

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>
Personal Services					
Operating Expenses	\$145,454	\$54,546			
Capital Outlay					
Grants and Aids					
External Revenues	(\$145,454)	(\$54,546)			
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	\$0	\$0	\$0	\$0	\$0
# ADDITIONAL FTE POSITIONS (Cumulative)	0	0	0	0	0

Is Item Included In Current Budget? Yes X No
 Is this item using Federal Funds? Yes No X
 Is this item using State Funds? Yes No X

Budget Account Exp No: Fund 1513 Department 762 Unit 7722 Object 3401
 Rev No: Fund 1513 Department 762 Unit 7722 RevSc 6694

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Fund: MacArthur Foundation's Safety and Justice Challenge \$1.4M
 Unit: MacArthur Foundation \$1.4M FY20-FY21
 Grant: MacArthur Foundation's Safety and Justice Challenge \$1.4M

Departmental Fiscal Review:  Digitally signed by Marianela Diaz
 DN: DC=org, DC=pbogov, OU=Enterprise, OU=PSD, OU=Users, CN=Marianela Diaz, E=MDiaz@pbogov.org
 Date: 2024.01.17 15:32:10-0500

III. REVIEW COMMENTS

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

ADWAL 2/8/24 *Brendi Mack*
 OFMB QA 217 v.s. Contract Administration
 AMF 217 02.07 TRM 2/9/24

B. Legal Sufficiency:

Delene C. King 2-14-24
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

ATTACHMENT 1

**THIRD AMENDMENT TO
CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES**

THIS THIRD AMENDMENT is dated the 21st day of December 2023, 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 “Consultant,”) whose FEIN ID is 27-1871869.

WITNESSETH:

WHEREAS, on September 13, 2022 the County, through its Criminal Justice Commission (CJC), and Consultant entered into Contract for the Frequent Utilizer – “Next Steps” pilot project (R2022-0988) (the Contract), which provided for a one-year contract term; and

WHEREAS, the County and Consultant entered into a First Amendment on September 13, 2023, which extended the term of the Contract to November 13, 2023; and

WHEREAS, the County and Consultant entered into a Second Amendment on November 13, 2023, which extended the term of the Contract to January 13, 2024; and

WHEREAS, the County and Consultant desire to extend the term of the Contract by eleven months to December 13, 2024; and

WHEREAS, on March 9, 2023, the CJC was awarded additional funding by the John D. and Catherine T. MacArthur Foundation pursuant to a renewal sustainability grant application that includes additional funding for the Consultant to continue the work as provided in the original Contract; and

WHEREAS, the County and Consultant have agreed to amend this Contract to include the additional funding as provided for in the renewal grant.

NOW THEREFORE, the parties mutually agree that the Contract is amended as follows:

- I. The first paragraph of **ARTICLE 2 - SCHEDULE** is hereby amended to read as follows:

The CONSULTANT shall commence services on September 13, 2022, and complete all

services by December 13, 2024.

II. Paragraph A of **ARTICLE 3 – PAYMENTS TO CONSULTANT** of the Contract is hereby amended to read as follows:

A. The total amount to be paid by the COUNTY under this Contract for all services and materials including, if applicable, "out of pocket" expenses (specified in paragraph C below) shall not exceed a total contract amount of Four Hundred Fifty Thousand Dollars (\$450,000). The CONSULTANT shall notify the COUNTY'S representative in writing when 90% of the "not to exceed amount" has been reached. The CONSULTANT will bill the COUNTY on a monthly basis, or as otherwise provided, at the amounts set forth in Exhibit B-2 for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

III. The first sentence of **EXHIBIT A** of the Agreement is hereby amended to read as follows:

Term: September 13, 2022, through December 13, 2024.

Participants Served: A minimum of 60 unduplicated participants will be provided services under this agreement.

IV. The following paragraph "T" is added to **EXHIBIT A** under **Program Description:**

T. The Certified Recovery Peer Specialist will make contact with each client in the program on a weekly basis and document these contacts in the case management system.

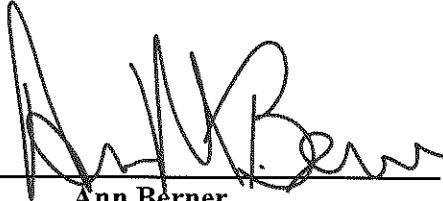
V. **EXHIBIT B-1, including Form 1, Form 2, and Form 3** to the Contract, is replaced in its entirety with **EXHIBIT B-2, Form 1**, attached hereto and incorporated herein by reference.

VI. All other provisions of the Contract not in conflict with this Third Amendment remain in full force and effect.

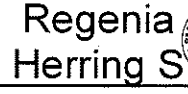
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IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida, has made and executed this Third Amendment on behalf of the County, and the Southeast Florida Behavioral Network, Inc. (Consultant) has hereunto set its hand the day and year above written.


SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

By: 
Ann Berner
Chief Executive Officer


**PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
BY REGENIA HERRING, EXECUTIVE DIRECTOR OF THE CRIMINAL JUSTICE COMMISSION**

By: 
Regenia Herring
Executive Director
Criminal Justice Commission

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: 
Helene C. Hvizd
Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS

By: 
Katherine Shover
Criminal Justice Systems Manager
Criminal Justice Commission

SCHEDULE OF PAYMENTS

Payments to the Consultant will be made on a monthly basis. Consultant will send an invoice to the County's Representative by the 5th of the month following the end of each month through the term of the contract. Consultant will complete all pages of Exhibit B-2, Form 1, and provide to the County on a monthly basis, attaching records that document all requested expense reimbursements, including, but not limited to, proof of personnel expenses such as timesheets, pay stubs, and other documentation that shows evidence of hours worked in the performance of the Scope of Services as described in this Agreement. In addition to, activity logs or monthly reports, receipts of travel, receipts of operating expenses, and receipts of other program costs.

BUDGET and DELIVERABLES

Budget Line Item	Contract Amount
Salary & Benefits	\$268,000.00
Fringe Benefits	\$59,157.64
Operating Expenses	\$9,788.03
Other Program Costs	\$50,727.65
Provider Administrative Costs	\$11,486.68
SEFBHN Administrative Costs	\$50,840.00
TOTAL	\$450,000.00

Deliverable(s) Required:

Deliverables shall be defined as the monthly compliance report and monthly reimbursement request form.



Monthly Reimbursement Request Form

Month _____	Year _____
Project Name:	Safety & Justice Challenge "Next Steps" Pilot Project
Contractor Information:	
Name:	
Address:	
Telephone:	
Contact Person & Telephone:	
Items to be Reimbursed <i>(please attach all supporting documentation)</i>	
Salary & Benefits	\$
Fringe Benefits	\$
Operating Expenses	\$
Other Program Costs	\$
Administrative	\$
Total	\$

Certification: I certify that all information requested above is in accordance with the signed contract, and that all required backup documentation is attached.

Consultant's Authorized Signature

Date



Monthly Compliance Report

Project Name: Safety & Justice Challenge “Next Steps” Pilot Project

Month _____ Year _____ :

Date of Initial JRN Engagement	Jacket Number	Score of GAIN-SS	Date of Initial engagement with CM	How many engagements with CM?	Date of initial engagement with Peer Support	How many engagements with Peer Support?	Referrals for Participant	Any additional arrests after intake?	Is the client taking part in Medication Management?	Was the client linked to a PCP?	Is participant still engaged with CM?

Inmate ID Number	Race	Gender	Age	Intake Date	Intake Location	Status	Enrollment Date	Services Provided	Discharged Date	Discharge Type	Number of Participants	Number of Active Participants	Zip Code	Notes	Recidivism (# of Rearrests)

Please report your outcomes achieved for this month.

Target: 36 of 60 (60%) Participants will not recidivate while receiving program services within 12 months of program enrollment.

Actual for the month: ___ of ___ (___ %) Total number served this month:

Target: 31 of 60 (51%) Participant will have access to substance use treatment/services.

Actual for the month: ___ of ___ (___ %) Total number served this month:

Target: 31 of 60 (51%) Participant will have access to mental health support services.

Actual for the month: ___ of ___ (___ %) Total number served this month:

Target: 60 of 60 (100%) Participants will be referred to supportive services.

Actual for the month: ___ of ___ (___ %) Total number served this month:

Target: 60 of 60 (100%) Participant will complete a recovery care plan.

Actual for the month: ___ of ___ (___ %) Total number served this month:

Target: 60 of 60 (100%) Participant will complete a GAIN-SS assessment at program intake.

Actual for the month: ___ of ___ (___ %) Total number served this month:

Target: 36 of 60 (60%) Participant will be reassessed with an improved score on the GAIN-SS assessment at 6 months and then at completion of the program.

Actual for the month: ___ of ___ (___ %) Total number served this month:

Actual for the month with improved scores: ___ of ___ (___ %) Total number served this month:

Please list any program-specific challenges your agency experienced during this reporting period: