

**Central Florida Behavioral Health Network  
Internal Routing Form**

<b>Provider: Charlotte Behavioral Health Care, Inc.</b>		<b>NOTES:</b> Call ext. 284 when ready for pick up. Please review and forward to the next signing authority within 24 hours. Attach additional corrective action pages, if needed.	
<b>Contract #:</b>	<b>QG006-21</b>	<b>FY21-22 Contract Amount:</b>	<b>\$ 9,117,453</b>
<b>Amendment #:</b>	<b>11</b>	<b>FY21-22 Amendment Amount:</b>	<b>\$ -</b>
<b>Circuit(s):</b>	<b>12, 20</b>	<b>Grand Total FY21-22 Contract Amount:</b>	<b>\$ 9,117,453</b>
<b>Contract Manager:</b>	<b>Maribel Julbe-Chamakoon</b>	<b>FY20-21 Contract Amount:</b>	<b>\$ 9,867,110</b>
<input type="checkbox"/> <b>Is Provider a Sub-Recipient?</b>		<b>FY21-22 Contract Amount:</b>	<b>\$ 9,117,453</b>
<b>OR</b>		<b>Tentative FY 22-23 Amount:</b>	<b>\$ 9,570,671</b>
<input type="checkbox"/> <b>Is Provider a Contract Vendor?</b>		<b>Grand Total Contract Amount:</b>	<b>\$ 28,555,234</b>
<b>Multi-Year Contract for: 3 Years (FY 20-21 through FY 22-23) or 2 Years (FY 21-22 through FY 22-23)</b>		<b>New Providers - Check for Moratorium <input type="checkbox"/></b>	
<b>Please review and if changes are needed, mark/highlight them on the page and put the page number under the corrective action needed section below. Thanks!</b>		<b>If there's a change in funds, are they Recurring ____ or Non-Recurring ____? Initial Contract Funding.</b>	
<b>REVIEWER</b>	<b>OUT</b>	<b>CORRECTIVE ACTION NEEDED</b>	<b>RESPONSE TO CORRECTIVE ACTION / DATE</b>
Contract Manager	6/21/2021	<input checked="" type="checkbox"/> BATS \$\$ Updated <input type="checkbox"/> CAFÉ OCA Tab Updated	n/a Transitional Funding? <input checked="" type="checkbox"/> Supplemental Funding Detail? <input checked="" type="checkbox"/> Subcontractor Tracking Updated
<i>Maribel Julbe-Chamakoon</i>			
Contract Supervisor	6/21/2021		
<i>Carrie J. Harles</i>			
NDCS			
N/A			
Program Manager (If funding is tied to a specific program)			
N/A			
Budget/Finance	6/22/2021		
Nathan Hartman approves via email @ 11:05am			
QA/QI Supervisor			
N/A			
IT Department (Only If New Provider OR If New Cost Centers Opened)		<i>NOTE for CM: Please complete a Help Desk Ticket when a new contract is issued; services submitted against the contract will reject unless the contract is added to the HDS System.</i>	
N/A			
Prevention			
N/A			
Consumer/Family Affairs			
N/A			
Sent to Provider	6/22/2021		
<i>Maribel Julbe-Chamakoon</i>		<b>EMAILED @ 12:15PM</b>	<b>Notes:</b> *Update PAN <u>before</u> sending to Julie/Larry/Linda for execution/signature. *Update Match <u>after</u> CAFÉ changes are made (last).
Contract Signer	6.25.2021	<input type="checkbox"/> Signed Copies Received <input type="checkbox"/> Post Award Notice Uploaded to SharePoint <input type="checkbox"/> CSFT Updated by Provider in CAFE <input type="checkbox"/> Transitional Funding Log Updated	<input type="checkbox"/> CAFE Updated (Effective Date) <input type="checkbox"/> Subcontractor Tracking Updated <input type="checkbox"/> Match Spreadsheet Updated <input type="checkbox"/> Supplemental Funding Detail Report Attached <input type="checkbox"/> BATS Effective Date <input type="checkbox"/> Contract Scanned to SharePoint <input type="checkbox"/> Agency Goals Updated <input type="checkbox"/> Contract Emailed to Provider
<i>Julie Patel</i>			

**INSTRUCTIONS:** Signing authority is asked to review the contract within 24 hours after the contract is received.  
The "Out-Date" is the date that the signing authority completes the review of contract documents and signs off on the routing form.  
If the signing authority has comments, the routing form should not be signed off on until the signing authority is satisfied with the contract manager's response.

Supplemental Funding Detail

FiscalYear	ProvName	ContractNum	Activity	CarryForwardFY	OCA	OCA Title	Base Recurring	Non-Recurring	Carry Forward	
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHA00	Managing Entity Services and Supports Provider Activity - Adult Mental Health	\$3,735,548			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHA73	Florida Assertive Community Treatment (FACT) - Administration (Adult)	\$1,214,411			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHA76	Indigent Psychiatric Medication Program (category 101350)	\$54,866			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHACN	ME MH Care Coordination Direct Client Services	\$22,458			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHC00	Managing Entity Services and Supports	\$499,792			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHCAT	ME MH Community Action Treatment (CAT)	\$750,000	\$0		
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHCBN	Title XXI Children's Health Insurance	\$70,702			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHSFP	Mental Health State Funded Federal	\$0			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSA00	Managing Entity Services and Supports	\$1,648,793			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSA23	HIV Services	\$0			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSA81	Projects Expansion of Substance Abuse	\$20,250			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSA91	Family Intensive Treatment (FIT)	\$875,475			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSACN	ME SA Care Coordination Direct	\$25,556			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSC00	Managing Entity Services and Supports	\$119,387			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSCAF	ME SA Family Intensive Treatment (FIT) - CARES		\$30,000		
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSCBS	Substance Abuse Community Based	\$336,450			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSSFP	Substance Abuse State Funded Federal Excluded Services	\$0			
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSSGP	Response Disc Grant - GPRA		\$0		
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSSM2	ME State Opioid Response SVCS-MAT - Year 2		\$278,697	\$0	
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSSM3	ME State Opioid Response SVCS-MAT - Year 3		\$150,336		
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSSOW	ME State Opioid Response Disc Grant-Child Welfare		\$0	\$0	
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	CF202197	2019-2020	MHCAT	ME MH Community Action Treatment (CAT) Teams			\$2,000	
2020-2021	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	CF202197	2019-2020	MSA91	Family Intensive Treatment (FIT)			\$32,389	
							<b>\$9,373,688</b>	<b>\$459,033</b>	<b>\$34,389</b>	<b>\$9,867,110</b>

Supplemental Funding Detail

2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHA00	Managing Entity Services and Supports Provider Activity - Adult Mental Health	\$3,735,548			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHA73	Florida Assertive Community Treatment (FACT) - Administration (Adult)	\$495,098			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHA76	Indigent Psychiatric Medication Program (category 101350)	\$54,866			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHACN	ME MH Care Coordination Direct Client Services	\$70,000			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHC00	Managing Entity Services and Supports Provider Activity - Children's Mental Health	\$567,757			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHCAT	ME MH Community Action Treatment (CAT) Teams	\$750,000			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	500000		MHCBN	Title XXI Children's Health Insurance Program (aka Behavioral Health Network)	\$70,702			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSA00	Managing Entity Services and Supports Provider Activity - Adult Substance Abuse Projects Expansion of	\$1,658,487			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSA81	Substance Abuse Services for Pregnant Women and their affected families	\$41,883			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSA91	Family Intensive Treatment (FIT)	\$875,475			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSACN	ME SA Care Coordination Direct Client Services	\$59,767			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSC00	Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$135,325			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSCAF	ME SA Family Intensive Treatment (FIT) - CARES ACT		\$170,000		
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSCBS	Substance Abuse Community Based Services	\$336,450			
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSSM2	ME State Opioid Response SVCS-MAT - Year 2		\$36,412		
2021-2022	Charlotte Behavioral Health Care, Inc. (CBHC)	QG006	600000		MSSM3	ME State Opioid Response SVCS-MAT - Year 3		\$59,683		
							<b>\$8,851,358</b>	<b>\$266,095</b>	<b>\$0</b>	<b>\$9,117,453</b>

Fiscal Year	Provider Name	Contract Number	Base Recurring	Non-Recurring	Carry Forward	Total
2020-2021	Charlotte Behavioral Health Care, Inc.	QG006	\$9,373,688	\$459,033	\$34,389	\$9,867,110
2020-2022	Charlotte Behavioral Health Care, Inc.	QG006	\$8,851,358	\$266,095	\$0	\$9,117,453

**Subcontract Number QG006  
Amendment No. 11**

**Central Florida Behavioral Health Network, Inc.  
Subcontractor Agreement Amendment**

THIS AMENDMENT, entered into by  
**Central Florida Behavioral Health  
Network, Inc.**  
CONTRACTOR

**Charlotte Behavioral Health Care, Inc.**  
SUBCONTRACTOR

Amends Subcontract **QG006** to **QG006-21**:

- Replace **SUBCONTRACT** and exhibits.
- Add funding for FY 2021-2022.

1. **Subcontract**, dated 06/09/2021, with all its exhibits is hereby deleted in its entirety and **Subcontract**, dated 07/01/2021, with all its exhibits is inserted in lieu thereof and attached hereto.

This amendment shall begin on **July 1, 2021** or the date on which the amendment has been signed by both parties, whichever is later.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the Master Contract and Subcontract.

This amendment and all its attachments are hereby made a part of the Subcontract.

THE PARTIES HERETO by and through their duly authorized representatives, whose signatures appear below, have caused this amendment to be executed.

CONTRACTOR

SUBCONTRACTOR

**Central Florida Behavioral Health  
Network, Inc.**

**Charlotte Behavioral Health Care, Inc.**

Approved by: \_\_\_\_\_

Approved by: Victoria Scanlon  
-258DEC707AE541A

Witness: Mabel Julbe-Chamagoon

Witness: Shelly Ferruso  
DocuSigned by:

Date: 6/25/2021

Date: 6/24/2021 4:47 AM PDT  
AA036E6EDDC547D



**SUBCONTRACT BETWEEN**

**CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.**

**AND**

**CHARLOTTE BEHAVIORAL HEALTH CARE, INC.**

**Subcontract Number: QG006-21**

**Date: 07/01/2021**

THIS SUBCONTRACT "Subcontract" is entered into by and between CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC., hereinafter referred to as the "Managing Entity" or "CFBHN" and CHARLOTTE BEHAVIORAL HEALTH CARE, INC., hereinafter referred to as the "Subcontractor", for the provision of Substance Abuse and/or Mental Health services in accordance with those provisions and conditions described in the Master Contract # QD1A9 as amended (The Master Contract includes the Standard Contract, Attachments, Exhibits, and any documents incorporated by reference) between CFBHN and the Department of Children and Families, SunCoast Region, hereinafter referred to as the "Department" or "DCF", for Fiscal Years 2021-2022 through 2022-2023, included herein as Attachment I. Subcontractor agrees that Managing Entity may designate a point of contact that Subcontractor is responsible to coordinate and communicate events with throughout this Agreement (hereafter "Contract Manager").

FOR AND IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth, the Managing Entity and the Subcontractor agree to the following:

**A. Effective and Ending Dates**

This Subcontract shall begin on July 1, 2021, or on the date on which this Subcontract has been signed by the last party required to sign it, whichever is later. It shall end at midnight, local time in Tampa, Florida, on June 30, 2023.

There is no renewal for this subcontract.

**B. Contract Documents**

1. The following Standard Contract, Attachments, and Exhibits, or the latest revisions thereof, are incorporated herein and made a part of this Subcontract:

**Standard Contract**

**Attachment I – Master Contract**

**Attachment II – Certification Regarding Lobbying**

- Attachment III** – Contract Attachment for Financial and Compliance Audit
- Attachment IV** – Certificate Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts
- Attachment V** – Protected Health Information
- Attachment VI** – Prevention Partnership Grant Application
- Attachment VII** – Original Department of Children and Families Contract (for subcontracts transferred to the Managing Entity)
- Exhibit C** – Performance Measures
- Exhibit D** – TBD – N/A
- Exhibit E** – TBD – N/A

2. The following Exhibits and references, or the latest revisions thereof, are incorporated by reference herein and made a part of this Subcontract, as applicable:

**Exhibit A**

**Exhibit A<sub>1</sub>** – Required Documents and Reports

**Exhibit A<sub>2</sub>** – SunCoast Region Prevention Coalition Contract Deliverables

**Exhibit B** – Funding Detail (through Contract and Finance Exchange – CAFÉ)

**Exhibit F** – Prevention Performance Tool (PPT) Template

**Exhibit G** – Incidental Expense Guidelines & Request Form

**Exhibit H** – SOR Guidance

**Exhibit H<sub>2</sub>** – SOR 2 Guidance

**Exhibit I** – FIS Reference Guide

**Exhibit J** – Care Coordination Forms

**Exhibit J<sub>1</sub>** – Care Coordination Rating System for Managing Entity

**Exhibit J<sub>2</sub>** – Care Coordination Rating System for Providers

**Exhibit J<sub>3</sub>** – Care Coordination Technical Assistance for Managing Entity

**Exhibit J<sub>4</sub>** – Care Coordination Technical Assistance for Providers

**Exhibit K** – SOR Child Welfare Plan

3. The following documents and templates, or the latest revisions or additions thereof, or new DCF guidance documents or new DCF templates applicable to the services or performance of this Subcontract are incorporated by reference herein and made a part of the Subcontract and can be found at: <https://www.myflfamilies.com/service-programs/samh/managing-entities/2021-contract-docs.shtml>

**Guidance Documents:**

**Guidance 1** - Evidence-Based Guidelines

**Guidance 2** - Tangible Property Requirements

**Guidance 3** - Managing Entity Expiration, Termination and Transition Planning Requirements

**Guidance 4** - Care Coordination

**Guidance 5** - Residential Mental Health Treatment for Children and Adolescents

**Guidance 6** - Outpatient Forensic Mental Health Services

**Guidance 7** - State Mental Health Treatment Facility Admission and Discharge

Processes

**Guidance 8** - Assisted Living Facilities with Limited Mental Health (ALF-LMH) Licensure

**Guidance 9** - Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach Access, and Recovery (SOAR)

**Guidance 10** - Prevention Services

**Guidance 11** - Juvenile Incompetent to Proceed (JITP)

**Guidance 12** - Behavioral Health Network (BNet) Guidelines and Requirements

**Guidance 13** - Indigent Drug Program (IDP)

**Guidance 14** - Prevention Partnership Grants (PPG)

**Guidance 15** - Projects for Assistance to Transition from Homelessness (PATH)

**Guidance 16** - Florida Assertive Community Treatment (FACT) Handbook

**Guidance 17** - Temporary Assistance for Needy Families (TANF) Funding Guidance

**Guidance 18** - Family Intensive Treatment (FIT) Model Guidelines and Requirements

**Guidance 19** - Child Welfare Integration

**Guidance 20** - Local, Regional, and State Review Teams

**Guidance 21** - Housing Coordination

**Guidance 22** - Federal Grant Financial Management Requirements

**Guidance 23** - Crisis Counseling Program

**Guidance 24** - Performance Outcomes Measurement Manual

**Guidance 25** - National Voter Registration Act Guidance

**Guidance 26** - Women's Special Funding, Substance Abuse Services for Pregnant Women and Mothers

**Guidance 27** - Central Receiving Systems Grant

**Guidance 28** - Forensic Multidisciplinary Team

**Guidance 29** - Transitional Voucher

**Guidance 30** - Partnership For Success Grant

**Guidance 31** - Children's Mental Health System of Care (CMHSOC) Grant

**Guidance 32** - Community Action Treatment (CAT) Team

**Guidance 33** - HIV Early Intervention Services

**Guidance 34** - Mobile Response Team (MRT)

**Guidance 35** - Recovery Management Practices

**Reporting Templates:**

**Template 1** - Provider Tangible Property Inventory Form

**Template 2** - SAMH Block Grant Reporting Template

**Template 3** - Narrative Report for the Substance Abuse and Mental Health Block Grant

**Template 4** - Managing Entity Annual Business Operations Plan

**Template 5** - ALF-LMH Forms

**Template 6** - Behavioral Health Network Participant Forms

**Template 7** - BNet Alternative Service Forms

**Template 8** - Discontinued 11/3/2016

**Template 9** - Local Match Calculation Form

**Template 10** - Managing Entity Monthly Fixed Payment Invoice



- Template 11** - Managing Entity Monthly Progress Report
  - Template 12** - Managing Entity Monthly Expenditure Report
  - Template 13** - Managing Entity Monthly Carry Forward Expenditure Report
  - Template 14** - Cost Allocation Plan
  - Template 15** - Managing Entity Spending Plan for Carry Forward Report
  - Template 16** - Women's Special Funding Report
  - Template 17** - Discontinued Effective 7/1/2020
  - Template 18** - Discontinued Effective 5/18/2017
  - Template 19** - PFS Drug Epidemiology Network (DEN) Report
  - Template 20** - CMHSOC Reporting Template
  - Template 21** - Care Coordination Monthly Report
  - Template 22** - Forensic Mental Health Services Report
  - Template 23** - Forensic Diversion Report
  - Template 24** - CCP Invoice and Expenditure Report
  - Template 25** - Forensic Multidisciplinary Team Report
  - Template 26** - Discontinued Effective 7/1/2021
  - Template 27** - PFS School-Based Prevention Quarterly Report
  - Template 28** - Mobile Response Team Report
  - Template 29** - FACT Quarterly Report
  - Template 30** - Proviso Project Return on Investment (ROI) Report
  - Template 31** - Clubhouse Supported Employment Report
  - Template 32** - Transitional Voucher Incidental Report
4. In the event of a conflict between the provisions of the documents, the documents shall be interpreted in the following order of precedence:
- a. DCF Master Contract (Attachment I)
  - b. Any documents incorporated into any exhibit by reference, or included as a subset thereof;
  - c. This Subcontract;
  - d. Any additional documents incorporated into this Contract by reference, not including DCF Master Contract (Attachment I).

### **C. Venue and Notices**

Any disputes concerning performance of this Subcontract that cannot be resolved informally shall be reduced to writing and delivered to the Chair of the Managing Entity's Board of Directors requesting resolution through Board action. When the Board action fails to resolve the dispute, the Managing Entity and Subcontractor shall seek independent mediation.

It is hereby agreed by the parties that in the event that litigation by either party to this Subcontract becomes necessary that venue shall be in Hillsborough County, Florida. Any legal notice that is required under this Subcontract shall be in writing and sent by hand delivery, certified mail, return receipt requested, or any expedited delivery service that provides verification of delivery. Said notice shall be sent to the designated



representative at the address contained in this section.

The contact information of the Subcontractor representative designated to receive all legal notices pertaining to this Subcontract is:

Victoria Scanlon  
**Charlotte Behavioral Health Care, Inc.**  
 1700 Education Avenue, Building A  
 Punta Gorda, FL 33950  
 (941) 639-8300 ext. 2247  
 VScanlon@cbhcf.org

The name and address of the Managing Entity representative designated to receive all legal notices pertaining to this Subcontract is:

Linda McKinnon  
**Central Florida Behavioral Health Network, Inc.**  
 719 U.S. Highway 301 South  
 Tampa, FL 33619

**D. Payment and Return of Funds**

**1. Name and Address of Payee:**

Victoria Scanlon  
**Charlotte Behavioral Health Care, Inc.**  
 1700 Education Avenue, Building A  
 Punta Gorda, FL 33950

**2. Managing Entity shall pay the Subcontractor for units of service, delivered in accordance with the terms and conditions of this Subcontract at the unit price listed in the Contract and Finance Exchange (CAFÉ) on the Covered Services Funding Tool, totaling \$29,575,726, subject to the availability of funding, as outlined below:**

State Fiscal Year	Base Funding	Current Fiscal Year Only (Non-Recurring)	Carry Forward (Non-Recurring)	Total Value of Subcontract
2020-2021	\$9,570,671	\$683,229	\$34,389	<b>\$10,288,289</b>
2021-2022	\$9,570,671	\$146,095	\$0	<b>\$9,716,766</b>
2022-2023	\$9,570,671	\$0	\$0	<b>\$9,570,671</b>
<b>Total</b>	<b>\$28,712,013</b>	<b>\$829,324</b>	<b>\$34,389</b>	<b>\$29,575,726</b>

**3. Managing Entity’s obligation to pay under this Subcontract is contingent upon annual appropriation by the Legislature and availability of funds. Special appropriations are subject to veto. Services provided under special appropriations**

that are vetoed shall be billed under another appropriate OCA or other funding source. Managing Entity is not obligated to pay for services not eligible under approved OCA's. Nothing in this paragraph supersedes the contingency to payment described in the first sentence of this paragraph and any payment under this subcontract shall at all times be subject to such contingency.

4. Family Intensive Treatment (FIT). If the Subcontractor has a FIT program, the Managing Entity shall pay the Subcontractor up to pro-rata share (1/12) of the total allocation listed in CAFÉ on the **Covered Services Funding Tool**. This pro-rata amount is contingent on the Subcontractor meeting the enrollment thresholds shown in the table below and on **Exhibit C – Performance Measures**. If the threshold is not met, then the invoice payment will be reduced in accordance with the program's guidance document. This funding also requires a monthly submission of data for the program and the submission of a monthly expenditure report. If these items are not met, then the invoice payment will be withheld for this OCA (MSA91). A final, comprehensive report of actual expenditures shall be submitted at the end of the fiscal year. If the expenditures do not support the payments made, the Subcontractor will be required to pay the difference back to the Managing Entity. The withheld amount may be reimbursed, if allowable, to the Subcontractor when the year to date threshold target is achieved.

Month	Baycare (Pasco)	Centerstone (Manatee)	Charlotte Behavioral (Charlotte)	Charlotte Behavioral (Lee)	DACCO (Hillsborough)	Directions (Pinellas)	Peace River (Polk)
July	10	6	2	6	6	6	3
August	21	12	4	12	11	12	6
September	32	18	6	19	17	18	10
October	42	24	8	25	22	23	13
November	53	30	10	31	28	29	16
December	64	36	12	38	33	35	19
January	75	42	15	42	39	41	22
February	86	48	17	48	44	47	25
March	97	54	19	56	50	52	29
April	108	60	21	62	55	58	32
May	119	66	23	69	61	64	35
June	130	72	25	75	66	70	38

5. Community Action Team (CAT). If the Subcontractor has a CAT program, the Managing Entity shall pay the Subcontractor up to pro-rata share (1/12) of the total allocation listed in CAFÉ on the **Covered Services Funding Tool**. This pro-rata amount is contingent on the Subcontractor meeting the below requirements.

The Subcontractor shall demonstrate satisfactory delivery of minimum levels of service through submission of a properly completed **DCF Exhibit C1 Report** (Persons Served and Performance Measure Report), documenting compliance with the performance measures. The Subcontractor shall attain a minimum of 100 percent of the service targets specified on **Exhibit C – Performance Measures**.

If the Subcontractor does not meet the minimum required number served (performance measure CAT01) during the invoice period, the Managing Entity shall reduce the payment due for that period by \$2,000.00 for each individual less than target. Payments reduced for performance measure CAT01 cannot be recouped by the Subcontractor.

If the Subcontractor does not meet the minimum required outcome measures (performance measures CAT02, CAT03, CAT04, and CAT06) during the invoice period, the Managing Entity shall reduce the payment due for that period by 1% of the invoice amount for each point less than target. In the event of an invoice reduction for these referenced outcome measures, if the Subcontractor subsequently exceeds the same performance measure during the subsequent invoice period by the same or a greater percentage than in the reduced invoice period, the Subcontractor may receive payment of the reduced portion of the original invoice in the subsequent month.

6. (Success 4 Kids and Families, Inc. only) Early Intervention Services for Psychotic Disorders. If the Subcontractor has funding under the OCA MH026, the Managing Entity shall pay the Subcontractor up to pro-rata share (1/12) of the total allocation listed in CAFÉ on the **Covered Services Funding Tool** for each fiscal year, contingent upon available funding. This pro-rata amount is contingent on the Subcontractor admitting 2 new individuals each month for an annual total of 24 new individuals served. If a target is not met, 30% of the current month's payment will be withheld, but can be recouped the following month(s), if met at that time. This funding also requires a monthly submission of data for the program and the submission of a monthly expenditure report. If these items are not met, then the invoice payment will be withheld for this OCA. A final, comprehensive report of actual expenditures shall be submitted at the end of the fiscal year. If the expenditures do not support the payments made, the subcontractor will be required to pay the difference back to the Managing Entity.

Month	Target
July	2
August	4
September	6
October	8
November	10
December	12
January	14
February	16
March	18
April	20
May	22

Month	Target
June	24

7. Special Appropriation Funding under B6 – Provider Proviso Projects.

a. For the following subcontractors/OCA's:

- DACCO Behavioral Health, Inc.: MSC95;

The Managing Entity shall pay the Subcontractor for units of service, delivered in accordance with the terms and conditions of this Subcontract at the unit price listed in the Contract and Finance Exchange (CAFÉ) on the **Covered Services Funding Tool** for each fiscal year, contingent upon available funding and successful negotiation of deliverables.

8. (Success 4 Kids and Families, Inc. only) Healthy Transitions (MH000). If the Subcontractor has a Healthy Transitions program, the Managing Entity shall pay the Subcontractor up to pro-rata share of the total allocation listed in CAFÉ on the **Covered Services Funding Tool**. This pro-rata amount is contingent on the Subcontractor meeting the monthly deliverables listed below and on Exhibit C – Performance Measures. If the threshold is not met, then the invoice payment will be reduced in proportion to the amount not met. This funding also requires a monthly submission of backup documentation for this program's invoice. If these items are not met, then the invoice payment will be withheld for this OCA (MH000). The withheld amount may be reimbursed to the Subcontractor the following month, if the monthly deliverables are met.

Provider	Monthly Deliverable
<b>Success 4 Kids and Families</b>	24 youth/young adults will be actively enrolled and receiving Florida Healthy Transitions' Wraparound, Intensive Case Management and/or Educational & Vocational services in Hillsborough County.

A final reconciliation shall be submitted based on the timeframe identified in the **Exhibit A<sub>1</sub> – Required Documents and Reports.**

9. (NAMI Pinellas funding only). The Managing Entity shall pay the Subcontractor up to pro-rata share of the total allocation listed in CAFÉ on the Covered Services Funding Tool. This pro-rata amount is contingent on the Subcontractor meeting the monthly deliverables listed below. If the threshold is not met, then the invoice payment will be reduced in proportion to the amount not met. This funding also requires a monthly submission of backup documentation for this program's invoice. If these items are not met, then the invoice payment will be withheld for this OCA (MH000). The withheld amount may be reimbursed to the Subcontractor the following month, if the monthly deliverables are met.

Deliverable	Annual	Monthly
Number of educational sessions presented	36	3
Number of educational hours offered	108	9

Number of support groups maintained	108	9
Number of social media posts	48	4

10. The Subcontractor shall complete the **FY 21-22 Match Tracking** by September 30, 2021, and update within thirty (30) days of signing all financial amendments. This file can be found on SharePoint under the Agency Shared Documents → Match Tracking folder.
11. The Subcontractor shall request an electronic payment for services delivered on a monthly basis through the Contract and Finance Exchange (CAFÉ) software within ten (10) days after the first day of the following month (or next business day if CFBHN is not open).
12. The Subcontractor shall participate in a Behavioral Health Fee that will be deducted at issuance of the Subcontractor monthly payment.
13. The Managing Entity shall not be required to pay the Subcontractor or other vendors if Managing Entity does not receive payment for the corresponding services and materials from its payment source. No funds shall be owed to the Subcontractor unless Managing Entity is paid by the Department for the services for which Subcontractor is requesting payment. Receipt of payment from the Department is an absolute precondition to any obligation by Managing Entity to pay Subcontractor. Managing Entity's contractual or other obligation to pay Subcontractor is expressly conditioned upon and limited to the payments by the Department to the Managing Entity for the services for which Subcontractor is requesting payment. Managing Entity may make partial payments to the extent it receives partial funding. In the event the acts or omissions of a Subcontractor are a cause, in whole or in part, of a payment source's failure to pay Managing Entity, then Managing Entity may elect to apportion any payment received among Subcontractors or vendors whose acts are not a cause for non-payment. Subcontractors and vendors shall not be subject to non-payment for reasons other than Managing Entity's failure to receive its funding, unless the Subcontractor or vendor has failed to comply with a corrective action plan or they have been subjected to the CFBHN Sanctions and Financial Penalties policy.
14. Return of Funds. The Subcontractor agrees to return to the Managing Entity any overpayments or funds disallowed pursuant to the terms and conditions of this Subcontract that were disbursed to the Subcontractor by the Managing Entity. In the event that the Subcontractor or its independent auditor discovers that an overpayment has been made, the Subcontractor shall repay said overpayment immediately without prior notification from the Managing Entity. In the event that the Managing Entity first discovers an overpayment has been made, the Regional Contract Manager, on behalf of the Managing Entity, will notify the Subcontractor by letter of such findings. Should repayment not be made forthwith, the Subcontractor will be charged at the lawful rate of interest on the outstanding balance after

Managing Entity notification or Subcontractor discovery. The Managing Entity is not required to conduct an audit prior to finding that the Subcontractor has misspent funds.

In addition to any other remedy, the Managing Entity may offset any misspent funds against any other funds due Subcontractor for previous or subsequent agreements. Repayments will be made by Subcontractor in accordance with the Managing Entity's instructions.

**15. Third Party Billing.** The Subcontractor shall adhere to the following guidelines when billing Managing Entity:

**a.** Services are not reimbursable for the following:

1. Individuals who have third party insurance coverage when the services provided are paid under the insurance plan; or
2. Medicaid enrollees or recipients of another publicly funded health benefits assistance program, when the services provided are paid by said program.

**b.** Services are reimbursable for the following:

1. Individuals who have lost coverage through Medicaid, or any other publicly funded health benefits assistance program coverage for any reason during the period of non-coverage; or
2. Individuals who have a net family income less than 150 percent of the Federal Poverty Income Guidelines, subject to the sliding fee scale requirements in Rule 65E-14.018 F.A.C.

The Subcontractor shall ensure that Medicaid funds will be accounted for separately from funds for this Subcontract. This includes services such as CAT, CRS, FACT, FIT and SIPP.

**16. Eligibility.** The Subcontractor shall verify and document in the service recipient's file that they are eligible for services under this contract, and in accordance with Chapter 65E-14 F.A.C., Chapter 397.674, F.S., and their own policies and procedures.

**17.** If the Subcontractor provides Mental Health Clubhouse they are required to develop other payment sources (examples include vocational rehabilitation, Medicaid, or other funding). If a service recipient has Medicaid, the Subcontractor is required to bill Medicaid for those eligible services. If the Subcontractor does not have a Medicaid ID to bill for Mental Health Clubhouse services, the Subcontractor shall apply for a Medicaid ID within 3 months of execution of this Subcontract, and submit a proposed timeline and plan to begin billing Medicaid. CFBHN staff shall review and approve the plan. The Subcontractor shall submit a monthly status update on their plan every month thereafter.

#### **E. Services to be Provided**

**1.** The Subcontractor is responsible for the administration and provision of programs

and services for adults and/or youth from within the SunCoast region (Circuit 10 is incorporated within the SunCoast region reference).

2. The Subcontractor will secure and maintain all necessary authority and licenses to provide the services allowable within the covered services for which the Managing Entity shall be invoiced and to provide those services for the rates specified on the **Covered Services Funding Tool** in the Contract and Finance Exchange (CAFÉ), which is incorporated by reference.
3. The Subcontractor shall ensure that all persons served under this Subcontract are eligible, that services provided are allowable and that documentation is consistent with and maintained in accordance with the conditions of Attachment I including, where applicable, verification that the services provided cannot be paid for through Medicaid.
4. The Subcontractor shall request approval, by electronic mail, from their Contract Manager to subcontract for primary services by April 1<sup>st</sup> of each fiscal year. For Subcontracts beginning after July 1<sup>st</sup>, the Subcontractor shall request approval to subcontract for primary services from the Contract Manager by electronic mail, at least thirty (30) days prior to the subcontractor's start date. All requests to subcontract services must be approved prior to invoicing for subcontracted services.
5. The Subcontractor shall request a sliding fee payment from persons not eligible for Medicaid or receiving services ineligible under Medicaid in accordance with 65E-14.018. The fees shall be based on a sliding fee scale for families whose net family income is less than 150 percent of the Federal Poverty Income Guidelines in accordance with 409.9081, F.S. Fees collected from families shall be used for expanding child and adolescent mental health treatment services through the reduction of the units billed to the Managing Entity, if applicable.
6. The Subcontractor shall adopt the American Society of Addiction Medicine (ASAM) level of care determination criteria for all persons served with substance use disorders. The ASAM criteria are published at <https://www.asam.org/asam-criteria/about>.
7. The Subcontractor shall make available, either directly or by arrangement with others, tuberculosis services to include counseling, testing and referral for evaluation and treatment.
8. The Subcontractor shall enter individuals served into the DCF web-based waitlist and will submit to the Managing Entity staff the capacity list if the Subcontractor receives state-funded behavioral health services. The process for reporting is outlined in the waitlist training (which must be completed annually) and in DCF Financial and Services Accountability Management System (FASAMS) Pamphlet 155-2 – Chapter 7.



9. The Subcontractor shall actively participate in required DCF and CFBHN local and statewide initiatives.
  
10. The Subcontractor shall enter individuals served into the Managing Entity's electronic health registration system, within one day of admission to services and within one week of discharge, for the following covered services:
  - a. Crisis Stabilization Unit (CSU)
  - b. Residential Level 1
  - c. Residential Level 2
  - d. Short-Term Residential Treatment (SRT)
  - e. Substance Abuse Inpatient DetoxificationA minimum of 90% shall be added within one day of admission.
  
11. The Subcontractor shall provide contact information for Mobile Response Teams to parents and caregivers of children, adolescents, and young adults between ages 18 and 25, inclusive, who receive behavioral health services.
  
12. For all Medicaid-enrolled Subcontractors, prior to invoicing the Managing Entity for any services provided to any Medicaid-enrolled recipients, the Subcontractor shall document that they have:
  - a. Submitted a prior authorization request for any Medicaid-covered services provided.
  - b. Appealed any denied prior authorizations.
  - c. Provided assistance to appeal a denial of eligibility or coverage.
  - d. Verified the provided service is not a covered service under Florida Medicaid, as defined in Chapter 59G-4, F.A.C., or is not available through the individual's MMA Plan.
  - e. In cases where the individual's Medicaid-covered service limit has been exhausted for mental health services, an appropriately licensed mental health professional has issued a written clinical determination that the individual continues to need the specific mental health treatment service provided.
  - f. In cases where the individual's Medicaid-covered service limit has been exhausted for substance use disorder treatment services a qualified professional as defined in Section 397.311, F.S., has issued a written clinical determination that the individual continues to need the specific service provided.
  
13. Incidental Expenses. Incidentals should only be used to cover temporary expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available and must be associated with a treatment plan goal, or follow guidelines outlined in DCF Guidance Documents as available. Prior to utilizing Incidentals, the Subcontractor must explore all other resources available.

- a. Incidental expenses are not allowable for the purchase of food, except under the following circumstances.

When there is a State of Emergency Executive Order and/or an approved DCF exemption, the purchase of food may be allowable for recipients of DCF-funded behavioral health services who are ineligible for other publicly funded supplemental nutritional benefits and are unable to access community food banks, points of distribution, or similar outlets when those outlets are no longer accessible due to COVID-19.

This authorization is limited to those persons who are actively receiving SAMH-funded services only. Appropriate use must be determined on a case-by-case basis, and well-documented in the individual's service record. Due diligence must be exercised prior to authorization to ensure all alternative sources of nutritional support, including any emerging emergency food support programs, have been exhausted. Due diligence must also be applied to identify and enroll recipients in other programs, resources, or supports for which a person may be or may become eligible. The use of these funds must be time-limited but may be recurring in the event food resources continue to remain inaccessible. SAMH funds may not be used to provide cash, advances or any transferable cash equivalents to an individual.

Service recipients must meet the following conditions.

- i. Must be a temporary expense.
  - ii. Must be needed to keep the individual engaged in treatment and in a stable community environment.
  - iii. No other resources are available to meet the need.
- b. See **Exhibit G – Incidental Expense Guidelines & Request Form** for approved incidentals and how to submit requests.

## **F. General Terms and Requirements**

1. The Subcontractor shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, including those that are referenced and incorporated in this Subcontract.
2. The Subcontractor agrees to comply with all of the following applicable requirements.
  - a. Requirements to ensure compliance with the SAMHSA Charitable Choice provisions and the implementing regulations of 42 CFR s.54a;
  - b. For Subcontractors that receive block grant funding, requirements to ensure compliance with 42 CFR Part 2;
  - c. Provisions to monitor block grant requirements, and activities;
  - d. Sufficient detail on the invoice to capture, report, and test the validity of expenditures and service utilization;

- e. For Subcontractors that receive CMH block grant funding, and have been designated as a prevention provider for the purposes of H.R. Res. 3547, 113th Cong. (2014) (enacted), compliance with federal requirements;
- f. For Subcontractors that receive SAPT block grant funding for the purpose of primary prevention, compliance with 45 CFR s. 96.125;
- g. An invoice that includes the minimum data elements to satisfy the Department's application and reporting requirements;
- h. Compliance with state or federal requests for information related to the block grant;
- i. In accordance with 45 CFR ss. 96.131(a) and (b), for Subcontractors that receive Block Grant funds and that serve injection drug users publicize the following notice: "This program receives federal Substance Abuse Prevention and Treatment Block Grant funds and serves people who inject drugs. This program is therefore federally required to give preference in admitting people into treatment as follows: 1. Pregnant injecting drug users; 2. Pregnant drug users; 3. People who inject drugs; and 4. All others.";
- j. Compliance with Exhibit B1 of the Master Contract;
- k. Compliance with 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;
- l. Compliance with 2 CFR Part 300.1 - Adoption of 2 CFR Part 200;
- m. Compliance with 45 CFR Part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards;
- n. Compliance with the Reference Guide for State Expenditures;
- o. Compliance with Chapter 65E-14, F.A.C.;
- p. Compliance with Block Grant requirements, including maintenance of effort;
- q. Compliance with State and federal grant requirements;
- r. Compliance with TANF requirements, if applicable; and
- s. Compliance with Department policies related to the delivery of service.
- t. If the Subcontractor is a federal subrecipient or pass-through entity, then the Subcontractor and its subcontractors who are federal subrecipients or pass-through entities are subject to the following: A contract award (see 2 CFR § 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines in 2 CFR, Part 180 that implement Executive Orders 12549 and 12689, "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
- u. If the Subcontractor is a federal subrecipient or pass through entity, the Subcontractor and its subcontractors who are federal subrecipients or pass-through entities, must determine whether or not its subcontracts are being awarded to a "contractor" or a "subrecipient," as those terms are defined in 2 CFR, Part 200. If a Subcontractor's subcontractor is determined to be a subrecipient, the Subcontractor must ensure the subcontractor adheres to all the applicable requirements in 2 CFR, Part 200.

- v. Compliance with CFR Part 200 – Uniform Administrative Requirements, Cost Principles and Audit Requirement for Federal Awards and the Reference Guide for State Expenditures.
  - w. None of the funds provided under the following grants may be used to pay the salary of an individual at a rate in excess of Level II of the Executive Schedule: Block Grants for Community Mental Health Services, Substance Abuse Prevention and Treatment Block Grant, Projects for Assistance in Transition from Homelessness, Project Launch, Florida Youth Transition to Adulthood; and Florida Children's Mental Health System of Care Expansion Implementation Project.
3. The Subcontractor shall comply with the following treatment services requirements.
- a. The Subcontractor shall discuss the option of medication-assisted treatment with individuals with opioid use disorders or alcohol use disorders.
    - i. For individuals with opioid use disorders, the Subcontractor shall discuss medication-assisted treatment using FDA-approved medications including but not limited to methadone, buprenorphine-based products and naltrexone.
    - ii. For individuals with alcohol use disorders, the Subcontractor shall discuss medication-assisted treatment using FDA-approved medications including but not limited to disulfiram, and acamprosate products.
  - b. The Subcontractor shall actively link individuals to medication-assisted treatment providers upon request of the individual served;
  - c. A prohibition on a denial of an eligible individual's access to the Subcontractor's program or services based on the individual's current or past use of FDA-approved medications for the treatment of substance use disorders. Specifically, this must include requirements to:
    - i. Ensure the Subcontractor's programs and services do not prevent the individual from participating in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program when ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder;
    - ii. Permit the individual to access medications for FDA-approved medication- assisted treatment by prescription or office-based implantation if the medication is appropriately authorized through prescription by a licensed prescriber or provider.
    - iii. Permit continuation in medication-assisted treatment for as long as the prescriber or medication-assisted treatment provider determines that the medication is clinically beneficial; and
    - iv. Prohibit compelling an individual to no longer use medication-assisted treatment as part of the conditions of any program or services if stopping is inconsistent with a licensed prescriber's

- recommendation or valid prescription.
- v. Prohibit caps or limits on the length of medication-assisted treatment, except for limits imposed by a documented lack of eligible public funds.
  - vi. Prohibit mandatory counseling participation requirements and mandatory self-help group participation requirements imposed as a condition of initiating or continuing medications that treat substance use disorders, except those established by methadone providers and applied to individuals on methadone pursuant to section 65D-30.014(5)(o) and section 65D-30.014(5)(m), Florida Administrative Code.
- d. A prohibition on automatic discharges or discontinuation of medications as a consequence of continued substance use or positive drug tests, unless the combination of substances used is medically contraindicated.
4. The Subcontractor shall comply with all applicable terms and conditions of this Subcontract.
5. The Subcontractor shall notify the Subcontractor's Contract Manager, by electronic mail, a minimum of thirty (30) days prior to the closure of any DCF funded program(s).
6. The Subcontractor shall ensure that the location of Subcontractor's services and the days and times where services are being provided will be as specified pursuant to 65E-14.021(5)(e)1.c.I. of the Florida Administrative Code (F.A.C.). The Subcontractor shall notify the Contract Manager, in writing, of any changes in locations, days, and/or times where services are being provided pursuant to 65E-14.021(5)(e)1.c. F.A.C, thirty (30) days prior to any changes. The Subcontractor shall, within five (5) business days, submit written notification by electronic mail to their Contract Manager if any of the following positions are to be changed and identify the individual and qualifications of the successor:
- a. Chief Executive Officer (CEO)
  - b. Chief Operations Officer (COO)
  - c. Chief Financial Officer (CFO)
  - d. Chief Information Technology Officer (CITO) or
  - e. Any other equivalent position within the Subcontractor's Organizational chart.
7. The Subcontractor shall comply with the staffing qualifications and requirements (including background screening), required by this Subcontract and as required by applicable law, rule, or regulations, including without limitation, the regulations of the Department.

Pursuant to Executive Order 11-02 signed on January 4, 2011, the Subcontractor will

use the E-verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its' employees and the Subcontractor's subcontractors' employees performing under this Subcontract.

The Subcontractor shall provide employment screening for all mental health personnel and all chief executive officers, owners, directors, and chief financial officers of Subcontractor using the standards for Level II screening set forth in Chapter 435, and Section 408.809 Florida Statutes (F.S.), except as otherwise specified in Sections 394.4572(1)(b)-(c), F.S. In addition, employment screening described in this paragraph must include a local criminal records check conducted through a local law enforcement agency. For the purposes of this Subcontract, "mental health personnel" includes all program directors, professional clinicians, staff members, clubhouse staff, drop-in center staff, and volunteers working in public or private mental health programs and facilities who have direct contact with individuals held for examination or admitted for mental health treatment.

The Subcontractor shall provide employment screening for substance abuse personnel using the standards set forth in Chapter 397, F.S. This includes all chief executive officers, owners, directors, chief financial officers and clinical supervisors of Subcontractors, all Subcontractor personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services, and all peer specialists who have direct contact with individuals receiving services. In addition, employment screening described in this paragraph must include a local criminal records check conducted through a local law enforcement agency, as required by **65D-30.0036(1)(s), F.A.C.**

8. The Subcontractor shall comply with procedures for Missing Children outlined in Rule 65C-30.019, F.A.C., Rule 65C-29.013, F.A.C., and in Children and Families Operating Procedure (CFOP) 175-85, entitled "Prevention, Reporting, and Services to Missing Children" for all subcontracts which involve case management or other family services for children in out-of-home placements, children's mental health, children's substance abuse, developmentally disabled children, or other situations where the care of the child is assigned to the Department or the Subcontractor.
9. The Subcontractor shall comply with the provisions of Chapter 427, F.S., Part I, Transportation Services and Chapter 41-2, F.A.C., Commission for the Transportation Disadvantaged, if public funds provided under this Subcontract will be used to transport individuals served. Subcontractor shall comply with the provisions of Children and Families Operating Procedure (CFOP) 40-5 if public funds provided under this Subcontract will be used to purchase vehicles that will be used to transport individuals served.
10. The Subcontractor shall participate in the development and implementation of an evidence-based screening and assessment instrument.

11. The Subcontractor shall comply with Subparts I and II of Part B of Title XIX of the Public Health Service Act, Sections 42 United States Code (U.S.C.) 300x-21 et seq. (as approved September 22, 2000) and the Health and Human Services (HHS) Block Grant regulations (45 Code of Federal Regulations (CFR) Part 96) if the Subcontractor receives federal block grant funds from the Substance Abuse Prevention and Treatment or Community Mental Health Block Grants. No federal funds received in connection with this Subcontract may be used by the Subcontractor, or agent acting for the Subcontractor, to influence legislation or appropriations pending before Congress or any State legislature.
12. The Subcontractor shall comply with the Pro-Children Act of 1994 (Certification Regarding Environmental Tobacco Smoke) (20 U.S.C. 6081).
13. The Subcontractor shall document recruitment plans designed to maintain as much as possible staff with the ethnic and racial composition of the individuals served.
14. The Subcontractor shall comply with **Exhibit I – CFBHN’s FIS Guidelines** for Family Intervention Specialist (FIS), if the Subcontractor receives funding to support this program. The Subcontractor will notify their CFBHN program manager, by electronic mail, of any changes in FIS personnel within ten (10) business days.
15. The Subcontractor shall comply with requirements in the Tangible Property Requirements & Contract Provider Property Inventory Form and requirements of **Guidance Document 2**.
16. The Subcontractor shall comply with the provisions outlined in the Regional Operating Procedure (ROP), “SunCoast Region Adult Mental Health Operating Procedure for Forensic Services,” and **Guidance Documents 6 and 7** if the Subcontractor is required to serve the Forensic population. The latest version of the Regional Operating Procedure can be found on the SharePoint site under Agency Shared Documents → Contract and Budget Documents → Attachments-Exhibits-Incorporated Documents.
17. The Subcontractor shall comply with statutory requirements in Section 429.075, F.S. and the requirements outlined in **Guidance Document 8**, in the provision of service for residents of assisted living facilities that have mental disorders who reside in a limited mental health licensed facility.
18. The Subcontractor shall comply with the requirements of **Attachment I** and **Guidance Document 12** if the Subcontractor serves non-Medicaid eligible children with mental health or substance abuse-related disorders who are determined eligible for the Title XXI part of the KidCare Program.
19. The Subcontractor shall ensure that if Subcontractor receives Indigent Drug Program funding, all funds allocated for use of purchasing psychotropic medications, or

medications used to treat addictions, or medications accessed through a line of credit from the Indigent Drug Program (IDP) are used for individuals who meet any of the specified criteria identified in Attachment I (Master Contract) and **Guidance Document 13**. The Subcontractor shall submit current, executed agreements to the Managing Entity annually.

20. The Subcontractor shall implement services and provide deliverables as set forth in **Guidance Document 15** and described in each approved and signed “Local Intended Use Application” which is a requirement of the Projects for Assistance in Transition from Homelessness (PATH) grant application if the Subcontractor receives funding through the PATH grant. Eligible PATH local matching funds must be expended in the provision of PATH eligible services to PATH eligible persons. The expenditures must match the types of services outlined in the Local Intended Use Plan. The formula to be followed is cited in Section 524 of the Public Health Service Act, as amended by Public Law 101-645.
21. The Subcontractor shall comply with the provisions outlined in the Florida Assertive Community Treatment (FACT) Regional Operating Procedures and **Guidance Document 16** if the Subcontractor is required to serve the FACT population. The latest version of the Regional Operating Procedure can be found on the SharePoint site under Agency Shared Documents → Contract and Budget Documents → Attachments-Exhibits-Incorporated Documents.
22. The Subcontractor shall comply with the Temporary Assistance to Needy Families (TANF) Program Guidelines, which are herein incorporated by reference in **Guidance Document 17** and may be found at: <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2021-contract-docs> if receiving TANF funding.
23. The Subcontractor shall follow the Department’s Accounting Procedures Manual AMP7, Volume 6, for the administration of the personal property and funds of individuals served.
24. The Subcontractor shall ensure 95% of individuals needing treatment services will receive services, depending on the severity of individual need, within the following timeframes:
  - a. **Emergent need**: within six (6) hours of first contact.  
An individual who is in imminent danger of harm to self or others, or who requires immediate access to services, must be directed to the most appropriate care, which may include: an emergency room, crisis stabilization unit or detoxification services for evaluation and treatment, if indicated. Care is to be rendered within six (6) hours of first contact.
  - b. **Urgent need**: within forty-eight (48) hours of first contact.  
An individual whose clinical situation is serious and is expected to deteriorate quickly if care is not provided; however, the situation does not require



immediate attention and assessment, the individual is not a danger to self or others, and is able to cooperate in treatment. These individuals are to be seen within forty-eight (48) hours of first contact.

c. Routine need: within ten (10) calendar days of first contact

i. First Contact to Assessment.

Service requests for symptoms that do not meet the criteria for emergent or urgent, and do not substantially restrict an individual's activity, but could lead to significant impairment if left untreated, are to receive assessment services within three (3) calendar days (72 hours). This is mandatory for child welfare involved individuals.

ii. First Contact to First Treatment Appointment.

Service requests for symptoms that do not restrict normal activity but could develop significant impairment if left untreated are to receive services within seven (7) calendar days. This is mandatory for child welfare involved individuals and persons discharged from acute care and residential level I and II.

25. The Subcontractor shall provide services to individuals in need regardless of their primary language. Provider shall not refuse service to any individual on the basis of their ability to speak English.
26. The Subcontractor shall comply with the Drug-Free Workplace Act, Section 440.101, F.S., and its following sections.
27. The Subcontractor shall be responsible for meeting the outcomes and performance standards as defined in **Exhibit C – Performance Measures**, or as otherwise required by applicable law, rule or regulation. If outcomes are not met, the Subcontractor is encouraged to reach out to the Managing Entity for technical assistance. If Subcontractor is not in full compliance within an agreed upon time, the Subcontractor could be held to the CFBHN Sanctions and Financial Penalties Policy.
28. The Subcontractor shall participate in the Managing Entity's mandatory training events and optional trainings when financial availability affords the opportunity.
29. It is recommended that the Subcontractor execute a Memorandum of Understanding (MOU) with the appropriate Federally Qualified Health Center within ninety (90) days of this Subcontract. Certification that MOU's have been executed shall be submitted to the Contract Manager on or before September 30 of each contract year. The MOU shall promote the integration of primary care services to the medically underserved and provide for innovative methods to expand capacity for behavioral health care services.
30. The Subcontractor shall maximize the use of state residents, state products and other Florida-based businesses in fulfilling their contractual duties under this Subcontract.

- 31.** The Subcontractor shall refrain from any of the prohibited business activities with the Governments of Sudan and Iran as described in Section 215.473, F.S. Pursuant to Section 287.135(5), F.S., the Department or the Managing Entity will immediately terminate this Subcontract for cause if the Subcontractor is found to have submitted a false certification or if the Subcontractor is placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List during the term of the Subcontract. CFBHN will terminate this Subcontract at any time the Provider is found to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.
- 32.** The Subcontractor shall comply with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 CFR Part 84 (hereinafter referred to as Section 504), the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 CFR Part 35 (hereinafter referred to as ADA), and the Children and Families Operating Procedure (CFOP) 60-10, Chapter 4, entitled “Auxiliary Aids and Services for the Deaf and Hard-of-Hearing”. If the Subcontractor or any of its subcontractors have fifteen (15) or more employees, they shall designate a single point-of-contact to ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504, the ADA and CFOP 60-10. Subcontractor’s employees and any of its subcontractor’s employees who are direct service employees shall complete the most recent DCF Online Training course titled “Serving our Customers who are Deaf or Hard-of-Hearing” (as requested of all Department employees) and sign the Attestation of Understanding. Direct service employees will also print their certificates of completion, attach them to their Attestation of Understanding and maintain them in their personnel file.
- 33.** In accordance with the Master Contract, Managing Entity is the designated Crisis Counseling Program (CCP) Network Service Provider in the counties where services are provided. As such, in accordance with the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) disaster response contract, the Subcontractor agrees to contract with Managing Entity to provide authorized CCP services in accordance with CCP guidance. These services will be provided only in the event of a Presidential Major Disaster Declaration within the SunCoast Region. Services contracted for and provided will be based upon the availability and functional capacity of the Subcontractor, which may be impacted depending on the scope of the disaster.

**34. National Voter Registration Act**

The Subcontractor shall comply with the National Voter Registration Act (NVRA) of 1993, Pub. L. 103-31 (1993), Sections 97.021 and 97.058 F.S., and Rule 15-2.048 F.A.C., in accordance with NVRA Guidance, which is incorporated herein by reference, may be located at:

<https://www.myflfamilies.com/service-programs/samh/managing-entities/2021-contract-docs.shtml>

As a Voter Registration Agency (VRA), the Subcontractor must provide individuals served with an opportunity to register to vote or update their voter registration at the time of admission or change of address. This duty is incumbent on each Subcontractor. Compliance with this requirement shall include, but is not limited to, the following:

- a. The use of DS-DE77, incorporated herein by reference, at admission and change of address, is available at:  
<http://dos.myflorida.com/elections/forms-publications/forms/>
- b. The Subcontractor shall report the aggregate activities by October 5<sup>th</sup>, January 5<sup>th</sup>, April 5<sup>th</sup> and July 5<sup>th</sup> for each quarter to the appropriate Contract Manager. The report is incorporated by reference and is available in the NVRA folder at:  
<https://cfnet.cfbhn.org/agency/Agency%20Shared%20Documents/Forms/AllItems.aspx>

35. Applicable to Prevention Coalition and Prevention Service Subcontractors:
  - a. The Subcontractor shall collaborate and participate in all mandatory prevention meetings and workgroups and will work with the coalition subcontractor to ensure prevention services are delivered in accordance with the local action plan.
  - b. The Subcontractor shall complete and submit an Initial Prevention Performance Tool (PPT) template to the CFBHN Prevention Team prior to the start of each fiscal year for review and approval. This document shall be updated and approved by the CFBHN Prevention Team as changes occur throughout the year.
36. The Subcontractor shall act as a pass-through for the funds to the existing coalition, **N/A**, until such time as the coalition becomes a 501(c)3 and chooses to receive and manage the funds directly. The Subcontractor and **N/A** shall develop an MOU, detailing the responsibilities of each party. The Subcontractor will be the primary Subcontract holder and shall bear all responsibilities.
37. Moratorium. The Subcontractor shall notify the Contract Department ([Contracts\\_Dept@cfbhn.org](mailto:Contracts_Dept@cfbhn.org)) and the CFBHN Directors ([CFBHNDirectors@cfbhn.org](mailto:CFBHNDirectors@cfbhn.org)), in writing, within twenty-four (24) hours of receiving notification that they have been placed on a moratorium.
38. Recovery Housing. The Subcontractor shall not refer any individuals to recovery residences that are not certified. This does not restrict a Subcontractor from serving people who live in one; however, Department funds should not be used to pay for rent in recovery residences that are not certified as provided in Section 397.487, F.S. The Subcontractor may refer individuals to a recovery residence that is owned and operated by a licensed service provider or a licensed service provider's wholly owned subsidiary.

- 39.** The Subcontractor shall provide an update to their local Information and Referral Call Center site (2-1-1, United Way, etc.) directly, annually (by June 30th) and within seven (7) business days when program information changes. For instructions to update your agency's information, please contact the appropriate agency as detailed above. Updating subcontractor program information is critical to ensure that a current and centralized information and referral point for services is available to the residents of the SunCoast Region and Circuit 10. The Subcontractor shall provide a written copy of the change submitted to the Call Center to [NDCSLeadership@cfbhn.org](mailto:NDCSLeadership@cfbhn.org) and [Contracts\\_Dept@cfbhn.org](mailto:Contracts_Dept@cfbhn.org).
- 40.** The Subcontractor shall comply with the SAMHSA Charitable Choice provisions and the implementing regulations of 42 CFR Part 54a.
- 41.** The Subcontractor shall not offer to give or give any gift to any Managing Entity or Department employee. As part of the consideration for this Subcontract, the parties intend that this provision will survive this Subcontract for a period of two (2) years. In addition to any other remedies available to the Managing Entity or the Department, any violation of this provision will result in referral of the Subcontractor's name and description of the violation of this term to the Department of Management Services for the potential inclusion of the Subcontractor's name on the suspended vendors list for an appropriate period. The Subcontractor shall ensure that its subcontractors, if any, comply with these provisions.
- 42.** The Subcontractor shall participate in and submit Department-sponsored Network Service Provider satisfaction surveys. The required number of valid surveys to be submitted to the Department is determined at the start of the fiscal year and is based on service history. The Subcontractor shall participate in any other surveys needed to meet the requirements of the Master Contract.
- 43.** The following requirements apply to providers who receive funding for Behavioral Health Consultants (BHCs).
- The BHC must be co-located with the Child Protective Investigators (CPIs).
  - The BHC assists CPI in the field or in office by providing consultation for investigations involving an identified or suspected mental health or substance abuse need. Consultation could include, but is not limited to, joint visit with CPI, brief clinical assessment (non-diagnostic), or record review.
  - The BHC will support the CPI with a mental health or substance abuse crisis, including execution of Baker Acts, as needed.
  - The BHC must be a Masters Level Licensed Clinician (LCSW, LMHC, LMFT). If the Subcontractor is unable to fill the position under that requirement, the Subcontractor can submit a plan to CFBHN to fill this position with a mental health intern. This plan must be approved by both CFBHN and DCF prior to hiring. A Licensed Clinician must be available in person to the BHC intern,

within 60 minutes, for assistance when needed.

44. The Community Mental Health Services (CMHS) block grant funds may be used to provide mental health treatment services to adults with serious mental illness and children with serious emotional disturbance within jails, prisons, and forensic settings, as long as these services are provided by programs that also treat the nonincarcerated community at-large and provide continuity of care through discharge planning and case management.
45. The Substance Abuse Prevention and Treatment (SAPT) block grant may not be used to provide any services within prisons or jails.
46. (*Centerstone of Florida, Inc. only*) The Subcontractor shall act as a pass-through for the funds to **The Academy at Glengary**, until such time as the agency becomes a 501(c)3 and chooses to receive and manage the funds directly. The Subcontractor and **The Academy at Glengary** shall develop an MOU, detailing the responsibilities of each party. The Subcontractor will be the primary Subcontract holder and shall bear all responsibilities.
47. The Subcontractor shall make the name and telephone number of CFBHN available to service recipients to allow them to contact the organization for additional information, assistance and/or to make a complaint to the Network. CFBHN contact information shall be posted at service delivery sites in areas visible to individuals served, and/or provided directly, in writing, to service recipients.
48. The Subcontractor shall comply with the provisions outlined in **Guidance Document 34**, if the Subcontractor has a Mobile Response Team, including the following requirements:
  - a. Adhere to the criteria in Sections C, E, F and G of **Guidance Document 34**.
  - b. Participate in all MRT program conference calls, meetings, or other oversight events scheduled by the Department.
  - c. Make Mobile Response Team services available 24 hours per day, 7 days a week in their assigned communities.
  - d. Establish response protocols with local law enforcement agencies, local community-based care lead agencies, child protective investigators, the Department of Juvenile Justice, and local schools, including public K-12 schools, colleges, and universities.
  - e. Have access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner.
  - f. Provide an array of crisis response services to eligible persons and their families, designed to address individual and family needs, including screening, standardized assessments, crisis de-escalation, safety planning, and linkage to community services as necessary to address the immediate crisis event and ongoing behavioral health needs. Screenings and assessments shall be completed for the presence of an emotional disturbance, serious emotional

disturbance, substance use, or mental illness including depression and risk for suicide.

- g.** Adhere to standards for informed consent and confidentiality compliance.
  - h.** Establish formal and informal partnerships with key entities providing behavioral health services and supports to eligible persons and their families to facilitate warm hand-offs for continuity of care.
  - i.** Coordinate with the Community-Based Care (CBC) Lead Agency in the Network Service Provider's area to provide MRT services to children served by the child welfare system who are experiencing a behavioral health crisis.
- 49.** *(For Care Coordination funding only)* The Subcontractor shall utilize the forms referenced as Exhibits J1 – Care Coordination Rating System for Managing Entity, Exhibit J2 – Care Coordination Rating System for Provider, Exhibit J3 – Care Coordination Technical Assistance for Managing Entity, and Exhibit J4 – Care Coordination Technical Assistance for Provider, for applicable care coordination activities, as trained by CFBHN staff.
- 50.** Prior to admitting into an Adult Mental Health Residential Level 4 funded bed, the Subcontractor shall request admission approval from CFBHN's NDCS department. Individuals that are admitted without CFBHN approval shall not be reimbursed for services or staff time.

#### **G. Confidentiality, HIPAA and Data Security**

- 1.** The Subcontractor shall comply with all confidentiality and non-disclosure requirements contained in Attachment I or required by applicable law, rule or regulation. Further, each party shall not use or disclose to any unauthorized person any information relating to the business or affairs of the other party or of any qualified individual, except pursuant to the express written consent of the other party or the qualified individual, as applicable, by court order, or as required by law, rule, or regulation.
- 2.** The Subcontractor shall protect data in the Financial and Services Accountability Management System (FASAMS) and in the Central Florida Health Data System (CFHDS) from accidental or intentional unauthorized disclosure, modification or destruction by persons by ensuring that each user must have a unique personal identifier (i.e., DS number). The following security agreements and trainings shall be requested and completed prior to anyone accessing the FASAMS/CFHDS: 1) CFBHN System Access Request Packet; 2) DCF Database Access Request Packets; 3) DCF Security Agreement Form; 4) Current year, online Security Awareness Training; 5) Current year, online Health Insurance Portability and Accountability Act (HIPAA) Training. As noted in the CFBHN System Access Request Packet, the Subcontractor shall submit a CFBHN System Deactivation form when data access is no longer required by the staff member. Submission of the CFBHN System Deactivation form shall take place within one (1) business day of the individual's termination from

employment, or other event that terminates their need for system access.

3. The Subcontractor shall make every effort to protect and avoid unauthorized release of any personal or confidential information by ensuring both data and storage devices are encrypted as prescribed in CFOP 50-2. If encryption of these devices is not possible, then the Subcontractor shall assure that unencrypted personal and confidential departmental data will not be stored on unencrypted storage devices. The Subcontractor agrees to notify Contracts [contracts\\_dept@cfbhn.org](mailto:contracts_dept@cfbhn.org), Risk Management [risk\\_management@cfbhn.org](mailto:risk_management@cfbhn.org) and Data Team [DataTeam@cfbhn.org](mailto:DataTeam@cfbhn.org) by electronic mail as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential departmental data. The Subcontractor shall, at its own cost, comply with section 501.171, F.S. The Subcontractor shall also, at its own cost, implement measures deemed appropriate by CFBHN and the Department to avoid or mitigate potential injury to any person due to potential or actual unauthorized disclosure or access to CFBHN or Department information systems or to any individual served or other confidential information.
4. Managing Entity business associates must safeguard protected health information, and use and disclose the information only as permitted or required by the applicable provisions of 45 CFR Parts 160, 162, and 164 (collectively, the HIPAA Requirements).

Business associates must appropriately safeguard the electronic protected health information they create, receive, maintain or transmit. Downstream entities that work at the direction of or on behalf of the business associate and handle protected health information are also required to comply with the applicable HIPAA requirements in the same manner as the primary business associate. Business associates must obtain satisfactory assurances in the form of a written contract or other arrangement that a subcontractor will appropriately safeguard protected health information. The business associate will ensure that required breach notification procedures are followed. In the event of a breach, the business associate will notify the affected individuals, the Secretary of the Department of Health and Human Services (DHHS), Managing Entity, and if applicable, the media.

The subcontractor must give notice to the IT Team [ITTeam@cfbhn.org](mailto:ITTeam@cfbhn.org) of the involuntary or voluntary separation of any employee with access to the state's data system within twenty four (24) hours.

5. Health Insurance Portability and Accountability Act

In compliance with 45 CFR Part 164.504(e), the Subcontractor shall comply with the provisions of **Attachment V** to this Subcontract, governing the safeguarding, use, and disclosure of Protected Health Information created, received, maintained, or transmitted by the Subcontractor or its subcontractors incidental to Subcontractor's performance of this Subcontract. The provisions of the foregoing Attachment

supersede all other provisions of Attachment I regarding HIPAA compliance.

**6. The Subcontractor shall comply with the following data security requirements:**

An appropriately skilled individual shall be identified by the Subcontractor to function as its' Data Security Officer. The Data Security Officer shall act as the liaison to the Managing Entity's and the Department's security staff and will maintain an appropriate level of data security for the information the Subcontractor is collecting or using in the performance of this Subcontract. An appropriate level of security includes approving and tracking all Subcontractor employees that request or have access to any Managing Entity or Departmental data system or information. The Data Security Officer will ensure that user access to the data system or information has been removed from all terminated Subcontractor employees or employees on leave for more than 30 days.

The Subcontractor shall provide the latest Managing Entity or Departmental security awareness training to its' staff and subcontractors who have access to Managing Entity or Departmental information.

All Subcontractor employees who have access to Managing Entity or Departmental information shall comply with, and be provided a copy of CFOP 50-2, and shall sign the Department's Security Agreement form CF-0114 annually. A copy of CF-0114 may be obtained from the Contract Manager.

The Subcontractor shall make every effort to protect and avoid unauthorized release of any personal or confidential information by ensuring both data and storage devices are encrypted as prescribed in CFOP 50-2. If encryption of these devices is not possible, then the Subcontractor shall assure that unencrypted personal and confidential Managing Entity or Departmental data will not be stored on unencrypted storage devices. The Subcontractor shall require the same of all its subcontractors.

