HUMAN SERVICES SUBRECIPIENT FUNDING AGREEMENT
TREATMENT FOR INDIVIDUALS EXPERIENCING HOMELESSNESS (TIEH) PROGRAM
FIRST AMENDMENT
Legistar ID Number: 26-0239D

THIS FIRST AMENDMENT**,** effective upon the date executed below, by and between **PINELLAS COUNTY,** a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **BOLEY CENTERS, INC.,** a non-profit Florida Corporation, whose address is 445 31st Street North, St. Petersburg, FL 33713, hereinafter called "**AGENCY**." The Parties hereby amend the Human Services Subrecipient Funding Agreement between the **COUNTY** and **AGENCY** dated July 22, 2025, as follows:

WITNESSETH:

WHEREAS, the **COUNTY** recognizes that the **AGENCY** is providing an essential service within the community; and

WHEREAS, the **COUNTY** is committed to ensuring that Pinellas County's most vulnerable residents experiencing homelessness are connected to mental health and substance use supportive services; and

WHEREAS, the **COUNTY** and the **AGENCY** desire to update certain provisions of the Agreement to ensure alignment with grant administration requirements established by the Criminal Justice Mental Health Substance Abuse Reinvestment Grant Program administered by the State of Florida Department of Children and Families (DCF); and

WHEREAS, the **COUNTY** and the **AGENCY** have identified the need to revise the structure of the required in-kind match associated with the Grant in order to accurately reflect current program operations and allowable match contributions; and

WHEREAS, the **COUNTY** and the **AGENCY** recognize that adjustments to the identified match sources will support continued program operations while maintaining compliance with applicable grant requirements; and

WHEREAS, the **COUNTY** and the **AGENCY** wish to update the documentation of match contributions to better align with current programmatic services that contribute to the goals of the TIEH Program; and

WHEREAS, the **COUNTY** and the **AGENCY** agree that the revisions described herein relate soley to the documentation of match resources and do not alter the overall purpose, scope, or objectives of the TIEH Program established in the original agreement; and

WHEREAS, the **COUNTY** and the **AGENCY** desire to amend the Agreement to ensure administrative accuracy and clarity regarding match contributions supporting services for individuals experiencing homelessness with behavioral health needs.

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. The above "WHEREAS" clauses are incorporated into and are made a part of this Agreement.

2. Section 3, "Scope of Services", is hereby amended and restated as follows:

AGENCY shall work with the **COUNTY** to develop and implement a trauma-informed service delivery plan that addresses the following consistent with Appendix A the Grant Application and Appendix B the Grant Agreement and Grant Funding Conditions.

a. **AGENCY** shall serve as lead of the TIEH Program working in collaboration with the **COUNTY** and other community partners to meet the goals and objectives of the Grant including but not limited to serving an average of 30 clients per year or 90 over the term of the Grant and the Agreement.

b. **AGENCY** shall provide staffing to complete intake and coordinate screening of clients for mental health, substance use, or co-occurring disorder utilizing several tools that may include CAGE substance use screening tools, DLA Functional Assessment, PHQ-9, and a biopsychosocial

evaluation. These screening tools will provide staff a baseline assessment of an individual to inform treatment planning and can be leveraged at 6 month or annual intervals and discharge to review service effectiveness. **AGENCY** staff shall utilize Motivational Interviewing and Seeking Safety evidence-based practices to work with each individual client to understand their needs and connect them to the appropriate community-based services.

c. **AGENCY** shall employ the following staff to support the TIEH Program:

- **i.** Two full-time equivalent (FTE) Intensive Case Managers
- **ii.** One FTE Peer Support Specialist (or two Part-Time)
- **iii.** Management and oversight of Grant staff and TIEH Program objectives including:
  - **1.** .50 FTE Director of Intensive Case Management Team (Project Director)
  - **2.** .25 FTE Vice President
  - **3.** .50 FTE Program Assistant

d. **AGENCY** shall subcontract for a .50 FTE Licensed Mental Health Counselor with ELEOS. **AGENCY** shall ensure that ELEOS provides services in alignment with Grant requirements and established program procedures.

e. **AGENCY** shall provide supervisory, operations, and in-kind match services equivalent to $99,607.00, as outlined in Appendices A and B. Match contributions may include personnel, operations support, program services, indirect costs, or other allowable resources that support the administration of the TIEH Program. The specific sources of match may be updated or reallocated from time to time as approved by the Grantor, provided the total required match obligation is retained in accordance with Grant requirements.

f. **AGENCY** shall lead regular TIEH Program meetings including weekly staff meetings, monthly collaborative team meetings, and several community meetings, (Managing Entity, Planning Council Meetings, and Safe Harbor Partner Meetings).

g. **AGENCY** shall establish TIEH Program procedures for approval by the **COUNTY,** consistent with Grant Application and Grant Award. Program procedures may be modified from time to time by mutual agreement of the Parties, in writing.

h. In order to best meet the needs of clients supported by this program, the services provided under this Agreement may be adjusted from time, as approved and/or required by the Grantor. Budget or operational modifications that do not result in an increase of funding, change the underlying public purpose of this Agreement or otherwise amend the terms of this Agreement shall be submitted in the format prescribed and provided by the **COUNTY** as stated in Section 29 of this Agreement.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

PINELLAS COUNTY, FLORIDA, by and through its County Board of County Commissioners

By: _____

Date: July 7, 2026

Boley Centers, Inc.

By: Kevin Marrone

Kevin Marrone, MA, MBA, LMHC
President/CEO

Date: June 25th, 2026

APPROVED AS TO FORM

By: *Cody J. Ward*
Office of the County Attorney