

APPENDIX A



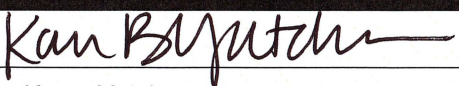
RESPONSE TO:
Department of Children and Families
Office of Substance Abuse and Mental Health

Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant
GRANT #: DCF RFA 2324 011

3.7.1 Tab 1:

Pinellas County Response to DCF RFA 2324-011
CJMHSR Reinvestment Grant
Treatment for Individuals Experiencing Homelessness Proposal

APPENDIX C - COVER PAGE FOR GRANT APPLICATION**Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant**

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation or Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Treatment for Individuals Experiencing Homelessness	
County(ies):	Pinellas County	
Preferred Project Start Date:	October 1, 2024	
APPLICANT INFORMATION		
Type of Applicant	County Government <input checked="" type="checkbox"/> Consortium of Counties <input type="checkbox"/> Managing Entity <input type="checkbox"/> NFP Community Provider <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>	
Applicant Organization Name:	Pinellas County Board of County Commissioners	
Contact Name & Title:	Elisa DeGregorio, Grants Section Manager	
Street Address	440 Court Street, 2nd Fl	
City, State and Zip Code:	Clearwater, FL 33756	
Email:	edegregorio@pinellas.gov	
Phone:	727-464-8434	
ADDITIONAL CONTACT		
Participating Organization Name:	Pinellas County Board of County Commissioners	
Contact Name & Title:	Tim Burns, Programs Division Director	
Street Address	440 Court Street, 2nd fl	
City, State and Zip Code:	Clearwater, FL 33756	
Email:	tburns@pinellas.gov	
Phone:	727-464-8441	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds
Program Year 1	\$400,000.00	\$400,000.00
Program Year 2	\$400,000.00	\$400,000.00
Program Year 3	\$400,000.00	\$400,000.00
Total Project Cost		
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Karen Yatchum	
Title:	Director, Human Services Dept.	
Date:		

3.7.2 Tab 2:

3.7.2 Tab 2: Table of Contents

TAB 1: 3.7.1 COVER PAGE (APPENDIX C)	2
TAB 2: 3.7.2 TABLE OF CONTENTS	3
TAB 3: 3.7.3 STATEMENT OF MANDATORY ASSURANCES (APPENDIX D)	4
TAB 4: 3.7.4 MATCH COMMITMENT & SUMMARY FORMS (APPENDICES H & I)	5
TAB 5: 3.7.5 STATEMENT OF PROBLEM	14
SECTION 3.7.5.1	14
SECTION 3.7.5.2	17
SECTION 3.7.5.3	17
SECTION 3.7.5.4	18
SECTION 3.7.5.5	18
SECTION 3.7.5.6	19
SECTION 3.7.5.7	20
TAB 6: 3.7.6 PROJECT DESIGN AND IMPLEMENTATION	22
SECTION 3.7.6.1	22
SECTION 3.7.6.3	23
SECTION 3.7.6.4 – PERFORMANCE MEASURES	35
SECTION 3.7.6.5 – CAPABILITY AND EXPERIENCE	38
SECTION 3.7.6.6 – EVALUATION AND SUSTAINABILITY	41
TAB 7: 3.7.7 PROJECT TIMELINE	47
TAB 8: 3.7.8 LETTERS OF COMMITMENT	48
TAB 9: 3.7.9 SUPPORTING DOCUMENTATION	54
ATTACHMENT 1: PLANNING COUNCIL MEMBERSHIP LIST (APPENDIX K)	54
ATTACHMENT 2: PINELLAS COUNTY STRATEGIC PLAN	56
TAB 10: 3.7.10 LINE ITEM BUDGET AND BUDGET NARRATIVE	75

3.7.3 Tab 3:

APPENDIX D - STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	KPM
B.	Site Visits: The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	KPM
C.	Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.	KPM
D.	Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	KPM
E.	Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	KPM
F.	Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	KPM
G.	Compliance and Performance: The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	KPM
H.	Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	KPM
I.	Submission of Data: The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	KPM
J.	Submission of Reports: The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	KPM

3.7.4 Tab 4:

Florida Department of Children and Families
DCF RFA 2324 011
Criminal Justice Mental Health and Substance Abuse Reinvestment Grant

Appendix I - MATCH SUMMARY (for the entire grant period)

Date - February 23, 2024

County - Pinellas County

Type of Grant - Planning & Implementation Grant

Match Requirement Percentage - 100%

Total Match Required for the Grant \$ 1,200,000.00

Match Committed:

Cash	\$	
In-Kind	\$	1,200,000.00
Total	\$	1,200,000.00

Comments:

In-Kind Match has been identified by Pinellas County Human Services, Pinellas County
Sheriff's Office, Boley Centers and PEMHS to meet the grant requirements

Prepared By Marilyn Quiles

Approved By 
Karen Yatchum, Director, Human Services Dept.

**APPENDIX H - COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)**

TO: (name of county) Pinellas CountyFROM: (donor name) Boley Centers, Inc.ADDRESS: 445 31st Street N.St. Petersburg, Florida

The following ___ space, ___ equipment, X goods or supplies, and X services, are donated to the County ___ permanently (title passes to the County) ___ temporarily (title is retained by the donor), for the period _____ to _____.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Street Outreach Specialist (50%)</u>	<u>\$ 25,000</u>
(2) <u>HIMS Licenses (Y1- \$450/pp (set up and annual fee) and \$300 renewal annually)</u>	<u>\$ 2,000</u>
(3) <u>Housing Voucher</u>	<u>\$ 58,543.50</u>
(4) <u>Thrift Store Incidental Voucher (\$100/year x 25)</u>	<u>\$ 2,500</u>
(5) <u>Indirect cost rate greater than 10% (3.18%)</u>	<u>\$11,563.62</u>

TOTAL VALUE \$99,607.12

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

<u>Kevin Marrone</u>	<u>2/21/24</u>	<u>Kamryn Putnam</u>	<u>2/26/24</u>
(Donor Signature)	(Date)	(County Designee Signature)	(Date)

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
(2) Number of months donated during the contract _____
Value to the project [b.(1) X b.(2)] \$ _____
2. Title passes to the County:

Depreciation

 - a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
 - b. Estimated useful life at date of acquisition _____ yrs.
 - c. Annual depreciation (a./b.) \$ _____
 - d. Total square footage _____ sq. ft.
 - e. Number of square feet to be used on the grant program _____ sq. ft.
 - f. Percentage of time during contract period the project will occupy the building or space _____ %
Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:
Annual Salary Number of hours 2080 X to be provided = \$ _____
2. Volunteer -- Comparable annual salary \$ _____
Annual Salary Number of hours 2080 X to be provided = \$ _____

APPENDIX H - COMMITMENT OF MATCH DONATION FORMS

(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) N/A
 FROM: (donor name) Pinellas County Human Services
 ADDRESS: 440 Court Street, 2nd Floor
Clearwater, FL 33756

The following X space, equipment, X goods or supplies, and services, are donated to the County permanently (title passes to the County) temporarily (title is retained by the donor), for the period 07/01/2024 to 06/30/2027.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Building (County Owned)</u>	<u>\$ \$5,737.50</u>
(2) <u>Lift Rental Deposit</u>	<u>\$ \$36,000.00</u>
(3) <u>Health Program Costs/Client</u>	<u>\$ \$139,740.00</u>
(4) <u>Project Director 15% FTE including fringe</u>	<u>\$ \$57,929.04</u>
(5) <u>Grant Admin (25% FTE)</u>	<u>\$ \$69,716.10</u>
	TOTAL VALUE \$ <u>\$309,122.64</u>

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

Kennedy 2/26/24 Kennedy 2/26/24
 (Donor Signature) (Date) (County Designee Signature) (Date)

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

1. Donor retains title:

- | | |
|--|---------------|
| a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc. | |
| b. (1) Established monthly rental of space | \$ \$159.375 |
| (2) Number of months donated during the contract | 36 |
| Value to the project [b.(1) X b.(2)] | \$ \$5,737.50 |

2. Title passes to the County:

Depreciation

- | | |
|--|-------------|
| a. Cost of Fair Market Value (FMV) at acquisition (excluding land) | \$ N/A |
| b. Estimated useful life at date of acquisition | N/A yrs. |
| c. Annual depreciation (a./b.) | \$ N/A |
| d. Total square footage | N/A sq. ft. |
| e. Number of square feet to be used on the grant program | N/A sq. ft. |
| f. Percentage of time during contract period the project will occupy the building or space | N/A % |
| Value to project (e./d. X f. X c.) | \$ N/A |

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value

2. Title passes to County:

- | | |
|--|--------|
| a. FMV at time of donation | \$ N/A |
| or | |
| b. Annual value to project (not to exceed 6 2/3% X a.) = | \$ N/A |

Goods or Supplies

FMV at time of donation

Goods or Supplies:

Lift Rental Deposit (10% of 50 annual - 4 @ \$2,000 for PSH/Boley and 1 @ \$4,000 for community) \$12,000*3yrs=\$36,000.00
Health Program Costs/Client (\$2329 total cost per patient 2022)x 20 patients \$46,580*3yrs=\$139,740.00

Personnel Services

1. Staff of another agency or organization:

Annual Salary Number of hours 2080 X to be provided = \$ _____

2. Volunteer -- Comparable annual salary \$ _____

Annual Salary Number of hours 2080 X to be provided = \$ _____

Personnel Services:

Project Director FTE (15% DR +Fringe - \$19.48/hr*.15)	\$19,309.68*3yrs=\$57,929.04
Grant Admin (25% FTE = \$15.61/hr x .25)	\$23,238.70*3yrs=\$69,176.10

APPENDIX H - COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) **Pinellas**
FROM: (donor name) **PEMHS**
ADDRESS: **11254 58th Street N**
Pinellas Park, FL 33782

The following ___ space, ___ equipment, ___ goods or supplies, and **X** services, are donated to the County ___ permanently (title passes to the County) ___ temporarily (title is retained by the donor), for the period ___ to ___.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Supervision Staff</u>	<u>\$ 35,887</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>35,887</u>	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

Maxine Packer 8:33:24 *Kambjatan* *2/26/24*
(Donor Signature) (Date) (County Designee Signature) (Date)

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

1. Donor retains title:

- a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
- b. (1) Established monthly rental of space \$ _____
(2) Number of months donated during the contract _____
Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
b. Estimated useful life at date of acquisition _____ yrs.
c. Annual depreciation (a./b.) \$ _____
d. Total square footage _____ sq. ft.
e. Number of square feet to be used on the grant program _____ sq. ft.
f. Percentage of time during contract period the project will occupy the building or space _____ %
Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value

2. Title passes to County:

- a. FMV at time of donation \$ _____
or
b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:

Annual Salary Number of hours 2080 X to be provided = \$ **35,887**

2. Volunteer -- Comparable annual salary \$ _____

Annual Salary Number of hours 2080 X to be provided = \$ _____

APPENDIX H - COMMITMENT OF MATCH DONATION FORMS**(FOR THE ENTIRE GRANT PERIOD)**

TO: (name of county) Pinellas County
FROM: (donor name) Pinellas County Sheriff's Office
ADDRESS: Pinellas Safe Harbor

The following ☒ space, ☐ equipment, ☐ goods or supplies, and ☒ services, are donated to the County ☐ permanently (title passes to the County) ☒ temporarily (title is retained by the donor), for the period 07/1/2024 to 06/30/2027.

Description and Basis for Valuation (See next page)

Description	Per Year	Value
(1)	Personnel costs including fringe	\$ \$154,040
(2)	Meals \$1.10 per client x 50 clients x 3 meals	\$ \$7,425.00
(3)		\$
(4)		\$

TOTAL VALUE \$ \$161,465.00 /per 3yrs = \$484,395.00

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

[Signature] 2/24/24 Kan Nguyen 2/26/24
(Donor Signature) (Date) (County Designee Signature) (Date)

Appendix H (cont.) BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____
2. Title passes to the County:

Depreciation

 - a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
 - b. Estimated useful life at date of acquisition _____ yrs.
 - c. Annual depreciation (a./b.) \$ _____
 - d. Total square footage _____ sq. ft.
 - e. Number of square feet to be used on the grant program _____ sq. ft.
 - f. Percentage of time during contract period the project will occupy the building or space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services 4 Counselors at 25% of time and 1 Substance abuse counselor:

1. Staff of another agency or organization:

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
---------------	----------------------	---	----------------	---	----------
2. Volunteer -- Comparable annual salary \$ _____

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
---------------	----------------------	---	----------------	---	----------

520*\$45.15 per hour	=\$23,407.80				
520*\$40.61 per hour	=\$21,118.71				
520*\$48.59 per hour	=\$25,267.16				
520*\$46.53 per hour	=\$24,195.18				
		=			
			\$93,988.85		

2080*\$28.87 per hour	=\$60,051.00				
-----------------------	--------------	--	--	--	--

				Meals \$1.10 per client x 50 clients x 3 meals = \$7,425.00
--	--	--	--	---

3.7.5 Tab 5: Statement of the Problem

3.7.5.1 For both Planning and Implementation and Expansion Grants, the application must include a detailed description of the problem the project will address. The application should document the extent of the problem using local or state data and include trend analysis. Describe the project’s geographic environment, Target Population, socioeconomic factors, and priority as a community concern. If the Applicant is a consortium of counties, describe the geographic region to be covered.

Description of the Problem: Pinellas County has consistently had rates of mental illness and substance use, particularly opioid use, that are higher than the overall state average for Florida. In a recent health assessment of Pinellas County by the Florida Department of Health, mental health and substance abuse were recognized as two of Pinellas County’s top health priorities.¹ Further, the most recent PIT count for Pinellas (2023) indicates that 16% of the adult homeless population self-report challenges associated with serious mental illness and 9% for substance use disorder. As the largest emergency shelter in the county with a capacity of 470, Safe Harbor has had an average daily population of 273 individuals. Annual figures for 2023 indicate 32.4% of clients (1807/5582) self-report mental illness and 17.5% (976/5582) self-report alcohol and/or drug misuse – of note reported figures only capture primary special need when more than one is indicated. This would result in approximately 50% of Safe Harbor clients self-reporting a behavioral health need.

Opioids and Substance Use: The opioid epidemic in Pinellas County is a pressing matter as more than one person died every 14 hours from a drug-related overdose in 2021². A recent community health assessment conducted by the Florida Department of Health in Pinellas County (DOH) identified “addiction” as a top health problem of concern and “alcohol and drug abuse” as the leading behavior concern within Pinellas County. This problem affects every demographic of every community across the county. While prescription opioid use appears to decrease, illicit opioid use continues to increase resulting in a growing number of fatalities. At the peak of the “pill mill” epidemic in 2010, eighty-nine percent (89%) of opioid-related overdose deaths in Pinellas were due to prescription pain medications.

Regarding general substance use Florida’s *2019 Medical Examiner’s Interim Drug Report*, data collected for the period of January-June 2019 the District 6 Medical Examiner’s Office, which serves Pinellas and Pasco Counties, ranked within the top five highest districts in overdose deaths as depicted in Table 1 below.

Table 1. 2019 Medical Examiner’s Interim Drug Report			
Primary Drug Associated with Death	Number of Deaths in District 6	Number of Deaths in Florida	State Rank Out of 25
Alprazolam	74	763	4 th
Cocaine	129	1,418	4 th
Diazepam	32	206	1 st

¹ Florida Department of Health: 2018 Community Health Assessment.

² Pinellas County Opioid Task Force Strategic Plan 2023-2027

Fentanyl	145	1,644	4 th
Heroin	37	475	3 rd
Hydrocodone	31	261	2 nd
Methadone	19	167	2 nd
Methamphetamine	72	645	2 nd
Morphine	96	908	2 nd
Oxycodone	72	564	1 st

Data provided by the Pinellas County Forensic Laboratory for 2015 to 2019 shows the number of accidental illicit drug related fatalities increased by an alarming 810.7% (28 to 255) while the number of accidental opioid/opiate related deaths increased by 145.9% (135 to 332). Pinellas County's population increased only 2.9% during the same period. This trend continues to pose a significant challenge to our local population with accidental overdoses rising to and astonishing 597 in 2022. Emergency Medical Services (EMS) data regarding 9-1-1 transports with Narcan administered have increased year over year as well. In 2019 there were 3,003 transports, which is a 43.9% increase from the 2,087 reported in 2016. In 2019, the Pinellas County EMS/Fire Administration Department reported 4,448 suspected opioid overdose calls.³

Mental Health: Mental health remains a top priority in Pinellas County, with a significant portion of the population facing challenges related to mental health issues. In 2018, an estimated 32,000 adults in Pinellas County suffered from serious mental illness and in 2019, Pinellas County reported 12,350 hospitalizations for mental health disorders, at a rate 25.3% higher than the state average (1,260.8 vs. 1,006).⁴ Additional reports showed that 12% of adults in Pinellas County reported having poor mental health on 14 or more of the past 30 days and 15.1% reported having been told they had a depressive disorder.⁵

Between 2015 and 2018, there was a 10% increase in suicide deaths in Pinellas County.⁶ As of 2019, the overall suicide rate in Pinellas County (19.6) remains higher than the state average (14.1) and notably higher in specific demographic groups. Hispanic residents living in Pinellas County, for example, have a rate of suicide more than double that for the Hispanic population statewide; and men are committing suicide in Pinellas County at a rate 23% higher than the state average for men in Florida.⁷ The COVID-19 pandemic and resulting social isolation, financial instability, and stress has only exacerbated this issue in Pinellas County. One local provider reported a 17% increase in the number of suicides from June to August of 2020 compared to the same time period in 2019.⁸

Lack of Coordinated Service Efforts: In September of 2015, then Florida Governor Rick Scott issued Executive Order (EO) 15-175, which charged DCF to conduct a comprehensive review of behavioral health services, service delivery, and service integration with other similar and/or

³ Pinellas County Opioid Task Force. ArcGIS StoryMap: The Opioid Epidemic in Pinellas County: <https://arcg.is/Orfnai>

⁴ Florida Department of Health. Suicide and Behavioral Health Profile – 2019, Pinellas.

⁵ Florida Department of Health. Mental Health status and Complications, Pinellas County – 2018.

⁶ Florida Health for Suicide Deaths

<http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116>

⁷ Florida Department of Health: 2018 Pinellas County Health Assessment.

⁸ Bay News 9. (Oct 13, 2020). "Crisis Center: Bay area Mental Health Issues, Suicides on the Rise in 2020".

interdependent services within a community. Pinellas County was one of three counties selected for review. The University of South Florida's Florida Mental Health Institute (USF-FMHI) performed a review related to the EO with one of the populations of focus being adults in Pinellas County who had multiple crisis stabilization unit (CSU) admissions and a subset who had a significant number of days in jail. Individuals reviewed typically had schizoaffective disorder or bipolar disorder with psychotic features and most had recent histories of a significant co-occurring substance use condition along with a history of exposure to one or more forms of trauma. Results of the study indicated that inadequate care coordination was a significant barrier to successful outcomes for justice-involved individuals with behavioral health disorders.⁹

In most instances, clients evaluated in the 2016 USF-FMHI study had been released with 8-22 days of medication and a referral to outpatient mental health care. However, there was rarely a record confirming communication between acute care and outpatient providers and little to no indication that outpatient referrals resulted in continuity of care for clients. Feedback from clients confirmed this issue; while clients generally showed improvement and stated they had benefitted from their treatment groups, many described difficulties in transitioning to outpatient care and did not continue treatment.¹⁰

A subsequent 2020 evaluation noted that communication between providers in the County continues to be an issue. The analysis of the Pinellas County Behavioral Health System, performed by KPMG at the request of County leadership, demonstrated that providers operate as a set of distinct programs without facilitating the necessary linkages of a coordinated system of care. The study further observed that crisis care settings, including the jail, served as the primary point of entry into behavioral health services, and recommended the County establish a county and provider-managed model of coordinated access for consumers.¹¹

In 2020, a working group from the City of Largo Homeless Advisory Team, Homeless Leadership Alliance (Pinellas County's lead agency for the Continuum of Care - CoC), Pinellas Park and the Pinellas County Sheriff's Office (PCSO) convened to evaluate the current state of Safe Harbor to include conditions, services, outcomes, and community impact. The goal of the working group was to reduce impacts on emergency services (law enforcement and emergency medical) and surrounding neighborhoods. Key findings of the working group identified the need to utilize methods to better engage Safe Harbor clients in housing and wrap around services. Permanently housing clients utilizing Safe Harbor will take a coordinated response engaging multiple agencies. Additionally, staffing constraints leaves Safe Harbor with an average ratio of 1 case manager per 72 clients while the industry standard is 35 for standard case management and 15 for intensive case management (de Vet, 2013).

Safe Harbor serves both the chronically homeless and non-chronically homeless. Although the chronically homeless are approximately 19% of Safe Harbor clients, this population generally

⁹ University of South Florida, Louise de la Parte Florida Mental Health Institute. (2016). "Reports to the Florida Department of Children and families in Response to the Governor's Executive Order 15-175."

¹⁰ University of South Florida, Louise de la Parte Florida Mental Health Institute. (2016). "Reports to the Florida Department of Children and families in Response to the Governor's Executive Order 15-175."

¹¹ "Elevate Behavioral Health Pinellas County: A strategic review of & roadmap for the Pinellas County Behavioral Health System of Care". (May 2020). KPMG.

has more barriers to re-housing and will likely need more intensive case management services and longer-term support to remain stably housed once housing is attained. The non-chronically homeless may have a higher likelihood of self-sufficiency upon housing attainment with a tiered support system and less intense services. Due to the impacts of homelessness on an individual, both populations were identified in the working group report to need improved access to case management, mental health and/or substance use services, life and job skills training, and improved access to health care.

Target Population: Pinellas County's target population for the Treatment for Individuals Experiencing Homelessness (TIEH) program are adults aged 18 or over who have a mental illness, substance use disorder, or co-occurring disorder and who are in, or at risk of entering, the criminal justice system. Pinellas County intends to focus on those individuals' experiencing homelessness who are coming through the Pinellas County Sheriff's Office's (PCSO) Pinellas Safe Harbor emergency shelter (Safe Harbor), as it is the largest emergency shelter in the County and is also a receiving center for individuals who are diverted from the criminal justice system. In January 2011, Safe Harbor opened as a jail diversion, emergency shelter to address a significant need in the community with respect to homeless individuals, oftentimes with criminal justice involvement. Safe Harbor, run by PCSO allows access 24 hours a day 7 days a week for law enforcement and homeless outreach teams. As a low-barrier emergency shelter there are few restrictions to intake.

Geographic Region/Environment: Pinellas County (Florida) is 280 square miles with 588 miles of coastline located on Florida's West Coast. Pinellas is Florida's most densely populated county with over 3,400 people per square mile and the 7th most populous county with over 959,000 residents counted in the 2020 census.

3.7.5.2 The application must provide an analysis of the current population of the jail or juvenile detention center in the county or region, including the following:

In calendar year 2023, the Pinellas County Jail's average daily population (ADP) was 2,886. Approximately 56% of the ADP in December 2023 were pretrial inmates; 27% were pretrial misdemeanors and 29% pretrial felonies. Another approximately 29% were State Sentenced Department of Corrections inmates.¹²

3.7.5.3 A description of the screening and assessment process used to identify the Target Population(s)

The identification of clients for the TIEH Program will be through a placed-based point of entry at Safe Harbor. With over 1,000 unique homeless individuals passing through Safe Harbor each quarter, the TIEH Program staff will initiate outreach and engagement with individuals at Safe Harbor. Upon intake at Safe Harbor clients self-report any mental health or substance use diagnosis (SMI, SED, or COD) or concerns. Clients self-reporting a behavioral health concern will be prioritized for further assessment by TIEH case management staff within a few days of their arrival. Through the partnership with Safe

¹² Pinellas County Sheriff's Office, Pinellas County Jail Custody Management Division.

Harbor, Boley, and PEMHS Case Management staff will be based within Safe Harbor to engage and further assess those clients.

Program Eligibility: Case Managers will provide intake and coordinate the screening of clients for mental health, substance use, or co-occurring disorder utilizing several screening tools to include CAGE substance use screening tool, DLA Functional Assessment, and biopsychosocial evaluation. Dependent upon the case management assessments and client histories, individuals may be referred to a licensed clinician for formal diagnoses. The case management screening tools provide staff a baseline assessment of an individual to inform treatment planning and can be leveraged at 6 month or annual intervals and discharge to review service effectiveness. Upon review of the screening results and enrollment into TIEH, Case Managers will work with each individual client to understand their needs and desires regarding services available through TIEH, and behavioral health treatment options.

3.7.5.4 The percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance use disorder, or co-occurring disorders.

Persons Admitted to Jail: The incidence of inmates suffering from mental illness, substance use, or co-occurring disorders in the jail population, and criminal justice system overall, is significant. An estimated 45% of offenders in jails and local and state prisons have a mental health problem and comorbid substance abuse or addiction disorder.¹³

In 2023, there were 34,085 arrests in Pinellas County. Of these arrests, 4,785 (14%) were classified as drug possession arrests and 2,806 (8.2%) were DUI arrests.¹⁴ That same year, there were 198 Marchman Act jail intakes and 397 arrests for disorderly intoxication.¹⁵ About 11,000 Baker acts are performed within the County each year, with approximately 50% performed by law enforcement. The Pinellas County Sheriff's Office (PCSO), alone, responds to approximately 5,000 mental health-related calls per year with some ending in Baker Acts and some ending in arrests.¹⁶

3.7.5.5 An analysis of observed contributing factors that affect population trends in the county jail or juvenile detention center.

Studies have demonstrated that the prevalence of serious mental illness among inmates is two to four times higher than in the general population and an estimated 68% of jail inmates have a diagnosable substance use disorder compared to 9% of the general

¹³ Prins, Seth J. "Prevalence of mental illnesses in US State prisons: a systematic review." *Psychiatric services* (Washington, D.C.) vol. 65,7 (2014).

¹⁴ Florida Department of Law Enforcement. (2023). Criminal Justice Data Transparency, County Detention Arrest Reports. <https://www.fdle.state.fl.us/CJAB/CJDT/CD-Arrest-Reports>

¹⁵ Pinellas County Public Safety Coordinating Council Indicators Report. (Jan. 2023).

¹⁶ Pinellas County Sheriff's Office. (Sep. 23, 2020). Press Conference: Expansion of the PCSO Mental Health Unit.

population.¹⁷ There are a number of factors contributing to the overrepresentation of individuals with substance use, mental health, or co-occurring disorders within the jail. This population has elevated rates of criminogenic risk factors such as unemployment, poverty, homelessness, lack of social supports, antisocial thoughts, and antisocial peer networks that contribute to increased contact with law enforcement and arrest.¹⁸ Justice-involved people with mental illness also have higher rates of co-occurring substance use disorders. Of people in jail with a serious mental illness, 72% have a co-occurring substance use disorder.¹⁹ This complicates their involvement with the justice system, as people with co-occurring mental illness and substance use disorders have been shown to recidivate more often and more quickly than those who only have a serious mental illness only.²⁰

The overall jail population is also greatly affected by changes to the community it serves. Both general changes, such as those to the County population or the unemployment rate; or changes more specific to the criminal justice system, such as changes in sentencing laws or the availability of jail alternatives, can have tremendous impact.

3.7.5.6 Data and descriptive narrative delineating the specific factors that put the Target Population at-risk of entering or re-entering the criminal or juvenile justice systems.

Deinstitutionalization is often cited as the origin of many factors that put the target population at-risk of entering or re-entering the criminal justice system. Prior to 1960, almost 560,000 patients with behavioral health disorders were treated in long-term state mental hospitals designated for that purpose, but a shift to deinstitutionalize reduced the number of individuals in public psychiatric hospitals to 70,000 by the 1990s.²¹ Although psychiatric hospitals still exist, there is a distinct lack of long-term care options for individuals with behavioral health issues in the U.S. The few remaining state-run psychiatric facilities have the capacity to serve only a fraction of the patients they did in the 1950s.

As a result, individuals with severe behavioral health issues are often homeless, rather than in long-term care, and communities have increasingly had to rely on correctional systems for behavioral health treatment and services. Nationally, an estimated 45% of offenders in jails and prisons have a co-occurring mental health and substance abuse disorder.²² In Pinellas County, the number of recorded homeless individuals in Pinellas County Jail has increased 6% (from 635 to 675).²³

¹⁷ “The Burden of Mental Illness Behind Bars.” (2016). Vera Institute of Justice.

¹⁸ Andrews DA, Bonta J: *The Psychology of Criminal Conduct*, 5th ed. New Providence, NJ, Anderson, 2010

¹⁹ “The Burden of Mental Illness Behind Bars.” (2016). Vera Institute of Justice.

²⁰ Meeting the Needs of Justice-Involved People with Serious Mental Illness within Community Behavioral Health Systems. (2020). Natalie Bonfine et. Al. *Psychiatric Services* 71:4, April 2020.

²¹ Mentally Ill Persons in Corrections. National Institute of Corrections: <https://nicic.gov/mentally-ill-persons-in-corrections>

²² National Institute of Drug Abuse (2008) <https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf>

²³ Analysis of Pinellas County Point-In-Time (PIT) Data from 2019-2023.

While Pinellas County has experienced a decreased count of homeless individuals from 2,777 in 2016 to 2,226 in 2020, subpopulation data consistently show that a significant portion of the homeless population faces behavioral health challenges and/or is incarcerated. In 2023, approximately 16% of Pinellas County's sheltered homeless population had a serious mental illness, and approximately 9% had a substance use disorder. These figures were nearly doubled for the unsheltered homeless population with approximately 38% of the unsheltered homeless population reported a mental health problem, and 17% reported drug use.²⁴ When compared to the general population, individuals with serious mental illnesses who are incarcerated are two times as likely to have been homeless in the past year, three times as likely to have a co-occurring substance use disorder, and four times as likely to have histories of past physical or sexual abuse.²⁵

3.7.5.7 Implementation and Expansion Applicants Only

The application must include a concise analysis of the Target Population, including the following.

3.7.5.7.1 A projected number of the broader category of persons served in any capacity.

Pinellas County proposes to serve 150 individuals in any capacity through the grant program period. Any individuals deemed ineligible for TIEH program enrollment will either be provided non-grant-funded services through the partner providers or connected with another provider in the community, as appropriate.

3.7.5.7.2 A projected number of any subset of persons served during their involvement in the Applicant's program, as detailed in Section 2.5.1.2.1. *A negotiated number of persons served in the Applicant's Program. Depending on the Program design, this may further distinguish between the broader categories of persons served in any capacity and the subset of persons provided a more intensive clinical level of services. This analysis must demonstrate how the identified needs are consistent with the priorities of the Strategic Plan.*

TIEH goal is to serve 90 individuals with more intensive clinical and support services throughout the life the grant (average 30 per year receiving services for 30 or more days). The industry standard per intensive case manager is a maximum 15 caseload.²⁶ Given the significant barriers for individuals with mental illness, substance use, and co-occurring disorders, the program anticipates a higher level of need for case management for the target population of this program. Further the population most in need are those individuals identified as chronically homeless. Approximately 19% of Safe Harbor clients in 2021 were considered chronically homeless, with an average of 115 chronically homeless individuals housed per month.²⁷

²⁴ Pinellas County Point-In-Time (PIT) Data from 2023.

²⁵ "Juvenile Justice Involvement: Trauma Race and Social Disadvantage." (March 2021). Presentation by Micah E. Johnson, PhD and the University of South Florida CJMHSA TAC.

²⁶ Safe Harbor Work Group Recommendations 2022

²⁷ Safe Harbor Work Group Recommendations 2022

Pinellas County's Public Safety Coordinating Council's Strategic Plan for 2023-2026 compiles results from a Juvenile SIM workshop completed in July 2022 and an Adult SIM workshop completed in September of 2022. The proposed TIEH program addresses the Strategic Plan's Key Strategy 1: Sequential Intercept Mapping Priorities for Pinellas County Adult Justice System; Goal 2. Establish a sustainable High-Fidelity Wraparound (HFW) system available within the community through efforts of system navigators/peer navigators; Objective 1.7 Identify funding sources and initiate HFW system and navigator services as needed.²⁸

²⁸ Public Safety Coordinating Council Strategic Plan 2023 - 2026

3.7.6 Tab 6: Project Design and Implementation

3.7.6.1 For both Planning Grants and Implementation and Expansion Grants, the application must include a description of the planning council or committee, including the following.

3.7.6.1.1 A description of the composition of the planning council or committee, including the role of each member as stakeholder, consumer, etc. demonstrating compliance with section 394.657(2)(a), F.S. If the Council does not currently meet the statutory requirements, provide a detailed explanation of how and when the Council intends to rectify the deficiency.

Florida established local Public Safety Coordinating Councils in 1987 through Florida Statute 951.26. The Pinellas County Public Safety Coordinating Council (PSCC) was subsequently created in 1995. The PSCC operates in accordance with Florida Statute 951.26 for purposes of assessing the population status of all detention and correctional facilities owned by Pinellas County. On October 16, 2007, the Pinellas County Board of County Commissioners approved the designation of the Public Safety Coordinating Council as the Planning Council in line with Florida Statutes 394.657, County Planning Council or Committees. The PSCC is governed by Florida State Statute 394.657 (2)(a) and 951.26 requirements and serves as the designated planning council for the CJMHSA Reinvestment Grant.

The Pinellas County Public Safety Coordinating Council (PSCC) reviewed and approved the TIEH Program proposal on December 18, 2023, and will receive updates from project leadership on the outcomes of this project at the quarterly meetings. The PSCC will also receive updates on sustainability planning and cross-training opportunities; and serve in an advisory capacity during the grant period.

Please see the attached list (Appendix K) of planning council members and roles. Effective September 8, 2023, there are two vacancies on the Council (primary consumer of MH and family member of primary consumer) for which Pinellas County is actively seeking referrals.

3.7.6.1.2 An outline of the Planning council's activities, including the frequency of meetings for the previous 12 months and future scheduling of meetings.

The primary purpose of the PSCC is to assess the trends, population status, and programs affecting the County jail and make recommendations to ensure against jail overcrowding and reduce recidivism. The PSCC is also responsible for developing a local public safety plan for the future construction needs of the jail and serves as the local Planning Council, making recommendations to the Board of County Commissioners for Criminal Justice, Mental Health and Substance Abuse grants.

The mission of the PSCC is to create and execute an effective public safety strategy to ensure availability and accountability of programs, sound and efficient justice system operations, and necessary jail facilities.

The PSCC has and will continue to meet on a quarterly basis. Board members will receive notice either by newsletter, U.S. mail, telephone or e-mail, at least ten (10) days prior to any meeting. Reports from committees and select programs will take place at quarterly meetings.

3.7.6.3 Implementation and Expansion Grants Only (Limited to 35 pages)

3.7.6.3.1 The application must include a copy of the existing Strategic Plan, which must include at minimum, all the elements specified in Appendix A and a description of the Strategic Plan, including progress toward implementing the plan or SIM, when the plan or Sequential Intercept Mapping was last reviewed or updated for the Target Population, and any challenges or barriers toward implementation

As specified in Appendix A, a copy of the Pinellas County's Public Safety Coordinating Council's Strategic Plan 2023-2026 is included as an attachment to this proposal. The Strategic Plan includes components from an Adult SIM workshop that was held in Pinellas County on September 22-23, 2022, and was facilitated by the SAMHSA GAINS Center's technical assistance provider: PRA, Inc. Updates on the Strategic Plan are included within the plan noted in the progress column.

3.7.6.3.2 The application must include a description of the project design and implementation, including the following:

Pinellas County will partner with Safe Harbor as the place-based point of entry for individuals experiencing homelessness. Pinellas County will contract, via a sub-award, with Boley Centers (Boley) and Boley will subcontract with Personal Enrichment through Mental Health Services (PEMHS), two provider organizations who will implement and deliver the TIEH program with a staffing model of a Project Director, Counselor, Case Managers, and Peer staff.

With over 1,000 unique homeless individuals passing through Safe Harbor each quarter, the TIEH Program staff will initiate *outreach and engagement* with individuals at Safe Harbor. Upon intake at Safe Harbor clients self-report any mental health or substance use diagnosis (SMI, SED, or COD) or concerns. Through the partnership with Safe Harbor, Boley Case Management and Peer staff will be based within Safe Harbor to engage and further assess those clients within the first few days of their arrival to the shelter.

Pinellas County TIEH Program will develop and implement a service delivery plan that addresses the following: Case Managers will provide intake and coordinate the ***screening of clients for mental health, substance use, or co-occurring disorder*** utilizing several screening tools to include CAGE substance use screening tool, DLA Functional

Assessment, a biopsychosocial evaluation. These screening tools will provide staff a baseline assessment of an individual to inform treatment planning and can be leveraged at 6 month or annual intervals and discharge to review service effectiveness.

- Upon review of the screening results and ***enrollment into TIEH***, Case Managers will work with each individual client to understand their needs and desires regarding services available through TIEH, and behavioral health treatment options. ***Referrals can be made to community based mental health care providers and/or substance use treatment providers.*** All community-based providers that the Pinellas TIEH program can refer to can provide co-occurring treatment services, the deciding factors will be individualized and take into consideration client choice and primary diagnosis. The TIEH program will also incorporate a licensed mental health counselor (LMHC) or licensed clinical social worker (LCSW) into the staffing model to provide on-site access at Safe Harbor. This position will support a current non-TIEH LMHC, on-site that provides crisis diversion, and to assist clients with maintenance type interventions.

Located adjacent to Safe Harbor is the Bayside Health Clinic, a Federally Qualified Health Center (FQHC) serving homeless residents through the Pinellas County Health Care for the Homeless (HCH) program. The HCH program includes a full array of mental health and substance use disorder services, including Medication Assisted Treatment (MAT). Eligible clients of TIEH needing medical coverage will be assisted with the HCH program intake to receive primary medical care and access to behavioral health, specialty care and pharmacy.

- Boley & PEMHS will deliver ***trauma-informed, culturally competent services and utilize evidence-based practices including*** Motivational Interviewing (MI) and Seeking Safety to support clients through service engagement and treatment. MI is an evidence-based practice that has proven successful by working with a client providing a guiding methodology that works to enhance individual motivation to change, rather than directing an individual to change. Seeking Safety is an evidence-based therapy treatment that helps individuals with trauma, post-traumatic stress disorder, and substance misuse.

Boley staff routinely work with sister agencies, ensuring that clients gain ***access to local outpatient, intensive outpatient, short-term residential, or recovery housing program resources*** and to ensure that services, treatment and housing are available to people they serve. Boley staff have established strong referral relationships, consult with medical providers from the various agencies, and are aware of community resources and program eligibility requirements.

- Boley is the largest provider of permanent supportive housing for people with special needs in Pinellas County. Boley operates 57 group home beds for people with mental illness and two Safe Haven facilities serving 45 chronically homeless individuals with mental illnesses, including 20 Veterans. Boley has developed 14 HUD 811 projects with 230 units and an additional 50+ units of affordable housing developed through a variety of funding sources. Boley developed over 308 permanent supportive housing units for homeless people and disabled by mental illness.

Boley's case management staff and the use of the best practice model of Supportive Housing further ***supports stability across service and housing transitions***. The staff use evidence-based practices in their method of service delivery including techniques from Critical Time Intervention, Motivational Interviewing, and Stages of Change. These practices increase housing stability, build motivation, and strengthen commitment among participants. Boley uses the evidence-based Individual Placement and Support approach for its Supported Employment Programs. All staff are trained in Trauma Informed Care, a best practice approach to recognize trauma symptoms and integrates this information into treatment planning and delivery.

- Safe Harbor provides ***telehealth access*** to community primary care (HCH program), and mental health and substance use providers using telehealth stations (laptops/iPads) configured to connect clients to specific community providers. The population of focus often do not have consistent access to telehealth enabled smartphones or laptops with internet connections.
- Boley has successfully engaged ***Peers*** in a variety of programs and will seek to ***hire individuals with lived experience*** for Peer positions in the TIEH Program. Peer positions are pivotal in seeking client engagement and providing individuals the support necessary to effectively engage in treatment and other supportive services.
- Pinellas County soft-launched a Coordinated Access Model (CAM) in February of 2024 for adults ages 18-64. The CAM is a virtual hub that connects Pinellas's adults with providers that offer structured therapy (i.e., individual, group, CBT, etc.), case management, and other outpatient, non-crises behavioral health services. ***Individuals not eligible for TIEH***, those without a diagnosis of a severe and persistent mental illness, ***may be referred*** to the CAM for behavioral health needs, Pinellas HMIS for housing resources and connections to coordinated entry, and to 211 for any additional social service needs. Staff will continue outreach with these non-eligible individuals to ***follow-up after referral to ensure connection to services and housing***.
- Boley hires individuals who are engaged with the community and often live in the same communities that the organization's clients reside. Boley homes and apartments are dispersed throughout the communities in which their employees live and work. The organization's ***employment statistics are equal to or exceed the general population demographics***.

Additionally, Boley supports and operates a Consumer Advisory Committee, in existence since 1984, with representatives from throughout its programs to provide administration and staff with feedback regarding the agency's services. The Committee's mission is to provide a forum for consumer to voice their concerns regarding program and facility issues. The Committee is comprised of representatives from each program area and each residence of Boley, including consumers currently living and working in the community.

- Boley has developed a ***Language Assistance Plan (LAP)*** to address the organization's responsibilities for the needs of individuals with Limited English Proficiency (LEP). Boley utilized the U.S. Department of Transportation (USDOT) LEP Guidance Handbook and performed a four-factor analysis to develop its LAP. Factor 2 of this four-factor process identifies the frequency with which LEP

individuals encounter Boley's programs, activities and services. Through various methods it was identified that Boley staff infrequently interact with LEP persons and that most of these interactions have occurred with LEP persons who mainly spoke Spanish. Over the 5-year review period, Boley had 10 requests for translated documents. Boley has had all tools and resources translated into Spanish and have a contract to language services to address any other language needs for clients engaging with Boley services.

- Boley works exclusively with people with very low income of all demographics, providing housing and psycho-social rehabilitation services. 92% of the people served by Boley have income at or below 35% AMI. Boley provides services to all minority populations and place services in areas of high concentration of minorities and marginalized populations. Boley does not discriminate based on gender, race, religion, sexual orientation, or any other protected demographic. The agency strives to ensure that resources are accessible to any marginalized groups. ***Demographic data will be collected to ensure access and address any disparity gaps.***
- The TIEH program will ***create conflict and grievance resolutions processes that are culturally and linguistically appropriate***, similar to those currently in place at Boley. Boley posts public notices at many locations to apprise the public of their rights under Title VI, Civil Rights Act of 1964. These notices are located, at minimum, at reception desks, meeting rooms, public areas of Boley offices and on the Boley website. Boley provides access to a Title VI Complaint Form that individuals can utilize to address discrimination complaints. The complaint procedure, process and form are all accessible on Boley's website www.boleycenters.org. The forms are accessible in English and Spanish.
- Program staff will work with TIEH clients to ***identify eligibility and coordinate access to health insurances, Medicaid, and other publicly funded assistance***. Referrals will be made to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program for coordination and submittal of SSI and SSDI benefit applications and connections to stabilizing social services to assist in facilitating self-sufficiency. Services may also include referrals to local health insurance marketplace navigators, local indigent care health programs and will be determined individually based upon each clients' specific needs and circumstances. Benefits coordination is a key component of TIEH case management to aid in client stability upon housing attainment. Case managers will work with clients to attain proper identification documents, treatment records, income verifications, and other necessary documentation to support application to the best suited programs based upon their needs.
- Case Managers ***will provide linkages to and support engagement with recovery support services*** to ensure retention in services and to support continued treatment gains. The DLA Assessment initiated at intake will help guide staff with which linkages are needed. Services will be tailored to each participant and engagement will be supported with assistance from peer specialists, recovery coaches, and master's level counselors. Referrals will include vocational rehabilitation, Job Corp and Career Source Pinellas, and coordination with disadvantaged transportation

programs. Safe Harbor residents have access to loaner bikes and support groups and classes offered on-site at the facility such as: Alcoholics Anonymous, Narcotics Anonymous, HIV Awareness, Walkwise-Pedestrian Safety, Go Healthy, and Recovery Together – Substance Abuse Recovery. Through the SOAR and HCH programs, clients can further access occupational therapy and other resources to stabilize and facilitate self-sufficiency (financial assistance, food, housing, financial responsibility, etc.).

- Case Managers will work with clients ***to connect them to sustainable permanent housing resources*** through a variety of tools available within Pinellas County. A VISPDAT is the initial assessment within Pinellas County for an individual to access coordinated entry. The VISPDAT is completed within the Homeless Management Information System (HMIS), the system utilized by Pinellas’ Coordinated Entry System for the Continuum of Care (CoC). This system allows clients to be assessed for the appropriate housing resource and connect them when that resource becomes available. Resources may include rapid rehousing, HUD/VASH, permanent supported housing, tenet-based housing vouchers, unaccompanied youth vouchers, or supported housing.
- PEMHS acts as the backup for ***Pinellas County’s 988 call center***. Beyond the call center, PEMHS provides a community-based mobile crisis response team that is available 24/7 that serves as part of a “no wrong door” model and will travel to the acute situation or crisis to provide assistance and meet any level of need.

3.7.6.3.2.1 Project goals, strategies, milestones, and key activities toward meeting the objectives specified in Section 2.2. Applicants must include at least one objective in addition to those specified in Section 2.2 and may propose tasks in addition to those specified in the RFA.

3.7.6.3.2.2 Organization and key stakeholder responsible for each task or key activity necessary to accomplish the objectives.

Objective 1 – Establish or Expand Diversion Programs

All Implementation and Expansion Grant applications must propose objectives, tasks and timetables designed to establish or expand client service programs which are designed to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the Target Population within three months of execution of a final Grant Agreement. Applicants must detail their approach to the following.

- **2.2.4.1.1** Establishing legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population. Boley will execute legally binding subrecipient agreements for TIEH with Pinellas County, Pinellas County will execute the Grant Agreement with DCF, and Boley will execute a contractual agreement with PEMHS for the TIEH Project. The County will then submit the agreements for County Administrator or designee approval.

- **Tasks:** Draft and execute agreements. Submit agreements for approval by authorized representatives of Pinellas County.
 - **Estimated time to complete:** < 3 months
 - **Organization Responsible:** Boley, PEMHS, Pinellas County
- **2.2.4.1.2** Providing an information system to track persons served during their involvement with the Reinvestment Grant Program and for at least six months after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.
 - **Tasks:** Program partners will incorporate data sharing verbiage into the agreements to ensure the ability to share client level data for the reinvestment project. Coordinating partners will leverage their various organizational data systems and Pinellas HMIS to facilitate the tracking of participants in the program. Pinellas County, and its partners, will develop data tracking protocols, a post-discharge survey, and points of contact from each agency to ensure timely data collection, compilation, and accurate reporting. Staff will seek to engage clients 6-month post discharge to administer a brief survey to include arrests, receipt of benefits, and housing status. Pinellas County will collaborate with our partners to leverage our internal data infrastructure and expertise to manage program data for tracking and outcomes review.
 - **Estimated time to complete:** 3 months
 - **Organization Responsible:** Boley, PEMHS, PCSO, Pinellas County
- **2.2.4.1.3** Implementing strategies that support the Applicant’s strategic plan for diverting the Target Population from the criminal or juvenile justice systems. Partners will collaborate with stakeholders to identify opportunities for diversion of adults aged 18 or older who have a mental illness, substance use disorder, or co-occurring disorders and who are in, or at risk of entering, the criminal justice system. This includes Pinellas County’s Public Safety Coordinating Council’s Strategic Plan 2023-2026; Key Strategy 1 – Goal 2, Establish a sustainable High-Fidelity-Wraparound (HFW) system available within the community through efforts of system navigators/peer navigators.
 - **Tasks:** Employ case managers, peer staff, and a licensed mental health clinician (or equivalent) to be based within Safe Harbor to engage and further assess clients and provide intake and coordinate the screening of clients for mental health, substance use, or co-occurring disorder.
 - **Estimated time to complete:** < 3 months, updates ongoing as needed
 - **Organization responsible:** Boley, PEMHS, Pinellas County Sheriff’s Office, Pinellas County
 - **Key Stakeholders:** Local law enforcement agencies, the Sixth Circuit Public Defender, PCSO, Safe Harbor, PEMHS, and Boley.

Objective 2 – Collaboration

All Implementation and Expansion Grant Applications must propose objectives, tasks and timetables designed to create and encourage collaboration among stakeholders in implementing the Strategic Plan and providing ongoing oversight and quality improvement activities. Applicants must detail their approach to the following.

2.2.4.2.1 Participating in regular Planning Council or Committee meetings.

A representative from the project will provide regular updates on program progress at quarterly Public Safety Coordinating Council (PSCC) meetings. The PSCC serves as the designated local planning council for CJMHSA Reinvestment Grants.

- **Tasks:** Provide updates to the PSCC at their quarterly meetings and facilitate discussion as necessary.
- **Estimated time to complete:** Quarterly as scheduled.
- **Organization responsible:** Boley
- **Key Stakeholder:** Public Safety Coordinating Council

2.2.4.2.2 Assessing progress of the project based on established timelines and review attainment of goals.

Project progress regarding timelines, goals, and performance measures required for this grant will be assessed based on discussions and analysis of participating partners' quarterly reported data. Project progress will additionally be evaluated through formative and summative evaluations as specified in Section 3.7.6.6.1 of this application.

- **Tasks:** Quarterly reporting of data, supplementary evaluations.
- **Estimated time to complete:** Ongoing as scheduled.
- **Organization responsible:** Boley

2.2.4.2.3 Data sharing. Pinellas County will incorporate data sharing verbiage into the agreements established between partner agencies for the reinvestment grant program with an established reporting cadence, not less than quarterly. Further, program staff will request a release of information (ROI) to be signed by the participant to ensure the ability to share programmatic data amongst the partners.

- **Tasks:** Executed agreements with developed ROI including reinvestment partners and reporting data submissions to Pinellas County.
- **Estimated time to complete:** Ongoing, at minimum quarterly.
- **Organization responsible:** Boley, PEMHS, PCSO, Pinellas County

2.2.4.2.4 Coordination with Managing Entities. A representative from Boley with knowledge of the project will regularly attend monthly Central Florida Behavioral Health Network (CFBHN) Acute Care meetings to engage stakeholders identify opportunities to improve the program.

- **Tasks:** Attend monthly Acute Care meetings and facilitate discussion/request feedback as needed.
- **Estimated time to complete:** Monthly as scheduled.
- **Organization responsible:** Boley
- **Key Stakeholders:** CFBHN, local law enforcement, community behavioral health providers.

2.2.4.2.5 Making necessary adjustments to implementation activities, as needed. Participating partners will have regular staffing and collaborative grant team meetings with designated time for the discussion of any barriers to program implementation and necessary alterations to program activities. For adjustments requiring formal approval of the grantor and/or the County, Pinellas County will facilitate the approval process.

- **Tasks:** Discuss and address barriers to project implementation as necessary.
- **Estimated time to complete:** N/A: Monthly.
- **Organization responsible:** Boley, PEMHS, PCSO, Pinellas County

Objective 3 – Adapting existing service capacity and models to better address unique recovery-oriented needs of the Target Population.

All Implementation and Expansion Grant applications must propose a minimum of one additional objective and accompanying services tasks designed to support the primary diversion planning goals of the community.

2.2.4.3.3. Adapting existing service capacity and models to better address unique recovery-oriented needs of the Target Population.

- **Tasks:** Increase case management, peer, and licensed mental health clinician (or equivalent) staff located within Pinellas Safe Harbor to increase the capacity of staff working with the Target Population of adults aged 18 or over who have a mental illness, substance use disorder, or co-occurring disorder and who are in, or at risk of entering, the criminal justice system.
- **Estimate time to Complete:** Ongoing
- **Organization responsible:** Boley, PEMHS

3.7.6.3.2.3 How the planning council or committee will participate and remain involved in implementation or expansion on an ongoing basis.

AND

3.7.6.3.2.4 How the agencies and organizations involved will communicate throughout the lifetime of the project, detailing the frequency of planned meetings, and the decision-making process to ensure successful implementation.

Boley will have weekly (at minimum) **Staffing Meetings** for program services staff to facilitate care coordination. TIEH staff will discuss referrals; client status; and any program successes, opportunities, or barriers to access. Adjustments to services will be made according to the needs of each individual client and situation. Unresolved issues, successes, and opportunities for improvement will be reported out at monthly Collaborative Team Meetings with Pinellas County.

At the monthly **Collaborative Team Meetings**, representatives from the Boley, PEMHS, Pinellas Safe Harbor, and Pinellas County will discuss project progress and develop solutions and strategies to address barriers to program success as necessary. The Project Director at Boley will schedule the teleconferences, provide the agendas, and facilitate minute-taking. All partner organizations will also be in communication with each other via email and phone calls for anything that may need to be addressed outside of the scheduled meetings.

A representative from Boley with knowledge of the TIEH Project will also regularly attend several community meetings, these include but are not limited to, **Managing Entity, Planning Council Meetings, and Safe Harbor Partner Meetings**. Partners will attend monthly virtual Acute Care meetings of the managing entity, Central Florida Behavioral Health Network (CFBHN) to collaborate with the managing entity and explore processes or strategies that may prove beneficial to program evaluation and outcomes. Project partners will also participate in quarterly meetings of the Public Safety Coordinating Council (PSCC), the local Planning Council for this grant. At these meetings, a representative from the TIEH program will provide program updates and facilitate discussion or request feedback on sustainability planning as necessary.

3.7.6.3.2.5 The plan to screen potential participants and conduct tailored, validated needs-based assessments. Include the criteria to be used, specific screening tool(s) and validity specific to the Target Population. If specific tool(s) have not yet been selected, describe the process by which tool(s) will be selected.

Case Managers will provide intake and coordinate the *screening of clients for mental health, substance use, or co-occurring disorder* utilizing several screening tools to include CAGE substance use screening tool, DLA Functional Assessment, a biopsychosocial evaluation. These assessments and screening tools may include, but are not limited to:

- **CAGE Substance Use Screening Tool:** The target population for the CAGE is both adults and adolescents and can be administered by patient interview or self-report. The CAGE is an effective screening tool for which a positive screen should be followed by a diagnostic evaluation using standard clinical criteria.²⁹

²⁹ Dhalla S, Kopec JA. The CAGE questionnaire for alcohol misuse: a review of reliability and validity studies. Clin Invest Med. 2007;30(1):33-41. doi: 10.25011/cim.v30i1.447. PMID: 17716538.

- **DLA Functional Assessment:** The Daily Living Activities (DLA) Functional Assessment is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability.³⁰
- **Patient Health Questionnaire (PHQ-9):** The PHQ-9 offers a concise, self-administered tool for assessing depression. It incorporates DSM-IV depression criteria with other leading major depressive symptoms into a brief self-report instrument that is commonly used for screening and diagnosis, as well as selecting and monitoring treatment. Internal consistency of the PHQ-9 has been shown to be high and the diagnostic validity of the 9-item PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics.³¹
- **Biopsychosocial Evaluation:** The Biopsychosocial Evaluation is an assessment conducted by counselors to assess a client holistically for biological, psychological, and social factors that may be contributing to their current situations. It is a holistic assessment used to better identify an individual's needs.

3.7.6.3.2.6 How the proposed design will facilitate care coordination to increase access to behavioral health treatment and support services and ancillary social services (i.e., housing, primary care; benefits, etc.). Existing or draft agreements with behavioral health service providers should be included in Tab 9 as supporting documentation.

Located adjacent to Safe Harbor is the Bayside Health Clinic, a Federally Qualified Health Center (FQHC) serving homeless residents through the Pinellas County Health Care for the Homeless (HCH) program. The HCH program includes a full array of mental health and substance use disorder services, including Medication Assisted Treatment (MAT). Eligible clients of TIEH needing medical coverage will be assisted with the HCH program intake to receive primary medical care and access to behavioral health, specialty care and pharmacy.

Safe Harbor provides telehealth access to community primary care (HCH program), and mental health and substance use providers using telehealth stations (laptops/iPads) configured to connect clients to specific community providers. The population of focus often do not have consistent access to telehealth enabled smartphones or laptops with internet connections.

Boley & PEMHS will deliver *trauma-informed, culturally competent services and utilize evidence-based practices including* Motivational Interviewing (MI) and Seeking Safety to support clients through service engagement and treatment. MI is an evidence-based practice that has proven successful by working with a client providing a guiding methodology that works to enhance individual motivation to change, rather than directing an individual to change. Seeking Safety is an evidence-based therapy treatment that helps individuals with trauma, post-traumatic stress disorder, and substance misuse.

³⁰ Scott, R. L., & Presmanes, W. S. (2001). Reliability and validity of the daily living activities scale: A functional assessment measure for severe mental disorders. *Research on Social Work Practice*, 11(3), 373–389.

³¹ American Psychological Association FAQ about the Patient Health Questionnaire (PHQ-9 & PHQ-2). <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health>

Boley staff routinely work with sister agencies, ensuring that clients gain access to local outpatient, intensive outpatient, short-term residential, or recovery housing program resources and to ensure that services, treatment and housing are available to people they serve. Boley staff have established strong referral relationships, consult with medical providers from the various agencies, and are aware of community resources and program eligibility requirements.

Boley is the largest provider of permanent supportive housing for people with special needs in Pinellas County. Boley operates 57 group home beds for people with mental illness and two Safe Haven facilities serving 45 chronically homeless individuals with mental illnesses, including 20 Veterans. Boley has developed 14 HUD 811 projects with 230 units and an additional 50+ units of affordable housing developed through a variety of funding sources. Boley developed over 308 permanent supportive housing units for homeless people and disabled by mental illness.

Boley's case management staff and the use of the best practice model of Supportive Housing further ***supports stability across service and housing transitions***. The staff use evidence-based practices in their method of service delivery including techniques from Critical Time Intervention, Motivational Interviewing, and Stages of Change. These practices increase housing stability, build motivation, and strengthen commitment among participants. Boley uses the evidence-based Individual Placement and Support approach for its Supported Employment Programs. All staff are trained in Trauma Informed Care, a best practice approach to recognize trauma symptoms and integrates this information into treatment planning and delivery.

Program staff will work with TIEH clients to identify eligibility and coordinate access to health insurances, Medicaid, and other publicly funded assistance. Referrals will be made to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program for coordination and submittal of SSI and SSDI benefit applications and connections to stabilizing social services to assist in facilitating self-sufficiency. Services may also include referrals to local health insurance marketplace navigators, local indigent care health programs and will be determined individually based upon each clients' specific needs and circumstances. Benefits coordination is a key component of TIEH case management to aid in client stability upon housing attainment. Case managers will work with clients to attain proper identification documents, treatment records, income verifications, and other necessary documentation to support application to the best suited programs based upon their needs.

Case Managers will ***provide linkages to and support engagement with recovery support services*** to ensure retention in services and to support continued treatment gains. The DLA Assessment initiated at intake will help guide staff with which linkages are needed. Services will be tailored to each participant and engagement will be supported with assistance from peer specialists, recovery coaches, and master's level counselors. Referrals will include vocational rehabilitation, Job Corp and Career Source Pinellas, and coordination with disadvantaged transportation programs. Safe Harbor residents have access to loaner bikes and support groups and classes offered on-site at the facility such as: Alcoholics Anonymous, Narcotics Anonymous, HIV Awareness, Walkwise-Pedestrian Safety, Go Healthy, and Recovery Together – Substance Abuse Recovery. Through the SOAR and HCH programs, clients can further access occupational therapy

and other resources to stabilize and facilitate self-sufficiency (financial assistance, food, housing, financial responsibility, etc.).

Case Managers will work with clients *to connect them to sustainable permanent housing resources* through a variety of tools available within Pinellas County. A VISPDAT is the initial assessment within Pinellas County for an individual to access coordinated entry. The VISPDAT is completed within the Homeless Management Information System (HMIS), the system utilized by Pinellas' Coordinated Entry System for the Continuum of Care (CoC). This system allows clients to be assessed for the appropriate housing resource and connect them when that resource becomes available. Resources may include rapid rehousing, HUD/VASH, permanent supported housing, tenet-based housing vouchers, unaccompanied youth vouchers, or supported housing.

3.7.6.3.2.7 How law enforcement will assess their current process at intercept points, capacity, and how they intend to implement or expand diversion initiatives (e.g., processes, training, etc.).

Law enforcement will be engaged through Safe Harbor, a jail diversion program for unhoused individuals. Safe Harbor, operated by the Pinellas County Sheriff's Office, with the primary objective of keeping Pinellas County's homeless population out of the criminal justice system and off the streets. Pinellas Safe Harbor provides these men and women with a safe environment while they pursue services needed to get back on their feet. As a result, the population of ordinance violators and non-violent offenders in the Jail reduces, resulting in significant savings to taxpayers.

3.7.6.3.2.8 How the proposed design will incorporate recovery support specialists and peer support.

Boley has successfully engaged Peers in a variety of programs and will seek to hire individuals with lived experience for Peer positions in the TIEH Program. Peer positions are pivotal in seeking client engagement and providing individuals the support necessary to effectively engage in treatment and other supportive services. Peer and counseling services afford clients access to the evidence-based model of Seeking Safety, which incorporates the overarching goals of safety for a client in an integrated treatment model. Seeking Safety is a coping skills approach to help individuals attain safety from trauma and/or addiction with a focus on the present. This model supports the motivational interviewing practice as it focuses on empowerment and choice and while it encourages self-help groups, it does not require them.

3.7.6.3.3 The application must include a description of the strategies an Applicant intends to use to serve the Target Population, including a description of the services and supervision methods to be applied and the goals and measurable objectives of the new interventions.

3.7.6.3.3.2. Centralized receiving facilities or systems for individuals evidencing behavioral difficulties.

Pinellas County will partner with Safe Harbor as the place-based point of entry for individuals experiencing homelessness, including those evidencing behavioral difficulties. Pinellas Safe Harbor is the only emergency shelter with 24/7 intakes for law enforcement officers to divert homeless individuals from incarceration. Safe Harbor has a licensed mental health counselor (LMHC) working full time at the facility to help clients. In 2023 the LMHC worked with 416 clients and Baker Acted (Florida's involuntary mental health examination) 27 – accounting for time off, this resulted in an average of 34 individuals served and just over 2 Baker Acts monthly.

3.7.6.3.3.9. Linkages to community-based, evidence-based treatment program for the served Target Population

Boley and PEMHS intend to *utilize the following Evidence-Based Practices (EBPs)* - Motivational Interviewing (MI), Seeking Safety, Critical Time Intervention, and Stages of Change to engage clients. *The population of focus* often have a trauma history, involvement with the justice system, and/or suffer from behavioral health issues where these EBPs will accommodate the client's needs and build a better relationship with between the client and supportive staff. MI is an evidence-based practice that incorporates the concepts of partnership, acceptance, compassion, and evocation to provide a person-centered guiding method to encourage an individual's motivation to change. Peer and counseling services afford clients access to the evidence-based model of Seeking Safety, which incorporates the overarching goals of safety for a client in an integrated treatment model. Seeking Safety is a coping skills approach to help individuals attain safety from trauma and/or addiction with a focus on the present. This model supports the MI practice as it focuses on empowerment and choice and while it encourages self-help groups, it does not require them.

For clients eligible for Supportive Housing services, Boley offers a best practice model of Supportive Housing where staff use Critical Time Intervention and Stages of Change EBPs. These practices increase housing stability, build motivation, and strengthen commitment among clients. Boley also uses the evidence-based Individual Placement and Support approach for our Supported Employment Programs. All staff are trained to provide Trauma-Informed Care, a best practice approach that recognizes trauma symptoms and integrates information into treatment planning and delivery.

3.7.6.4 Performance Measures

Applications must include a description of the manner in which grant activities will be monitored to determine achievement of performance measures specified in Section 2.4, including the following.

3.7.6.4.1 A description of the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness.

Pinellas County will leverage the project director to coordinate data collection from all partners. Boley and PEMHS services are captured in the electronic health record (EHR) system, which includes a care connection module for electronic data sharing. Boley and PEMHS systems include assessment data, treatment data, and other outcome data. The

project director will further coordinate with the Pinellas County Sheriff's Office, HMIS, and Pinellas County Human Services to collect additional data elements related arrests, housing connections, and other ancillary services provided to program participants.

3.7.6.4.2 Proposed targets and methodologies to address the universal measures specified in Section 2.4.2, and the Supplemental Measures specified in Section 2.4.3. for Implementation and Expansion Grants.

2.4.2.1 Less than 25% of clients enrolled in the program will be arrested or rearrested while receiving services.

- **Quarterly Calculation:** $(\# \text{ of clients currently participating in the that were arrested this quarter}) \div (\# \text{ of clients participating in the program this quarter})$
- **End/Summary Calculation:** $(\# \text{ of clients who participated in the program and had at least 1 arrest while enrolled}) \div (\text{total } \# \text{ of clients who were enrolled and participated in the program})$

2.4.2.2 90% of clients will be assisted in applying for any benefits for which they may be eligible but were not receiving at their program start date.

- **Quarterly Calculation:** $(\# \text{ of clients currently participating in the program who were eligible for, but not receiving a benefit at enrollment and who have not been previously assisted in applying for a benefit through TIEH, that were assisted this quarter}) \div (\# \text{ of clients eligible for, but not receiving a benefit at enrollment who are participating in the program this quarter})$
- **End/ Summary Calculation:** $(\# \text{ of clients who were eligible for, but not receiving a benefit at enrollment who were assisted in applying for benefits}) \div (\text{total } \# \text{ of clients who were eligible for, but not receiving a benefit at enrollment who were enrolled and participated in the program})$

2.4.2.3 1% of clients will be those diverted from a crisis stabilization unit (CSU) in the past 3 months.

- **Quarterly Calculation:** $(\# \text{ of new enrollments this quarter whose reported prior living situation at arrival to Safe Harbor was a Psychiatric Facility}) \div (\# \text{ of new enrollments this quarter})$
- **End/Summary Calculation:** $(\# \text{ of participants whose reported prior living situation at arrival to Safe Harbor was a Psychiatric Facility}) \div (\text{total } \# \text{ of clients who were enrolled and participated in the program.})$

2.4.2.4 20% of clients will successfully complete program services

- **Quarterly Calculation:** $(\# \text{ of successful completions this quarter}) \div (\# \text{ of completions, successful or unsuccessful, this quarter})$
- **End/Summary Calculation:** $(\# \text{ of successful completions}) \div (\text{total } \# \text{ of completions, successful or unsuccessful})$

- Definition of Successful Completion: Clients will be determined to have successfully completed the program following 3 months of stable housing in either a Safe Haven, Permanent Supportive Housing, or Permanent Housing situation post enrollment.

2.4.3.2.1 Less than 50% will be arrested or rearrested for a new charge within six months following successful completion of program services.

- **Quarterly Calculation:** (# of participants who successfully completed program services six months ago as of this quarter who have since been arrested for a new charge) ÷ (total # of clients who successfully completed the program six months ago as of this quarter)
- **End/Summary Calculation:** (# of participants who were arrested for a new charge within six months of successful program completion) ÷ (total # of clients who successfully completed the program six or more months ago)

2.4.3.2.2 75% of clients who reside in a stable housing environment will remain in stable housing six months following their Program End Date.

- **Quarterly Calculation:** (# of participants who reside in stable housing environment six months following their Program End Date during the reporting quarter) ÷ (total # of participants whose Program End Date was within the six months prior to the reporting quarter)
- **End/Summary Calculation:** (# of participants who reside in stable housing environment six months following their Program End Date) ÷ (total # of participants with a Program End Date of six months or greater than the end calculation date)
 - Definition of “Stable housing environment”: For purposes of the TIEH project, a “Stable Housing Environment” may include Safe Haven, Permanent Supportive Housing, or Permanent Housing.

3.7.6.4.3 At least one additional proposed performance measure unique to the tasks outlined in the application, including proposed targets and methodologies.

3.7.6.4.3 25% of clients, who are eligible but not currently receiving social security at time of enrollment, will be assisted with an application assistance for social security.

- **Quarterly Calculation:** (# of program participants, who are eligible but not currently receiving social security at the time of enrollment, with a submitted social security application during the quarter) ÷ (# of participants, who are eligible but not currently receiving social security at the time of enrollment, during the quarter)
- **End/Summary Calculation:** (# of participants, who are eligible but not currently receiving social security at the time of enrollment, with a submitted social security application) ÷ (total # of participants who are eligible but not currently receiving social security at the time of enrollment)

3.7.6.5 Capability and Experience

For both Planning and Implementation and Expansion Grants, the application must include a description of the Applicant's capability and experience in providing similar services, including the following.

3.7.6.5.1 Capability and experience of the Applicant and other participating organizations, including law enforcement agencies, to meet the objectives detailed in this RFA.

Pinellas County (Grant Recipient/Administrator): Pinellas County is governed by an elected seven-member Board of County Commissioners (BCC). The BCC's strategic initiatives have always focused on improving the quality of life of Pinellas' residents. Pinellas County Human Services (PCHS) supports these initiatives by providing the Pinellas County Health Program, Health Care for the Homeless Program, Homeless Prevention, Disability Advocacy, Justice Coordination, Veterans Services, and other programs that promote improved health outcomes and self-sufficiency of low-income and/or at-risk Pinellas County residents. PCHS has provided access to these services through outreach, case management, eligibility determination and enrollment into programs for county residents for over 50 years.