The Subcontractor shall at its own cost provide notice to affected parties no later than thirty (30) days following the determination of any potential breach of personal or confidential Departmental data as provided in Section 501.171, F.S. The Subcontractor shall require the same notification requirements of all its subcontractors. The Subcontractor shall also at its own cost implement measures deemed appropriate by the Managing Entity or Department to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential Managing Entity or Departmental data.

**H. Data Submission**

- 1. The Subcontractor shall submit all required data (DCF, local match and charity care) to the Managing Entity by the 10<sup>th</sup> calendar day of each month. This includes, but is**



not limited to, program data under BNET, CAT, CSU, Detox and FIT.

2. The Subcontractor shall submit expanded data for MSA81 Specific Appropriation 375, if applicable, through the Agency's SharePoint portal by the 10<sup>th</sup> of the month following services.
3. The Subcontractor shall submit self-report outcomes and outputs, if applicable, through the Agency's SharePoint portal by the 10<sup>th</sup> of the month following services.
4. The Subcontractor shall ensure 100% accuracy of documentation that the Department is payer of last resort (uncompensated care) as reported to Managing Entity.
5. The Subcontractor shall ensure that 100% of all billed units will be supported by a corresponding data unit submitted to Managing Entity. In addition, the Subcontractor agrees that 100% of all data units submitted to Managing Entity will have a documented entry in the file of the individual served.
6. The Subcontractor shall utilize the assigned means of data entry as appropriate to determine compliance with performance standards and outcomes in **Exhibit C – Performance Measures**. The Managing Entity shall provide oversight to ensure that all network subcontractors submit all service related data for individuals funded, in whole or in part, by SAMH funds, local match or Medicaid.
7. The Subcontractor shall comply with all DCF FASAMS Pamphlet 155-2 requirements, with special attention to Modifier codes when reporting client-specific events and non-client specific service events.
8. The Subcontractor shall report payer class data to the Managing Entity if the Subcontractor has a facility designated as a public receiving or treatment facility under this Subcontract, unless such data are currently being submitted into FASAMS. Public receiving or treatment facilities that do not submit data into FASAMS shall report this data annually. The due date of the report is in accordance with **Exhibit A**.

#### I. **Insurance**

1. The Subcontractor shall acknowledge that as an independent contractor, they are not covered by the State of Florida Risk Management Trust Fund for liability created by Section 284.30, F.S.
2. **General Liability Insurance**. The Subcontractor shall obtain and provide proof to the Managing Entity of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire and legal liability to cover Subcontractor and all of its employees.

The limits of the Subcontractor's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

The Subcontractor shall cause all of its subcontractors at all tiers who the Subcontractor reasonably determines to present a risk of significant loss to the Subcontractor, the Managing Entity, or the Department to obtain and provide proof to Subcontractor of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire, and legal liability covering the Subcontractor's subcontractors and all of their employees.

The limits of coverage for Subcontractor's subcontractors at all tiers shall be in such amounts as the Subcontractor reasonably determines to be sufficient to cover the risk of loss.

- 3. Automobile Insurance.** If in the course of the performance of its duties under this Subcontract any officer, employee, or agent of the Subcontractor operates a motor vehicle, the Subcontractor shall obtain and provide proof to the Managing Entity of comprehensive automobile liability insurance coverage (unless a waiver is expressly agreed to in writing). The limits of the Subcontractor's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

If in the course of the performance of the duties of the Subcontractor's Subcontract, any officer, employee or agent of the Subcontractor's subcontractor operates a motor vehicle, the Subcontractor shall cause the Subcontractor's subcontractor to obtain and provide proof to Subcontractor and the Managing Entity of comprehensive automobile liability insurance coverage with the same limits.

- 4. Professional Liability Insurance.** The Subcontractor shall obtain and provide proof to the Managing Entity of professional liability insurance coverage, including errors and omissions coverage, to cover Subcontractor and all of its employees.

If in the course of the performance of the duties of the Subcontractor under this Subcontract any officer, employee or agent of Subcontractor administers any prescriptive drug or medication or controlled substance, the professional liability coverage shall include medical malpractice liability and errors and omissions coverage, to cover Subcontractor and all of its employees. The limits of the coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

If in the course of the performance of the duties of Subcontractor's Subcontract, any officer, employee, or agent of the Subcontractor's subcontractor provides any professional services or provides or administers any prescriptive drug or medication or controlled substance, the Subcontractor shall cause the Subcontractor's subcontractor to obtain and provide proof to the Subcontractor and to the

Managing Entity of professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, to cover all Subcontractor's subcontractor employees with the same limits.

5. Subcontractor Insurance Obligations. The Managing Entity and the Department shall be exempt from, and in no way liable for, any sums of money that may represent a deductible or self-insured retention under any such insurance. The payment of any deductible on any policy shall be the sole responsibility of the Subcontractor, or the Subcontractor's subcontractor providing the insurance.

All such insurance policies of the Subcontractor and its subcontractors shall be provided by insurers licensed or eligible to do and that are doing business in the State of Florida. Each insurer must have a minimum rating of "A" by A.M. Best (or an equivalent rating by a similar insurance rating firm) and shall name the Managing Entity and the Department as additional insured parties under the policy(ies). All such insurance policies of the Subcontractor and its subcontractors shall be primary to and not contributory with any similar insurance carried by the Managing Entity. The Subcontractor shall notify the Contract Manager within 30 calendar days if there is a modification to the terms of insurance including but not limited to, cancellation or modification to policy limits.

The Subcontractor shall use its best good faith efforts to cause the insurers issuing all such general, automobile, and professional liability insurance to use a policy form with additional insured provisions naming the Managing Entity and the Department as an additional insured or a form of additional insured endorsement that is acceptable to the Managing Entity in the reasonable exercise of its judgment. Subcontractor's professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, shall name the Managing Entity and the Department as additional insureds.

Proof of insurance shall preferably be in the form of an Association for Cooperative Operations Research and Development (ACORD) certificate of insurance. All such current insurance certificates will be submitted to the Contract Manager, prior to expiration, as insurance policies are renewed each year.

The requirements of this section shall be in addition to, and not in replacement of, the requirements of Section 4.5 of the Department's standard contract which shall be applicable to Subcontractor, but in the event of any inconsistency between the requirements of this Section and the requirements of the standard contract, the provisions of Section 4.5 shall prevail and control.

6. *(First Step of Sarasota, Inc. only)* Coastal Behavioral Healthcare, Inc. and First Step of Sarasota, Inc. shall purchase an extended reporting endorsement (tail policy) on Coastal's professional liability insurance coverage for 1 year, effective July 1, 2020. In the event that Coastal Behavioral Healthcare, Inc. is not dissolved by June 30,

2021, First Step of Sarasota, Inc. shall extend the tail policy for an additional year, through June 30, 2022.

7. To the extent that any insurance purchased is a "claims made" policy, requiring a claim to be made during the policy period or within a defined period following the expiration of the policy, Subcontractor shall, upon notice by either party of termination of this subcontract provide within 30 days of such notice proof of an extended reporting endorsement (ERP) covering the subcontractor, the Managing Entity and the Department for any claim made after expiration of the claims made policy.

#### **J. Public Records**

The Subcontractor shall allow public access to all documents, papers, letters, or other public records as defined in Subsection 119.011(12), F.S. as prescribed by Subsection 119.07(1) F.S., made or received by the Subcontractor in conjunction with this Subcontract except those public records which are made confidential by law and must be protected from disclosure. It is expressly understood that the Subcontractor's failure to comply with this provision shall constitute an immediate breach of this Subcontract for which the Managing Entity may unilaterally terminate this Subcontract.

1. Unless exempted by law, all public records are subject to public inspection and copying under Florida's Public Records Law, Chapter 119, F.S. Any claim by Subcontractor of trade secret (proprietary) confidentiality for any information contained in Subcontractor's documents (reports, deliverables, or work papers, etc., in paper or electronic form) submitted in connection with this Subcontract will be waived, unless the claimed confidential information is submitted in accordance with paragraph 2 below:
2. The Subcontractor must clearly label any portion of the documents, data, or records submitted that it considers exempt from public inspection or disclosure pursuant to Florida's Public Records Law as trade secret. The labeling will include a justification citing specific statutes and facts that authorize exemption of the information from public disclosure. If different exemptions are claimed to be applicable to different portions of the protected information, the Subcontractor shall include information correlating the nature of the claims to the particular protected information.
3. The Managing Entity, when required to comply with a public records request including documents submitted by the Subcontractor, may require the Subcontractor to expeditiously submit redacted copies of documents marked as trade secret in accordance with paragraph 2 (above). Accompanying the submission shall be an updated version of the justification under paragraph 2. above correlated specifically to redacted information, either confirming that the statutory and factual basis originally asserted remain unchanged or indicating any changes affecting the basis for the asserted exemption from public inspection or disclosure. The redacted

copy must exclude or obliterate only those exact portions that are claimed to be trade secret. If the Subcontractor fails to promptly submit a redacted copy, the Managing Entity is authorized to produce the records sought without any redaction of proprietary or trade secret information.

4. The Subcontractor shall be responsible for defending its claim that each and every portion of the redactions of trade secret information are exempt from inspection and copying under Florida's Public Records Law.
5. The Subcontractor shall retain all records of individuals served, financial records, supporting documents, statistical records and any other documents (including electronic storage media) pertinent to this Subcontract for a period of six (6) years after completion of this Subcontract or longer when required by law. In the event an audit is required by this Subcontract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this Subcontract.

**K. Quality Improvement, Monitoring and Risk Management**

1. The Subcontractor shall permit all persons who are duly authorized by the Managing Entity or the Department to inspect and copy any records, papers, documents, facilities, goods, and services of the Subcontractor which are relevant to this Subcontract, and to interview any individuals served, employees, and Subcontractor employees of the Subcontractor to assure the Managing Entity or the Department of the satisfactory performance of the terms and conditions of this Subcontract.

The Subcontractor will submit progress reports and other information in such formats and at such times as may be prescribed in writing by the Managing Entity, cooperate in site visits and other on-site monitoring (including, but not limited to: access to sites, individuals served, staff, fiscal records, clinical records, service logs, and the provision of related information), submit reports on any monitoring of the program funded in whole or in part by the Managing Entity conducted by federal, state, or local governmental agencies or other funders, and if the Subcontractor receives accreditation reviews, each accreditation review must be submitted to the Managing Entity within ten (10) days after receipt by Subcontractor. All reports will be as detailed as may be reasonably requested by the Managing Entity and will be deemed incomplete if not satisfactory to the Managing Entity as determined in its sole reasonable discretion. All reports will contain the information, additional information, or be in the format as may be requested by the Managing Entity. If approved in writing by the Managing Entity, the Managing Entity may accept any report from another monitoring agency in lieu of reports customarily required by the Managing Entity.

Subcontractor must send Managing Entity results from all monitorings and audits within thirty (30) days of receipt of the results. If a sanction, finding, corrective

action or any other unsatisfactory performance element is discovered from the monitoring, Subcontractor must send documentation detailing steps being taken to correct any deficiencies.

In the event of default, noncompliance, or violation of this Subcontract or unsatisfactory performance by the Subcontractor, its subcontractors, agents, consultants, or suppliers, as determined by the Managing Entity in its sole reasonable discretion, the Managing Entity may negotiate any acceptable remedy, provide additional training and assistance or, in its sole reasonable discretion and without any prior negotiation, impose in writing such sanctions as deemed appropriate. Such sanctions may include, but will not be limited to, withholding of payments, termination or suspension of this Subcontract in whole or in part. In such event, the Managing Entity will notify the Subcontractor fourteen (14) calendar days in advance of the effective date of such sanction except where the Managing Entity determines that such sanction, withholding of funds, termination, or suspension should become effective at an earlier or later date in which event such sanction, withholding of funds, termination, or suspension will be effective as provided in the notice.

Nothing in this section limits the Managing Entity's termination rights in **Section Q**.

2. The Subcontractor shall participate in the Managing Entity's quality assurance and quality management activities, including: peer reviews, desk financial and data reviews, reviews of critical incidents and critical incident reporting, evaluations, reviews of both individuals served and administrative records, and compliance with contract management requirements and Recovery Orientation Monitoring (ROM) Reviews, required of MAT service providers as identified in Guidance Document 35. Quality assurance activities also include calls made to the Subcontractor to assess access to services, and ensure that assessment and/or treatment services are offered in a manner commensurate with the level of client need described in **Section F**, Item 24. For quality assurance and quality management purposes, the Subcontractor shall grant staff of the Managing Entity access to facility sites, administrative policies and procedures, programmatic files, fiscal files, Subcontractor staff, their job descriptions, and training records, individual served and/or their clinical records. The purpose of the quality assurance monitoring shall be to objectively and systematically monitor and evaluate service accessibility and the appropriateness and quality of client care, to ensure that services are rendered consistent with reasonable, prevailing professional standards, and to resolve identified problems. In addition, the Subcontractor shall grant access for the purpose of monitoring compliance with corrective action.
3. Shall comply with procedures for Incident Reporting and Client Risk Prevention in accordance with the Regional Operating Procedure 215-4 and Children and Families Operating Procedure 215-6 and will submit all incident reports to the Managing Entity.

The Subcontractor agrees to acknowledge the following definitions:

- a. **Child Death.** An individual less than 18 years of age whose life terminates while receiving services, during an investigation, or when it is known that a child died within thirty (30) days of discharge from any SAMH funded service(s).
- b. **Adult Death.** An individual 18 years old or older whose life terminates while receiving services, during an investigation, or when it is known that an adult died within thirty (30) days of discharge from any SAMH funded service(s).

#### 4. Unaccredited Subcontractor Requirements

This section applies to subcontracted providers that are:

- Not accredited by a nationally-recognized organization (for example, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), CARF, or Council on Accreditation (COA)); and
- Contracted by CFBHN to provide direct service or prevention education to individuals and/or groups.

Proviso programs funded through CFBHN and school districts with which CFBHN has a service delivery subcontract in place are excluded from unaccredited requirements.

Unaccredited service providers that meet the definition above shall:

- a. Ensure that they follow and meet the applicable standards outlined in the CARF Standards for Unaccredited Providers Workbook for the current fiscal year.
- b. Provide copies of the following items as required in the Exhibit A to the Provider's SharePoint Exhibit A site (located at <https://cfnet.cfbhn.org/agency/RDR/default.aspx>). This includes:
  - i. Policies and written procedures on records maintained by the organization, including the following (Standard 2):
    1. Confidential administrative records;
    2. The records of persons served;
    3. Security of all records;
    4. Confidentiality of all records;
    5. Compliance with applicable laws concerning records; and
    6. Timeframes for the documentation of persons served.
  - ii. Written budget and fiscal policies (including internal controls), and copy of financial audit. (Standard 3)
  - iii. IF APPLICABLE: Written procedures for managing funds of persons served (Standard 4).
  - iv. Documentation of competency-based training in health and safety for personnel both (a) upon hire and (b) annually. Uploaded documentation must include training records for all staff supported by CFBHN funds. Evidence of training must be documented in the following areas (Standard 6):
    1. Health and safety practices;

2. Identification of unsafe environmental factors;
  3. Emergency procedures;
  4. Evacuation procedures, if appropriate;
  5. Identification of critical incidents;
  6. Reporting of critical incidents;
  7. Medication management, if appropriate;
  8. Reducing physical risks;; and
  9. Workplace violence.
- v. Written procedures related to each of the following emergencies (Standard 7):
1. Fire;
  2. Bomb threats;
  3. Natural disasters;
  4. Utility failures;
  5. Medical emergencies; and
  6. Violent or other threatening situations.
- vi. Written evidence that unannounced tests of all emergency procedures have been conducted on each shift, at each location. (Standard 9)
- vii. Written analysis of each unannounced test of emergency procedures. The analysis must include (Standard 9):
1. Areas needing improvement;
  2. Actions to address the improvements needed;
  3. Implementation of the actions;
  4. Necessary education and training of personnel; and
  5. Whether or not the actions taken accomplished the intended result.
- viii. IF APPLICABLE: If the Subcontractor provides services in locations they do not own/lease or control/operate, written procedures that address safety at the service delivery site. (Standard 10)
- ix. Written procedures related to critical incidents. (Standard 12)
- x. Written analysis of critical incidents, conducted at least annually, that addresses (Standard 13):
1. Causes;
  2. Trends;
  3. Areas needing improvement;
  4. Actions to address the improvements needed
  5. Implementation of the actions;
  6. Whether the actions taken accomplished the intended results;
  7. Necessary education and training of personnel;
  8. Prevention of recurrence;
  9. Internal reporting requirements; and
  10. External reporting requirements.
- xi. Written procedures regarding infections and communicable disease (Standard 14)



- xii.** IF APPLICABLE: Written emergency procedures related to transportation services. This item applies only if transportation is funded by CFBHN. (Standard 15)
- xiii.** Copies of health and safety self-inspection reports. (Standard 16)
- xiv.** Copies of external health and safety inspection reports (Standard 17)
- xv.** Written procedures related to the verification of personnel background, credentials and fitness for duty. (Standard 18).
- xvi.** Documentation of orientation, onboarding and engagement training provided to new hires. (Standard 19)
- xvii.** Written job descriptions of positions funded by CFBHN, including contract positions. (Standard 19)
- xviii.** Documented performance reviews of all contract personnel. (Standard 20)
- xix.** Policies on the rights of persons served. (Standard 22)
- xx.** Policy and written procedure by which persons served make a formal complaint, including how the organization defines a complaint. (Standard 24)
- xxi.** Copy of complaint form. (Standard 24)
- xxii.** Documentation of formal complaints. (Standard 24)

#### **L. Required Reports and Deliverables**

- 1.** The Subcontractor shall submit all documentation according to the timeframes and procedures set forth in **Exhibit A<sub>1</sub>** and **Exhibit A<sub>2</sub>** and/or established by the Managing Entity that are necessary to support the Managing Entity's central reporting, contract management, monitoring, and invoicing responsibilities.
- 2.** The Subcontractor shall submit to the Managing Entity their full accreditation and licensing reports and audit results as requested by the Managing Entity. This includes all reports and corrective action plans, pertaining to outside licensure, accreditation or other funding entities.
- 3.** The Subcontractor shall comply with Section 9.2. Emergency Preparedness Plan of the Master Contract (QD1A9). The Subcontractor will submit a copy of their disaster plan when requested and will be responsible for implementing the plan in case of emergencies and/or disasters when notified by the Managing Entity.
- 4.** The Subcontractor shall update and submit a revised Network Service Provider Catalogue of Care as requested using the electronic template provided.
- 5.** The Subcontractor shall establish a grievance procedure which applicants for, and recipients of, services may use to present grievances to the governing authority of the Subcontractor about services being provided under the Subcontractor contracts with the Subcontractor. If the grievances are not resolved at this level of authority, the Subcontractors will refer them to the Managing Entity. The Subcontractor will

submit a copy of the grievance procedure to the Managing Entity when requested.

6. The Subcontractor shall submit all financial reports as required by 65E-014.003 as specified in **Exhibit A<sub>1</sub>**. Funds subcontracted through the Managing Entity will be listed on the actual Revenue and Expenditure Report as a separate item under State Revenue.
7. The Subcontractor shall submit to the Managing Entity either one hard copy or one electronic copy of the annual financial audit to include the required audit schedules as defined in 65E-14. The Subcontractor will state in the audit that Match requirements have been met for all subcontracts.
8. The Subcontractor shall provide an attestation with their Actual Fiscal Reports, due six (6) months after the provider's fiscal year end, that any employee whose salary exceeds the current Executive Level II amount will not charge any amount above the cap to any federal grants received from SAMHSA and passed through the Managing Entity.
9. The Subcontractor shall complete and submit Actual Fiscal Reports, which reflects expenditures by OCA and covered service, each year within the defined time frame on Exhibit A1. The reports will be based on the state fiscal year, which runs from July through June. The Subcontractor agrees to pay back excess DCF funds that are not supported by expenditures.

#### **M. Mutual Indemnification**

1. The Subcontractor shall be fully liable for the actions of its agents, employees, partners, or subcontractors and shall fully indemnify, defend, and hold harmless the Managing Entity, the Department, and their officers, agents, and employees, from suits, actions, damages, and costs of every name and description, including attorneys' fees, costs, and expenses arising from or relating to an alleged act or omission by the Subcontractor, its agents, employees, partners, or subcontractors. The Subcontractor, however, shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the Managing Entity or the Department except the Subcontractor shall indemnify the Managing Agent or the Department for its negligence in selecting or supervising the Subcontractor and (b) for any claim that the Managing Agent or the Department are liable because it had a non-delegable duty which the Managing Agent or the Department delegated to Subcontractor.

Further, the Subcontractor shall, without exception, indemnify and hold harmless the Managing Entity and the Department, and their employees from any liability of any nature or kind whatsoever, including attorneys' fees, costs, and expenses arising out of, relating to, or involving any claim associated with any trademark, copyrighted, patented, or unpatented invention, process, trade secret, or intellectual property

right, information technology used or accessed by the Subcontractor, or article manufactured or used by the Subcontractor, its officers, agents, or subcontractors in the performance of this Subcontract or delivered to the Managing Entity or the Department for the use of the Managing Entity or the Department, its employees, agents, or contractors. The Subcontractor may, at its option and expense, procure for the Managing Entity or Department, their employees, agents, or contractors, the right to continue use of, replace, or modify the product or article to render it non-infringing. If the Subcontractor is not reasonably able to modify or otherwise secure from the Managing Entity and the Department the right to continue using the product or article, the Subcontractor shall remove the product and refund the Managing Entity the amounts paid by in excess of a reasonable rental for past use. However, the Managing Entity and the Department shall not be liable for any royalties. The Subcontractor has no liability when such claim is solely and exclusively due to the Managing Entity's or the Department's alteration of the product or article or the Managing Entity's or the Department's misuse or modification of the Subcontractor's products or the Managing Entity's or the Department's operation or use of vendor's products in a manner not contemplated by this Subcontract. The Subcontractor shall provide prompt written notification to the Managing Entity and the Department of any claim of copyright, patent or other infringement arising from the performance of this Subcontract.

Further, the Subcontractor shall protect, defend, and indemnify, including attorneys' fees, costs, and expenses, the Managing Entity and the Department for any and all claims and litigation (including litigation initiated by the Managing Entity or the Department) arising from or relating to Subcontractor's claim that a document contains proprietary or trade secret information that is exempt from disclosure or the scope of the Subcontractor's redaction, as provided for under **Section J. Public Records**.

The Subcontractor's inability to evaluate liability or its evaluation of liability shall not excuse its duty to defend and indemnify after receipt of notice. Only an adjudication or judgment after the highest appeal is exhausted finding the Managing Entity or the Department negligent shall excuse the provider of performance under this provision, in which case the Managing Entity or the Department shall have no obligation to reimburse the Subcontractor for the cost of their defense. If the Subcontractor is an agency or subdivision of the State, its obligation to indemnify, defend, and hold harmless the Department shall be to the extent permitted by law and without waiving the limits of sovereign immunity.

2. The Managing Entity shall be fully liable for the actions of its agents (except the Department and the Subcontractor and the Subcontractor's subcontractors, agents, officers, partners and employees shall not be considered Managing Entity's agents for purposes of this **Section M**), employees, partners, or subcontractors (except the Subcontractor and its subcontractors, agents, officers, partners and employees shall not be considered Managing Entity's subcontractors for purposes of this **Section M**)

and shall fully indemnify, defend, and hold harmless, the Subcontractor and its officers, agents, and employees, from suits, actions, damages, and costs of every name and description, including attorneys' fees, costs, and expenses arising from or relating to an alleged act or omission by the Managing Entity, its agents, employees, partners, or subcontractors, provided however that the Managing Entity shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the Subcontractor.

Further, the Managing Entity shall, without exception, indemnify and hold harmless the Subcontractor and its employees from any liability of any nature or kind whatsoever, including attorneys' fees, costs, and expenses arising out of, relating to or involving any claim associated with any trademark, copyrighted, patented, or unpatented invention, process, trade secret, or intellectual property right, information technology used or accessed by the Managing Entity, or article manufactured or used by the Managing Entity, its officers, agents, or subcontractors in the performance of this Subcontract or delivered to the Subcontractor for the use of the Subcontractor, its employees, agents, or contractors. The Managing Entity may, at its option and expense, procure for the Subcontractor, its employees, agents, or contractors, the right to continue use of, replace or modify the product or article to render it non-infringing. If the Managing Entity is not reasonably able to modify or otherwise secure from the Subcontractor the right to continue using the product or article, the Managing Entity shall remove the product and refund the Subcontractor the amounts paid in excess of a reasonable rental for past use. However, the Subcontractor shall not be liable for any royalties. The Managing Entity has no liability when such claim is solely and exclusively due to the Subcontractor's alteration of the product or article or the Subcontractor's misuse or modification of the Managing Entity's products or the Subcontractor's operation or use of vendor's products in a manner not contemplated by this Subcontract. The Managing Entity shall provide prompt written notification to the Subcontractor of any claim of copyright, patent or other infringement arising from the performance of this Subcontract.

Further, the Managing Entity shall protect, defend, and indemnify, including attorneys' fees, costs, and expenses, the Subcontractor for any and all claims and litigation (including litigation initiated by the Subcontractor) arising from or relating to Managing Entity's claim that a document contains proprietary or trade secret information that is exempt from disclosure or the scope of the Managing Entity's redaction.

The Managing Entity's inability to evaluate liability or its evaluation of liability shall not excuse its duty to defend and indemnify after receipt of notice. Only an adjudication or judgment after the highest appeal is exhausted finding the Subcontractor negligent shall excuse the Managing Entity of performance under this provision, in which case the Subcontractor shall have no obligation to reimburse the Managing Entity for the cost of their defense. If the Managing Entity is an agency or subdivision of the State, its obligation to indemnify, defend, and hold harmless the

Subcontractor shall be to the extent permitted by law and without waiving the limits of sovereign immunity.

**N. Independent Contractor, Assignments and Subcontractors**

1. In performing its obligations under this Subcontract, the Subcontractor shall at all times be acting in the capacity of an independent contractor and not as an officer, employee or agent of the Managing Entity or the Department. Neither the Subcontractor nor any of its agents, employees, subcontractors or assignees shall represent to others that it is an agent of or has the authority to bind the Managing Entity or the Department by virtue of this Subcontract.
2. The Subcontractor shall take such actions as may be necessary to ensure that it and each subcontractor of the Subcontractor will be deemed to be an independent contractor and will not be considered or permitted to be an officer, employee, or agent of the Managing Entity or the State of Florida. The Managing Entity and the Department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the Subcontractor, or its subcontractors or assignees. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the Subcontractor, the Subcontractor's officers, employees, agents, subcontractors or assignees shall be the sole responsibility of the Subcontractor.
3. The Subcontractor shall not assign or subcontract any portion of this Subcontract without the prior written approval of the Managing Entity, except when Subcontractor's subcontractors and a description to the subcontractor's work are described on an attachment to this Subcontract. No such approval shall obligate the Managing Entity for more than the total dollar amount stated in this Subcontract. All such assignments and subcontracts shall be subject to the conditions of this Subcontract and to any conditions Managing Entity deems necessary that are described in approval of the subcontract. The Subcontractor may not assign or enter into any transaction having the effect of assigning or transferring any right to receive payment under this Subcontract which right is not conditioned on full and faithful performance of the Subcontractor's duties hereunder. Any sublicense, subcontract, assignment or transfer otherwise occurring without prior approval of the Managing Entity shall be null and void.
4. In the event the Managing Entity approves transfer of the Subcontractor's obligations, the Subcontractor remains responsible for all work performed and all expenses incurred in connection with this Subcontract. This Subcontract shall remain binding upon the lawful successors in interest of the Subcontractor and the Managing Entity.
5. To the extent permitted by Florida Law, and in compliance with paragraph 3 above,

the Subcontractor is responsible for all work performed and for all commodities produced pursuant to this Subcontract whether actually furnished by the Subcontractor or by its subcontractors. Any subcontracts shall be evidenced by a written document. The Managing Entity and the Department shall not be liable to any of Subcontractor's subcontractors in any way or for any reason relating to this Subcontract.

The Subcontractor shall include, in all subcontracts (at any tier) the substance of all clauses contained in the Master Contract that mention or describe Subcontract compliance.

#### **O. Intellectual Property**

All intellectual property, inventions, written or electronically created materials, including manuals, presentations, films, or other copyrightable materials, arising in relation to Subcontractor's performance under this Subcontract, and the performance of all of its' officers, agents, and subcontractors in relation to this Subcontract, are works for hire for the benefit of the Department, fully compensated for by the Subcontract amount, and that neither the Subcontractor nor any of its officers, agents, nor subcontractors may claim any interest in any intellectual property rights accruing under or in connection with the performance of this Subcontract. It is specifically agreed that the Department shall have exclusive rights to all data processing software falling within the terms of Section 119.084, F.S., which arises or is developed in the course of or as a result of work or services performed under this Subcontract, or in any way connected herewith. Notwithstanding the foregoing provision, if the Subcontractor is a university and a member of the State University System of Florida, then Section 1004.23, F.S., shall apply.

1. If the Subcontractor uses or delivers to the Managing Entity or the Department for its use or the use of its employees, agents, or contractors, any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood that, except as to those items specifically listed below as having specific limitations, the compensation paid pursuant to this Subcontract includes all royalties or costs arising from the use of such design, device, or materials in any way involved in the work contemplated by this Subcontract. For purposes of this provision, the term "use" shall include use by the Subcontractor during the term of this Subcontract and use by the Managing Entity or the Department, their employees, agents, or contractors during the term of this Subcontract and perpetually thereafter.

List of Items with Specific Limitations:

None

2. All applicable Subcontracts shall include a provision that the Federal awarding

agency reserves all patent rights with respect to any discovery or invention that arises or is developed in the course of or under the Subcontract. Notwithstanding the foregoing provision, if the Subcontractor or one of its subcontractors is a university and a member of the State University System of Florida, then Section 1004.23, F.S., shall apply, but the Managing Entity and the Department shall retain a perpetual, fully-paid, nonexclusive license for its use and the use of its contractors of any resulting patented, copyrighted, or trademarked work products.

**P. Other Provisions**

1. The Subcontractor shall notify the Managing Entity of potential or actual legal actions taken by or against the Subcontractor related to services provided through this subcontract or that may impact the Subcontractor's ability to deliver the contractual services, or that may adversely impact the Subcontractor or Managing Entity. The Subcontractor shall notify their Contract Manager within ten (10) days of Subcontractor becoming aware of such actions or potential actions or from the day of the legal filing, whichever comes first.
2. No Third-Party Beneficiaries: This Subcontract is for the benefit of CFBHN and the Subcontractor. No third party is an intended beneficiary. No third party has any cause of action to enforce the terms of this Subcontract or a cause of action for damages due to its breach.
3. Nondiscrimination and Whistleblowers: The Subcontractor represents that the Subcontractor is in compliance with all applicable federal, state, and local civil rights laws and laws that protect persons with disabilities. Subcontractor will not, on the basis of race, color, national origin, religion, sex, age, disability, sexual identity, or marital status, or any other basis prohibited by law, unlawfully discriminate in any form or manner against Subcontractor's individuals served, applicants for services, or employees or applicants for employment. Further, the Subcontractor shall not discriminate against any applicant, individual served, or employee in service delivery or benefits in connection with any of its programs and activities in accordance with 45 CFR Parts 80, 83, 84, 90, and 91, Title VI of the Civil Rights Act of 1964, or the Florida Civil Rights Act of 1992, as applicable, and CFOP 60-16. These requirements shall apply to all of Subcontractor's subcontractors or others with whom it arranges to provide services or benefits to individuals served or employees in connection with its programs and activities.

The Subcontractor and any of its subcontractors shall inform its employees that they or any other persons may file a complaint with the Office of the Chief Inspector General, Agency Inspector General, the Florida Commission on Human Relations or the Whistle-blower's Hotline number at 1-800-543-5353 for violations of any Whistle-blower laws.

4. Damages: Managing Entity damages for Subcontractor's breach or other

nonperformance of this Subcontract or for Subcontractor's failure to implement or to make acceptable progress on a corrective action plan may include, but are not limited to, financial penalties imposed on the Managing Entity by the Department because of Subcontractor's act or omissions. Such damages caused by Subcontractor are called Subcontractor-caused Financial Damages in this Section. If the Department imposes Subcontractor-caused Financial Damages on the Managing Entity, Subcontractor shall pay the Managing Entity the amount of such Subcontractor-caused Financial Damages within thirty (30) days of written notice by the Managing Entity to Subcontractor.

5. **Sponsorship and Publicity:** The Subcontractor and partners shall, in publicizing, advertising or describing the sponsorship of the program, state: "Sponsored by Charlotte Behavioral Health Care, Inc., Central Florida Behavioral Health Network, Inc., and the State of Florida, Department of Children and Families." If the sponsorship reference is in written material, the words "State of Florida, Department of Children and Families" and "Central Florida Behavioral Health Network, Inc." shall appear in the same size letters or type as the name of the organization.
6. **Survival:** The representations, warranties, covenants, remedies, and indemnification obligations of the parties contained in this Subcontract will survive the termination of this Subcontract. In addition Paragraphs D15, G, H, K1, L1, L2, L9 will survive the termination of this Subcontract. **Electronic Signatures:** This Subcontract and any amendments may be executed by facsimile, digital, or other electronic signature and each such signature will have the same legal effect as a manual signature. For the convenience of the parties, this Subcontract may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. Signature pages may be detached from the counterparts and attached to a single copy of this Subcontract to physically form one document. Telefacsimile or email transmissions of any executed original in portable document format (PDF) and/or retransmission of any executed telefacsimile or email transmission of this Subcontract in PDF shall be deemed to be the same as the delivery of an executed original. At the written request of any party hereto, the other party shall confirm telefacsimile or email transmissions by executing duplicate original documents and delivering the same to the requesting party.

## **Q. Termination**

1. **Termination at Will.** Either party may terminate this Subcontract upon at least thirty (30) days prior written notice to the other party.
2. **Termination for Lack of Funds.** The Managing Entity may terminate this Subcontract upon at least twenty-four (24) hours prior written notice to Subcontractor if Managing Entity has not received funds from the Department for the services for which Subcontractor is requesting payment or for any Services to be provided under



this Subcontract.

3. **Termination for Cause.** The Managing Entity may terminate this Subcontract, or any subcomponent or program within it, upon at least twenty-four (24) hours prior written notice to Subcontractor if Subcontractor breaches this Subcontract. The determination of breach shall be made by Managing Entity's Board of Directors. Breach includes, but is not limited to, any of the following events:
  - a. If Subcontractor is suspended or becomes disqualified from providing the services, found to be negligent or to have caused harm to a qualified individual, or otherwise is subject to disciplinary action which materially adversely affects the Subcontractor's ability to perform the services under this Subcontract.
  - b. If Subcontractor (or its officers or directors) is convicted of or pleads guilty, no contest, or otherwise admits to any crime involving a morally corrupt act or practice or any felony offense.
  - c. If the Subcontractor makes an assignment for the benefit of creditors, files a voluntary petition in bankruptcy, is adjudicated bankrupt or insolvent or has entered against it an order for any relief in any bankruptcy or insolvency proceeding or has an involuntary petition in bankruptcy or similar proceeding filed against it which has not been dismissed within one hundred twenty (120) days after the commencement thereof.
4. **Immediate Termination.** The Managing Entity may immediately terminate this Subcontract for cause, if any time during the lifetime of the subcontract, the Subcontractor is:
  - a. Found to have submitted a false certification under s. 287.135, F.S., or
  - b. Is placed on the Scrutinized Companies with Activities in Sudan List or
  - c. Is placed on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or
  - d. Is placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.
5. **Notice.** Notice of termination or breach shall be by certified mail, return receipt requested, by a state-wide courier or delivery service, or by personal delivery to the person designated in **Section C**.
6. **Continuation of Services.** The Managing Entity (Network Development and Clinical Services) shall work with the current Subcontractor prior to cancellation date to ensure that the needs of individuals served are identified and appropriate placements and transportation needs have been arranged. The Subcontractor shall maintain communication with the Managing Entity on the process of transferring individuals served until all individuals served are placed. Failure to comply with the transition of contract services may result in application of CFBHN Sanctions and Financial Penalties Policy.
7. **Lapsed Insurance.** Any lapse in mandatory insurance coverage voids this Subcontract



until coverage is restored and proof of insurance coverage is provided to restore the ability to bill for services. Any services provided during the lapse period are invalid and cannot be invoiced to CFBHN.

**Performance Measures**

<b>Table 2 – Network Service Provider Measures</b>			
<b>Target Population and Measure Description</b>			<b>Network Target</b>
<b>Adult Community Mental Health</b>			
MH003	a.	Average annual days worked for pay for adults with severe and persistent mental illness. (Monthly)	40
MH703	b.	Percent of adults with serious mental illness who are competitively employed. (Monthly)	24%
MH742	c.	Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (Monthly)	90%
MH743	d.	Percent of adults in forensic involvement who live in stable housing environment. (Monthly)	67%
MH744	e.	Percent of adults in mental health crisis who live in stable housing environment. (Monthly)	86%
<b>Adult Substance Abuse</b>			
SA753	a.	Percentage change in clients who are employed from admission to discharge. (Monthly)	10%
SA754	b.	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (Monthly)	15%
SA755	c.	Percent of adults who successfully complete substance abuse treatment services. (Monthly)	51%
SA756	d.	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (Monthly)	94%
<b>Children’s Mental Health</b>			
MH012	a.	Percent of school days seriously emotionally disturbed (SED) children attended. (Monthly)	86%
MH377	b.	Percent of children with emotional disturbances (ED) who improve their level of functioning. (Monthly)	64%
MH378	c.	Percent of children with serious emotional disturbances (SED) who improve their level of functioning. (Monthly)	65%
MH778	d.	Percent of children with emotional disturbance (ED) who live in a stable housing environment. (Monthly)	95%
MH779	e.	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment. (Monthly)	93%
MH780	f.	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment. (Monthly)	96%
<b>Children’s Substance Abuse</b>			
SA725	a.	Percent of children who successfully complete substance abuse treatment services. (Monthly)	48%
SA751	b.	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (Monthly)	20%
SA752	c.	Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (Monthly)	93%
<b>Data Submission</b>			
MHD95	a.	Percent of Mental Health consumers that shall be discharged within 210 days of the last service. (Monthly)	95%

<b>MSD95</b>	<b>b.</b>	Percent of Substance Abuse consumers (except Methadone and Prevention) that shall be discharged within 120 days of the last service. (Monthly)	<b>95%</b>
<b>Program Specific Measures</b>			
<b>Behavioral Health Consultant (BHC)</b>			
<b>BHC01</b>	<b>a.</b>	Information from BHC review will be supplied to CPI within one business day. (Monthly)	<b>95%</b>
<b>BHC02</b>	<b>b.</b>	BHC information will assist CPI in FFA completion. (Monthly)	<b>95%</b>
<b>BHC03</b>	<b>c.</b>	BHC will provide training/information sharing in community about the BHC position. (Monthly)	<b>N/A</b>
<b>Central Receiving System (CRS)</b>			
<b>CRS01</b>	<b>a.</b>	Reduce drop-off processing time by law enforcement officers for admission to crisis services. (MHC/Gracepoint only; reported as a number) (Monthly)	
		MHC/Gracepoint	<b>N/A</b>
<b>CRS02</b>	<b>b.</b>	Increase participant's access to community-based behavioral health services after referral. (Monthly)	
		Centerstone – to community-based behavioral health services (CBHS)	<b>N/A</b>
		MHC/Gracepoint – persons served will be linked with behavioral health services within 7 days of discharge from the Centralized Receiving Facility (CRF) or from the acute care units of Gracepoint or ACTS.	<b>N/A</b>
<b>CRS03</b>	<b>c.</b>	Reduce number of individuals admitted to a forensic state mental health treatment facility. (Monthly)	
		Centerstone	<b>N/A</b>
		MHC/Gracepoint	<b>N/A</b>
<b>CRS04</b>	<b>d.</b>	Percent of high utilizers, as defined in RFA10H141, of acute care services served at the Centralized Receiving Facility who do not have primary care services will be successfully linked with primary care and/or a behavioral health medical home within four weeks of discharge from the CRF or acute care units of ACTS or Gracepoint. (Monthly)	
		MHC/Gracepoint	<b>N/A</b>
<b>CRS05</b>	<b>e.</b>	Percent of persons identified as meeting criteria for high need/high utilization who are active in care coordination services will not have an acute care admission while receiving those services. (Monthly)	
		MHC/Gracepoint	<b>N/A</b>
<b>CRS06</b>	<b>f.</b>	Emergency Room Diversion-The average CRF transport pick up time for clients to be transferred to public or private receiving facility from emergency room. (Monthly)	
		Centerstone	<b>N/A</b>
<b>CRS07</b>	<b>g.</b>	This measure is no longer used.	<b>N/A</b>
<b>CRS08</b>	<b>h.</b>	Reduce drop-off processing time by law enforcement officers for admission to crisis services. (Centerstone only; reported as a percentage) (Monthly)	
		Centerstone	<b>N/A</b>
<b>Children's Mental Health System of Care (CMHSOC) Grant (Directions for Living)</b>			
<b>SOC01</b>	<b>a.</b>	Number Served through CMHSOC Grant: <ul style="list-style-type: none"> <li>Year 3/FY 19-20: 64</li> </ul> State FY 19-20 (October 2019- June 2020): 48 (Monthly)	<b>N/A</b>
<b>SOC02</b>	<b>b.</b>	No fewer than 90% of clients served through the CMHSOC Project per quarter are enrolled in the State and, if eligible, the National Evaluations. (Quarterly)	<b>N/A</b>
<b>SOC03</b>	<b>c.</b>	Percent of enrolled consumers who are interviewed using the NOMS questionnaire. (Monthly)	<b>N/A</b>

SOC04	d.	Percent of enrolled consumers who are re-assessed at 6-months using the NOMS questionnaire. (Monthly)	N/A
SOC05	e.	Percent of enrolled consumers who are discharged using the NOMS questionnaire. (Monthly)	N/A
SOC06	f.	Percent of enrolled consumers who complete the USF consent form. (Monthly)	N/A
SOC07	g.	Percent of the families who agree to be contacted by USF for evaluation purposes. (Monthly)	N/A
<b>Clubhouse Services</b>			
CH001	a.	Average annual days worked for pay for adults with severe and persistent mental illness based on a quarterly review. (Quarterly)	N/A
CH002	b.	Percent of adults with serious mental illness who are competitively employed based on a quarterly review. (Quarterly)	N/A
<b>Community Action Team (CAT)</b>			
CAT01	a.	Number of Persons Served Per Month. (Monthly)	35
CAT02	b.	Individuals receiving services shall attend an average percentage of school days each month. (Monthly)	80%
CAT03	c.	Effective once the provider discharges a minimum of 10 individuals each fiscal year, a percentage of individuals receiving services shall improve their level of functioning between admission to discharge, assessed on a year-to-date basis, as determined by the Children's Functional Assessment Rating Scale (CFARS) if the individual is under 18 years of age, or the Functional Assessment Rating Scale (FARS) if the individual is 18 years of age or older. (Monthly)	80%
CAT04	d.	Individuals served will spend a minimum percent of days living in a community setting each month. (Monthly)	90%
CAT05	e.	This measure is no longer used.	N/A
CAT06	f.	Percentage of individuals and families receiving services shall demonstrate improved family functioning as demonstrated by an improvement in the Child Well-Being domain between admission and discharge as determined by the North Carolina Family Assessment Rating Scale for General Services and Reunification (NCFAS-G+R), if the individual is under 18 (effective once the provider discharges a minimum of 10 individuals each fiscal year). (Monthly)	65%
<b>Drop In / Self Help Centers</b>			
DC001	a.	Percent of members who indicate that they would like a referral on the Quality of Life Self-Assessment, will receive an appropriate referral for services based on a quarterly review. (Quarterly)	95%
DC002	b.	Percent of members that complete the Quality of Life Self-Assessment will rate their overall quality of life as fair or greater based on a quarterly review. (Quarterly)	60%
<b>Family Intervention Specialist (FIS) / Motivational Support Specialist (MSS)</b>			
FIS01-FIS06	a-f	The following measures are no longer used: FIS01, FIS02, FIS03, FIS04, FIS05 & FIS06.	N/A
FIS07	g.	Percent of all referrals received will have successful contact made within two (2) calendar days of referral receipt. (Monthly)	60%
FIS08	h.	Percent of all referrals received will have successful contact made within five (5) calendar days of referral receipt. (Monthly)	70%
FIS09	i.	Percent of all referrals received will have an assessment completed within ten (10) calendar days of referral receipt. (Monthly)	35%
FIS10	j.	Percent of all referrals received will have an assessment completed within thirty (30) calendar days of referral receipt. (Monthly)	50%

<b>FIS11</b>	<b>k.</b>	For clients completing assessment and recommended for treatment, first treatment appointment is attended within thirty (30) calendar days of receipt of referral. (Monthly)	<b>50%</b>
<b>Family Intensive Treatment (FIT)</b>			
<b>MSA91A</b>	<b>a.</b>	Percent of parents served will be living in a stable housing environment at time of discharge. (Monthly)	<b>95%</b>
<b>MSA91B</b>	<b>b.</b>	This measure is no longer used.	<b>N/A</b>
<b>MSA91C</b>	<b>c.</b>	This measure is no longer used.	<b>N/A</b>
<b>MSA91D</b>	<b>d.</b>	This measure is no longer used.	<b>N/A</b>
<b>MSA91E</b>	<b>e.</b>	This measure is no longer used.	<b>N/A</b>
<b>MSA91F</b>	<b>f.</b>	This measure is no longer used.	<b>N/A</b>
<b>MSA91G</b>	<b>g.</b>	This measure is no longer used.	<b>N/A</b>
<b>MSA91H</b>	<b>h.</b>	Minimum number of clients to be served each year. (Monthly)	<b>25/75</b> Charlotte/Lee
<b>MSA91I</b>	<b>i.</b>	Percent of parents served will improve their level of functioning as measured by the Daily Living Activities (DLA-20): Alcohol-Drug Functional Assessment. (Monthly)	<b>90%</b>
<b>MSA91J</b>	<b>j.</b>	This measure is no longer used.	<b>N/A</b>
<b>MSA91K</b>	<b>k.</b>	Percent of eligible parents served will have stable employment upon treatment completion (Monthly)	<b>95%</b>
<b>MSA91L</b>	<b>l.</b>	Percent of eligible parents served will improve their Caregiver Protective Capacities as rated by the FIT Team Provider upon treatment completion (Monthly)	<b>90%</b>
<b>MSA91M</b>	<b>g.</b>	CARES Act Funds. Number of new individuals served per team by December 31, 2021. (Monthly) ( <i>2 teams – Charlotte and Lee</i> )	<b>10</b>
<b>Florida Assertive Community Treatment (FACT)</b>			
<b>FACT01</b>	<b>a.</b>	Percent of adults with severe and persistent mental illnesses who live in a stable housing environment. (Monthly)	<b>90%</b>
<b>FACT02</b>	<b>b.</b>	Average annual days worked for pay for adults with a severe and persistent mental illness. (Monthly)	<b>40</b>
<b>FACT03</b>	<b>c.</b>	Percent of all individuals enrolled will maintain or show improvement in their level of functioning as measured by the Functional Assessment Rating Scale (FARS). (Monthly)	<b>75%</b>
<b>FACT04</b>	<b>d.</b>	Percent of staffing requirements will be maintained monthly. (Monthly)	<b>90%</b>
<b>FACT05</b>	<b>e.</b>	Percent of all individuals enrolled will be admitted to a state mental health treatment facility while receiving FACT services or within thirty (30) days of discharge from the program. (Monthly)	<b>5%</b>
<b>FACT06</b>	<b>f.</b>	Percent of all individuals enrolled shall have a completed psychiatric/social functioning history time line within one hundred twenty (120) days of enrollment with written documentation of the service occurrence in the clinical record. (Quarterly)	<b>90%</b>
<b>FACT07</b>	<b>g.</b>	Percent of all individuals enrolled shall receive work-related services toward a goal of obtaining employment (unless the individual refuses) within one (1) year of enrollment with written documentation of the service occurrence in the clinical record. (Quarterly)	<b>50%</b>
<b>FACT08</b>	<b>h.</b>	Percent of all individuals enrolled shall receive housing services toward a goal of obtaining independent, integrated living within one (1) year of enrollment with written documentation of the service occurrence in the clinical record. (Quarterly)	<b>90%</b>

<b>FACT09</b>	<b>i.</b>	Percent of all initial assessments shall be completed on the day of the person's enrollment with written documentation of the service occurrence in the clinical record. (Quarterly)	<b>90%</b>
<b>FACT10</b>	<b>j.</b>	Percent of all comprehensive assessments shall be completed within sixty (60) days of the person's enrollment with written documentation of the service occurrence in the clinical record. (Quarterly)	<b>90%</b>
<b>FACT11</b>	<b>k.</b>	Percent of all individuals enrolled shall have an individualized, comprehensive recovery plan within ninety (90) days of enrollment with written documentation of the service occurrence in the clinical record. (Quarterly)	<b>90%</b>
<b>Forensic Multidisciplinary Team (FMT) (MHC/Gracepoint)</b>			
<b>FMT01</b>	<b>a.</b>	Percent of adults in forensic involvement who live in a stable housing environment. (Monthly)	<b>N/A</b>
<b>FMT02</b>	<b>b.</b>	Percent of adults in forensic involvement who are not readmitted to a Crisis Stabilization Unit (CSU) within 90 days of discharge. (Monthly)	<b>N/A</b>
<b>FMT03</b>	<b>c.</b>	Percent of adults in forensic involvement diverted from incarceration. (Monthly)	<b>N/A</b>
<b>FMT04</b>	<b>d.</b>	Individuals to be served. (Monthly)	<b>N/A</b>
<b>Partnership for Success (PFS) / Drug Epidemiology Networks (DENs)</b>			
<b>PFS01</b>	<b>a.</b>	<p>Submit a monthly report no later than the 10<sup>th</sup> of the month into the Performance Based Prevention System (PBPS) to include:</p> <ul style="list-style-type: none"> <li>• The number of people reached by each Institute of Medicine prevention category (i.e. universal, selective, indicated)</li> <li>• The number of people reached by demographic categories (race, gender, age)</li> <li>• The number of people reached by each of the six prevention strategies (i.e. prevention education, problem identification and referral, information dissemination, environmental strategies, alternative activities, community-based processes)</li> <li>• The number of evidence-based programs (EBP) implemented by subrecipient communities: <ul style="list-style-type: none"> <li>○ Assist funded communities in building their capacity to address their needs and prevention priority(ies)</li> <li>○ Select, implement, and evaluate evidence-based prevention programs, policies, and practices that best address the selected prevention priority(ies)</li> <li>○ The number, type, and duration of evidence-based interventions implemented by the six prevention strategies specified in <b>Section 4.a.iv. of Guidance Document 30</b></li> </ul> </li> </ul> <p>(Monthly)</p>	<b>N/A</b>

PFS02	b.	<p>Conduct one meeting per month to include the following information:</p> <ul style="list-style-type: none"> <li>• Monthly meeting minutes</li> <li>• Membership information – each DEN shall include a minimum of six (6) representatives of the following community stakeholders: <ul style="list-style-type: none"> <li>○ Public health offices</li> <li>○ Law enforcement agencies</li> <li>○ Education and community development</li> <li>○ Substance abuse recovery and treatment providers</li> </ul> </li> <li>• DEN activities</li> <li>• A summary of the major highlights, including any emerging drug trends within the county that are relevant to the substances of interest to include: <ul style="list-style-type: none"> <li>○ Medical examiner information</li> <li>○ Law enforcement information</li> <li>○ Naloxone administration from private and public providers and pharmacy information</li> </ul> </li> </ul> <p>(Monthly)</p>	N/A
PFS03	c.	Attend all required meetings via web, face-to-face, phone (as dictated to be reported monthly). (Monthly)	N/A
PFS04	d.	One representative from each DEN shall attend an annual State Epidemiological Outcomes Workgroup (SEOW) meeting prior to the delivery of the SEOW Annual Report to include all elements outlined in <b>Reporting Template 19</b> and <b>Guidance Document 30</b> . (Monthly)	N/A
PFS05	e.	Each year using the Florida Youth Substance Abuse Survey (FYSAS) and Community data, DENs will enter annual outcome data into PBPS no later than October 1 of each year, in coordination with the PFS Lead evaluator, using the data sources specified in <b>Table 2 of Guidance Document 30</b> . (Monthly)	N/A
PFS06	f.	Each DEN will submit a DEN surveillance report using county-level data by conducting an analysis of the data elements specified in <b>Reporting Template 19</b> . Each DEN shall upload a completed analysis into PBPS no later than July 31 <sup>st</sup> . (Monthly)	N/A
<b>Prevention</b>			
SA001	a.	Percent of tasks and activities that shall be completed as outlined in the Work Plan (PPT). (Monthly)	N/A
SA002	b.	Percent of department-identified errors that shall be corrected within thirty (30) days of notification. (Monthly)	N/A
SA003	c.	A minimum percentage of data submitted monthly shall be submitted by the due date. (Monthly)	N/A
PPG01	d.	Percentage increase in knowledge between pre-post test average group scores from N/A curriculum (calculated as (post test avg - pre test avg) / pre test average). (Quarterly)	N/A
PPG02	e.	Attendance at each Quarterly Regional Meeting. (Quarterly)	N/A
PPG03	f.	Participation in both mandatory quarterly Workgroup Conference Calls (Community Health & Wellness and SPF/Strategic Planning). (Quarterly)	N/A
PPG04	g.	Will attend one conference annually (One participant per PPG). (Annually)	N/A
PPG05	h.	All data requested will be entered into the Performance Based Prevention System (PBPS). (Monthly)	N/A
PPG06	i.	Percent of department-identified errors that shall be corrected within thirty (30) days of notification. (Monthly)	N/A



PPG07	j.	Baycare: Pledges are to be signed through the "Talk It Up, Lock It Up" campaign each year. (Quarterly)	N/A
PPG08	k.	Baycare: Completion of Communities Mobilizing for Change on alcohol environmental scans. (Quarterly)	N/A
PPG09	l.	Drug Free Charlotte: Annualized increase of awareness in Social Norms (minimum of 100 surveys per school for annual pre/post and a minimum 30 surveys per school for midyear quarters). (Quarterly)	N/A
PPG10	m.	Drug Free Charlotte: Number of unique messages to be sent to parents through school distribution mechanisms (Parent school pick ups, school newsletters, school websites, etc.) each year. (Quarterly)	N/A
PPG11	n.	Drug Free Charlotte: Minimum number of sessions per year are to be held at the Crossroad Hope Academy. (Quarterly)	N/A
PPG12	o.	Drug Free Charlotte: Minimum participants (duplicated) who will be served at the Crossroad Hope Academy each year. (Quarterly)	N/A
PPG13	p.	Hanley Center Foundation: Percent of parents who will complete the Active Parenting Now program each year. (Quarterly)	N/A
PPG14	q.	Hanley Center Foundation: Will conduct one programmatic training per PPG. (Annually)	N/A
PPG15	r.	Hanley Center Foundation: Will conduct one Youth Leadership Summit per PPG. (Annually)	N/A
PPG16	s.	Drug Free Manatee: Drug Free Youth (D-Fy): Percent of students will pass drug screening each quarter (minimum 10% of members are screened each quarter). (Quarterly)	N/A
PPG17	t.	Drug Free Manatee: Parents Who Host, Lose the Most: Minimum campaign distributions of messages sent to parents annually. (Quarterly)	N/A
PPG18	u.	Drug Free Mantee: Safe Festivals: Minimum number of festival volunteers receiving a Safe Festival training and certificate. (Quarterly)	N/A
<b>SOAR</b>			
SOAR1	a.	Maintain a minimum completion rate of applications completed and submitted within 60 days of the Protective Filing Date. (Monthly)	75%
SOAR2	b.	Maintain a minimum rate of submitted applications approved on the initial submission. (Monthly)	65%
SOAR3	c.	Achieve a minimum quarterly target for completed SSI/SSDI applications. (4 per quarter/total 16 per year) (Quarterly)	4 / 16
<b>Provider Specific Measures</b>			
<b>Baycare Behavioral Health, Inc.</b>			
BC003	a.	Maintain adult and youth (family) participation in community based substance abuse prevention efforts (i.e. community education and skills presentations/trainings related to the National Prevention Strategies). (Monthly)	N/A
BC004	b.	Increase the number of unduplicated youth and families reached via care coordination services by 25% over baseline. (Monthly)	N/A
BC005	c.	Increase the number of youth reached via psycho-educational and social emotional groups by 25% over baseline. (Monthly)	N/A
BC006	d.	Increase the number of families that receive information on how to reduce unintentional injury- mortality rates of youth by 10% over baseline. (Monthly)	N/A
BC007	e.	Increase the number of parents of at risk youth reached via LPN Outreach services by 25% over baseline. (Monthly)	N/A
BC008	f.	Increase the number of youth reached via evidenced based curricula by 25% over baseline. (Monthly)	N/A

<b>BC009</b>	<b>g.</b>	Percent of children enrolled in Early Childhood Court (ages 0-3) who receive an Early Steps referral for a developmental screening. (Monthly)	<b>N/A</b>
<b>BC010</b>	<b>h.</b>	Percent of parents of abused and neglected children enrolled in Early Childhood Court who are screened for substance abuse. (Monthly)	<b>N/A</b>
<b>BCV01</b>	<b>i.</b>	Percent change in the number of Veterans and/or Family Members admitted to residential or outpatient treatment arrested 30 days prior to admission versus 30 days prior to discharge. (Monthly)	<b>N/A</b>
<b>BCV02</b>	<b>j.</b>	Percent of Veterans and/or Family Members who successfully complete Residential or Outpatient Treatment. (Monthly)	<b>N/A</b>
<b>BCV03</b>	<b>k.</b>	Percent of Veterans and/or Family Members not readmitted to detoxification within 30 days of discharge. (Monthly)	<b>N/A</b>
<b>BCV04</b>	<b>l.</b>	Percent of Veterans and/or Family Members initiated into treatment services within 5 days of completed assessment. (Monthly)	<b>N/A</b>
<b>BCV05</b>	<b>m.</b>	Percent of Veterans or Family Members who live in Stable Housing. (Monthly)	<b>N/A</b>
<b>BCV06</b>	<b>n.</b>	Veteran and/or Family Member Number Served. (Monthly)	<b>N/A</b>
<b>Centerstone of Florida</b>			
<b>PRP01</b>	<b>a.</b>	Number of consumers served through Psychiatric Residency Program. (Monthly)	<b>N/A</b>
<b>Crisis Center of Tampa Bay</b>			
<b>CC001</b>	<b>a.</b>	Veterans who speak with a Veteran peer within 24 hours of first contact. (Monthly)	<b>N/A</b>
<b>CC002</b>	<b>b.</b>	Veterans who receive Short-Term Care Coordination. (Monthly)	<b>N/A</b>
<b>CC003</b>	<b>c.</b>	Safety Plans successfully implemented for Veterans. (Monthly)	<b>N/A</b>
<b>First Step of Sarasota</b>			
<b>FS001</b>	<b>a.</b>	Increase rate of assessments completed within 10 days of parents who enter through the Family Safety Program (baseline established in May and June of FY 18/19) of 39% (28/71) to 44% for the period 10/1/19 to 6/30/20. (Monthly)	<b>N/A</b>
<b>FS002</b>	<b>b.</b>	Increase rate of treatment engagement within 30 days of parents who enter through the Family Safety Program (baseline established in May and June of FY 18/19) of 62% (23/37) to 65% for the period 10/1/19 to 6/30/20. (Monthly)	<b>N/A</b>
<b>FS003</b>	<b>c.</b>	Increase rate of stable housing at discharge for Family Safety Program clients (baseline established in May and June of FY 18/19) of 81% (44/54) to 84% for the period 10/1/19 to 6/30/20. (Monthly)	<b>N/A</b>
<b>Jewish Family &amp; Children's Services of the Suncoast</b>			
<b>JF001</b>	<b>a.</b>	Percent of clients will be linked with a provider. (Monthly)	<b>N/A</b>
<b>JF002</b>	<b>b.</b>	Of the 90% of clients that are linked with a provider, 30% will be engaged and have attended the appointment. (Monthly)	<b>N/A</b>
<b>JF003</b>	<b>c.</b>	Percent reduction in Baker Acts and hospitalizations. (Quarterly)	<b>N/A</b>
<b>JF004</b>	<b>d.</b>	Percent of children and youth who will be diverted from re-engagement in the criminal justice system. (Quarterly)	<b>N/A</b>
<b>Mental Health Care, Inc. d/b/a Gracepoint</b>			
<b>GP001</b>	<b>a.</b>	Minimum percent of individuals discharged who will not be readmitted to a crisis stabilization unit within 90 days of discharge. (Monthly)	<b>N/A</b>
<b>GP002</b>	<b>b.</b>	Minimum percent of individuals served who will have attained at least one goal identified on their individual care plan at time of discharge. (Monthly)	<b>N/A</b>
<b>GPL01</b>	<b>c.</b>	Percentage of individuals referred to the Provider for services will be processed with a determination regarding acceptance or denial made within seven calendar days of receipt of the referral until such time as the Provider's facility is at maximum census. (Monthly)	<b>N/A</b>

<b>GPL02</b>	<b>d.</b>	Percentage of individuals referred and accepted by the Provider for services will be admitted to the Provider's facility within seven calendar days of acceptance upon court approval and when a bed is available. (Monthly)	<b>N/A</b>
<b>GPL03</b>	<b>e.</b>	Percentage of individuals admitted for services who will be subsequently discharged to a less restrictive level of care. (Monthly)	<b>N/A</b>
<b>GPL04</b>	<b>f.</b>	Data shall be collected in order to establish a baseline to determine the average length of stay for individuals admitted for services for the following target groups: <ul style="list-style-type: none"> <li>• Individuals deemed ITP that are diverted from admission to State Forensic Mental Health Treatment Facilities.</li> <li>• Individuals deemed ITP that are approved by the court for Conditional Release from State Forensic Mental Health Treatment Facilities.</li> </ul> Individuals deemed NGI and are approved by the court for Conditional Release. (Monthly)	<b>N/A</b>
<b>Mental Health Community Centers, Inc.</b>			
<b>MHCC01</b>	<b>a.</b>	Percentage of individuals who return to CSU or Detox after 45 days of receiving the PAL program shall not exceed. (Monthly)	<b>N/A</b>
<b>MHCC02</b>	<b>b.</b>	Percentage of individuals served by Peer Specialists that improve and/or remain the same on their Treatment Planning goals from admission to discharge and who engage in peer services for a period of 90 days or more. (Monthly)	<b>N/A</b>
<b>MHCC03</b>	<b>c.</b>	Percentage of individuals served by Peer Specialists will not readmit to CSU or Detox within 30 days of their last discharge. (Monthly)	<b>N/A</b>
<b>Success 4 Kids &amp; Families</b>			
<b>FEP01</b>	<b>a.</b>	Annual number of participants to be served in FEP program.	<b>N/A</b>
<b>The Salvation Army</b>			
<b>SAL01</b>	<b>a.</b>	Shall maintain the appropriate level of licensure for the contracted program(s) in accordance with Chapter 397, F. S., and Chapter 65D-30, F.A.C. (Monthly)	<b>N/A</b>
<b>SAL02</b>	<b>b.</b>	Over the fiscal year, an average number of individuals that achieve successful discharge from the program. (Monthly)	<b>N/A</b>
<b>SAL03</b>	<b>c.</b>	All individuals admitted to the program shall receive a minimum of 3.5 hours of weekly mental health services. (Monthly)	<b>N/A</b>
<b>Veterans Alternative</b>			
<b>VA001</b>	<b>a.</b>	Over the fiscal year, will serve seven participants per month within the Veterans Alternative Retreat Program. (Monthly / Annual Total)	<b>N/A</b>

<b>Table 3 – Network Service Provider Output Measures – Persons Served For Fiscal Year 2021-2022</b>			
	<b>Descriptor</b>	<b>Service Category</b>	<b>Contract Total Served</b>
<b>Adult Mental Health</b>	AMH01	Residential Care	43
	AMH02	Outpatient Care	1,950
	AMH03	Crisis Care	392
	CRSNA	Crisis Care – Centralized Receiving System	N/A
	AMH04	State Hospital Discharges	N/A
	AMH05	Peer Support Services	10
<b>Children’s Mental Health</b>	CMH01	Residential Care	N/A
	CMH02	Outpatient Care	380
	CMH03	Crisis Care	72
	CRSNC	Crisis Care – Centralized Receiving System	N/A
	CMH04	SIPP Discharges	N/A
<b>Adult Substance Abuse</b>	ASA01	Residential Care	65
	ASA02	Outpatient Care	500
	ASA03	Detoxification	321
	ASA04	Women’s Specific Services	6
	ASA05	Injecting Drug Users	294
	ASA07	Peer Support Services	30
<b>Children's Substance Abuse</b>	CSA01	Residential Care	N/A
	CSA02	Outpatient Care	150
	CSA03	Detoxification	N/A
	N/A	SIPP Discharges	N/A
	P02A	Prevention – Persons Served	N/A
	P02B	Prevention PPG – Persons Served	N/A

<b>Table 4 – Network Service Provider Output Measures – Participants Served For Fiscal Year 2021-2022</b>			
<b>Descriptor</b>	<b>Service Category</b>	<b>Contract Total Served</b>	
<b>Mental Health</b>	<b>NCS104</b>	<b>Crisis Support/Emergency</b>	<b>602</b>
	<b>NCS107</b>	<b>Drop-In/Self-Help</b>	<b>3,245</b>
	<b>NCS115</b>	<b>Outreach</b>	<b>178</b>
	<b>NCS130</b>	<b>Information &amp; Referral</b>	<b>N/A</b>
	<b>NCS140</b>	<b>Mental Health Clubhouse</b>	<b>N/A</b>
	<b>NCS144</b>	<b>Comprehensive Community Service Team (CCST) – Individual</b>	<b>N/A</b>
<b>Substance Abuse</b>	<b>NCS204</b>	<b>Crisis Support/Emergency</b>	<b>245</b>
	<b>NCS215</b>	<b>Outreach</b>	<b>248</b>
	<b>NCS230</b>	<b>Information &amp; Referral</b>	<b>N/A</b>
	<b>P01A</b>	<b>Prevention – Number of Participants</b>	<b>N/A</b>
	<b>P01B</b>	<b>Prevention PPG – Number of Participants</b>	<b>N/A</b>