

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: May 16, 2017 [X] Consent [ ] Regular [ ] Ordinance [ ] Public Hearing

Department: Department of Public Safety Submitted By: Department of Public Safety Submitted For: Division of Justice Services

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: A) Ratify the Mayors signature of approval for the Second Chance Act Grant Application (Adults with Co-Occurring Substance Use and Mental Disorders) to the Department of Justice (DOJ) for \$650,000 from October 1, 2017 to September 30, 2020 to facilitate the reduction of recidivism in Palm Beach County; B) Authorize the County Administrator or designee to execute a contract with Southeast Florida Behavioral Health Network (SEFBHN) in an amount not to exceed \$499,599 for services provided in the grant application, on behalf of the Board of County Commissioners, after approval of legal sufficiency by the County Attorney's Office, and within budgeted allocations; C) Authorize the County Administrator or designee to execute a contract with Florida Atlantic University (FAU) in an amount not to exceed \$150,401 for services provided in the grant application, on behalf of the Board of County Commissioners, after approval of legal sufficiency by the County Attorney's Office, and within budgeted allocations; and D) Authorize the County Administrator or designee to execute the grant award and amendments and to submit electronic reports.

Summary: Palm Beach County (PBC) facilitates the successful reintegration of ex-offenders as they return to Palm Beach County. This application, if funded, will allow for reentry programs to expand Substance Abuse and Mental Health Services for ex-offenders returning to PBC. SEFBHN will manage and oversee the provision of integrated behavioral health services to ex-offenders with co-occurring substance abuse and mental disorders through contracts with a network of provider agencies. FAU will perform data analysis, examine performance measurement, and conduct a process and outcome evaluation for this grant project. The grant does not require a county match. Countywide (LDC)

Background and Justification: Palm Beach County has developed a Strategic Plan for providing effective and coordinated reentry services to those returning from incarceration. The RESTORE Initiative is a product of this plan. The goal is to reduce the recidivism rate by 50% over 5 years for the target population (prisoners convicted in and returning to Palm Beach County). The program is intended to reduce recidivism among transitioning offenders as well as reduce future victimization, enhance public safety and improve the quality of life in Palm Beach County.

Attachments:

- 1) Mayor Approval Letter 2) Competitive Grant Announcement 3) Submitted Grant Application

Recommended by: Stephanie Seminole 4/19/17 Date Department Director Approved By: [Signature] 5-1-17 Date Deputy County Administrator

**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>Net Fiscal Impact</b>	<u>0</u>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	0	0	0	0	0

Is Item Included In Current Budget? Yes \_\_\_\_\_ No X

Budget Account Exp No: Fund \_\_\_\_\_ Department \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_  
 Rev No: Fund \_\_\_\_\_ Department \_\_\_\_\_ Unit \_\_\_\_\_ RevSc \_\_\_\_\_

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

Fund:  
 Unit:  
 Grant:

If the grant is approved, the budget will have to be amended.

Departmental Fiscal Review: *[Signature]* 4/18/2017

**III. REVIEW COMMENTS**

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

*[Signature]* 4/12/17  
 OFMB *[Handwritten notes]*

*[Signature]* 5/1/17  
 Contract Administration  
 5/1/17 *[Initials]*

**B. Legal Sufficiency:**

*[Signature]* 5/1/17  
 Assistant County Attorney

**C. Other Department Review:**

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

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