abuse Foundation of Palm Beach County, Inc.
AGENCY's Name Typed

BY: _____
Signature

Alton Taylor
AGENCY's Signatory Name Typed

Executive Director & CEO
AGENCY's Signatory Title Typed

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

Assistant County Attorney

**APPROVED AS TO TERMS AND CONDITIONS
Department of Community Services**

BY: _____
Channell Wilkins, Director

**SCOPE OF WORK & SERVICE UNITS
2015 FINANCIAL ASSISTANCE CONTRACT**

Agency Name: Drug Abuse Foundation of Palm Beach County, Inc.
Program Name: Intensive Residential Services

Overview:

Intensive Residential Treatment is a program for adults who have lost control and a certain level of social functioning due to their drug/alcohol addiction. Individuals are successfully stabilized within 30 to 60 days and are equipped with learning tools that will put them on a pathway to recovery leading to a more productive and fulfilling life.

Service:

The focus of this Residential Treatment Program is to stabilize the individual, physically, mentally and emotionally and to establish that he/she is drug-free. Males/Females 18 and older who are in need of acute residential substance abuse services, and do not require emergency medical stabilization services are eligible for residential treatment. The plan focuses on a) recovery environment—drug-free environment, family and community support systems; b) social functioning—employment or school, housing, child support etc. c) aftercare treatment support—continuing use of aftercare program for relapse prevention care. Every client, with assistance from his/her primary therapist, must complete a “Next Step Recovery Relapse Prevention Plan” and present the plan before the Residential Program’s Clinical Review Panel. Every client receives a regimen of individual and group therapy sessions on a daily basis; psycho-educational groups are also provided. An aggressive program of motivational engagement will strengthen the overall program, encouraging clients to successfully complete the program. Early engagement of families is another key element that will be used to assist clients in successfully completing the program.

Clients Served Through FAA:

99 clients

Program Name: Medical Detox

Overview:

Medical Detox is a program for individuals who are exhibiting symptoms of withdrawal from drug or alcohol abuse. The program assists the client through detoxification by utilizing medication and medical/behavioral monitoring to ensure individuals do not suffer medical complication due to their withdrawal from drugs and alcohol.

Service:

The Drug Abuse Foundation will continue to operate a 15-bed licensed Medical Detox and Emergency Receiving Center in southern Palm Beach County. This Emergency Receiving Center is operated 24 hrs per day and 7 days per week and is available to serve any adult who presents him/herself with a need or is dropped off by law enforcement personnel. Any substance involved adult who does not require the services of a hospital emergency room or a Baker Act Psychiatric Stabilization Unit is eligible for services from the

Emergency Receiving and Medical Detox Unit. Individuals presented to this unit will receive an initial emergency medical assessment. Individuals will be admitted for withdrawal management, triaged to local hospital emergency rooms or Baker Act Crisis Stabilization Units, scheduled for a non-emergency assessment with the Foundation's Assessment Center, referred to other community support services, or, in rare cases, they will be told that the service they require is not available at all. Individuals admitted for either an Emergency Assessment or Withdrawal Management will receive medical clearance for withdrawal symptoms, a comprehensive Substance Abuse Mental Health Assessment and a placement plan as indicated. The focus of the program is to stabilize the individual medically and to ensure that he/she is not at risk of medical complications due to withdrawal from drugs or alcohol use; to assess the individual's need for substance abuse treatment and to develop a plan to assist the client with treatment placement.

Clients Served Through FAA:

396 clients

Program Name: Additional Temporary Medical Detox

Overview:

Medical Detox is a program for individuals who are exhibiting symptoms of withdrawal from drug or alcohol abuse. The program assists the client through detoxification by utilizing medication and medical/behavioral monitoring to ensure individuals do not suffer medical complication due to their withdrawal from drugs and alcohol.

Service:

The Drug Abuse Foundation will continue to operate a 15-bed licensed Medical Detox and Emergency Receiving Center in southern Palm Beach County. This Emergency Receiving Center is operated 24 hrs per day and 7 days per week and is available to serve any adult who presents him/herself with a need or is dropped off by law enforcement personnel. Any substance involved adult who does not require the services of a hospital emergency room or a Baker Act Psychiatric Stabilization Unit is eligible for services from the Emergency Receiving and Medical Detox Unit. Individuals presented to this unit will receive an initial emergency medical assessment. Individuals will be admitted for withdrawal management, triaged to local hospital emergency rooms or Baker Act Crisis Stabilization Units, scheduled for a non-emergency assessment with the Foundation's Assessment Center, referred to other community support services, or, in rare cases, they will be told that the service they require is not available at all. Individuals admitted for either an Emergency Assessment or Withdrawal Management will receive medical clearance for withdrawal symptoms, a comprehensive Substance Abuse Mental Health Assessment and a placement plan as indicated. The focus of the program is to stabilize the individual medically and to ensure that he/she is not at risk of medical complications due to withdrawal from drugs or alcohol use; to assess the individual's need for substance abuse treatment and to develop a plan to assist the client with treatment placement.

These additional and temporary medical detoxification services are from March 16, 2015 through September 30, 2015.

Clients Served Through FAA

158 Clients

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

Agency: Drug Abuse Foundation of Palm Beach County, Inc.

Service Name and Definition of Unit of Service	Unit Cost	Total Cost Of Service
<p>Service: Medical Detox A unit of service is defined as one day of service that can include emergency receiving and crisis stabilization services, emergency Marchman Act assessment services, withdrawal management services, medication supported detoxification and medical supervision.</p>	\$194.49	\$384,635
<p>Service Additional Temporary Medical Detox A unit of service is defined as one day of service that can include emergency receiving and crisis stabilization services, emergency Marchman Act assessment services, withdrawal management services, medication supported detoxification and medical supervision. <i>The additional temporary medical detox services are from March 16, 2015 through September 30, 2015.</i></p>	\$194.49	\$153,000
<p>Service: Adult Residential Services A unit of service is defined as one day of service which can include supervision, assessment, treatment, rehabilitation, psycho- social educational classes and ancillary services.</p>	\$74.11	\$365,718
		<u>\$903,353</u>

TOTAL CONTRACT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/9/2014

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 Weekes & Callaway, Inc. 3945 West Atlantic Avenue Delray Beach FL 33445-3902	CONTACT NAME: Michael Sauer
	PHONE (A/C No. Ext): (561) 278-0448 FAX (A/C No.): (561) 278-2391
	E-MAIL ADDRESS: msauer@weekescallaway.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Everest National Insurance Co
	INSURER B: Guarantee Insurance
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL147705525 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			8500000181-141	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GENL AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	AUTOMOBILE LIABILITY			8500000181-141	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			85CU000075-141	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCP100693701GIC	4/1/2014	4/1/2015	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			85PL000140-141	7/1/2014	7/1/2015	Each Occurrence \$1,000,000
	Occurrence Form						Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, in care of the Department of Community Services, is listed as additionally insured

CERTIFICATE HOLDER Palm Bch County Board of County Commissioners Department of Community Services 810 Datura Street West Palm Beach, FL 33401	CANCELLATION 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 Leon A. Weekes/MSAUER

ACORD 25 (2010/05)
INS025 (201005) 01

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD