**Agenda Item #: 3E-1**

**PALM BEACH COUNTY**
**BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

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**Meeting Date: September 1, 2026** [X] Consent [ ] Regular
[ ] Ordinance [ ] Public

**Hearing**
**Department**
**Submitted By:** Community Services
**Submitted For:** Financially Assisted Agencies

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## I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** a retroactive First Amendment to the Agreement (R2025-1535) for Provision of Financial Assistance with Wayside House, Inc. (WH), for the period October 1, 2025 through September 30, 2028, in the amount of $1,519,944, to update certain Articles in the Agreement and to combine Case Management/Care Coordination and Peer Recovery Support Services within the Partial Hospitalization Program and reduce funding for aftercare Peer Recovery Support Services for Palm Beach County residents.

**Summary:** The First Amendment to the Financially Assisted Agencies (FAA) Agreement with WH is necessary to combine Case Management/Care Coordination program services and Peer Recovery Support Services within the Partial Hospitalization Program and reduce funding for aftercare Peer Recovery Support Services Program. The Amendment is necessary to continue the services currently in place. Funded organizations are monitored by the Community Services Department (CSD) to ensure both programmatic and fiscal accountability. Countywide (RS)

**Background and Justification:** To address human service needs, the County augments its own service delivery through funding for programs and services provided by community-based nonprofit agencies. The FAA Program, established in the early 1980s, is a vital component of the federal, state, and local funding sources that support the County's system of care.

The Board of County Commissioners (BCC) has directed staff to pursue data-driven, evidence-based programming and outcome measures to ensure meaningful and effective changes in the lives of community members. In alignment with this direction, FAA behavioral health providers serving individuals with substance use disorders will begin implementing the Recovery Capital Index® (RCI®) in Fiscal Year 2022. The RCI® measures overall recovery wellness and provides a tool to monitor long-term recovery outcomes. Funded organizations are closely monitored by the CSD to ensure both programmatic and fiscal accountability.

**Attachments:**
1. First Amendment to the Agreement for Provision of Financial Assistance with WH

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**Recommended By:** _____ 7/28/26
**Department Director** **Date**

**Approved By:** _____ 8/7/26
**Deputy County Administrator** **Date**

## II. FISCAL IMPACT ANALYSIS

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

| Fiscal Years | 2026 | 2027 | 2028 | 2029 | 2030 |
|---|---|---|---|---|---|
| Capital Expenditures | | | | | |
| Operating Costs | | | | | |
| External Revenue | | | | | |
| Program Income | | | | | |
| In-Kind Match (County) | | | | | |
| NET FISCAL IMPACT | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| # ADDITIONAL FTE POSITIONS (Cumulative) | | | | | |

**Is Item Included in Current Budget?** Yes X No ___
**Does this item include the use of Federal funds?** Yes ___ No X
**Does this item include the use of State funds?** Yes ___ No X

**Budget Account No.:**
**Fund:** ___ **Dept:**___ **Unit:** ___ **Object:** ___ **Program Code:**___ **Program Period:**___

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**
There is no fiscal impact related to this item.

**C. Departmental Fiscal Review:** _____
Julie Dowe, Director, Financial & Support Services

## III. REVIEW COMMENTS

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

8/3/26
OFMB QS 8/3/24 8/3/26

7/4/24
Contract Development and Control
ZG 8.4.26

**B. Legal Sufficiency:**

8/4/26
Assistant County Attorney

**C. Other Department Review:**

_____
Department Director

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

**FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF FINANCIAL ASSISTANCE**

THIS FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF FINANCIAL ASSISTANCE dated October 21, 2025, is made on this 1st day of September, 2026, 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 **Wayside House, 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 **59-1590644**.

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

**WHEREAS,** on October 21, 2025, the above-named parties entered into an Agreement for Provision of Financial Assistance (R2025-1535) for the provision of Case Management/Care Coordination, Peer Recovery Support Services and Partial Hospitalization Program (PHP) (Day/Night) in Palm Beach County (County) (the Agreement). The Agreement was for an amount not to exceed $1,519,944 to provide certain services under the Behavioral Health/Substance Use Disorders service category; and

**WHEREAS,** the need exists to amend the Agreement to update the Articles listed below.

**NOW THEREFORE,** the COUNTY and the AGENCY mutually agree that the Agreement entered into on October 21, 2025, is hereby amended as follows:

I. The foregoing recitals are true and correct and incorporated herein by reference and made a part of the parties' Agreement.

II. The second and third paragraphs in **ARTICLE 4 PAYMENTS TO AGENCY** are amended to read as follows:

The AGENCY will bill the COUNTY on a monthly basis, or as otherwise provided, at the amounts set forth in **EXHIBIT B-1** 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.

The program and unit cost definitions for this Agreement year are set forth in **EXHIBIT B-1**. All requests for payments of this Agreement shall include an original cover memo on AGENCY letterhead signed by the Chief Executive Officer, Chief Financial Officer, or their designee.

III. The fifth paragraph in **ARTICLE 4 PAYMENTS TO AGENCY** is amended to read as follows:

Payment of invoices shall be contingent on timely receipt of all required reports. Invoices received from the AGENCY pursuant to this Agreement will be submitted through the Services

and Activities Management Information System (SAMIS) website, reviewed and approved by the COUNTY'S representative, to verify that services have been rendered in conformity with the Agreement. Approved invoices will then be sent to the Finance Department for payment. Invoices will normally be paid within forty-five (45) days following the COUNTY representative's approval. Any payment due by COUNTY under the terms of this Agreement shall be withheld until all reports due from the AGENCY and necessary adjustments have been approved by the COUNTY. In the event that the AGENCY has drawn down all possible funds prior to the end of the contract period and does not comply with all reporting requirements, the COUNTY will take this into consideration during the next funding year.

IV. The second paragraph of **ARTICLE 14 NONDISCRIMINATION** is amended to read as follows:

As a condition of entering into this Agreement, the AGENCY represents and warrants that it will comply with the COUNTY'S Commercial Nondiscrimination Policy as described in Resolution R2025-0748, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY 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 discrimination.

V. **Section B** of **ARTICLE 34 SCRUTINIZED COMPANIES** is amended to read as follows:

B. When contract value is greater than $1 million: As provided in section 287.135, Florida Statutes, by entering into this Agreement or performing any work in furtherance hereof, the AGENCY certifies that it, its affiliates, suppliers, and subagencies who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities in The Iran Terrorism Sectors List created pursuant to section 215.473, Florida Statutes or is engaged in business operations in Cuba or Syria. Pursuant to section 287.135(3)(a), Florida Statutes, as may be amended, if AGENCY is found to have been placed on the Scrutinized Companies with Activities in Sudan List, or been engaged in business operations in Cuba or Syria, or has been placed on a list created pursuant to section 215.473, Florida Statutes, relating to scrutinized active business operations in Iran, this Agreement may be terminated at the option of the COUNTY.

VI. The last paragraph of **ARTICLE 35 PUBLIC RECORDS** is amended to read as follows:

**IF THE AGENCY HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE AGENCY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, PLEASE CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT RECORDS REQUEST,**

**PALM BEACH COUNTY PUBLIC AFFAIRS DEPARTMENT, 301 N. OLIVE AVENUE, WEST PALM BEACH, FL 33401, BY E-MAIL AT RECORDSREQUEST@PBCGOV.ORG OR BY TELEPHONE AT 561- 355-6680.**

VII. **ARTICLE 41 DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN** is amended to read as follows:

Pursuant to section 286.101, Florida Statutes, as may be amended, by entering into this Agreement or performing any work in furtherance thereof, the AGENCY certifies that it has disclosed any current or prior interest of, any contract with, or any grant or gift received from a foreign country of concern where such interest, contract, or grant or gift has a value of $50,000 or more and such interest existed at any time or such contract or grant or gift was received or in force at any time during the previous five (5) years.

VIII. New **ARTICLE 43 DIGITAL ACCESSIBILITY COMPLIANCE** is added to the Agreement to read as follows:

AGENCY acknowledges that the COUNTY is a public entity subject to Title II of the Americans with Disabilities Act (ADA) and applicable federal accessibility regulations. AGENCY represents and warrants that all websites, web-based applications, digital services, electronic documents, multimedia, and other electronic content created, developed, provided, submitted, maintained, or delivered under this Agreement that may be electronically displayed, accessed, distributed, or made available to the public by the COUNTY shall conform to the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA, or any successor standard adopted by the U.S. Department of Justice.

All electronic documents submitted to the COUNTY, including but not limited to PDFs, reports, forms, presentations, and public-facing materials, shall be provided in an accessible format compliant with the applicable accessibility standard at the time of delivery. AGENCY shall ensure that any updates, revisions, or modifications to such digital content remain compliant throughout the term of this Agreement. Upon request, AGENCY shall provide documentation reasonably demonstrating accessibility compliance. If any deliverable is determined by the COUNTY to be noncompliant, AGENCY shall promptly remediate the noncompliance at no additional cost to the COUNTY and within a timeframe specified by the COUNTY. AGENCY shall ensure that any third-party digital content or platforms used in performance of this Agreement either comply with the requirements herein or that an accessible alternative acceptable to the COUNTY is provided.

The Parties further acknowledge that the compliance date associated with the applicable regulations has been extended from April 24, 2026, to April 26, 2027. Accordingly, unless otherwise required by applicable law, neither Party shall be obligated to comply with such regulations prior to April 26, 2027. In the event the compliance date is further extended, modified, suspended, or otherwise altered by any governmental or regulatory authority, the Parties agree that their respective obligations under this Agreement shall automatically conform to such revised compliance date or requirement, without the necessity of further amendment to this Agreement.

Failure to comply with this subsection shall constitute a material breach of this Agreement.

IX. The numbering of **ARTICLE 43 COUNTERPARTS** is updated to reflect **ARTICLE 44 COUNTERPARTS**.

X. The numbering of **ARTICLE 44 ENTIRETY OF CONTRACTUAL AGREEMENT** is updated to reflect **ARTICLE 45 ENTIRETY OF CONTRACTUAL AGREEMENT.**

XI. A new **EXHIBIT B-1 – UNITS OF SERVICE RATE AND DEFINITION**, attached hereto and incorporated herein by reference, shall replace **EXHIBIT B – UNITS OF SERVICE AND DEFINITION**, in its entirety.

XII. All other provisions of the Agreement not modified in this First Amendment remain in full force and effect.

**REMAINDER OF PAGE LEFT BLANK INTENTIONALLY**

**IN WITNESS WHEREOF,** the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:
SHANNON RAMSEY-CHESSMAN
CLERK of the CIRCUIT COURT
& COMPTROLLER AD INTERIM

**BY**_____
**Deputy Clerk**

**PALM BEACH COUNTY, FLORIDA,**
**A Political Subdivision of the State of Florida**
**BOARD OF COUNTY COMMISSIONERS**

**BY**_____
**Sara Baxter, Mayor**

**AGENCY:**

**Rebel Recovery Florida, Inc.**

**BY:** DocuSigned by: Lisa McWhorter C7B6EE92A433496...
**AGENCY'S Signatory Name**

Lisa McWhorter
**AGENCY'S Signatory Name Typed**

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY**

Initial KS

**Assistant County Attorney**

**APPROVED AS TO TERMS AND CONDITIONS**

DocuSigned by: James E. Green BF34EF22BFDF492...

**James Green, Director**
**Community Services Department**

**EXHIBIT A-1**

**FY 2026 – 2028 FINANCIALLY ASSISTED AGENCIES**
**SCOPE OF WORK AND SERVICES**

**Program 1 Name:** Peer Recovery Support Services
**Location:** Palm Beach County
**Service Category:** Support Services/ Peer Supports

**Scope of Work**

**A.** Program Description: The Peer Support Services program will provide Peer Recovery Specialists for Participants at any stage of their treatment at Wayside House, including after "graduation" from the main programs. Certified Peer Recovery Support Specialists meet Monday through Friday with Participants from the day/night (Partial Hospitalization Program), intensive outpatient and outpatient programs, with weekend availability upon request. Peer Recovery Support Specialists are individuals with lived experience of substance use and recovery who unlike therapists can offer support, guidance, and encouragement to others who are navigating similar challenges as they did on their recovery journey. Peer support specialists are typically trained professionals who use their personal recovery experiences to build trust and rapport with individuals seeking help.

**B.** Priority Population: Participants must be eighteen (18) and older who have a primary substance use disorder diagnosis and are uninsured or underinsured and one of the following: Households containing eligible individuals; women who are experiencing homelessness or housing instability as defined by 24 U.S.C. § 578.3; and pregnant and post-partum women. Participants may have a secondary co-occurring disorder.

Marginalized communities will receive priority consideration within the following areas: Tri-city Glades, Riviera Beach, West Palm Beach, Lake Worth Beach, and Delray Beach. Substance use and behavioral health disorders are significant public health issues that impact people across all demographics. Marginalized groups, including those living in poverty and people with disabilities, face disproportionately high rates of substance use and behavioral health disorders. Additionally, marginalized communities have disproportionally lower rates of access to treatment or healthcare services, higher rates of incarceration and recidivism, as well as facing unique cultural barriers and stigma.

i. **Eligibility Criteria**: Must reside in Palm Beach County with a substance use disorder, mental illness and/or co-occurring disorder including, but not limited to, impairment in functioning, at-risk, and/or behavioral or emotional disorders. Current or past traumatic stress may also be a factor wherein it impacts the Participant's overall wellness for Participants who do not have a diagnosis.

ii. **Documentation of Eligibility:** All Participants will be screened for eligibility, and supporting

documentation of eligibility will be retained in each Participant's file.

**C. Participants Served:** A minimum of 40 unduplicated Participants.

**D. Service Delivery**

i. AGENCY shall ensure that Peer Recovery Support Specialists are certified by the FL Certification Board.

ii. AGENCY shall have Certified Peer Recovery Support Specialists (CPRSS) available for Participants to provide support based on lived experience.

iii. AGENCY's CPRSS shall help Participants formulate and execute plans, such as a Wellness Recovery Action Plan (WRAP), an Individualized Recovery Plan (IRP), which will address how Participants will maintain being without use of substances and attain employment, housing, and financial independence.

iv. AGENCY shall provide CPRSS to Participants to provide physical and mental health supports: help find and connect to resources; help Participants find and prepare for job interviews; establish a financial base; and assist with finding appropriate recovery support meetings (i.e., AA, NA, etc.).

v. AGENCY shall ensure that CPRSS host group meetings at least once a month for any Participants who have attended Wayside House, regardless of whether the Participant completed the program at Wayside House.

vi. AGENCY shall utilize the Resiliency/Recovery Capital Index survey (RCI).

vii. AGENCY will assess holistic needs by using the RCI to obtain a baseline score, which will be used to develop an individualized resiliency plan. Participants will complete an RCI every 30 days following the baseline survey and AGENCY shall utilize RCI results as a starting point to assess Participant needs and priorities in the development of individualized Recovery and Care plans.

viii. AGENCY shall comply with all Programmatic Requirements (**EXHIBIT H**) & Logic Model (**EXHIBIT G**).

**E. Required Outcomes**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator (Year 1) | 60% of Participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| (Year 2 & 3) | 70% of Participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| Outcome | Participants will remain engaged in services. |
| Indicator | 60% of Participants will remain engaged in services for the program duration. |

| | |
|---|---|
| (Year 1) | |
| (Year 2 & 3) | 70% of Participants will remain engaged in services for the program duration. |
| Outcome | Participants will be provided with a referral to a Recovery Community Center. |
| Indicator (Year 1) | 60% of Participants will be provided a referral to a Recovery Community Center. |
| (Year 2& 3) | 70% of Participants will be provided a referral to a Recovery Community Center. |

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**Program 2 Name:** Partial Hospitalization Program (PHP)
**Location:** Palm Beach County
**Service Category:** Community-Based Services, In-home or Onsite Day Treatment – Partial Hospitalization (PHP)

**A.** PHP Program Service Description Bed Night with services: AGENCY will provide a Partial Hospitalization Program (PHP) that includes temporary housing (up to 45 days) (typically Monday through Friday). The PHP service acts as a bridge between residential treatment and outpatient care. The PHP provides up to 25 hours of therapeutic services to Participants from Monday through Friday, encompassing individual and group therapy, life skills groups, job search assistance, psycho-educational groups, equine therapy, psychodrama, family groups, nutritional groups, relapse prevention, and emotional intelligence building through educational, experiential, and behavioral groups. Participants receive case management and support from Recovery Peer Specialists, along with psychiatric services and Medication Assisted Treatment (MAT).

