

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	_____	_____	_____	_____	_____
Capital Outlay	_____	_____	_____	_____	_____
Grants and Aids	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	* _____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

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 1514 Department 762 Unit 7735 Object 3401
Program MFC3M/GY23
 Rev No: Fund 1514 Department 762 Unit 7735 RevSc 6694

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

Fund: MacArthur Foundation's Safety and Justice Challenge \$875K
Unit: MacArthur Foundation \$875K FY23-FY24
Grant: MacArthur Foundation's Safety and Justice Challenge \$875K

*No additional fiscal impact.



Digitally signed by Mariana Diaz
 DN: DC=org, DC=pbogov, OU=Enterprise, OU=PSD, OU=Users, CN=Mariana Diaz, E=MDiaz@pbogov.org
 Date: 2024.08.01 11:59:21-04'00'

Departmental Fiscal Review: _____

III. REVIEW COMMENTS

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

Lisa Muth 8/15/2024
 OFMB 8/15 V.S. 8/15
APF 8/15

Minda Brach 8/12/24
 Contract Administration
8/12/24

B. Legal Sufficiency:

Aileen Collins 8-14-24
 Assistant County Attorney

C. Other Department Review:

 Department Director

ATTACHMENT 1

**NONGOVERNMENTAL ENTITY HUMAN
TRAFFICKING AFFIDAVIT (§ 787.06(13), Fla. Stat.)
THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED**

I, the undersigned, am an officer or representative of SEFBHN
(CONTRACTOR) and attest that CONTRACTOR does not use coercion for labor or services as
defined in section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true
and correct.

Ann M. Berner
(signature of officer or representative)

ANN M. BERNER
(printed name of officer or representative)

State of Florida, County of Palm Beach

Sworn to and subscribed before me by means of physical presence or online notarization
this, 21 day of June, 2024, by Ann M. Berner.

Personally known OR produced identification .

Type of identification produced _____.

Tracee Diaz
NOTARY PUBLIC
My Commission Expires _____
State of Florida at large

TRACEE DIAZ
Notary Public
State of Florida
Comm# HH476900
Expires 1/2/2028

(Notary Seal)

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

THIS FOURTH AMENDMENT is dated the 2nd day of July, 2024, 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 (R2024-0080) (First Amendment); 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 (R2024-0081) (Second Amendment); and

WHEREAS, the County and Consultant entered into a Third Amendment on December 13, 2023, which extended the term of the Contract to December 13, 2024, increased the not-to-exceed amount, and amended the Scope of Work detailed in Exhibit A and B-2, Form 1 (R2024-0260) (Third Amendment); and

WHEREAS, the parties have agreed to amend the Monthly Reimbursement Request Form and the amounts of the budget line items require adjustment as set forth in Exhibit B-3, Form 1.

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

- I. **EXHIBIT B-2** is replaced in its entirety with **EXHIBIT B-3** attached hereto and incorporated herein by reference.
- II. **EXHIBIT B-2, Form 1** is replaced in its entirety with **EXHIBIT B-3, Form 1**, attached hereto and incorporated herein by reference.


III. All other provisions of the Contract not in conflict with this Fourth 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 Fourth 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.


PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

By: 
Ann Berner
Chief Executive Officer

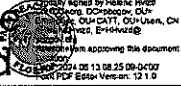
By: 
Verdenia C. Baker
County Administrator

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

By: 
Helene C. Hvizd
Senior Asst. County Attorney

By: 
Todd Bonlarron
Assistant County Administrator



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-3, 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 personal 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	\$228,000.00
Fringe Benefits	\$49,157.64
Operating Expenses	\$19,788.03
Other Program Costs	\$90,727.65
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.



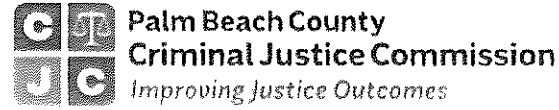
Monthly Reimbursement Request Form

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 Costs (Provider)	\$
Administrative Costs (SEFBHN)	\$
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 receive housing.

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: