# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

|   | =========   | =====  | ========  | =====   |  |
|---|---|--|---|---|--|
| Meeting Date:   | October 8, 2019   | [ X ]<br>[ ]   | Consent<br>Ordinance  | []  | Regular<br>Public Hearing  |
| Department: Submitted By: Submitted For:  | Department of Public S Department of Public S Division of Justice Serv  | afety  |   |   |  |
|   | I. EXECUTI  | VE BRI   | ======<br><u>EF</u>   |   |  |
| services:   | ontracts/Interlocal Agreem  | nent for   | ex-offender a   | ıdult ar  | nd juvenile reentry  |
| A) Fourth An<br>Reentry);   | nendment to Contract #R2<br>and   | 2018-16  | 51 (The Lord's  | s Place   | , Inc. (TLP) - Adult   |
| B) Fourth An  | nendment to Contract #R2<br>- Adult Reentry); and   | 2018-16  | 52 (Gulfstrear  | n Good  | lwill Industries,  |
| C) Third Ame<br>(RB) - Adi  | endment to Interlocal Agre<br>ult Reentry); and   |  |   |   |  |
| D) Fourth An  | nendment to Contract #R2  | 2018-16  | 54 (GGI - Juve  | enile R   | eentry).   |
| year-end. The fourth allocation by \$36,06 modifies the budget The third amendment increasing the total ato the GGI juvenile from \$401,319 to \$3 of Law Enforcement Administration's bud adjustment are reversed to the GGI juvenile from \$401,319 to \$3 of Law Enforcement Administration's bud adjustment are reversed to the county Attorney's | cy contracts/interlocal ago amendment to the GGI of amendment to the GGI of from \$175,593 to \$211, decreasing the total allocation by \$43,079 from contract modifies the bud 68,778 inclusive of a \$19 int Justice Assistance Graget, \$19,000 was availate and adjust the Board of County Compute amendments associated of the graph of th | contract of the state of the st | modifies the bearing from the fourth among \$27,579 from the eriocal agreem and the total from the following from the eriocate to the eriocate to the eriocate the | udget, i<br>endme<br>m \$415<br>nent m<br>8. The<br>otal allo<br>m the F<br>salario<br>re reer<br>pprove<br>the Co<br>s after l | increasing the total nt to TLP contract 5,474 to \$387,895. odifies the budget, fourth amendment exation by \$32,541 Florida Department es in the Reentry providers. All the line items. On unty Administrator egal sufficiency by |
| Background and J  | ustification: Continued   | on page  | e 3.  |   |  |
| 2) Fourth Ame<br>3) Third Ame   | endment to Contract for E<br>endment to Contract for E<br>ndment to Interlocal Agree<br>endment to Contract for E   | x-Offenement fo  | der Adult Ree<br>or Ex-Offender   | ntry Sv<br>Adult I  | c GGI<br>Reentry Svc RB  |
| ======================================  | Llo molc  |  | ========  | =====<br>0  | =====================================  |
|   | Department Direc  | tor  |   |   | ใ (ใช้ (เว   |
| Annroyed By:  |   | posterios  |   | 1   | Date `<br>   |

Deputy County Administrator

Date

### II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact **Fiscal Years** 2019 2020 2021 2022 2023 **Operating Costs Grants and Aids Capital Expenditures External Revenues Program Income (County) In-Kind Match (County) Net Fiscal Impact** 0 0 0 0 # ADDITIONAL FTE **POSITIONS (Cumulative)** 0 0 0 0 0 Is Item Included In Proposed Budget? Yes X No Does this item include the use of federal funds? Yes X No Budget Account Exp No: Fund 1436 Dept. 662 Unit 5699/5700 Obj. 8101/8201 Rev No: Fund 1436 Dept. 662 Unit 5699/5700 Rev. 3429/8000/8249 B. Recommended Sources of Funds/Summary of Fiscal Impact: Grant: Florida Department of Corrections (B3AE2F) \$250,000 State JAG Formula Grant 2019-JAGC-PALM-A-N2-143 (FDLE) (FY18) \$13,500 State JAG Formula Grant Applying for Grant Number (FDLE) (FY19) \$272,513 Federal JAG Formula Grant 2018-DJ-BX-0606 (DOJ) \$143,182 Fund: Justice Services Grant Fund (1436) Unit: 5699 – Adult Reentry; 5700 Juvenile Reentry \*No additional fiscal impact, overall changes net to zero. The budget for all providers was adjusted as part of the year-end process to reallocate available funding and achieve maximum reimbursement of expenses for services provided. Departmental Fiscal Review: III. REVIEW COMMENTS A. OFMB Fiscal and/or Contract Dev. and Control Comments: B. **Legal Sufficiency:** Assistant County Attorney C. Other Department Review:

**Department Director** 

**Background and Justification:** Palm Beach County has developed a Strategic Plan for providing effective and coordinated ex-offender reentry services to those returning from incarceration. The programs are intended to reduce recidivism among transitioning offenders as well as reduce future victimization, enhance public safety and improve the lives of communities, victims and offenders.

Fourth Amendment

# FOURTH AMENDMENT TO CONTRACT FOR EX-OFFENDER ADULT REENTRY SERVICES THE LORD'S PLACE, INC.

# THIS FOURTH AMENDMENT TO CONTRACT FOR EX-OFFENDER ADULT REENTRY SERVICES THE LORD'S PLACE INC. (hereinafter "Fourth Amendment") is made as of this \_\_\_\_\_ day of \_\_\_\_\_ 2019, by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as the "County" and The Lord's Place Inc. a not-for-profit corporation authorized to do business in the State of Florida, herein referred to as the "CONSULTANT", whose Federal I.D. is 59-2240502.

### WITNESSETH:

**WHEREAS**, the parties, entered into that certain Agreement on October 16, 2018 (R2018-1651) ("Agreement") for an amount not to exceed \$343,502; and

**WHEREAS**, the parties have amended the terms of the contract pursuant to Article 25 of the Agreement by execution of three prior Amendments to Contract for Ex-Offender Adult Reentry Services; and

WHEREAS, based on spending projections the project budget needs to be decreased by \$27,579 to a total amount not to exceed \$387,895; and

**WHEREAS**, the parties agree to retroactively amend the Agreement in order to carry out the provisions set forth in this Fourth Amendment.

### **NOW THEREFORE**, the parties hereby agree as follows:

- 1. The above-cited WHEREAS clauses are incorporated herein by reference.
- 2. This Fourth Amendment is effective retroactively as of July 1, 2019.
- 3. "Exhibit BB-04" which is attached hereto and incorporated herein shall hereby replace and supersede all previous references to Exhibit "BB-03" in the Agreement, as amended.
- 4. Article 3, "Payments to Consultant", paragraph "A" of the Agreement designating expenses is hereby amended to replace the not to exceed amount of Four Hundred Fifteen Thousand Four Hundred Seventy Four Dollars (\$415,474) with Three Hundred Eighty Seven Thousand Eight Hundred Ninety Five Dollars (\$387,895).
- 5. In all other respects except as specifically modified herein, the original Agreement shall remain in force and effect.

**IN WITNESS WHEREOF**, Palm Beach County, Florida, through its authorized representative, has made and executed this Fourth Amendment on behalf of the County, and The Lord's Place, Inc. has hereunto executed same.

### PALM BEACH COUNTY, FLORIDA BOARD OF COUNTY COMMISSIONERS

THE LORD'S PLACE, INC.

Bv:

Verdenia Baker,

County Administrator

By:

Diana Stanley

President and CEO

APPROVED AS TO FORM LEGAL SUFFICIENCY

By: \_\_\_\_\_

County Attorney

**WITNESS:** 

ELIZABE

Printed Name

APPROVED AS TO TERMS AND CONDITIONS

By: Slepvihe

### **SCHEDULE OF PAYMENTS**

The Consultant will prepare and submit monthly invoices to the Public Safety Department by the 22nd of each month. Invoices must include the signed Acknowldegement of Services Forms. Invoices will be reviewed and approved by the County's representative to verify that services have been rendered in conformity with the contract. Approved invoices will then be sent to the Finance Department for payment.

### **BUDGET WORKSHEET**

| A. PERSONNEL   |               |
|--|---------------|
|  |               |
|  |               |
| SUB-TOTAL PERSONNEL  | \$            |
| 30B-10TAL PERSONNEL  | <b>3</b>      |
|  |               |
| B. OPERATIONAL EXPENSES  |               |
| FDC Case Mangement Services- Florida Dept. of Corrections (10/1/18 - 6/30/19)          | 73,778.00     |
| FDC Client Support Services - Florida Dept. of Corrections (10/1/18-6/30/19)           | 46,432.00     |
| FDC or Jail Case Man/Peer Specialist Services- Ad Valorem (10/1/18 - 9/30/19)          | -             |
| FDC or Jail Client Support Services- Ad Valorem (10/1/18 - 9/30/19)                    | 48,464.00     |
| FDC or Jail Case Management/Peer Specialist Services- Department of Justice (10/1/18 - | 143,182.00    |
| 9/30/19)   | ·             |
| FDC or Jail Case Management/Peer Specialist Services- FDLE (10/1/18 - 9/30/19)         | 62,539.00     |
| Sago Palm Reentry Center Domestic Violence Programming - FDLE (7/1/19- 9/30/19)        | 13,500.00     |
|  |               |
|  |               |
| SUB-TOTAL OPERATIONAL  | \$ 387,895.00 |
|  |               |
| C. CAPITAL EXPENDITURES  |               |
| SUB-TOTAL CAPITAL  | <b>Š</b>      |
| 30B-10TAL CAPITAL  | 3             |
|  |               |
|  |               |
| TOTALS   |               |
| A. PERSONNEL: Salaries and Benefits  | \$ -          |
| B. OPERATIONAL EXPENSES  | \$ 387,895.00 |
| C. CAPITAL EXPENDITURES  | \$ -          |
|  |               |
| TOTAL PROJECT BUDGET   | \$ 387,895.00 |

Exhibit M Page \_\_\_\_ of \_\_\_\_

### COMPENSATION CHART- Services must be delivered in accordance with the chart below.

| FDC or Jail Case  Management Services             | Service  | Rate  | Requirements   |  |  |  |
|---|--|---|--|--|--|--|
| Pre- or Post-Release Case<br>Management Unit Cost | These services will include the provision of a caseload of active participants; provide individual case management sessions with all clients at regularly scheduled intervals; develop individual service plans for all clients that identify barriers to successful reentry; document all client contact and progress, including time and date, type of contact, outcome and plan of action; provide or broker services to holistically address clients' needs. | \$11.19 per 1/4 hour  | Pre-release: Must be within three (3) years of release; Timesheets will be submitted for reimbursement that document the number of hours worked by each qualified case manager along with spreadsheets documenting services provided by each individual case manager.  |  |  |  |
| Peer Specialist Services                          | The Peer Specialist uses their own unique experience in order to guide and support others who are transitioning back to the community through one on one sessions and group meetings.  | \$30.15 per hour  | Timesheets will be submitted for reimbursement that document the number of hours worked by each peer specialist along with spreadsheets documenting services provided by each individual specialist and the times provided.  |  |  |  |
| FDC or Jail Client Support S                      | ervices  |   |  |  |  |  |
| Post-Release Pro-social<br>Events/Activities      | Monthly Events or Activities will be organized by the program administration.  | \$75.00 maximum per<br>participant per<br>event/activity            | Program administration must submit Pre-<br>approval Authorization Form prior to<br>event. Participant must sign<br>acknowledgement form of receipt of<br>event/activity in addition to a sign in<br>sheet. Maximum amount can be increased<br>with approval by Program Coordinator,<br>(Reimburseable by Ad Valorem Funds<br>ONLY) |  |  |  |
| Post-Release Transportation                       | Daily Bus (up to \$5 per day),<br>Monthly Bus (up to \$55 per<br>rmonth) or Tri-Rail Passes (up to<br>\$100) as a one-time cost.   | \$55 per participant per<br>month/ \$150 maximum per<br>participant | Client acknowledgement form showing receipt of bus pass or trial rail pass.  |  |  |  |
| Post-Release Employment<br>Assistance             | Job related supplies for Department participants (e.g., work boots, clothes, safety glasses, vests and tools)  | \$300 maximum per<br>participant                                    | Receipt for product along with program client acknowledgement form.  |  |  |  |
| Post Release Toiletries                           | Basic hygiene products g for Department participants   | \$100 maximum per<br>participant                                    | Receipt for product along with program client acknowledgement form.  |  |  |  |

| r   |  |  |  |
|---|--|--|--|
| Post-Release Emergency<br>Medical Financial Assistance                    | Emergency medication or medical assistance.  | \$500 maximum per participant  | Receipt from medical facility and/or receipt for medication along with client acknowledgement form.  |
| Pre- or Post-Release Financial<br>Identification Assistance               | Birth certificate, driver license,<br>Florida identification card  | \$250 maximum per<br>participant   | Receipt from identification provider along with client acknowledgement form.   |
| Post-Release Education<br>Preparation Class                               | Academic Instruction to Improve<br>Basic Literacy (GED Instruction)  | \$128 full battery of GED tests. \$32 each GED section/content area \$12 retest per GED section/content area \$30 tuition fee GED Prep | \$195.00 maximum per participant. Client acknowledgement form.   |
| Post-Release Substance Abuse<br>Assessments                               | Assessment used to address severity of problems.   | \$100 max per assessment   |  |
| Post-Release Substance Abuse<br>Education                                 | Educational classes designed to address misuse of drugs and alcohol.   | \$300 maximum per<br>participant   | Receipt from provider along with client  |
| Post-Release Mental Health<br>Assessment                                  | Mental health assessment   | \$300 max per assessment   | acknowledgement form.  |
| Post-Release Mental Health<br>Treatment (Individual or<br>Group Sessions) | Mental Health Treatment<br>(Individual or Group counseling.  | \$1,000 maximum per<br>participant   |  |
| Post-Release Transitional<br>Housing                                      | Direct service or referral based.  | \$5,000 maximum per participant  | Provided at a cost of \$25 per day. Max of \$5,000 per participant; need for housing must be in transition plan.   |
| Pre-& Post-Release<br>Vocational Training                                 | Vocational job training.   | \$2,000 maximum per participant  | Receipt for course registration and client acknowledgement form  |
| Pre-Release Domestic<br>Violence Programming                              | The Lord's Place will contract with Destiny by Choice to provide intervention and educational services as part of the Safe Return Domestic Violence Re-entry Program, to assist enrollees in transitioning back successfully into the community with the goal of Preventing Domestic Violence When Men Return Home From Prison. DBC will provide 15 weeks, (30 sessions) twice per week for one and a half 2xs per week. Each enrollee will attend classes twice (2x) per week for one (1) hour and a half (1 ½) to two (2) hours each class session. Each session requires a minimum of 3 participants. | \$450 per session  | Submittal of the attendance sign-in sheet with the date and time of each session, signature of the instructor and of each participant, and an overview of the session content. |

# FOURTH AMENDMENT TO CONTRACT FOR EX-OFFENDER ADULT REENTRY SERVICES GULFSTREAM GOODWILL INDUSTRIES

| THIS FOURTH AMENDMENT TO CO.                      | NTRACT FO        | R EX-OFFENDER ADULT                  |
|---|------------------|--------------------------------------|
| REENTRY SERVICES GULFSTREAM GO                    | OODWILL IN       | DUSTRIES (hereinafter                |
| "Fourth Amendment") is made as of this            | day of           | 2019, by and between                 |
| Palm Beach County, a political subdivision of     | the State of Flo | rida, hereinafter referred to as the |
| "County" and Gulfstream Goodwill Industries,      | Inc. a not-for-  | profit corporation authorized to do  |
| business in the State of Florida, herein referred | to as the "CON   | NSULTANT", whose Federal I.D.        |
| is 59-1197040.                                    |                  |                                      |

### WITNESSETH:

**WHEREAS**, the parties, entered into that certain Agreement on October 16, 2018 (R2018-1652) ("Agreement") for an amount not to exceed \$238,494; and

**WHEREAS**, the parties have amended the terms of the contract pursuant to Article 25 of the Agreement by execution of three prior Amendments to Contract for Ex-Offender Adult Reentry Services; and

**WHEREAS**, based on spending projections the project budget needs to be increased by \$36,060 to a total amount not to exceed \$211,653; and

**WHEREAS**, the parties agree to retroactively amend the Agreement in order to carry out the provisions set forth in this Fourth Amendment.

**NOW THEREFORE**, the parties hereby agree as follows:

- 1. The above-cited WHEREAS clauses are incorporated herein by reference.
- 2. This Fourth Amendment is effective retroactively as of July 1, 2019.
- 3. "Exhibit BB-04" which is attached hereto and incorporated herein shall hereby replace and supersede all previous references to Exhibit "BB-03" in the Agreement, as amended.
- 4. Article 3, "Payments to Consultant", paragraph "A" of the Agreement designating expenses is hereby amended to replace the not to exceed amount of One Hundred Seventy Five Thousand Five Hundred Ninety Three Dollars (\$175,593) with Two Hundred Eleven Thousand Six Hundred Fifty Three Dollars (\$211,653).
- 5. In all other respects except as specifically modified herein, the original Agreement shall remain in force and effect.

Page 1 of 2

IN WITNESS WHEREOF, Palm Beach County, Florida, through its authorized representative, has made and executed this Fourth Amendment on behalf of the County, and Gulfstream Goodwill Industries has hereunto executed same.

### PALM BEACH COUNTY, FLORIDA BOARD OF COUNTY COMMISSIONERS

GULFSTREAM GOODWILL INDUSTRIES

Verdenia Baker,

County Administrator

Karen Davidson,

CFO

APPROVED AS TO FORM LEGAL SUFFICIENCY

County Attorney

WITNESS:

Sigh

Laura Cont

Printed Name

APPROVED AS TO TERMS AND CONDITIONS

By: Schreke

### **SCHEDULE OF PAYMENTS**

The Consultant will prepare and submit monthly invoices to the Public Safety Department by the 22nd of each month. Invoices must include the signed Acknowldegement of Services Forms. Invoices will be reviewed and approved by the County's representative to verify that services have been rendered in conformity with the contract. Approved invoices will then be sent to the Finance Department for payment.

### **BUDGET WORKSHEET**

| A. PERSONNEL  |               |
|---|---------------|
|   |               |
|   |               |
| SUB-TOTAL PERSONNEL   | <b>\$</b>     |
| 30D-10TAL F LR30MMLL  |               |
|   |               |
| B. OPERATIONAL EXPENSES   |               |
| FDC Case Mangement Services- Florida Dept. of Corrections (10/1/18 - 6/30/19) | 88,408.00     |
| FDC Client Support Services - Florida Dept. of Corrections (10/1/18-6/30/19)  | 25,478.00     |
| * Operating Costs -Ad Valorem- (10/1/2018 - 9/30/2019)                        | 8,395.00      |
| FDC or Jail Case Management Services- Ad Valorem (10/1/18 - 9/30/19)          | 79,812.00     |
| FDC or Jail Client Support Services- Ad Valorem (10/1/18 - 9/30/19)           | 9,560.00      |
|   |               |
|   |               |
| SUB-TOTAL OPERATIONAL   | \$ 211,653.00 |
|   |               |
| C. CAPITAL EXPENDITURES   |               |
|   |               |
| SUB-TOTAL CAPITAL   | \$            |
|   |               |
|   |               |
| <u>TOTALS</u>   |               |
| A. PERSONNEL: Salaries and Benefits   | <u> </u>      |
| B. OPERATIONAL EXPENSES   | \$ 211,653.00 |
| C. CAPITAL EXPENDITURES   | \$ -          |
| TOTAL PROJECT BUDGET  | \$ 211,653.00 |

| Exhibit | <u>Book</u> | Page |  | of | <u> </u> |
|---------|-------------|------|--|----|----------|
|---------|-------------|------|--|----|----------|

### COMPENSATION CHART- Services must be delivered in accordance with the chart below.

| FDC or Jail Case Management   | Service  | Rate  | Requirements  |
|---|--|---|---|
| <u>Services</u>   | Service The Control of the Control o | Tale  | Acquirements  |
| Pre- or Post-Release Case<br>Management Unit Cost                               | These services will include the provision of a caseload of active participants; provide individual case management sessions with all clients at regularly scheduled intervals; develop individual service plans for all clients that identify barriers to successful reentry; document all client contact and progress, including time and date, type of contact, outcome and plan of action; provide or broker services to holistically address clients' needs.   | \$16.67 per 1/4<br>hour   | Pre-release: Must be within three (3) years of release; Timesheets will be submitted for reimbursement that document the number of hours worked by each qualified case manager along with spreadsheets documenting services provided by each individual case manager. |
| EDC or Ioil Client Supreme Sour   |  |   |   |
| FDC or Jail Client Support Serv<br>Post-Release Pro-social<br>Events/Activities | Monthly Events or Activities will be organized by the program administration.  |   | Program administration must submit<br>Pre-approval Authorization Form<br>prior to event. Participant must sign<br>acknowledgement form of receipt of<br>event/activity in addition to a sign in<br>sheet. Maximum amount can be                                       |
|   |  |   | increased with approval by Program<br>Coordinator. (Reimburseable by Ad<br>Valorem Funds ONLY)  |
| Post-Release Transportation   | Daily Bus (up to \$5 per day), Monthly<br>Bus (up to \$55 per rmonth) or Tri-Rail<br>Passes (up to \$100) as a one-time cost.  | \$55 per<br>participant per<br>month/ \$150<br>maximum per<br>participant | Client acknowledgement form<br>showing receipt of bus pass or trial<br>rail pass.   |
| Post-Release Employment<br>Assistance   | Job related supplies for Department participants (e.g., work boots, clothes, safety glasses, vests and tools)  | \$300 maximum<br>per participant  | Receipt for product along with program client acknowledgement form.   |
| Post Release Toiletries   | Basic hygiene products g for<br>Department participants  | \$100 maximum<br>per participant  | Receipt for product along with program client acknowledgement form.   |
| Post-Release Emergency Medical<br>Financial Assistance                          | Emergency medication or medical assistance.  | \$500 maximum<br>per participant  | Receipt from medical facility and/or receipt for medication along with client acknowledgement form.  It M-04 Page 2 of 3  |

| I   |  | <b>S</b>   |  |
|---|--|--|--|
| Pre- or Post-Release Financial<br>Identification Assistance               | Birth certificate, driver license, Florida identification card                     | \$250 maximum<br>per participant   | Receipt from identification provider along with client acknowledgement form.                                     |
| Post-Release Education<br>Preparation Class                               | Academic Instruction to Improve Basic<br>Literacy (GED Instruction)                | \$128 full battery of GED tests. \$32 each GED section/content area \$12 retest per GED section/content area \$30 tuition fee GED Prep | \$195.00 maximum per participant.<br>Client acknowledgement form.  |
| Post-Release Substance Abuse<br>Assessments                               | Assessment used to address severity of problems.                                   | \$100 max per<br>assessment  | Receipt from provider along with client acknowledgement form.  |
| Post-Release Substance Abuse<br>Education                                 | Educational classes designed to address misuse of drugs and alcohol.               | \$300 maximum<br>per participant   |  |
| Post-Release Mental Health<br>Assessment                                  | Mental health assessment   | \$300 max per<br>assessment  |  |
| Post-Release Mental Health<br>Treatment (Individual or Group<br>Sessions) | Mental Health Treatment (Individual or Group counseling.                           | \$1,000 maximum<br>per participant   |  |
| Post-Release Transitional<br>Housing                                      | Direct service or referral based.  | \$5,000 maximum  | Provided at a cost of \$25 per day. Max of \$5,000 per participant; need for housing must be in transition plan. |
| Pre-& Post-Release Vocational<br>Training                                 | Vocational job training.   | \$2,000 maximum<br>per participant   | Receipt for course registration and client acknowledgement form  |
| Operating Expenses  |  |  |  |
| Operating Costs   | Communications, Travel, Training, Office and Program Supplies and Copier Expenses. | \$8,395 maximum  | Receipts, proof of payment to vendors or indivduals.   |

# THIRD AMENDMENT TO INTERLOCAL AGREEMENT FOR EX-OFFENDER ADULT REENTRY SERVICES THE CITY OF RIVIERA BEACH

| THIS THIRD AMENDMENT TO                   | CONTRACT   | FOR EX-OFFENDER ADULT     |
|---|------------|---------------------------|
| REENTRY SERVICES THE CITY (               | OF RIVIERA | BEACH (hereinafter "Third |
| Amendment") is made as of this            | _day of    | 2019 by and between Palm  |
| Beach County, a political subdivision of  |            |                           |
| "County" and The City of Riviera Beac     |            |                           |
| authorized to do business in the State of |            | •                         |
| Federal I.D. is 59-1197040.               |            | ,                         |

#### WITNESSETH:

**WHEREAS**, the parties, entered into that certain Agreement on October 16, 2018 (R2018-1653) ("Agreement") for an amount not to exceed \$238,499;

**WHEREAS**, the parties have amended the terms of the contract pursuant to Article 26 of the Agreement by execution of two prior Amendments to Contract for Ex-Offender Adult Reentry Services;

WHEREAS, based on spending projections the project budget needs to be increased by \$43,079 to a total amount not to exceed \$281,578; and

**WHEREAS**, the parties agree to retroactively amend the Agreement in order to carry out the provisions set forth in this Third Amendment.

**NOW THEREFORE**, the parties hereby agree as follows:

- 1. This Third Amendment is effective retroactively as of July 1, 2019.
- 2. Exhibit "BB-03" which is attached hereto and incorporated herein shall hereby replace and supersede all previous references to Exhibit "BB-02" in the Agreement, as amended.
- 3. Article 3, "Payments to Entity", paragraph "A" of the agreement designating expenses is hereby amended to replace the not to exceed amount of Two Hundred Thirty Eight Thousand Four Hundred Ninety Nine Dollars (\$238,499) with Two Hundred Eighty One Thousand Five Hundred Seventy Eight Dollars (\$281,578).
- 4. Article 7 SUBCONTRACTING, is deleted and replaced in its entirety with the following:

Page 1 of 3

COUNTY reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Contract. CONSULTANT is encouraged to seek additional small business enterprises for participation in subcontracting opportunities.

If CONSULTANT uses any subcontractors on this project the following provisions of this Article shall apply: If a subcontractor fails to perform or make progress, as required by this Contract, and it is necessary to replace the subcontractor to complete the work in a timely fashion, CONSULTANT shall promptly do so, subject to acceptance of the new subcontractor by COUNTY.

5. Article 22- Nondiscrimination, is amended to add the following:

As a condition of entering into this Contract, CONSULTANT represents and warrants that it will comply with COUNTY'S Commercial Nondiscrimination Policy as described in Resolution 2017-1770, as amended. As part of such compliance, CONSULTANT shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall CONSULTANT retaliate against any person for reporting instances of such discrimination. CONSULTANT shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the County's relevant marketplace in Palm Beach County. CONSULTANT understands and agrees that a material violation of this clause shall be considered a material breach of this Contract and may result in termination of this Contract, disqualification or debarment of the company from participating in County contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. CONSULTANT shall include this language in its subcontracts.

6. In all other respects except as specifically modified herein, the original Agreement shall remain in force and effect.

**IN WITNESS WHEREOF**, Palm Beach County, Florida, through its authorized representative, has made and executed this Third Amendment on behalf of the County, and The City of Riviera Beach has hereunto executed same.

| PALM BEACH COUN | NTY, FLORIDA  |
|-----------------|---------------|
| BOARD OF COUNTY | COMMISSIONERS |

THE CITY OF RIVIERA BEACY

Verdenia Baker, County Administrator Jonathan Evans,

City Manager

APPROVED AS TO FORM LEGAL SUFFICIENCY

Assistant County Attorney

WITNESS:

Sign

Printed Name

APPROVED AS TO TERMS AND CONDITIONS

By: School

REVIEWED FOR LEGAL SUFFICIENCY

CITYATTORNEY CITY OF RIVIERA BEACH

DATE

### EXHIBIT "BB-03"

### **SCHEDULE OF PAYMENTS**

The Consultant will prepare and submit monthly invoices to the Public Safety Department by the 22nd day of each month. Invoices must include the Acknowldegement of Services Forms for Client Support Services. Invoices will be reviewed and approved by the County's representative to verify that services have been rendered in conformity with the contract. Approved invoices will then be sent to the Finance Department for payment.

### **BUDGET WORKSHEET**

| A. PERSONNEL  | 1  |            |
|---|----|------------|
|   |    |            |
| SUB-TOTAL PERSONNEL   | \$ |            |
| B. OPERATIONAL EXPENSES - Allowable expenses found in Compensation Chart      |    |            |
| FDC Client Support Services- Florida Dept. of Corrections (10/1/18 - 6/30/19) |    | 15,904.00  |
| * Operating Costs -Ad Valorem- (10/1/2018 - 9/30/2019)                        |    | 4,100.00   |
| FDC Case Management Services- Florida Dept. of Law Enforcement (10/1/18 -     |    | 183,400.00 |
| FDC Case Management Services- Ad Valorem (10/1/18 - 9/30/19)                  |    | 54,474.00  |
| FDC Client Support Services- Ad Valorem (10/1/18 - 9/30/19)                   |    | 23,700.00  |
| SUB-TOTAL OPERATIONAL   | \$ | 281,578.00 |
| C. CAPITAL EXPENDITURES   |    |            |
| SUB-TOTAL CAPITAL   |    | <b>S</b>   |
|   |    |            |
| TOTALS  |    |            |
| A. PERSONNEL: Salaries and Benefits   | \$ | •          |
| B. OPERATIONAL EXPENSES   | \$ | 281,578.00 |
| C. CAPITAL EXPENDITURES   | \$ | -          |
| TOTAL PROJECT BUDGET  | \$ | 281,578.00 |

<sup>\*=</sup> Out of Pocket Expenses referenced in Article 3c

Exhibit <u>M O Page</u> of 2

#### COMPENSATION CHART- Services must be delivered in accordance with the chart below.

| FDC or Jail Case Management Services   | <u>Service</u>  | <u>Rate</u>  | Requirements  |  |  |
|--|---|--|---|--|--|
| These services will include the provision of a caseload of active participants; provide individual case management sessions with all clients at regularly scheduled intervals; develop individual service plans for all clients that identify barriers to successful reentry; document all client contact and progress, including time and date, type of contact, outcome and plan of action; provide or broker services to holistically address clients' needs. |   | \$21.09 per 1/4 hour   | Pre-release: Must be within three (3) years of release; Timesheets will be submitted for reimbursement that document the number of hours worked by each qualified case manager along with spreadsheets documenting services provided by each individual camanager.  |  |  |
| FDC or Jail Client Support Services  | <u> </u>  |  |   |  |  |
| Post-Release Pro-social Events/Activities  | Monthly Events or Activities will be organized by the program administration.   | \$75.00 maximum per<br>participant per<br>event/activity   | Program administration must submit Pre-approval Authorization Form prior to event. Participant must sign acknowledgement form of receipt of event/activity in addition to a sign in sheet. Maximum amount can be increased with approval by Program Coordinator. (Reimburseable by Ad Valorem Funds ONLY) |  |  |
| Post-Release Transportation  | Daily Bus (up to \$5 per day), Monthly Bus (up to \$55 per rmonth) or Tri-Rail Passes (up to \$100) as a one-time cost. | \$55 per participant per<br>month/ \$150 maximum per<br>participant  | Client acknowledgement form showing receipt of bus pass or trial rail pass.   |  |  |
| Post-Release Employment Assistance   | Job related supplies for Department participants (e.g., work boots, clothes, safety glasses, vests and tools)           | \$300 maximum per<br>participant   | Receipt for product along with program client acknowledgement form.   |  |  |
| Post Release Toiletries  | Basic hygiene products g for Department participants  | \$100 maximum per<br>participant   | Receipt for product along with program client acknowledgement form.   |  |  |
| Post-Release Emergency Medical<br>Financial Assistance   | Emergency medication or medical assistance.   | \$500 maximum per<br>participant   | Receipt from medical facility and/or receipt for medication along with client acknowledgement form.   |  |  |
| Pre- or Post-Release Financial<br>Identification Assistance  | Birth certificate, driver license, Florida identification card  | \$250 maximum per<br>participant   | Receipt from identification provider along with client acknowledgement form.  |  |  |
| Post-Release Education Preparation Class   | Academic Instruction to Improve Basic Literacy (GED Instruction)  | \$128 full battery of GED tests. \$32 each GED section/content area \$12 retest per GED section/content area \$30 tuition fee GED Prep | \$195.00 maximum per participant. Client acknowledgement form.  |  |  |
| Post-Release Substance Abuse<br>Assessments  | Assessment used to address severity of problems.  | \$100 max per assessment   | Receipt from provider along with client acknowledgement form.   |  |  |
| Post-Release Substance Abuse Education   | Educational classes designed to address misuse of drugs and alcohol.  | \$300 maximum per<br>participant   |   |  |  |
| Post-Release Mental Health Assessment  | Mental health assessment  | \$300 max per assessment   |   |  |  |
| Post-Release Mental Health Treatment<br>(Individual or Group Sessions)   | Mental Health Treatment (Individual or Group<br>counseling.   | \$1,000 maximum per<br>participant   |   |  |  |
| Post-Release Transitional Housing  | Direct service or referral based.   | \$5,000 maximum per<br>participant   | Provided at a cost of \$25 per day. Max of \$5,000 per participant; need for housing must be in transition plan.  |  |  |
| Pre-& Post-Release Vocational Training   | Vocational job training.  | \$2,000 maximum per<br>participant   | Receipt for course registration and client acknowledgement form   |  |  |
| Operating Expenses   |   |  |   |  |  |
| Operating Costs  | Communications, Travel, Training, Office and Program Supplies and Copier Expenses.                                      | \$4,100 maximum  | Receipts, proof of payment to vendors or indivduals.  |  |  |

# FOURTH AMENDMENT TO CONTRACT FOR EX-OFFENDER JUVENILE REENTRY SERVICES GULFSTREAM GOODWILL INDUSTRIES, INC.

| THIS            | <b>FOURTH</b>   | AMEND           | MENT      | TO       | CON     | TRACT         | FOR       | EX-OFI     | <u>FENDER</u> |
|-----------------|-----------------|-----------------|-----------|----------|---------|---------------|-----------|------------|---------------|
| <b>JUVENILE</b> | REENTRY         | <b>SERVICES</b> | GULF      | STRE     | AM (    | GOODWI        | LL IN     | DUSTRI     | ES, INC.      |
| (hereinafter '  | 'Fourth Ame     | endment") i     | s made a  | as of th | is      | day of        |           |            | 2019, by      |
| and between     | Palm Beach      | County, a 1     | political | subdiv   | vision  | of the St     | ate of F  | Florida, h | ereinafter    |
| referred to as  | the "County"    | and Gulfstr     | eam Goo   | odwill   | Indust  | tries, Inc. a | a not-foi | -profit co | orporation    |
| authorized to   | do business     | in the State    | of Flori  | ida, he  | rein re | eferred to    | as the '  | 'CONSU     | LTANT",       |
| whose Federal   | l I.D. is 59-11 | 97040.          |           |          |         |               |           |            |               |

### WITNESSETH:

**WHEREAS**, the parties, entered into that certain Agreement on October 16, 2018, (R2018-1654) ("Agreement") with an expiration date of September 30, 2019, for an amount not to exceed \$401,319; and

**WHEREAS,** the parties have amended the terms of the contract pursuant to Article 25 of the Agreement by execution of three prior Amendments to Contract for Ex-Offender Juvenile Reentry Services; and

**WHEREAS**, based on spending projections the project budget needs to be decreased by \$32,541 from \$401,319 to \$368,778; and

**WHEREAS**, the parties agree to retroactively amend the Agreement in order to carry out the provisions set forth in this Fourth Amendment.

### **NOW THEREFORE**, the parties hereby agree as follows:

- 1. This Fourth Amendment is effective retroactively as of July 1, 2019.
- 2. "Exhibit B(2)" which is attached hereto and incorporated herein shall hereby replace and supersede all previous references to "Exhibit B(3)" in the Agreement, as amended.
- 3. "Exhibit C(2)" which is attached hereto and incorporated herein shall hereby replace and supersede all previous references to "Exhibit C(3)" in the Agreement, as amended.
- 4. Article 3 PAYMENTS TO CONSULTANT, paragraph "A" of the Agreement designating expenses is hereby amended to replace the not to exceed amount of Four Hundred One Thousand Three Hundred Nineteen Dollars (\$401,319) with Three Hundred Sixty Eight Thousand Seven Hundred Seventy Eight Dollars (\$368,778)
- 5. In all other respects except as specifically modified, herein the original Contract remains in full force and effect.

IN WITNESS WHEREOF, Palm Beach County, Florida, through its authorized representative, has made and executed this Fourth Amendment on behalf of the County, and Gulfstream Goodwill Industries has hereunto executed same.

### PALM BEACH COUNTY, FLORIDA BOARD OF COUNTY COMMISSIONERS

GULFSTREAM GOODWILL INDUSTRIES

Verdenia Baker,
County Administrator

Karen Davidson,

CFO

APPROVED AS TO FORM LEGAL SUFFICIENCY

County Attorney

County Attorney

1

WITNESS:

Printed Name

APPROVED AS TO TERMS AND CONDITIONS

By: Sterrole

### EXHIBIT "B(3)"

### **SCHEDULE OF PAYMENTS**

The Consultant will prepare and submit monthly invoices to the Public Safety Department by the 22nd day of each month. Invoices must include the Acknowldegement of Services Forms for Client Support Services. Invoices will be reviewed and approved by the County's representative to verify that services have been rendered in conformity with the contract. Approved invoices will then be sent to the Finance Department for payment.

### **BUDGET WORKSHEET**

| A. PERSONNEL   |              |
|--|--------------|
|  |              |
|  |              |
|  |              |
| SUB-TOTAL PERSONNEL  | \$-          |
|  |              |
|  |              |
| B. OPERATIONAL EXPENSES - Allowable expenses found in Compensation Chart |              |
| Case Management (YSD County Ad Valorem)                                  | 236,765.00   |
| Case Management (PSD County Ad Valorem)                                  | 19,890.00    |
| Support Services   | 10,928.00    |
| * Operating  | 31,046.00    |
| Choice to Change (Professional Services) Ad Valorem                      | 43,556.00    |
| Choice to Change (Professional Services) FDLE                            | 26,593.00    |
|  |              |
| SUB-TOTAL OPERATIONAL  | 368,778.00   |
|  |              |
| C. CAPITAL EXPENDITURES  |              |
|  |              |
| SUB-TOTAL CAPITAL  | \$-          |
|  |              |
|  |              |
|  |              |
| TOTALS   |              |
| A. PERSONNEL: Salaries and Benefits                                      |              |
| B. OPERATIONAL EXPENSES  | \$368,778.00 |
| C. CAPITAL EXPENDITURES  |              |
|  |              |
| TOTAL PROJECT BUDGET   | \$368,778.00 |

Exhibit  $\underline{\beta(3)}$  Page  $\underline{\hspace{0.1cm}}$  of  $\underline{\hspace{0.1cm}}$ 

<sup>\*=</sup> Out of Pocket Expenses referenced in Article 3c

### COMPENSATION CHART- Services must be delivered in accordance with the chart below. Category Service

| Category  | Service  | RATE   | Requirements  |
|---|--|--|---|
| Pre- or Post-Release Case<br>Management Unit Cost                                 | These services will include the provision of a caseload of active participants; provide individual case management sessions with all participants at regularly scheduled intervals; develop individual service plans for all participants that identify barriers to successful reentry; document all participant contact and progress, including time and date, type of contact, outcome and plan of action; provide or broker services to holistically address participants' needs. | \$15.01 per 1/4 hour   | Pre-release: Must be within three (3) years of release; Timesheets will be submitted for reimbursement that document the number of hours worked by each qualified case manager along with spreadsheets documenting services provided by each individual case manager. |
| Support Services  |  |  |   |
| Category  | <u>Service</u>   | RATE   | Requirements  |
| Post-Release Pro-social<br>Events/Activities                                      | Monthly Events or Activities will be organized by the program administration.  | \$75.00 per participant per event/activity   | Program administration must submit Pre-approval Authorization Form prior to event. Participant must sign acknowledge form of receipt of event/activity. Maximum amount can be increased with approval by Program Coordinator.   |
| Post-Release Program Incentives   | Incentives for successful performance outcomes relating to education, employment and/or completion of program goals.   | \$25 per participant per month   | Monthly incentives are based on the Case Manager's discretion.  |
| Post-Release Transportation   | Daily Bus, Monthly Bus or Tri-Rail Passes and<br>Uber Cards  | \$55 per participant per month/ \$165 maximum per participant  | Client acknowledgement form showing receipt of bus or Tri-<br>Rail pass.  |
| Post-Release Employment Assistance  | Job related supplies for Department participants<br>(e.g., work boots, clothes, safety glasses, vests<br>and tools)  | \$300 maximum per participant  | Receipt for product along with program client acknowledgement form.   |
| Post Release Toiletries/Personal Care   | Basic hygiene products and/or grooming needs/services  | \$200 maximum per participant  | Receipt for product along with program client acknowledgement form.   |
| Post-Release Emergency Medical<br>Financial Assistance                            | Emergency medication or medical assistance.  | \$500 maximum per participant  | Receipt from medical facility and/or receipt for medication.  |
| Post-Release Identification Assistance  | Birth certificate, driver permit/license, pre-<br>license requirement classes, and/or Florida<br>identification card   | \$250 maximum per participant  | Receipt from identification provider.   |
| Post-Release Education Services   | Academic Instruction to Improve Basic Literacy<br>(GED Instruction)  | \$128 full battery of GED tests.<br>\$32 each GED section<br>\$12 retest per GED content area<br>\$30 tuition fee GED Prep | \$195.00 maximum per participant.   |
| Post-Release Substance Abuse<br>Assessments                                       | Assessment used to address severity of problems.   | \$80 per assessment  |   |
| Post-Release Substance Abuse<br>Education   | Educational classes designed to address misuse of drugs and alcohol.   | \$300 maximum per participant  |   |
| Post-Release Mental Health<br>Assessment  | Mental health assessment   | \$300 per assessment   | Sign-in sheet signed by the participant.  |
| Post-Release Mental Health Treatment<br>(Individual or Group Sessions)            | Mental Health Treatment (Individual or Group counseling.   | \$300 maximum per participant  |   |
| Post-Release Transitional Housing<br>(applies to Youthful Offender<br>population) | Direct service or referral based.  | \$5,000 maximum per participant  | Provided at a cost of \$25 per day. Max of \$5,000 per participant; need for housing must be in transition plan; Maximum amount may be increased with pre-approval by the Department's Contract Manager, or designee.   |
| Pre- or Post-Release Employment Workshop  | Facilitation of Workplace Conflict, Job Retention<br>Techniques and Job Search Best Practices  | \$25 per participant   | Maximum of 15 participants per group. The sign-in sheet must be provided.   |
| Pre-& Post-Release Vocational<br>Training   | Vocational job training.   | \$2,000 maximum per participant  | Receipt for course registration and client acknowledgement form   |
| Operating Expenses Operating Costs  | Communications, travel, training, office and program supplies, and copier expenses   | Not to exceed \$31,046   | Receipts, proof of payment to vendors or individuals  |

Exhibit  $\underline{\mathfrak{h}(3)}$  Page  $\underline{\bigcirc}$  of  $\underline{\bigcirc}$ 

# Palm Beach County Back To A Future (BTAF) Ex-Offender Reentry



### **Policy and Procedure Guide**

(Amended November 1, 2018)



| Exhibit | (ED | Page | APPENDING AND SALE | of | BURNES |
|---------|-----|------|--------------------|----|--------|
|---------|-----|------|--------------------|----|--------|

### **GENERAL BACKGROUND**

Palm Beach County, Florida (PBC); in collaboration with The Florida Department of Juvenile Justice (DJJ), The Florida Department of Corrections (FDC), the Palm Beach County Sheriff's Office (PBSO) and Community-based Service Providers (CSPs) facilitate the successful reintegration of youth returning to Palm Beach County. In September 2011, the Palm Beach County received a grant from the Office of Justice Programs for the explicit purpose of developing a Juvenile Reentry Strategic Plan. Six Fundamental Principles of Evidence-based Reentry for incorporation into the development of the subcommittee priority goals and ultimately, the strategic plan. The Principles are:

- 1. Objectively assess criminogenic risk and needs
- 2. Engage in practice that enhances intrinsic motivation in offenders
- 3. Target "Moderate to Higher-risk" offenders
- 4. Address offender's greatest criminogenic needs [risk factors]
- 5. Use cognitive-behavioral interventions
- 6. Determine dosage and intensity of services

Agencies from the Juvenile Justice and Social Services systems collaborate to design a client-centered, trauma-informed reentry planning process using traditional and nontraditional resources driven by an evidence-based assessment tool, focusing on an individualized transition plan from the time of the youth's commitment through the period of incarceration, to the period of transition, reintegration, and aftercare in the community.

Every youth released from an-out-of-home placement to Palm Beach County, will (1) have linkage to services, (2) have developed skills and trainings, and (3) have supports and resources for family reunification, health, behavioral health, employment and basic needs to succeed in the community to reduce recidivism and promote public safety.

A case management system, RENEW, was developed to ensure offender risk and criminogenic needs are identified and addressed in an effort to lower risk and reduce recidivism and victimization. This system is intended to focus the majority of resources on moderate and high-risk offenders and shall include the following elements: on-going risk and needs assessment, responsivity, case planning, case plan follow-up and documentation, transfer of records, staff training and quality assurance.

This policy and procedure guide is intended to define roles, tasks and referral processes related to the reentry project to develop a clear transition path for each returning youth. To be eligible for services, individuals must have been convicted in Palm Beach County.

Exhibit (13) Page 2 of 1

### **PROGRAM OPERATIONS**

### I. PROGRAM ENTRY

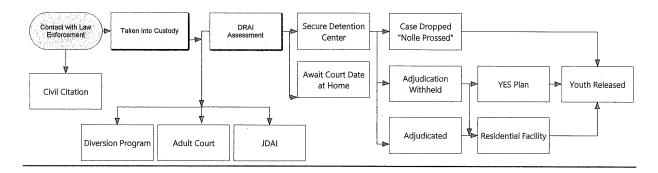
The Back to A Future Initiative (BTAF) provides Palm Beach County's juvenile reentry services. BTAF includes the delivery of a variety of evidence-based, cognitive, behavioral and social learning service. The process beings pre-release and continues post release to ensure a successful transition from residential facilities back to the community. The BTAF Initiative utilizes three entry points that have varying levels of pre-release services (once released, the clients are eligible for identical levels of post-release services):

Entry Point 1- The Department of Juvenile Justice (DJJ) - Youth will undergo Adjudicatory hearing (non-jury trial). Youth must appear before a judge who will determine outcomes and sanctions. Following youth being "adjudicated" then a judge has ruled that your child committed a delinquent act or violation of law and is therefore adjudicated delinquent. Youth is placed in residential facility following adjudication. BTAF Program eligibility will be determined after youth has been committed, all eligible participants will be entered into the County's RENEW system. The assigned BTAF Master Level Case Manager will participate in a Transition Conference Call 60 days pre-release to discuss youth's residency and post-release services. As youth transitions back into the community, services will start with the BTAF Community-Based Service Provider Reentry Team.

\*Upon referral through the RENEW system, contracted Community-Based Service Provider (CSP) will have at least one pre-release contact via Transition Conference Call while youth is in a residential commitment program prior to release date. All documentation and assessments will be uploaded into the RENEW System within Five (5) calendar days following Transition Conference Call.

Post-Release, the assigned BTAF Case Manager will meet with youth within three (3) calendar days of release to begin intake and review Transition Plan. The Case Manager will conduct an intake team meeting with youth and family. All forms (see attachments #1 and #2) are completed and signed including BTAF Consent Form. After reviewing the Transition Plan with youth and parents, the BTAF Case Manager sends out any additional referrals to the various providers. Services for youth should start immediately after release. When appropriate, youth should be in an educational setting within 5 days of release. Transition Plans will be updated based on progress and must be reviewed with youth and all notes documented into RENEW. If the youth does not make measurable progress in achieving the objectives, they must be modified or reviewed with the Clinical Team Leader to determine what further action is necessary.





The following information outlines the reentry process for youth returning home from a Department of Juvenile Justice residential commitment program.

Entry Point 2- (Youthful Offender) FDC State Prisons-PBC provides linkage to community reentry service providers through FDC facilities. PBC provides linkage to BTAF Program through the Florida Department of Corrections (FDC) Bureau of Research & Data Analysis after an electronic report is generated. Medium and high-risk inmates identified as returning to PBC from the FDC will be referred to the Youthful Offender Program 6-12 months prior to their release. While incarcerated, Case Managers will contact the family/caregiver to inform of services. The Public Safety Staff will generate an electronic referral through RENEW. Reentry services and reentry programs are presented to the exoffender. The youth is assigned a Case Manager from a CSP through the RENEW system. Post-release staff will determine risk and job readiness levels.

\*Upon referral through the RENEW system, contracted CSPs will have 15 calendar days to contact the inmate's classification officer and family contact listed in RENEW in order to set up an intake appointment and interview the client. All contacts must be documented in RENEW. The CSP must make at least three documented attempts at contact prior to the client's release date.

Entry Point 3- Local Palm Beach County Jail- The PBC Jail provides linkage to CSPs through RESTORE. Community-based service providers establish a pre-release relationship, create a transition plan with county-sentenced inmates and meet the ex-offenders the day of their release and begin post-release services. The Program Design is as follows: RESTORE Initiative representatives work with the inmates to develop an individualized transition plan using validated assessments. Based on identified needs, the participants complete educational, vocational, substance abuse treatment and various life skills programming prior to release, including linkage to the post-release services via reentry service providers and case managers. The project design shifts the model from pre-release employees to a community-based organization for the delivery of post-release services. County sentenced inmates identified by PBSO as returning to PBC are approached by pre-release reentry staff and presented with the opportunity to participate in reentry programs. If they are interested, PBSO staff will generate an electronic referral through the RENEW system. The project design shifts the model from pre-release employees to the CSPs for



the delivery of post-release services. Pre-release staff determine risk and job readiness levels.

\*Upon referral through the RENEW system, contracted CSPs will have 15 calendar days to contact PBSOs reentry staff in order to set up an intake appointment and interview the client. The appointment should be documented in RENEW.

<u>Entry Point 4- Walk-in Clients-</u> Ex-Offenders can also access RESTORE Initiative services by contacting any of the CSPs, directly.

\*CSPs must be enter walk-in clients into the RENEW system within 3 business days of the intake meeting.

#### II. PROGRAM ENROLLMENT

- 1) Upon enrollment, all clients will:
  - complete a Release of Information and Participant Agreement Form (Attachment #1)
  - be made aware of the grievance process (Grievance Form -Attachment #2)
- 2) All post-release forms and assessments will be completed and uploaded into the RENEW System within 7 calendar days of the client's intake/enrollment date:
  - Release of Information and Participant Agreement Form
  - LSIR Assessment
  - Job Readiness Assessment, if applicable
  - Post-Release Assessment
- 3) Case Managers will determine risk to recidivate using the full LSI-r and will classify clients as Low, Moderate or High risk within the first 5 calendar days of the client's enrollment date. Low risk clients are only eligible for programming with approval by County reentry staff.

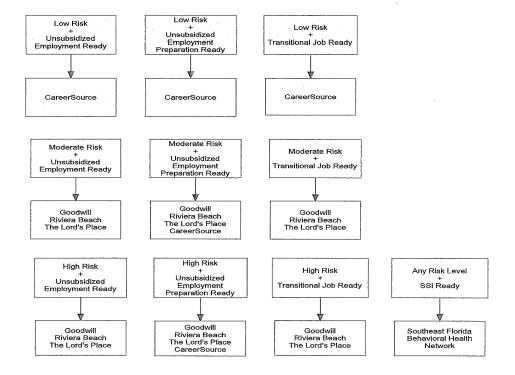
| Risk         | LSI-r Score | Eligible      |
|--------------|-------------|---------------|
| Low          | 0-13        | With Approval |
| Low/Moderate | 14-23       | Yes           |
| Moderate     | 24-33       | Yes           |
| Medium/High  | 34-40       | Yes           |
| High         | 41-47       | Yes           |

4) All reentry partners will determine job readiness status using the job-readiness checklist tool within the first 5 calendar days of the client's enrollment date.

Exhibit (3) Page 5 of 1

- 5) Once a client is enrolled and assigned a case manager, CSP will have 10 calendar days to enter a post-release transition plan in RENEW. CSP will have a minimum of two documented client contacts (face to face or on the telephone) per month in order for the client to be considered enrolled and active.
- 6) CSP Case Management services will include a Cognitive-Based Intervention such as Moral Reconation Therapy (MRT), Motivational Interviewing (MI), Satori Alternatives to Managing Aggression, Aggression Replacement Training, Cultural Competency and Trauma Informed Care and can also include the following, if applicable:
  - Transitional Housing (Youthful Offender Only)- Provide Descriptions for each
  - Bus Passes, Tri-Rail Passes, and Uber Cards
  - Vocational Training and Certification
  - Identification Assistance
  - Family Reunification Counseling and Events
  - Educational Advocacy All participants are referred for education assistance. Based on the transition meeting, EEP, PACT and LSI-r assessments participants' educational needs are identified. The School District's DJJ Transition Liaison and the BTAF Case Manager work together to develop an education plan for youth. When appropriate, participants are placed into an educational setting within 5 days of release.
  - Support Groups/Life Skills Course
  - Clothes/Toiletries/Grooming Needs
  - Tattoo Removal
  - Prosocial Activities/Events
  - Incentive Recognition
  - Referral to Substance Abuse and Mental Health Treatment Services
  - Referral to Community Service and/or Restitution Services (Choice-to-Change)
- 7) Case managers will document all post-release services in RENEW. Each available service in the transition plan will be left blank (N/A) or marked as Needed, Current Goal or Completed with Case Manger based on progress pertaining to that goal. Each expense will also be tracked in RENEW when documenting client contact.
- 8) Participants will acknowledge ALL support services with a signature on the Client Acknowledge Form (Attachement #3). Agencies will not be reimbursed for a service if there is no client acknowledgement form attached with their invoice.
- 9) Transition Plan progress must be reviewed with the youth with progress notes documented. The case plan shall be revised or updated as circumstances dictate or as the client accomplishes the objective. If the offender does not make measurable progress in achieving the objectives, they must be modified or reviewed with a supervisor to determine what further action is necessary. As case plans are updated the offender shall agree to any changes.
- 10) Targeted Employment Services (Youthful Offender) Clients are referred through RENEW in the following manner for *targeted employment services*:

| Exhibit ((3) | Page | () | of |  |
|--------------|------|----|----|--|
|--------------|------|----|----|--|



### 11) POST RELEASE DOCUMENTATION IN RENEW

Case managers will document all post release contacts, employment status, changes in employment status, reentry services and service hours in RENEW under the Services Provided Tab. Upon three (3) DOCUMENTED *Unsuccessful* attempts at contact within three (3) months, the client case will be closed and the Case Manager with update the RENEW Detail Tab.

12) A client is considered successful when they have completed 75% of their goals. The post-release case manager will reassess using the LSI-r and change the following fields in RENEW on the DETAIL tab for the SUCCESSFUL completion.

### REQUIREMENTS BY FUNDING SOURCE

- 1) If the Program receives funding from the Department of Justice (DOJ) the program must adhere to the Federal requirements and standard conditions delivered to the County upon award.
- 2) If the Program receives funding from the Florida Department of Law Enforcement (FDLE) the program must adhere to the State and Federal requirements and standard conditions delivered to the County upon award.
- 3) If the Program receives funding from the Florida Department of Corrections (Youthful Offender) the program must adhere to the requirements outlined in the purchase order with the County.



#### II. PROGRAM COMPLETION

### Successful Completion:

- 1. 75% of the goals outlined in the Transition Plan are "complete"
- 2. Youth is 90 days into stable employment and/or education

### <u>Unsuccessful Completion:</u>

- 1. Refusal of services- after refusal BTAF staff/providers will reach out two more times within a 3-month window.
- 2. Relocated without completing transition goals.
- 3. Re-commitment/sentence that results in jail/prison time.
  - Each month the BTAF Program Manager will run a re-arrest check by using the JJIS system, PBSO booking blotter and Clerks site. The BTAF Program Manager will track each arrest for case disposition. This data is used to determine the recidivism rate.
- 4. Lack of participation- after 4 attempts to engage, participant will be considered unsuccessful.

\*if participant is re-arrested (and detained) and pending sentencing, Case Manager will keep youth enrolled unless the time exceeds 30 days.

### Tracking after completion:

After completion, the BTAF Transition Specialist will follow up biannually and document in RENEW (up to 1 year).

### **Closing Participants:**

Once Case Manager determines that participant is close to successfully completing the program, he/she will begin an exit plan with the youth. This exit plan will include:

- 1. Providing a copy of the Juvenile Reentry Resource guide to the youth.
- 2. Identifying (when possible) one mentor/adult that will assist participant after program completion. If possible, have a meeting with the mentor and participant to discuss any outstanding goals and future plans.
- 3. Scheduling participant for graduation.

| Exhibit | (3) | Page | 3 | of |  |
|---------|-----|------|---|----|--|
|---------|-----|------|---|----|--|

Exhibit ((3) Page \_\_\_ of \_\_\_\_

### ATTACHMENT #1

Release of Information and Participant Agreement Form

### **CLIENT RELEASE OF INFORMATION**

| I, have agreed to voluntarily participate and seek reentry transitional services through RESTORE, the Regional and State Transitional Offender Reentry Initiative.   |
|--|
| I am aware that I will be assisted by in developing an individualized transition service plan.   |
| consent to have my personal information and service plan information entered into an internally run database that is shared among the Palm Beach County Reentry Network. Services received will be shared with County funding agencies. Personal information will only be used in the aggregate for purposes of showing programmatic results and overall program statistics. |
| I, am aware that signing this agreement will better assure me an opportunity of obtaining reentry assistance however it is not a guarantee of eligibility for community-based agency services.   |
| InitialI agree to work with Staff in assisting me with my release plans in a positive way.   |
| I will take part in the programs necessary for my successful return to the community.  |
| I will ask for help with any problem that I may face during this process.  |
| I accept the responsibility for my own actions, and I can change by making better choices for myself.  |
| I understand that if I have a grievance with personnel, this agency or services that I can complete a grievance form and my concern will be heard.   |
| Applicant's Signature:   |
| Date:  |
|  |
| Witness Name and Title:  |
| Date:  |
|  |
| RESTORE Release of Information and Participation Agreement Form  |

### Attachment #2 Client Grievance Form

This form should only be used when you feel you were not treated with courtesy, consideration and respect by an agency staff member.

| NO RETALIATION WILL BE TAKEN AGAINST YOU FOR FILING THE THE GRIEVANCE PROCEDURE.  | IS COMPLAINT OR PROCEEDING WITH          |
|---|--|
| Name:   |  |
| Address:  |  |
| Phone number or email contact:  |  |
| The questions below are to be answered by the person making the cknowledge and consent of the person making the complaint.  | complaint or by a person acting with the |
| 1. What was the date of the incident?   |  |
| 2. Against whom is your complaint made? Please provide the  | name and work address of the person.     |
|   |  |
| 3. State the incident that prompted this grievance.   |  |
|   |  |
| Signature of participant filing grievance:  |  |
| Signature of person completing the form:(If someone other than the one filing the grievance)  |  |
| Date Form Completed:  |  |
| Please either mail or email this form to: Chenise Bonilla, 301 Nort Palm Beach, Florida 33401 <a href="mailto:cbonilla@pbcgov.org">cbonilla@pbcgov.org</a> or call 561-355-23 |  |
| Exh   | ibit ((3) Page 10 of 1                   |

### Attachment #3 Client Acknowledgement Form

| Agency:                                  |             |   |
|--|-------------|---|
| Address:                                 |             |   |
| Telephone:                               |             |   |
| Case Manager Name:                       |             |   |
| Date of Service:                         |             |   |
| Name of Participant:                     |             |   |
| RENEW# DC#                               | MJ#         |   |
| Client Support Services                  |             |   |
| Transportation (Bus/Tri-Rail Pass) #     | Amount: \$  |   |
| Post-Release Employment Assistance       | Amount: \$_ |   |
| Post-Release Toiletries/Clothes/Grooming | Amount: \$  | 5 |
| Medical Financial Assistance             | Amount: \$  |   |
| Financial Identification Assistance      | Amount: \$  |   |
| Education Preparation Class              | Amount: \$  | 5 |
| Substance Abuse Education                | Amount: \$_ |   |
| Substance Abuse Assessments              | Amount: \$  |   |
| Mental Health Assessment                 | Amount: \$  |   |
| Mental Health Treatment                  | Amount: \$  |   |
| Transitional Housing                     |             |   |
| Vocational Training                      | Amount: \$  |   |
| Prosocial Activities/Events              | Amount: \$  |   |
| Incentive Recognition                    | Amount: \$  |   |
| Other- Ad Valorem only with approval     | Amount: \$  |   |
|  |             |   |
| Participant Signature                    | Date:       |   |
| Case Manager's Signature                 | Date        |   |

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|-------------|------|----|----|----|
|-------------|------|----|----|----|