During treatment, Participants can reside in Wayside House's (24 hours/ 7 days per week) supervised housing for up to 45 days. Weekend activities include recreational time and grocery shopping. Participants are provided with Case Management/Care Coordination when they enter treatment and meet with a case manager/care coordinator within 48 hours of admission. Case Management/Care Coordination ensures the needs of the client continue to be met. Participants receive Case Management/Care Coordination during treatment and Case Managers and Certified Peer Recovery Support Specialists (CPRSS) assist Participants in securing stable housing. Additionally, Participants participate in the Posner Career Center to learn resume writing, interviewing skills, budgeting and job search techniques. The "Toolbox" series on Emotional Intelligence Building, case management and peer specialist supports are provided, as are psychiatric services and MAT.

PHP Program Service Description Bed Night without Services: AGENCY shall provide a flat-rate PHP bed night service to Participants (typically Saturday and Sunday). While AGENCY will make available certain services to Bed Night Participants as described above, such services are not funded by the County and are not included as part of the County-funded Bed Night service.

**B.** Priority Population: Participants must be eighteen (18) and older who have a primary substance use disorder diagnosis and are uninsured or underinsured and one of the following: Households containing eligible individuals; women who are experiencing homelessness or housing instability as defined by 24 U.S.C. § 578.3; and pregnant and post-partum women. Participants may have a secondary co-occurring disorder.

Marginalized communities will receive priority consideration within the following areas: Tri-city Glades, Riviera Beach, West Palm Beach, Lake Worth Beach, and Delray Beach. Substance use and behavioral health disorders are significant public health issues that impact people across all demographics. Marginalized groups, including those living in poverty and people with disabilities, face disproportionately high rates of substance use and behavioral health disorders. Additionally, marginalized communities have disproportionally lower rates of access to treatment or healthcare services, higher rates of incarceration and recidivism, as well as facing unique cultural barriers and stigma.

**i. Eligibility Criteria:** Must reside in Palm Beach County with a substance use disorder, mental illness, and/or co-occurring disorder, including, but not limited to, impairment in functioning, at-risk, and/or behavioral or emotional disorders. Current or past traumatic stress may also be a factor, wherein it impacts the Participant's overall wellness for Participants who do not have a diagnosis.

**ii. Documentation of Eligibility:** All Participants will be screened for eligibility and supporting documentation of eligibility will be retained in each Participant's file.

**C. Participants Served:** A minimum of 45 unduplicated Participants will be served.

**D. Service Delivery**

i. AGENCY shall conduct a pre-admission screening and level of care assessment to determine the appropriate care using the American Society of Addiction Medicine (ASAM) criteria and the Diagnostics and Statistics Manual 5 (DSM-5) criteria. Upon approval for admission, Participants are provided with transportation to Wayside House as needed.

ii. AGENCY shall conduct a medical evaluation to ensure Participants are medically fit for admission and have Participants sign consent and release forms, submit to a urine drug test and receive orientation to the program.

iii. AGENCY shall assign Participants to a primary therapist for an individual session to complete a biopsychosocial assessment and work to create an Individualized Treatment Plan (ITP).

iv. AGENCY shall have each Participant meet with on-staff nurse for a nursing assessment within 24 hours of admission.

v. AGENCY shall ensure that Participants with ITPs indicating psychiatric needs and/or medical needs are referred to the staff psychiatrist and/or medical nurse practitioner.

vi. AGENCY shall ensure each Client meets with a case manager/care coordinator within

48 hours of enrollment for treatment. Each Case Manager/ Care Coordinator meets with clients to identify the specific needs at the beginning of treatment and continues with clients after treatment to ensure the needs of clients continue to be met.

vii. AGENCY shall assign a case manager and Certified Peer Recovery Support Specialist to each Participant.

viii. AGENCY shall ensure that each of the treatment modalities will provide each Participant with a full assessment and plan of care based on their individual needs and that Practitioners will follow up with participants as needed per the Individualized plan of care.

ix. AGENCY shall:

a. Conduct weekly urine drug testing.
b. Ensure Participants attend group six hours daily, including but not limited to caseload groups, nutrition, psychodrama, WRAP group, relapse prevention, HIV education, Life skills, Toolbox curriculum, equine therapy, process therapy, Families in Recovery, Relationships and Sexuality, Addiction and MAT education groups, and mindfulness.
c. Ensure Participants meet with the primary therapist and Certified Peer Recovery Support Specialist weekly.
d. Ensure case managers meet with Participants for an assessment of current needs for employment, legal issues, FMLA, disability, food stamps, housing, etc.
e. Ensure case managers meet with Participants weekly, or as needed, based on Participants' case management plans.
f. Identify participant's needs.
g. Decrease barriers to meeting goals.
h. Emphasize Participant's right to self-determination.
i. Work with participant to set reasonable goals.
j. Help participant access chosen services.
k. Develop personalized care plans based on the unique needs, preferences, and goals of each individual.
l. Encourage active participation in care planning and decision-making processes.
m. Emphasize strengths and resources, helping Participants build resilience and confidence in person's own recovery journey.
n. Focus on sustained recovery, with case managers providing ongoing support and adjusting care plans as needed to address emerging challenges and goals.
o. Case managers conduct thorough assessments to understand the Participant's needs across various domains, including health, housing, employment and social support
p. Connect individuals with appropriate services and resources
q. Regular monitoring (weekly) and follow-up help to ensure that the care plan remains effective and responsive to the Participant's evolving needs

r. Case managers work with family, friends, community resources to build a strong support network around the Participant.
s. Case managers advocate for the Participant's needs within the healthcare system and across other service providers to ensure Participants receive the necessary support and resources.

x. AGENCY shall begin discharge planning with each Participant within the first few days of admission, to help Participants plan for this transition.

xi. AGENCY shall ensure a comprehensive discharge plan is developed with the Participant to ensure all relapse prevention measures are addressed.

xii. AGENCY shall ensure Participants are brought to appropriate recovery support meetings, recreational activities, and grocery shopping while enrolled and living in Wayside House provided housing when treatment sessions are not in session.

xiii. AGENCY will ensure that Participants have the opportunity to attend the Posner program for assistance with job applications, resume writing, learning computer skills and other life skills as needed.

xiv. Upon completion of ITP objectives, Case managers and Participants shall determine based on the assessment whether a step-down program or discharge is appropriate. If there is agreement that discharge meets the Participant's needs, then the case manager and Participant will finalize the continuing care plan.

xv. AGENCY shall, as needed, provide:
a. Support for Participant to find living arrangements.
b. Have Participant continue with Wayside House's Intensive Outpatient Program (IOP), as needed.
c. Connect Participant with a new therapist if not remaining with Wayside House.
d. Ensure Participants have initially identified any resources that are needed to support recovery upon leaving the PHP program, such as assistance with obtaining food stamps, employment, disability benefits, and other resources as applicable.
e. Ensure Participants have individualized appointments for medical, psychiatric and clinical follow-ups.
f. Ensure Participants have a final session with the primary therapist to complete their treatment plan and prepare for leaving treatment. Participants may also choose to have a closing family session.
g. Ensure Participants have final medical, psychiatric, nurse and/or nutritionist sessions.
h. Arrange for a graduation ceremony with peers and Participants' treatment team present.
i. If Participant resided in Wayside House housing, assistance with moving will be provided, including transportation.

j. Provide a warm-handoff to a Recovery Community Organization/Recovery Community Center.

xvi. AGENCY shall comply with all Programmatic Requirements (**EXHIBIT H**) & Logic Model (**EXHIBIT G**).

**A. Required Outcomes**

| | |
|---|---|
| Outcome | Increase the resilience of program Participants. |
| Indicator (Year 1) | 60% of Participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |
| Outcome | Individuals will be successfully linked to services through care coordination in the fiscal year. |
| Indicator (Year 1) | 60% of Individuals will be successfully linked to services through care coordination through the Resource & Referral Portal. |
| (Year 2 & 3) | 70% of Individuals will be successfully linked to services through care coordination through the Resource & Referral Portal. |
| (Year 2 & 3) | 70% of Participants will improve resilience as evidenced by a 1 (one) point increase on the RCI from baseline to last recorded RCI within the fiscal year. |

**Continuous Quality Management (CQM)**

**Overview:**

Continuous Quality Management is a systematic, structured, and continuous approach to meet or exceed established professional standards and user expectations. Quality management is implemented by using tools and techniques to measure performance and improve processes through three main components: quality infrastructure, performance measurement and quality improvement.

Quality infrastructure is the structure and supports that allow the organization to measure performance and improve processes. Quality infrastructure components include leadership, quality improvement teams, quality related training/capacity building, and a written quality management plan. It is often difficult to sustain a successful quality management program if the infrastructure components are missing or weak.

