PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

·				 ===	===	
Department Submitted By: Community Services	Meeting Date:	March 12, 2019	[X] []]]	
	Department Submitted By: Submitted For:			-		

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 1 to Contract for Provision of Financial Assistance with Southeast Florida Behavioral Health Network, Inc. (R2018-1678) (SEFBHN), to extend the end date from March 30, 2019 to May 31, 2019, for the continuation of expanded bed capacity, treatment of substance use disorders, care coordination and prevention programs to educate the community about the dangers of opioid abuse.

Summary: On October 16, 2018, the Board of County Commissioners (BCC) authorized staff to continue a previous six month contract with SEFBHN to expand treatment options in the County. A contract was successfully executed for the period October 1, 2018, through March 30, 2019. During this period of time, 227 Palm Beach County residents received treatment and care coordination services and 163 Palm Beach County residents prevention/education and life-skills training. SEFBHN will continue to subcontract with agencies for the provision of additional treatment beds, including scholarships from private treatment of substance abuse disorders and detox facilities, and coordinate care for those needing housing and employment support. Amendment No. 1 will also continue to provide for the engagement of families with children at risk of addiction through targeted prevention efforts. The services provided by SEFBHN will continue to assist in leveraging existing and future federal, state, and local funding to ensure a seamless continuum of care for residents with substance use disorders, including cooccurring and poly substances, expand recovery support capacity and expand the existing network of providers to best meet the needs of the community and individuals. Linda Kane, employee of SEFBHN, is a member of the Palm Beach County Homeless Advisory Board (HAB). The HAB provides no regulation, oversight, management, or policy-setting recommendations regarding the agency listed above. Disclosure of this contractual relationship at a duly noticed public meeting is being provided in accordance with the provisions of Section 2-443, of the Palm Beach County Code of Ethics. (Financially Assisted Agencies) Countywide (HH)

Background and Justification: In April of 2017, the BCC adopted a comprehensive set of recommendations included in a staff report entitled *Opioid Crisis: Palm Beach County's Response*. Staff engaged consultants to provide the report following the confirmation of the Medical Examiner that over 600 deaths from drug overdoses occurred in Palm Beach County in 2017, the majority of which were caused by opioids. Additionally, Palm Beach County Fire Rescue reported it responded to 2,700 suspected overdose calls involving opioids during the same period. On May 3, 2017, Governor Rick Scott declared a Public Health Emergency for the opioid epidemic in the State of Florida. The contract submitted with SEFBHN supports the goals of the report and the strategic direction set by the Board to address the opioid epidemic and substance use disorders, specifically related to expanded treatment and recovery support capacity; prevention and ancillary services; and, enhanced planning and integration of services.

Attachments: Contr	act for Provision of Financial Assistance (2)	
Recommended By:	Department Director	3/1/19
Approved By:	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT					
No. ADDITIONAL FTE POSITIONS (Cumulative)					

In-Ki	nd Match (County)					
NET	FISCAL IMPACT					
POS	ADDITIONAL FTE ITIONS nulative)					
Does	m Included In Curren this item include the et Account No.:	t Budget? use of federal fu	Yes unds? Yes		Χ	
	0001 Dept 140 Unit	7621 Object <u>Var</u>				
В.	Recommended Sou Funding Source is			scal Impact:		
C.	Departmental Fisca		owe, Director	of Finance and	d Support S	ervices
		III. REVIE	W COMMENT	<u>rs</u>		
Α.	OFMB Fiscal and/or	Contract Develo	pment and C	Control Comm	ents:	
(OFMB COS	315 19 934	Contract De	J. Jau	ber 3	17)19
В.	Legal Sufficiency:					
	Assistant County Atto	ind roey				
C.	Other Department R	eview:				
	Department Director					

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

AMENDMENT TO CONTRACT FOR PROVISION FOR FINANCIAL ASSISTANCE

THIS AMENDMENT TO CONTRACT FOR PROVISION FOR FINANCIAL ASSISTANCE
(R2018-1678) made and entered into at West Palm Beach Florida, on this day of
, 20, by and between Palm Beach County, a Political Subdivision of the State of
Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and
Southeast Florida Behavioral Health Network, 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 # 27-1871869

In consideration of the mutual promises contained herein, the COUNTY and the Agency agree as follows:

WITNESSETH:

WHEREAS, the need exists to amend the contract to extend the current end date.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on October 16, 2018 is hereby amended as follows:

- I. Extend the contract date from March 30, 2019 to May 31, 2019.
- II. Replace Article 21 SUBCONTRACTING to read: The COUNTY does allow subcontracting by the AGENCY for services under this contract.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this 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 Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:					
Sharon R. Bock Clerk and Comptroller	PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS				
BY Deputy Clerk	BY Mack Bernard, Mayor				
Witness Linda J. Kane Printed Name	Southeast Florida Behavioral Network, Inc. Agency's Name Typed Agency's Signatory Agency's Signatory Agency's Signatory Typed				
APPROVED AS TO FORM AND LEGAL SUFFICIENCY Leline C. Louid Assistant County Attorney	APPROVED AS TO TERMS AND CONDITIONS James Green, Director Department of Community Services				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/31/19

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 have ADDITIONAL INSURED provisions or 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).

CONTACT

MARIE: Aon Risk Services, Inc of Florida

Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937		PHONE FAX (A/C, No, Ext): 800-743-8130 (A/C, No): 800-522-7514						
,	EMAIL ADDRESS: ADP.COI.Center@Aon.com							
		INSURER(S) AFFORDING COVERAGE						
	INSURER A:	INSURER A: Illinois National Insurance Co						
INSURED ADP TotalSource CO XXI, Inc.	INSURER B:							
10200 Sunset Drive Miami, FL 33173	INSURER C:	INSURER C:						
ALTERNATE EMPLOYER	INSURER D :							
Southeast Florida Behavioral Health Network Inc 140 Intracoastal Pointe Dr, Suite 211	INSURER E :							
Jupiter, FL 33477	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 22				REVISION NUMBER				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE	N OF ANY CONT RDED BY THE PO VE BEEN REDUC	TRACT OF OLICIES I ED BY PA	R OTHER DOO DESCRIBED H ID CLAIMS,	CUMENT WITH RESPECT TO	WHICH THIS THE TERMS,			
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER		JCY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY	(,	EACH OCCURRENCE \$				
CLAIMS-MADE OCCUR	i		i	DAMAGE TO RENTED				
J. J. Alivid-IVIADE [] OCOUR								
				MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$				
POLICY PROJECT LOC				PRODUCTS - COMP/OP AGG \$	***************************************			
OTHER		1		FRODUCIS - COMPION AGG \$				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT				
				(Ea accident) \$ BODILY INJURY (Per person) \$				
ANY AUTO OWNED SCHEDULED	ļ	l						
AUTOS ONLY AUTOS HIRED NON-OWNED		į		BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
AUTOS ONLY AUTOS ONLY		ŀ		(Per accident) \$				
				\$				
UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE		1		AGGREGATE \$				
DEC RETENTION\$				✓ PER OTH-				
WORKERS COMPENSATION A AND EMPLOYERS' LIABILITY Y/N WC 047014231 F	FL 07.	7/01/18	07/01/19	X STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$	2,000,000			
(Mandatory in NH) If yes, describe under		1		E.L. DISEASE - EA EMPLOYEE \$	2,000,000			
DESCRIPTION OF OPERATIONS below				E,L. DISEASE - POLICY LIMIT \$	2,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All worksite employees working for SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK INC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK INC is an alternate employer under this policy.								
CERTIFICATE HOLDER	CANCELLATION							
Palm Beach County Board of County Commissioners 301 N. Olive Ave. West Palm Beach, FL 33401	THE EXPIRA	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 RE	UTHORIZED REPRESENTATIVE						
				rvices, and of flor	cida			
			7	RD CORPORATION. All r				

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD