HUMAN SERVICES FUNDING AGREEMENT
FIRST AMENDMENT
Withdrawal Management Services Inpatient
Legistar ID Number: 26-0490D

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 **OPERATION PAR, INC.,** a non-profit Florida corporation, whose address is 6655 66th Street North Pinellas Park, FL 33781, hereinafter called the "**AGENCY**." The Parties hereby amend and restate in part the (Agreement) between the **COUNTY** and **AGENCY** dated 10/1/2025, as follows:

WITNESSETH:

WHEREAS, the **COUNTY** desires to utilize a portion of the funds available out of the COUNTY's General Fund to assist social services agencies within Pinellas County; and

WHEREAS, each year thousands of Pinellas County residents require referrals for health, mental health and/or substance abuse disorders; and

WHEREAS, electronic referrals and data exchanges facilitate access to services and connection across the behavioral health continuum; and

WHEREAS, coordinating care among providers can be difficult and time-consuming due to a lack of connectivity and the inability to share clinical information electronically in real-time; and

WHEREAS, in **2018** the **COUNTY** and several community providers; Boley Centers, Inc., Gulf Coast Jewish Family Community Services, Inc., Personal Enrichment for Mental Health Services, Inc. dba ELEOS, Operation PAR, Inc., Suncoast Center, Inc., Directions for Mental Health, Inc. dba Directions for Living, and First Contact agreed to collaborate under the Care Connect Project to organize and coordinate the exchange of client records and referrals to improve quality of care; and

WHEREAS, as technology and community needs continue to evolve, the **COUNTY** and AGENCY desire to continue efforts to improve coordination of care across the Pinellas County System of Care*;* and

WHEREAS, the **COUNTY** previously allocated funds under the Care Connect agreement for related services; and

WHEREAS, the **AGENCY** desires to revise and update the service terminology used in the Agreement by replacing all references to "Detoxification" or "Detox" with the more client-centered and non-stigmatizing term "Withdrawal Management Services"

WHEREAS, the **COUNTY** recognizes that the **AGENCY** is providing an essential service within the community and an amendment is necessary to continue services; and

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 2, "Scope of Services" is hereby amended and restated as follows*:*

The **AGENCY** shall provide adult inpatient withdrawal management services which includes physical health screening, psychosocial assessment, and medically monitored withdrawal support and stabilization for individuals dependent on drugs or alcohol who meet admission criteria.

AGENCY shall provide services as further described in Appendix A, Scope of Services, attached hereto and incorporated by reference herein. In order to best meet the needs of clients supported by this program, the services provided under this Agreement may be adjusted from time to time by mutual written agreement of the parties without the need to further amend this Agreement.

3. Appendix A, "Scope of Services" is hereby amended and restated in its entirety with the attached Appendix A, which is incorporated herein by reference.
4. Section 4, "Compensation" is hereby amended as follows:

The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **TWO HUNDRED TWENTY-FOUR THOUSAND FIVE HUNDRED AND TWENTY-SEVEN DOLLARS AND FIFTY CENTS** ($224,527.50) per fiscal year for the services described in the Scope of Services Section of this Agreement.

5. Effective as of the date of this Agreement:
    a. The Agreement Title "Adult Inpatient Detoxification Services" is hereby amended to "Withdrawal Management Services Inpatient."
    b. All references throughout the Agreement to "Detoxification" shall be deleted and replaced with "Withdrawal Management." This change applies to all instances of the term, including section headings, services, attachments, exhibits and any related documents incorporated into the Agreement.
6. Remaining sections shall be renumbered accordingly, including any references thereto.
7. This Amendment shall become effective on October 1, 2026, unless otherwise specified herein.
8. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

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 Administrator

By: _____
Barry A. Burton

Date: August 10, 2026

APPROVED AS TO FORM
By: *Jason C. Ester*
Office of the County Attorney

Operation PAR, Inc.

By: _____
Jim Miller (Aug 4, 2026 16:50:14 EDT)
Jim Miller, Chief Executive Officer

Date: August 4, 2026

Appendix A – Scope of Services

Description:	Provide adult inpatient withdrawal management services which includes physical health screening, psychosocial assessment, and medically monitored withdrawal support and stabilization for individuals dependent on drugs or alcohol who meet admission criteria.
Planning Category(ies):	Mental Health & Substance Use Disorder Services
Target Population:	Pinellas County residents over the age of eighteen (18) that are dependent on drugs and alcohol who meet the admission criteria.

I. Program Services and Procedures

a. **AGENCY** shall provide inpatient withdrawal management service, consistent with state licensure and requirements including but not limited to:
   i. Comprehensive Assessment and Evaluation
      1. Physical health screening,
      2. Psychosocial assessment that details history of substance use, mental health, social support and medical history,
   ii. Medically Monitored Withdrawal Management and Stabilization
      1. 24/7 Medical supervision
      2. Continuous monitoring of vital signs and withdrawal symptoms
      3. Administration and management of withdrawal-support and anti-craving medications (MAT) to alleviate withdrawal discomfort and prevent complications (e.g. delirium tremens, seizures)
      4. Crisis intervention
         a. Ensuring medical and psychological stability through the withdrawal process
         b. Immediate intervention for any medical emergencies or acute behavioral health crisis
   iii. Supportive and Ancillary Services
      1. Individual and group counseling sessions
      2. Case management & discharge planning with family involvement (care plan, referrals to community, educational, legal, and social services)
      3. Educational groups

b. Services shall be provided for Pinellas County residents, over the age of eighteen (18) that are dependent on drugs and alcohol who meet the admission criteria.

c. Services shall be provided 24/7 with intake hours occurring daily between 9:00AM-

4:00PM.

i. Intake appointments are required and must be scheduled in advance. Walk-in admissions may be accepted on a case-by-case basis during the designated intake hours but are not guaranteed.

d. In addition to servicing eligible individuals, the **AGENCY** agrees to coordinate with the **COUNTY**, or its designated representative, to identify Pinellas County Health Program (PCHP) clients entering treatment services, notify PCHP of client treatment or admission, and reconnect PCHP clients to primary care and mental health services following discharge or release, including completion of an ROI to facilitate these notifications and connections.