When most people think about quality management, performance measurement and quality improvement come to mind. Performance measurement is the routine collection and analysis of data. The analysis is completed by defining the data elements used to calculate the numerator and

denominator. Performance measures must be based on established professional standards and/or evidenced based research, when possible.

Quality improvement is a method that uses the tools of quality in an effective, logical and systematic process to solve problems, improve efficiency and eliminate non-value adding steps in the workflow. There are many methods for quality improvement process, but in general, they all involve an ongoing cycle of planning, implementation, analysis, and improvement.

Through the initial term of the Agreement, AGENCY will evaluate the program's progress toward achieving the target goals stated in the program logic model. After assessing their performance, Agencies will work with the County to identify which outcome on their logic model they will improve, what strategy or intervention will be used to improve that outcome, and to what extent.

The targets and outcomes listed in the logic model will be evaluated, at a minimum, on an annual basis.

**CQM Requirements:**

AGENCY agrees to implement a Logic Model Outcome CQM Project for their funded programs.

AGENCY will participate in a required training for CQM project within the first quarter of their contract.

AGENCY will provide a written description of their CQM project after the required training.

AGENCY will implement their CQM project by the end of the second quarter.

AGENCY will report on the progress of their CQM quarterly.

COUNTY will provide the CQM training and Technical Assistance throughout the implementation of the AGENCY'S CQM projects.

**EXHIBIT B-1**

**FY 2026 – 2028 FINANCIALLY ASSISTED AGENCIES**
**UNITS OF SERVICE RATE AND DEFINITION**

**Agency Name:** Wayside House, Inc.
**Program 1 Name:** Peer Recovery Support Services
**Program 2 Name:** Partial Hospitalization (PHP)

| Service | Unit Cost | Total FY 2026 | Total FY 2027 | Total FY 2028 | Total 3 Year Contract Amount |
|---|---|---|---|---|---|
| **Peer Recovery Support Services:** A unit of service is defined as One (1) hour of direct client services as described in Exhibit A, Scope of Work | Individual Hourly Rate: $53<br>Group Setting Hourly Rate: $13.50 | $35,000 | $35,000 | $35,000 | $105,000 |
| **CQM:** Actual cost of staff expenses* for direct CQM services. | | $1,750 | $1,750 | $1,750 | $5,250 |
| **Emergency Shelter**: Unit of service is defined as one (1) hour of staff time. | $70 | | | | |
| **Program 1 Total Amount** | | **$36,750** | **$36,750** | **$36,750** | **$110,250** |
| **Partial Hospitalization (PHP):** A unit of service is defined as one (1) bed night | With supportive services as described in Exhibit A, SOW Bed Night rate: $328<br>Without supportive services as described in Exhibit A, SOW Bed Night Rate: $100 | $446,403 | $446,403 | $446,403 | $1,339,209 |

| | | | | | |
|---|---|---|---|---|---|
| **CQM:** Actual cost of staff expenses* for direct CQM services. | | $23,495 | $23,495 | $23,495 | $70,485 |
| **Emergency Shelter**: Unit of service is defined as one (1) hour of staff time. | $70 | | | | |
| **Program 2 Total Amount** | | **$469,898** | **$469,898** | **$469,898** | **$,1409,694** |
| **Total Contract over a three (3) year period** | | **$506,648** | **$506,648** | **$506,648** | **$1,519,944** |

**To support Continuous Quality Management (CQM) activities, approved CQM expenses cannot exceed 5% of the Total Contract/Program Award.*

Actual Cost/Unit Cost expenses shall mean expenses authorized by the COUNTY pursuant to this Agreement and reasonably incurred by AGENCY directly in connection with AGENCY'S performance of its duties and Scope of Work pursuant to this Agreement. AGENCY will sustain the program for the full Agreement period regardless of the rate of expenditure of above funds.

For actual cost reimbursement items, backup documentation must be submitted along with the invoice and signed cover letter that may include but is not limited to the following: program general ledger, copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services. Additional items may be requested as part of the invoice submission, or via desk and/or on-site monitoring on a periodic basis.

The AGENCY is allowed to expend funds for initial Non-Profits First certification or for the annual renewal fee every year of the Agreement. This option exercised by the AGENCY will be taken from the approved budget thus reducing the number of units to be provided. Certification is a requirement of contracting with the COUNTY as referenced in **Article 17** of this Agreement.

