



# Fulton County

## Legislation Details (With Text)

**File #:** 23-0581      **Version:** 1      **Name:**

**Type:** Consent - Justice and Safety      **Status:** Agenda Ready

**File created:** 8/17/2023      **In control:** Board of Commissioners

**On agenda:** 9/6/2023      **Final action:**

**Title:** Request approval to amend a Memorandum of Agreement with Georgia Council on Substance Abuse (“GCSA”), to include a one-year extension effective October 1, 2023 through September 30, 2024, for the continuing provision of services by GCSA for the fully grant funded Fulton County Peer Recovery Support Services Project, coinciding with and contingent upon approval of the extension by the grantor and the Board of Commissioners. No additional funds are required or provided. A total of \$73,800.00 remains on the grant. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Exhibit 1: CONTRACT EXTENSION AGREEMENT FORM - Georgia Council on Substance Abuse FY 2023 - 2024.pdf

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------

### Department

Superior Court Administration

### Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval to amend a Memorandum of Agreement with Georgia Council on Substance Abuse (“GCSA”), to include a one-year extension effective October 1, 2023 through September 30, 2024, for the continuing provision of services by GCSA for the fully grant funded Fulton County Peer Recovery Support Services Project, coinciding with and contingent upon approval of the extension by the grantor and the Board of Commissioners. No additional funds are required or provided. A total of \$73,800.00 remains on the grant. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

### Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

West's Code of Georgia § 36-10-1; All official contracts entered into by the County governing authority with other persons in behalf of the County shall be in writing and entered on its minutes.

### Strategic Priority Area related to this item *(If yes, note strategic priority area below)*

**Justice and Safety**

### Commission Districts Affected

- All Districts
- District 1
- District 2
- District 3

- District 4
- District 5
- District 6

**Is this a purchasing item?**

No

**Summary & Background** *(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

**Scope of Work:** The Georgia Council on Substance Abuse (GCSA) will support the Fulton County Peer Recovery Support Services Project (PRSS). GCSA will: Assist Fulton County Accountability Courts (FCAC) with the recruitment, training and coaching of three behavioral staff health staff for the program who will be Certified Addiction Recovery Empowerment Specialists (CARES). GCSA will provide continuing education credit opportunities to FCAC CARES as required to maintain certification and promote best practices. GCSA will provide NIATx process improvement leadership training for FCAC CARES and FCAC staff. NIATx is a model of process improvement designed specifically for behavioral health programs. GCSA will coordinate with Fulton County Project Director to develop a training plan for FCAC CARES and program staff to include: Intentional Peer Support, Motivational Interviewing, and NIATx change projects. GCSA will provide technical assistance in the recovery support model throughout the duration of the grant cycle.

**Community Impact:** Renewal of this agreement will improve public safety in the community by focusing treatment services towards adult felony offenders with drug and/or alcohol addiction.

**Department Recommendation:** Superior Court Administration recommends renewal of this agreement to ensure successful project implementation, outcomes and grant funding compliance.

**Project Implications:** This project is 100% grant funded. Renewal of this agreement will ensure grant project goals are met while improving service delivery to offenders with drug and/or alcohol addiction.

**Community Issues/Concerns:** Superior Court Administration is not aware of any community concerns with the implementation of this project.

**Department Issues/Concerns:** Superior Court Administration has no issues or concerns with this agreement.

**Contract Modification** *(Delete this chart only if the Requested Action is for a NEW award. Simply insert the text “New Procurement.” If the Requested Action is for a Contract Modification ((Renewal, Amendment, Change Order, Extension, Increase Spending Authority)), the chart should remain and be completed.)*

Current Contract History	BOC Item	Date	Dollar Amount
Original Award	19-0546	7/10/2019	\$73,800
1 <sup>st</sup> Renewal	19-0714	9/18/2019	\$73,800
2 <sup>nd</sup> Renewal	20-0631	9/16/2020	\$73,800
3 <sup>rd</sup> Renewal	21-0715	9/15/2021	\$73,000

4 <sup>th</sup> Renewal	22-0521	8/3/2022	\$73,800
1 <sup>st</sup> Extension			\$73,800 remaining
<b>Total Revised Amount</b>			<b>\$369,000</b>

**Contract & Compliance Information** *(Provide Contractor and Subcontractor details.)*

N/A

**Exhibits Attached** *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

Exhibit #1: Contract Renewal Form

**Contact Information** *(Type Name, Title, Agency and Phone)*

David Summerlin, Superior Court, Court Administrator, 404.612.4529

**Contract Attached**

No

**Previous Contracts**

No

**Total Contract Value**

Original Approved Amount: \$73,800  
Previous Adjustments: \$295,200  
This Request: \$73,800  
TOTAL: \$369,000

**Grant Information Summary**

Amount Requested: \$73,800  
Match Required: N/A  
Start Date: 10/01/2023  
End Date: 9/30/2024  
Match Account \$: \$0.00

Cash  
 In-Kind  
 Approval to Award  
 Apply & Accept

**Fiscal Impact / Funding Source**

**Funding Line 1:**

461-450-PR23-1160: Grant, Superior Court-Admin, Professional Service = \$73,800.00

**Key Contract Terms**

<b>Start Date:</b> 10/1/2023	<b>End Date:</b> 9/30/2024
<b>Cost Adjustment:</b> N/A	<b>Renewal/Extension Terms:</b> 1st Extension

**Overall Contractor Performance Rating:** 4

**Would you select/recommend this vendor again?**

Yes

**Report Period Start:**  
10/1/2022

**Report Period End:**  
9/30/2023