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 19, 2026**
**Secretary of State**
**1238787452CC**

DOCUMENT# 732111

**Entity Name:** WAYSIDE HOUSE, INC.

**Current Principal Place of Business:**

378 N.E. 6TH AVENUE
DELRAY BEACH, FL 33483

**Current Mailing Address:**

378 N.E. 6TH AVENUE
DELRAY BEACH, FL 33483

**FEI Number: 59-1590644**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MCWHORTER, LISA G
378 NE 6TH AVE
DELRAY BEACH, FL 33483 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: LISA G MCWHORTER 02/19/2026
Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | VP | Title | PRESIDENT |
| Name | POTTS, ELIZABETH | Name | WOLFE, JESSICA |
| Address | 378 N.E. 6TH AVENUE | Address | 378 N.E. 6TH AVENUE |
| City-State-Zip: | DELRAY BEACH FL 33483 | City-State-Zip: | DELRAY BEACH FL 33483 |
| Title | ED | Title | TREASURER |
| Name | MCWHORTER, LISA | Name | MARKOFF, JACQUELINE |
| Address | 378 NE 6 AVENUE | Address | 378 N.E. 6TH AVENUE |
| City-State-Zip: | DELRAY BEACH FL 33483 | City-State-Zip: | DELRAY BEACH FL 33483 |
| Title | SECRETARY | | |
| Name | JONES, WHITNEY | | |
| Address | 378 N.E. 6TH AVENUE | | |
| City-State-Zip: | DELRAY BEACH FL 33483 | | |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: LISA MCWHORTER CEO 02/19/2026
Electronic Signature of Signing Officer/Director Detail — Date

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/26/2026

**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).**

| | |
|---|---|
| **PRODUCER**<br>Marsh & McLennan Agency, LLC<br>1000 Corporate Dr Ste 400<br>Ft Lauderdale FL 33334-3628 | **CONTACT NAME:**<br>**PHONE (A/C, No, Ext):** **FAX (A/C, No):**<br>**E-MAIL ADDRESS:** FLCertificates@MarshMMA.com |
| **INSURED** WAYSIDEH<br>Wayside House, Inc.<br>378 NE 6 Ave<br>Delray Beach FL 33483-5517 | **INSURER(S) AFFORDING COVERAGE** — **NAIC #**<br>**INSURER A :** Chaucer Insurance Company DAC — 55555<br>**INSURER B :** Midwest Insurance Company — 10895<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** 2015708918 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | Y | Y | FITGL501032026 | 6/1/2026 | 6/1/2027 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 3,000,000<br>$ 3,000,000<br>$ |
| A | **AUTOMOBILE LIABILITY**<br>X ANY AUTO<br>OWNED AUTOS ONLY / SCHEDULED AUTOS<br>X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | FITAU501032026 | 6/1/2026 | 6/1/2027 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,000,000<br>$<br>$<br>$<br>$ |
| A | [ ] UMBRELLA LIAB [X] OCCUR<br>X EXCESS LIAB [ ] CLAIMS-MADE<br>DED [ ] RETENTION $ | | | FITXS501032026 | 6/1/2026 | 6/1/2027 | EACH OCCURRENCE<br>AGGREGATE<br>$ | $ 2,000,000<br>$ 2,000,000<br>$ |
| B | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A<br>**(Mandatory In NH)**<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | FITWC501032026 | 6/1/2026 | 6/1/2027 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 2,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| A | Professional Liability<br>Abuse & Molestation Liability<br>Claims Made; Retro: 7/15/23 | | | FITGL501032026 | 6/1/2026 | 6/1/2027 | Each Occurence/Agg.<br>Each Claim/Agg. | $1M/$3M<br>$100K/$300K |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Certificate Holder is Additional Insured as respects to General Liability. Waiver of Subrogation applies in favor of Certificate Holder as respects to General Liability. All of the above is applicable only if required by written contract and subject to the terms, conditions and limits as specified in the policy.

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*COMPLETE CERTIFICATE HOLDER - Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its officers, employees and agents

**CERTIFICATE HOLDER**

Palm Beach County Board of County Commissioners*
Dept of Community Services
Contract Mgr
810 Datura St
W Palm Beach FL 33401

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

April K Ry