PCHS has a wealth of experience in serving uninsured, underserved, vulnerable, and special needs populations as a federal grantee for the Health Resources and Administration's Health Center program for the homeless; the Cooperative Agreement to Benefit Homeless Individuals (CABHI) for individuals with SMI, SED, COD, or SUD; and SAMHSA's Assisted Outpatient Treatment (AOT) Grant Program for Individuals with Serious Mental Illness. PCHS has also worked with the Sixth Judicial Circuit on a variety of jail diversion, specialty court, and drug treatment programs as a grantee and a funder. In 2016, the PCHS began a behavioral health pilot program for individuals with the highest utilization of county jails, hospitals, and crisis units. Locally, PCHS is actively involved in the Opioid Task Force and the Substance Abuse Advisory Board.

The TIEH Program will be spearheaded by PCHS as the pass-through, grant administration entity. Post award, PCHS will initiate program planning implementation, facilitate the execution of contractual agreements, and monitor program progress to ensure goals and objectives are met throughout the life of the grant. PCHS will also provide continuous fiscal and programmatic oversight of the various components of the TIEH Program to ensure program compliance with grant guidelines and directives.

Boley (Subrecipient): Since 1970, Boley has been providing residential, psychiatric and substance abuse treatment, educational, skills training and vocational services for veterans and non-veteran residents of Pinellas County who have behavioral health disabilities. Boley provides assertive community treatment, supported housing, case management, psychiatric rehabilitation services, work adjustment training, community employment services, supported employment, follow-along services, psychiatric care, and educational and vocational programs for young adults. Boley Centers is the largest provider of permanent supportive housing for people with severe and persistent mental illness many of whom have co-occurring substance use disorders in Pinellas County, providing over 1,000 units of affordable housing with approximately 800 of those providing permanent supported housing services. Approximately ½ of the people served have been homeless for extended periods of time. Boleys' Supported Living program provides supported housing

services to people with severe and persistent mental illness residing in scattered-site apartments throughout the community. Additionally, Boley operates 57 group home beds for people with mental illness and two Safe Haven facilities serving 45 chronically homeless individuals with mental illnesses, including 20 Veterans.

Boley has been an active member of the social services community and were original members of the Pinellas County Homeless Coalition, now the Homeless Leadership Alliance of Pinellas. Boley's CEO and COO have maintained active leadership roles and Boley staff are actively involved in its committees and the Coordinated Entry System. Boley routinely works with sister agencies, ensuring that clients gain access to local resources and to ensure that services, treatment, and housing are available to people they serve.

PEMHS, will provide clinical care staffing to the TIEH Program through a subaward agreement to Boley. PEMHS has been committed to providing care in crisis since 1981. The agency's comprehensive range of programs are designed to meet the needs of children, adults, and families to build strong communities. Programs include a 24-hour suicide hotline, emergency screening, crisis interventions services, inpatient services for adults and children, and community-based programs. Community-based services include the Community Action Team, Largo Strong, System Navigation, the Behavioral Health Network (BNet), H.O.M.E. Navigation, Pinellas Integrated Care Alliance (PICA) Team, and Mobile Crisis Response Team (MCRT). The PICA team provides integrated case management to connect individuals to community treatment and resources in collaboration with the Pinellas County Sheriff's Mental Health Unit (MHU). The MHU refers individuals in need of care to the PICA team. The PICA Steering Committee (Pinellas County Administration, the Pinellas County Sheriff's Office (PCSO), Central Florida Behavioral Health Network, and Department of Health Pinellas) discusses outcomes and findings to improve program service delivery and the overall system of care.

PCSO, will provide on-site access and office space to Pinellas Safe Harbor for TIEH Program. The PCSO is the lead law enforcement agency for Pinellas County. The PCSO is committed to establishing methods to prevent the criminalization of the homeless and mentally ill population. The Mental Health Unit (MHU) was created to reduce both Baker Acts and contact with law enforcement officers among those living with mental illness. The MHU pairs a specially trained deputy with a civilian Crisis Response Specialist to meet with citizens in mental health crisis that may warrant intervention, who are often times homeless individuals. The PCSO's Safe Harbor has been providing emergency shelter and case management to homeless adults since 2011. Safe Harbor management holds regular meetings with all partners of homeless services within Pinellas County to identify collaborative methods to help reduce homelessness. All new deputy sheriff's receive Mental Health First Aid training and training specific to homelessness and Safe Harbor before they complete their field training program. The PCSO has representation and collaborates with the Homeless Leadership Alliance of Pinellas: Board of Directors, Data and System Performance Committee, Point in Time, Provider's Council and SOAR.

3.7.6.5.2 Availability of resources for the proposed project.

Boley staff routinely work with sister agencies, ensuring that clients gain access to local outpatient, intensive outpatient, short-term residential, or recovery housing program

resources and to ensure that services, treatment and housing are available to people they serve. Boley staff have established strong referral relationships, consult with medical providers from the various agencies, and are aware of community resources and program eligibility requirements.

Boley is the largest provider of permanent supportive housing for people with special needs in Pinellas County. Boley operates 57 group home beds for people with mental illness and two Safe Haven facilities serving 45 chronically homeless individuals with mental illnesses, including 20 Veterans. Boley has developed 14 HUD 811 projects with 230 units and an additional 50+ units of affordable housing developed through a variety of funding sources. Boley developed over 308 permanent supportive housing units for homeless people and disabled by mental illness.

3.7.6.5.3 Anticipated role of advocates, peer specialists, family members, and responsible partners.

Boley has successfully engaged Peers in a variety of programs and will seek to hire individuals with lived experience for Peer positions in the TIEH Program. Peer positions are pivotal in seeking client engagement and providing individuals the support necessary to effectively engage in treatment and other supportive services.

Further, Boley supports and operates a Consumer Advisory Board, in existence since 1984, with representatives from throughout its programs to provide administration and staff with feedback regarding the agency's services. The Board's mission is to provide a forum for consumer to voice their concerns regarding program and facility issues. The Board is comprised of representatives from each program area and each residence of Boley, including consumers currently living and working in the community.

3.7.6.5.4 Proposed staff, including Project Director, key personnel, and subcontractors who will participate in the project, showing the role of each and their level of effort and qualifications. Briefly discuss the responsibilities of each participating organization and how the Applicant proposes to fill staff positions and select subcontractors.

Proposed staff and key personnel for the Applicant and its subcontractors are listed below:

Pinellas County (Applicant)

In-Kind Match 0.25 FTE: Grant Administrator: This position will provide fiscal oversight of the program and serve as the project liaison with DCF. The Grant Administrator will monitor program progress and compliance, facilitate the execution of contracts, process reimbursement requests from providers, and assist partners with outreach efforts. At minimum, the PCHS staff member assigned to this role will have a bachelor's degree and 4 years of professional experience; a Master's degree and 2 years of professional experience; or an equivalent combination of education, training, and/or professional experience in criminal justice, public administration, social science, law, government or a related field.

In-Kind Match – 0.15 FTE: Homeless Section Manager - Subject Matter Expert: Pinellas County's Homeless Section Manager participates in Continuum of Care Committees and community spaces that work to champion services and solve the experience of homelessness. The position performs ongoing research and review of

complex homeless system issues to aid in the development of plans to mitigate community impacts. The Homeless Section Manager, Dominique Randall, has worked in the local homeless continuum for nearly a decade and has a solid knowledge of the local needs and challenges. Her expertise will be leveraged to continually guide the TIEH project from implementation and continual improvement throughout the life of the grant award.

Boley (Subrecipient)

0.50 FTE Director of PSH ICM Team – Project Director: This position will establish, administer and direct the TIEH program under the direction of the VP of Community Services. This position will provide treatment, rehabilitation, and support services to clients who have generally been homeless for extended periods of time and who have severe and persistent mental illnesses. They will supervise and evaluate the team in conjunction with the appropriate psychiatric support to ensure service excellence to program clients. This position is currently vacant.

0.5 FTE Peer: The Peer Specialist position will work with the treatment team to provide psycho-social rehabilitation services to consumers. They will provide mentoring services to consumers to assist with the achievement of individualized goals.

1.0 FTE Intensive Case Manager: These staff positions will assess clients for service and treatment needs upon screening into the TIEH program. They will ensure all needed services are provided to clients assigned to their caseload and complete the appropriate and necessary reports, records, and documents, etc. and files in appropriate records/records management systems.

PEMHS (Boley Contracted Provider)

1.0 FTE: Licensed Mental Health Counselor or Equivalent Position: This position will serve program participants with behavioral health needs. This position will assess client needs, design a therapeutic plan to assist the individual in working towards recovery. Efforts will assist clients in overcoming past traumas through counseling services.

3.7.6.6 Evaluation and Sustainability

3.7.6.6.1 Evaluation: For both Planning and Implementation and Expansion Grants, the application must include a description of how the project's effectiveness will be demonstrated, including assessments of planning or implementation outcomes. Discuss how variables like stakeholder support and service coordination will be defined and measured. Describe the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness in promoting public safety, reduction of recidivism and access to services and supports for the Target Population(s). If using an external evaluator, identify the individual or entity conducting the evaluation.

General effectiveness of the TIEH will be assessed through ongoing partner discussions of implementation progress, planning updates, and quarterly reporting, review, and discussion of performance measurement data collected as outlined in section 3.7.6.4. Stakeholder support and service coordination will be measured based on referrals and

feedback from external providers, as well as issues and successes identified during meetings between project partners.

Performance measures will be shared through the Public Safety Coordinating Council to elicit feedback regarding the efforts of the proposed project and the impact to the target population.

3.7.6.6.2 Additional Evaluation Requirements - Implementation and Expansion Grants Only: The application must include an estimation of the effect of the proposed project on the Target Population related to the budget of the jail and juvenile detention center, including the following.

3.7.6.6.2.1 An estimate of how the proposed initiative will reduce the expenditures associated with the incarceration of the Target Population.

In a pilot program initiated by the Pinellas County Board of County Commissioners, the Pinellas County Empowerment Team Empowerment Team (PCET) examined a select group of the 31 highest utilizers of behavioral health services in the County provided services to address their needs. The members of this group had several characteristics in common with the target population of the proposed TIEH, including complex mental health and substance use diagnoses, current or high-risk of homelessness, and criminal justice system involvement.

Prior to the initiation of PCET services in June of 2016, the 31 participants in the study were the source of approximately \$1.05 million in annual services expenditures. Collectively, they accounted for 1,816 jail days, 842 shelter days, \$270,000 in behavioral health services, and \$535,000 in Medicaid costs. Within the first year and a half of PCET implementation, combined costs for participants were reduced by 57.9% from the baseline. By the end of 2018, the cumulative reduction remained about the same (55.5%) due to an increase in Medicaid usage, but reductions in jail, behavioral health, and shelter costs among study participants dropped significantly from the baseline, by 87.7%, 91%, and 93.9%, respectively.

The TIEH project will assist in longer term reductions in expenditures from treatment resulting in clients reduced future risk of re-offending, arrest, and incarceration. While the long-term benefits for jail and behavioral health expenditures are more difficult to estimate, keeping all clients served during the grant period out of jail for just one week would save almost \$105,000.00 in jail expenditures. The FY2022-2023 budget for the Pinellas County Jail was approximately \$135 million,³² with an estimated cost approximately \$156 per inmate, per day.³³

3.7.6.6.2.2 The proposed methodology to measure the defined outcomes and the corresponding savings or averted costs. An estimate of how the cost savings or averted

³² PCSO FY2023 Adopted budget

³³ Based on FY 2023 PCSO detention budget and the average daily population of the jail for 2023.

costs will sustain or expand the mental health, substance abuse, co-occurring disorder treatment services and supports needed in the community.

Performance measurement data will be collected by Boley and reported to the County during monthly collaborative team meetings and in quarterly performance reports. Data on client arrests will be collected using Odyssey, the criminal justice information portal, in coordination with PCSO staff to determine client arrests while enrolled and post-completion, as required. The project team will examine clients' previous criminal history to estimate reductions in arrests and jail stays and use that information to determine financial savings to the jail.

The TIEH will also collect data regarding clients' pre- and post-program housing status from client interviews and HMIS, as required. Averted costs in terms of homelessness will be calculated based on length of time spent in this program while in safe haven, or other permanent housing placement assistance coordinated by the TIEH versus expected costs for a similar time period through shelters and services provided by the County's homeless service providers.

To estimate savings for the mental health system, as clients with previous commitments to involuntary treatment or a State Mental Health Treatment Facility. Averted costs will be calculated for each participant based on the number and duration of previous commitments compared to commitments and stays during enrollment in the program.

Costs averted through the diversion and stabilization of clients in the TIEH will reduce strain on behavioral health and criminal justice systems, agencies, and staff. As a result, savings through the TIEH will help expand behavioral health treatment services and supports needed in the community not only through cost-savings that can be used for new or expanded initiatives; but by freeing up slots/bed space for critical services and reducing caseloads for behavioral health and justice staff.

3.7.6.6.2.3 How the proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.

The TIEH project partner, PEMHS, is the local Crisis Stabilization Units (CSUs) and will partner with Safe Harbor to work to discharge clients who access CSU for an involuntary examination or "Baker Act". Individuals who enter a CSU are evaluated within 72 hours and may be petitioned for involuntary inpatient treatment or discharged. The project team will work to identify individuals who meet criteria for the TIEH and can be diverted from further court-ordered/involuntary treatment placements, including a State Mental Health Treatment Facility into Safe Harbor and connection to the TIEH. We anticipate this to be a small number of individuals given 1) the time to engage a client before being discharged from the CSU, and 2) finding individuals competent and willing to engage in a voluntary outpatient treatment program.

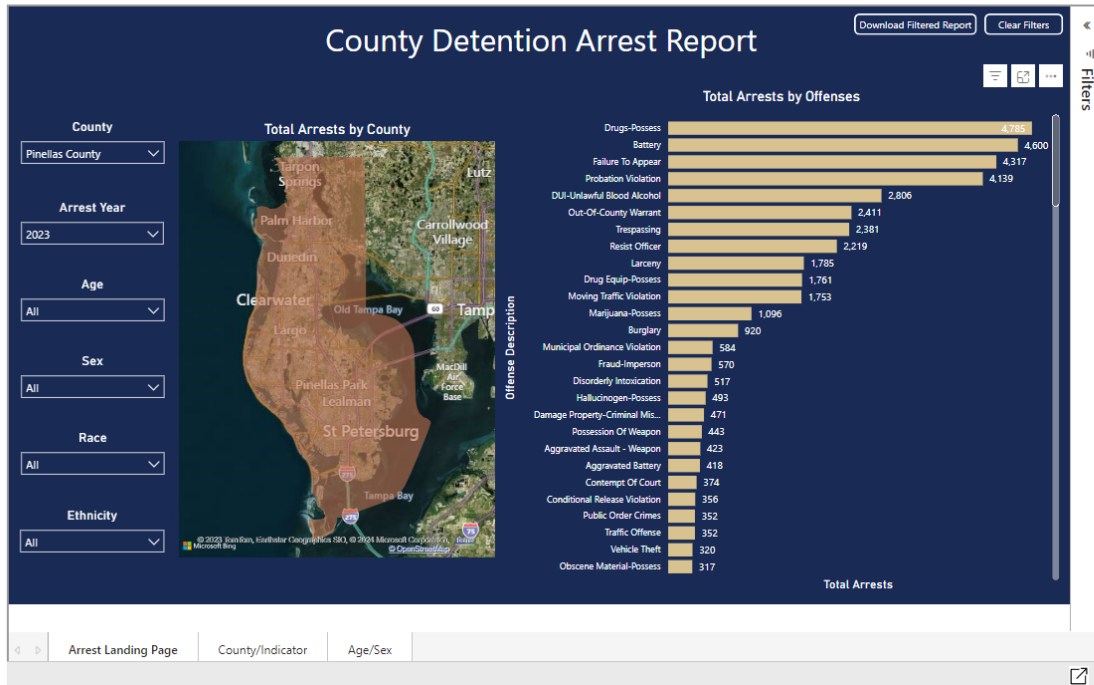
3.7.6.6.3 Sustainability

For both Planning and Implementation and Expansion Grants, the application must address sustainability of the project. Describe the proposed strategies to preserve and enhance the community mental health and substance abuse systems. Describe how sustainability methods will be used and evaluated, including how collaborative

partnerships and funding will be leveraged to build long-term support and resources to sustain the project when the state grant ends.

The TIEH project will be leveraged as a pilot, proof-of-concept program to show the effectiveness of engaging individuals from within the Safe Harbor Facility into treatment services and further connection to housing opportunities. Data from the project will be shared at a variety of stakeholder meetings and engagements seeking interest and support for sustaining the project post-grant award.

CJDT Arrest Reports



<https://www.fdle.state.fl.us/CJAB/CJDT/CD-Arrest-Reports>

Site data reviewed 02/05/2024

3.7.7 Tab 7: Project Timeline

The application must include a realistic and detailed timeline for each funding year proposed, indicating goals, objectives, key activities, milestones, and responsible partners. The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal. The timeline must include a specific preferred project start date between 4/1/24 and 6/30/25, to assist with anticipated award allocations during state fiscal years 2024-2025 or 2025-2027. The projected start date should reasonably reflect the Applicant's actual readiness to implement the proposed project.

Please see the attached Project Timeline on the following page.

Pinellas County: Treatment for Individuals Experiencing Homelessness (TIEH) - 36 Month Project Timeline

Overall Goal: Pinellas County and its partners is seeking to ensure that individuals experiencing homelessness are on a path to secure housing, coordinated behavioral health services and to improve their engagement and connection to wraparound services.

Phase	Objectives	Activities	Milestones	Responsible partners	Timeframe
Post-Award Planning & Contracting	Notification of Grant Award	Initiate County Procedures for Award Acceptance	BCC accepts award & Executes Grant Agreement with DCF	Pinellas County	(3/30/2024 projected award date - 7/1/2024)
	Contract with Identified Organizations	Notify project partners of award.	Contracted Partner Agreements Executed	Pinellas County	(3/30/2024 projected award date - 7/1/2024)
		Identify primary points of contact for planning, implementation & reporting at each partner agency.	Establish a cadence of meetings and work flows for reporting/invoicing.	Pinellas County	(3/30/2024 projected award date - 7/1/2024)
	Contracted Partners Hire Staff	Advertise positions available.	All staff positions hired for earliest start date of 7/1/2024.	Boley, PEMHS	(3/30/2024 projected award date - 7/1/2024)
	Initiate Implementation Meetings	Review staff hiring, work through referrals, eligibility, enrollment, and work flows.	Meetings held bi-weekly, Minutes documented	Boley, PEMHS, PCSO, Pinellas County	(3/30/2024 projected award date - 7/1/2024)
Y1 Q1 Planning & Implementation	Contracted Partners Onboard/Train Staff	Provide initial training for staff.	All staff positions trained and integrated into partner site.	Boley, PEMHS, PCSO	07/01/2024-07/30/2024
	Participate in System-Level Meetings	Public Safety Coordinating Council (PSCC) meetings.	Attend quarterly meetings.	Boley, PEMHS, PCSO, Pinellas County	07/01/2024-06/30/2025
		Network (CFBHN) Acute Care meetings	Attend monthly meetings.	Boley, PEMHS, PCSO, Pinellas County	07/01/2024-06/30/2025
	Implementation Meetings	Hold bi-weekly meetings in Q1	Address barriers to project implementation; review performance data, spend down etc.	Boley, PEMHS, PCSO, Pinellas County	07/01/2024 - 09/30/2024
	Implement Program Services	Utilize screening tools (CAGE, DLA, PHQ-9, and Biopsychosocial Evaluation)	Clients are provided with services and resources.	Boley, PEMHS, PCSO	08/01/2024-6/30/2025
		Participants to sign Release of Information (ROI)	Ensure ability to share programmatic data amongst partners.	Boley, PEMHS, PCSO, Pinellas County	08/01/2024-06/30/25
Y1 Q2 -Q4 Program Implementation	Quarterly DCF reporting	Collect and analyze program data.	Submit Y1Q1 reports to DCF	Boley, PEMHS, PCSO, County	10/01/2024-10/15/2024
	Participate in System-Level Meetings	Public Safety Coordinating Council (PSCC) meetings.	Attend quarterly meetings.	Boley, PEMHS, PCSO, Pinellas County	10/01/2024-06/30/2025
		Central Florida Behavioral Health Network (CFBHN) Acute Care meetings	Attend monthly meetings.	Boley, PEMHS, PCSO, Pinellas County	10/01/2024-06/30/2025
	Implementation Meetings	Hold monthly meetings in Q2-Q4	Address barriers to project implementation; review performance data, spend down etc.	Boley, PEMHS, PCSO, Pinellas County	10/01/2024 - 06/30/2025
	Quarterly DCF reporting	Collect and analyze program data.	Submit Y1Q2 report to DCF.	Boley, PEMHS, PCSO, Pinellas County	1/1/2025 - 1/15/2025



Human Services
Administration

February 1, 2024

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
ATTN: Alicia Reifinger
1317 Winewood Blvd., Building 6, Room 231
Tallahassee, FL 32399-0700

RE: DCF RFA #2324 011
Letter of Commitment – Pinellas County

Dear Ms. Reifinger:

The Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant (DCF RFA 2324 011), Section 3.7.8 requires that each organization involved in the implementation of the proposed project submit a letter of commitment reflecting the specific role of the individual or organization.

In accordance with the above requirement, please accept this letter as confirmation of the County's commitment to be an active participant in the proposed Treatment for Individuals Experiencing Homelessness. Pinellas County Human Services will serve in an administrative role on this grant and work closely with its partner providers to promote project coordination and ensure program compliance, accountability, and efficacy.

The primary goal of the Treatment for Individuals Experiencing Homelessness is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors; and improvements in employment, housing stability, and other factors.

Pinellas County and its partners understand that grant funding must be spent within 36 months from the date of execution of the Grant Agreement by the Department of Children and Families and that Implementation and Expansion Grants will not be renewed at the end of the 3-year period. The County and its partners will work together to identify strategies and opportunities for service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

Thank you for your time and consideration of our proposal.

Sincerely,

Karen Yatchum
Director
Pinellas County Human Services

440 Court Street, 2nd Floor
Clearwater, FL 33756
Phone (727) 464-8400
Fax (727) 464-8454
V/TDD (727) 464-4062
www.pinellascounty.org



February 2, 2024

**BOARD OF
DIRECTORS**

Chairman

Rutland Bussey

First Vice Chairman

Joseph L. Smith

Second Vice Chairman

Paul Misiewicz

Directors

Leonard Coley

Jack Hebert

Major Markus Hughes

Sandy Incorvia

Martin T. Lott

Susan Proctor

James Sewell, Ph.D.

Joseph Stringer

Robert Wallace, MD

PRESIDENT & CEO

Kevin Marrone

**CHIEF OPERATING
OFFICER**

Jack Humburg

**CHIEF CLINICAL
OFFICER**

Christa Bruning

**CHIEF FINANCIAL
OFFICER**

Reggie Alexis

**PRESIDENT & CEO
EMERITUS**

Gary MacMath



*Boley Centers, Inc.
is accredited
by CARF.*



Florida Department of Children and Families
Office of Substance Abuse and Mental Health
ATTN: Alicia Reifinger
1317 Winewood Blvd., Building 6, Room 231
Tallahassee, FL 32399-0700

RE: DCF RFA #2324 011
Letter of Commitment – Pinellas County

Dear Ms. Reifinger:

The Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant requires that each organization involved in the implementation of the proposed project submit a letter of commitment reflecting the specific role of the individual or organization.

In accordance with the above requirement, please accept this letter as confirmation of Boley Centers, Inc.'s commitment to be an active participant in the proposed Treatment for Individuals Experiencing Homelessness. Boley Centers will provide the outreach, case management, and interventions needed to help people who are homeless and experiencing mental illness exit homelessness.

The primary goal of the Treatment for Individuals Experiencing Homelessness is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors; and improvements in employment, housing stability, and other factors.

Boley Centers and its partners understand that grant funding must be spent within 36 months from the date of execution of the Grant Agreement by the Department of Children and Families and that Implementation and Expansion Grants will not be renewed at the end of the 3-year period. Boley Centers and its partners will work together to identify strategies and opportunities for service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

Thank you for your time and consideration of our proposal.

Sincerely,

Kevin Marrone, President/CEO

445 31st St. N. St. Petersburg, Florida 33713
Telephone (727) 821-4819 • Fax (727) 822-6240
www.boleycenters.org





February 23, 2024

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
ATTN: Alicia Reifinger
1317 Winewood Blvd., Building 6, Room 231
Tallahassee, FL 32399-0700

RE: DCF RFA #2324 011
Letter of Commitment – Pinellas County

Dear Ms. Reifinger:

The Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant (DCF RFA 2324 011), Section 3.7.8 requires that each organization involved in the implementation of the proposed project submit a letter of commitment reflecting the specific role of the individual or organization.

In accordance with the above requirement, please accept this letter as confirmation of the Personal Enrichment Through Mental Health Services, Inc.(PEMHS) commitment to be an active participant in the proposed Treatment for Individuals Experiencing Homelessness. PEMHS will effectively collaborate with community partners and treatment entities to create seamless care coordination for individuals experiencing homelessness within Safe Harbor. A licensed therapist will provide clinical care through evidence based screenings and assessments to include motivational interviewing, seeking safety, stages of change, etc. PEMHS will provide immediate crisis intervention to individuals experiencing a mental health crisis, assess assigned individuals to determine appropriate level of care, and evaluate individuals for Baker Act criteria who present with concerns regarding potential imminent risk of harm to self or others. Supportive mental health services and education will be provided on various topics to empower and motivate positive change. PEMHS will work to engage individuals into treatment, while providing recovery support services and a warm handoff, when assisting with or making appointments for ongoing treatment for identified needs.

The primary goal of the Treatment for Individuals Experiencing Homelessness is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors; and improvements in employment, housing stability, and other factors.

PEMHS and its partners understand that grant funding must be spent within 36 months from the date of execution of the Grant Agreement by the Department of Children and Families and that Implementation and Expansion Grants will not

be renewed at the end of the 3-year period. PEMHS and its partners will work together to identify strategies and opportunities for service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

Thank you for your time and consideration of our proposal.

Sincerely,

A handwritten signature in black ink that reads "Maxine Booker". The signature is written in a cursive, flowing style.

Maxine Booker
President/CEO
PEMHS



Sheriff Bob Gualtieri
Pinellas County Sheriff's Office
"Leading The Way For A Safer Pinellas"

February 23, 2024

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
ATTN: Alicia Reifinger
1317 Winewood Blvd., Building 6, Room 231
Tallahassee, FL 32399-0700

RE: DCF RFA #2324 011
Letter of Commitment – Pinellas County

Dear Ms. Reifinger:

The Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant (DCF RFA 2324 011), Section 3.7.8 requires that each organization involved in the implementation of the proposed project submit a letter of commitment reflecting the specific role of the individual or organization.

In accordance with the above requirement, please accept this letter as confirmation of Pinellas County Sheriff's Office's (PCSO) commitment to be an active participant in the proposed Treatment for Individuals Experiencing Homelessness. PCSO will provide in-kind contributions of an estimated 25% of Pinellas Safe Harbor Social Worker staff and food for the 50 targeted residents (3 meals a day for approximately 45-day length of program).

The primary goal of the Treatment for Individuals Experiencing Homelessness is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors, and improvements in employment, housing stability, and other factors.

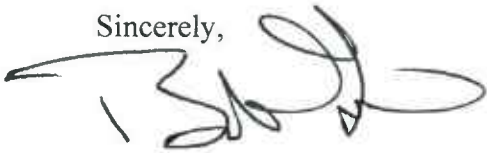
PCSO and its partners understand that grant funding must be spent within 36 months from the date of execution of the Grant Agreement by the Department of Children and Families and that Implementation and Expansion Grants will not be renewed at the end of the 3-year period.

February 23, 2024
Page Two

The Pinellas County Sheriff's Office and its partners will work together to identify strategies and opportunities for service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

Thank you for your time and consideration of our proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bob Gualtieri', with a stylized flourish extending to the left.

Sheriff Bob Gualtieri
Pinellas County, Florida

BG/cm

3.7.9 Tab 9:

APPENDIX K - COUNTY PLANNING COUNCIL OR COMMITTEE

PLEASE PRINT

Florida Statutes: 394.657 (2)(a)

Bruce Barlett

STATE ATTORNEY OR DESIGNEE

Judge Dorothy Vaccaro

COUNTY COURT JUDGE

Jennifer Parker

LOCAL COURT ADMINISTRATOR OR
DESIGNEE

Dave Eggers

COUNTY COMMISSION CHAIR

Sheriff Bob Gualtieri

SHERIFF OR DESIGNEE

Bob Neri, WestCare Gulfcoast-FL

AREA HOMELESS OR SUPPORTIVE
HOUSING PROGRAM
REPRESENTATIVE

Major Reginald Allen

DJJ - DIRECTOR OF DETENTION
FACILITY OR DESIGNEE

Melissa Leslie

DCF - SUBSTANCE ABUSE AND
MENTAL HEALTH PROGRAM OFFICE
REPRESENTATIVE

Maxine Booker, PEMHS

COMMUNITY MENTAL HEALTH
AGENCY DIRECTOR OR DESIGNEE

Vacant

PRIMARY CONSUMER OF
COMMUNITY-BASED TREATMENT
FAMILY MEMBER

Sara Mollo

PUBLIC DEFENDER OR DESIGNEE

Judge Shawn Crane

CIRCUIT COURT JUDGE

Chris Dudley

STATE PROBATION CIRCUIT
ADMINISTRATOR OR DESIGNEE

Sheriff Bob Gualtieri

COUNTY DIRECTOR OF PROBATION

Chief Michael Loux

POLICE CHIEF OR DESIGNEE

Sheriff Bob Gualtieri

CHIEF CORRECTIONAL OFFICER

Melissa Reid

DJJ – CHIEF OF PROBATION OFFICER OR
DESIGNEE

Vacant

PRIMARY CONSUMER OF MENTAL
HEALTH SERVICES

Dianne Clarke, Operation PAR

LOCAL SUBSTANCE ABUSE TREATMENT
DIRECTOR OR DESIGNEE

Vacant

PRIMARY CONSUMER OF SUBSTANCE
ABUSE SERVICES

Public Safety Coordinating Council Membership

Florida Statutes: 951.26 Public Safety Coordinating Councils

Each board of the county commissioners shall establish a county public safety coordinating council for the county or shall join with a consortium of one or more other counties to establish a public safety coordinating council for the geographic area represented by the member counties. The chairperson of the board of county commissioners, or another county commissioner as designee, shall serve as the chairperson of the council until the council elects a chairperson from the membership of the council.

Name	Statutorily Designated Membership
Bruce Barlett	The state attorney, or an assistant state attorney designated by the state attorney.
Sara Mollo	The public defender, or an assistant public defender designated by the public defender.
Judge Shawn Crane	The chief circuit judge, or another circuit judge designated by the chief circuit judge.
Sheriff Bob Gualtieri	The chief correctional officer.
Sheriff Bob Gualtieri	The sheriff, or a member designated by the sheriff, if the sheriff is not the chief correctional officer.
Chris Dudley, DOC Circuit 6	The state probation circuit administrator or a member designated by the state probation circuit administrator to be appointed to a 4-year term.
Commissioner Dave Eggers	The chairperson of the board of county commissioners (BOCC) or another county commissioner as designee.
Sheriff Bob Gualtieri	If the county has such a program available, the director of any county probation or pretrial intervention program to be appointed to a 4-year term.
Dianne Clark, Operation PAR	The director of a local substance abuse treatment program or a member designated by the director to be appointed to a 4-year term.
Mike Jalasso, PERC	Representatives from county and state jobs programs and other community groups who work with offender and victims, appointed by the chairperson of the BOCC to a 4-year terms.



Public Safety Coordinating Council

Strategic Plan 2023 – 2026

TABLE OF CONTENTS

Overview: Critical Issues, Partners & Sequential Intercept Mapping Efforts..	3
PSCC Membership	4
Planning Council	5
Mission	6
Vision	6
Values	6
Adult Sequential Intercept Mapping Model, 2022	7
Juvenile Sequential Intercept Mapping Model, 2022	8
Strategic Plan	9

Overview: Critical Issues, Partners, & Sequential Intercept Mapping Efforts

The Pinellas County Public Safety Coordinating Council (PSCC) operates in accordance with Florida Statute 951.26 for purposes of assessing the population status of all detention and correctional facilities owned by Pinellas County. On October 16, 2007, the Pinellas County Board of County Commissioners approved the designation of the Public Safety Coordinating Council as the Planning Council in line with Florida Statutes 394.657, County Planning Council or Committees.

Meetings are scheduled quarterly with special meetings may be called as needed. The PSCC reviews the jail indicator's report, drug court substance abuse/mental health programs, reentry initiatives, reinvestment grant efforts, and collaboratively addresses issues facing the justice system. (Appendix A: System Indicator Statistics)

The Public Safety Coordinating Council supports local efforts to expand opportunities for programming and service access at each intercept point in order to reduce unnecessary justice system involvement and to expand stability for justice involved residents. Housing, homelessness, food insecurity, mental health, and substance abuse continue to pose challenges locally which can exacerbate ex-offender reentry. Too often, untreated mental illness and/or substance abuse increase the likelihood justice involvement.

It remains critical to work as a community to design pathways for individuals to access supportive services. A wide range of collaborative local efforts continue to work together with engagement from justice system stakeholders, homeless continuum of care, health and behavioral health systems, the Opioid Task Force, the Opioid Fusion Group, and other critical partners.

In 2022, Pinellas County partners updated our Sequential Intercept Mapping Models (SIMs) for Adults and for Juveniles to refresh our local strategies. The Juvenile SIM was facilitated locally by USF, College of Behavioral & Community Sciences through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program Technical Assistance Center. The Adult SIM was facilitated locally by Policy Research Associates (PRA). Planning teams have been established to help coordinate on SIM priorities and objectives.

Public Safety Coordinating Council Membership

Florida Statutes: 951.26 Public Safety Coordinating Councils

Each board of county commissioners shall establish a county public safety coordinating council for the county or shall join with a consortium of one or more other counties to establish a public safety coordinating council for the geographic area represented by the member counties. The chairperson of the board of county commissioners, or another county commissioner as designee, shall serve as the chairperson of the council until the council elects a chairperson from the membership of the council.

Name	Statutorily Designated Membership
Bruce Bartlett	The state attorney, or an assistant state attorney designated by the state attorney
Sara Mollo	The public defender, or an assistant public defender designated by the public defender
Judge Shawn Crane	The chief circuit judge, or another circuit judge designated by the chief circuit judge
Judge Dorothy Vaccaro	The chief county judge, or another county judge designated by the chief county judge
Sheriff Bob Gualtieri	The chief correctional officer
Sheriff Bob Gualtieri	The sheriff, or a member designated by the sheriff, if the sheriff is not the chief correctional officer
Chris Dudley, DOC Circuit 6	The state probation circuit administrator, or a member designated by the state probation circuit administrator, to be appointed to a 4-year term
Commissioner Dave Eggers	The chairperson of the board of county commissioners, or another county commissioner as designee
Sheriff Bob Gualtieri	If the county has such program available, the director of any county probation or pretrial intervention program, to be appointed to a 4-year term
Dianne Clarke Operation PAR	The director of a local substance abuse treatment program, or a member designated by the director, to be appointed to a 4-year term
Mike Jalazo Pinellas Ex-Offender Re-entry Coalition (PERC)	Representatives from county and state jobs programs and other community groups who work with offenders and victims, appointed by the chairperson of the board of county commissioners to 4-year terms

Pinellas County PSCC Planning Council Membership

Bruce Bartlett STATE ATTORNEY OR DESIGNEE	Sara Mollo PUBLIC DEFENDER OR DESIGNEE
Judge Dorothy Vaccaro COUNTY COURT JUDGE	Judge Shawn Crane CIRCUIT COURT JUDGE
Jennifer Parker LOCAL COURT ADMINISTRATOR OR DESIGNEE	Chris Dudley STATE PROBATION CIRCUIT ADMINISTRATOR OR DESIGNEE
Commissioner Dave Eggers COUNTY COMMISSION DESIGNEE	Sheriff Bob Gualtieri COUNTY DIRECTOR OF PROBATION
Sheriff Bob Gualtieri SHERIFF	Chief Michael Loux POLICE CHIEF OR DESIGNEE
Bob Neri, WestCare Gulfcoast-Florida AREA HOMELESS OR SUPPORTIVE HOUSING PROGRAM REPRESENTATIVE	Sheriff Bob Gualtieri CHIEF CORRECTIONAL OFFICER
Major Reginald Allen DJJ - DIRECTOR OF DETENTION FACILITY OR DESIGNEE	Melissa Reid DJJ – CHIEF OF PROBATION OFFICER OR DESIGNEE
Melissa Leslie DCF - SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICE REPRESENTATIVE	Vacant (TBD) PRIMARY CONSUMER OF MENTAL HEALTH SERVICES
Maxine Booker, PEMHS COMMUNITY MENTAL HEALTH AGENCY DIRECTOR OR DESIGNEE	Dianne Clarke, Operation PAR LOCAL SUBSTANCE ABUSE TREATMENT DIRECTOR OR DESIGNEE
Vacant (TBD) PRIMARY CONSUMER OF COMMUNITY-BASED TREATMENT FAMILY MEMBER	Justin Shea PRIMARY CONSUMER OF SUBSTANCE ABUSE SERVICES

Mission

Pursue fair and effective public safety strategies to encourage sound and efficient justice system operations, ensure access to needed programs and services, and promote opportunities for reform.

Vision

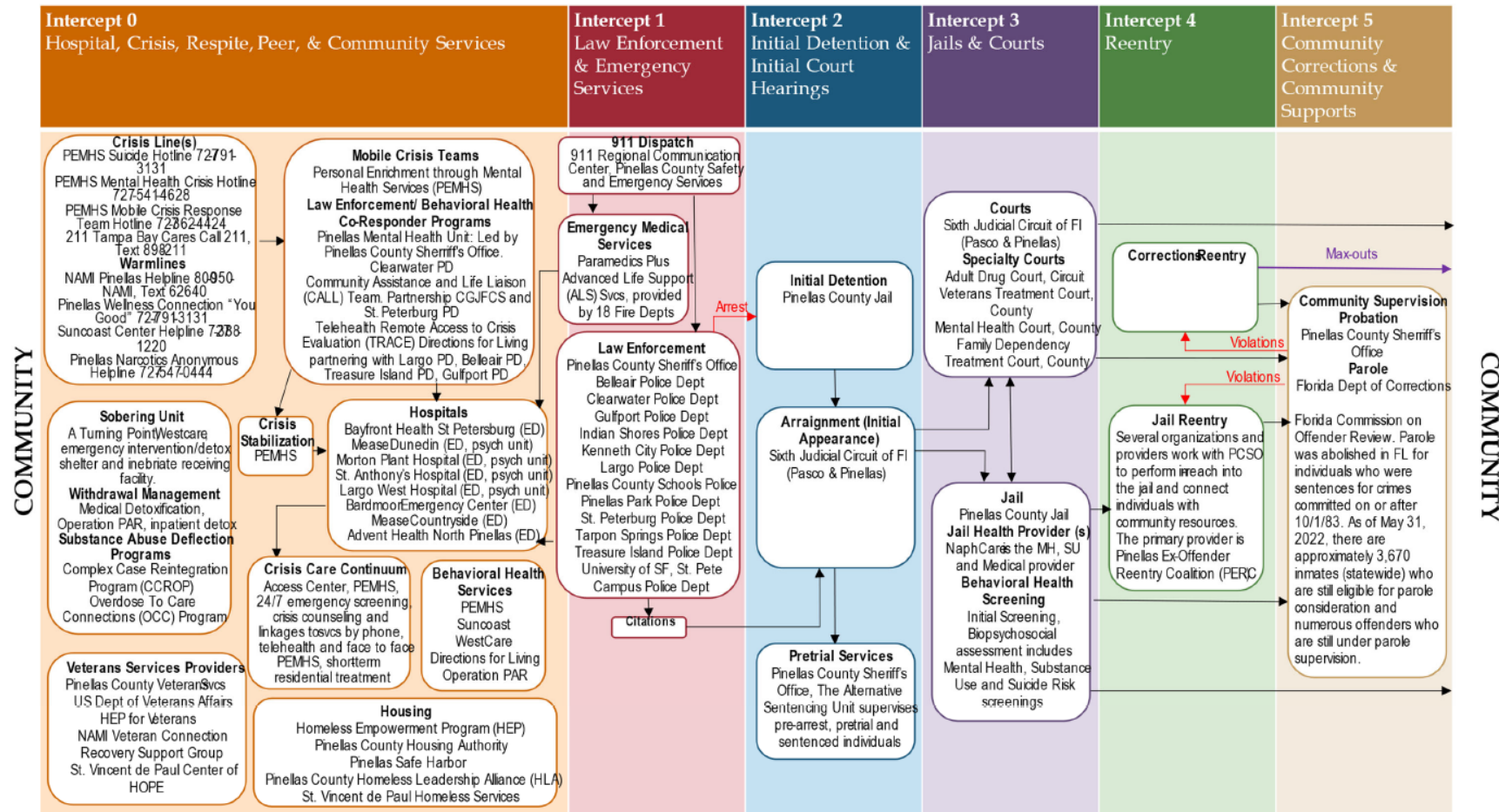
Guiding public safety through leadership, collaboration, engagement, innovation and fairness.

Values

- We will be **responsive** to the needs of our community
- We will maintain **ethical stewardship** through our actions
- We will be **fair** with respect to the dignity of every person, regardless of race, class, gender, or other characteristic.
- We will be **respectful** of the needs of individuals while recognizing our responsibility to the community as a whole.
- We will be **innovative** in our approach to individuals that pose minimal risk to public safety.
- We will be **collaborative** to ensure access to programs and services for individuals; and specifically services that aid in stabilizing, diverting, and reintegrating those suffering from behavioral health needs.
- We will seek **data-driven** decisions and results when available.

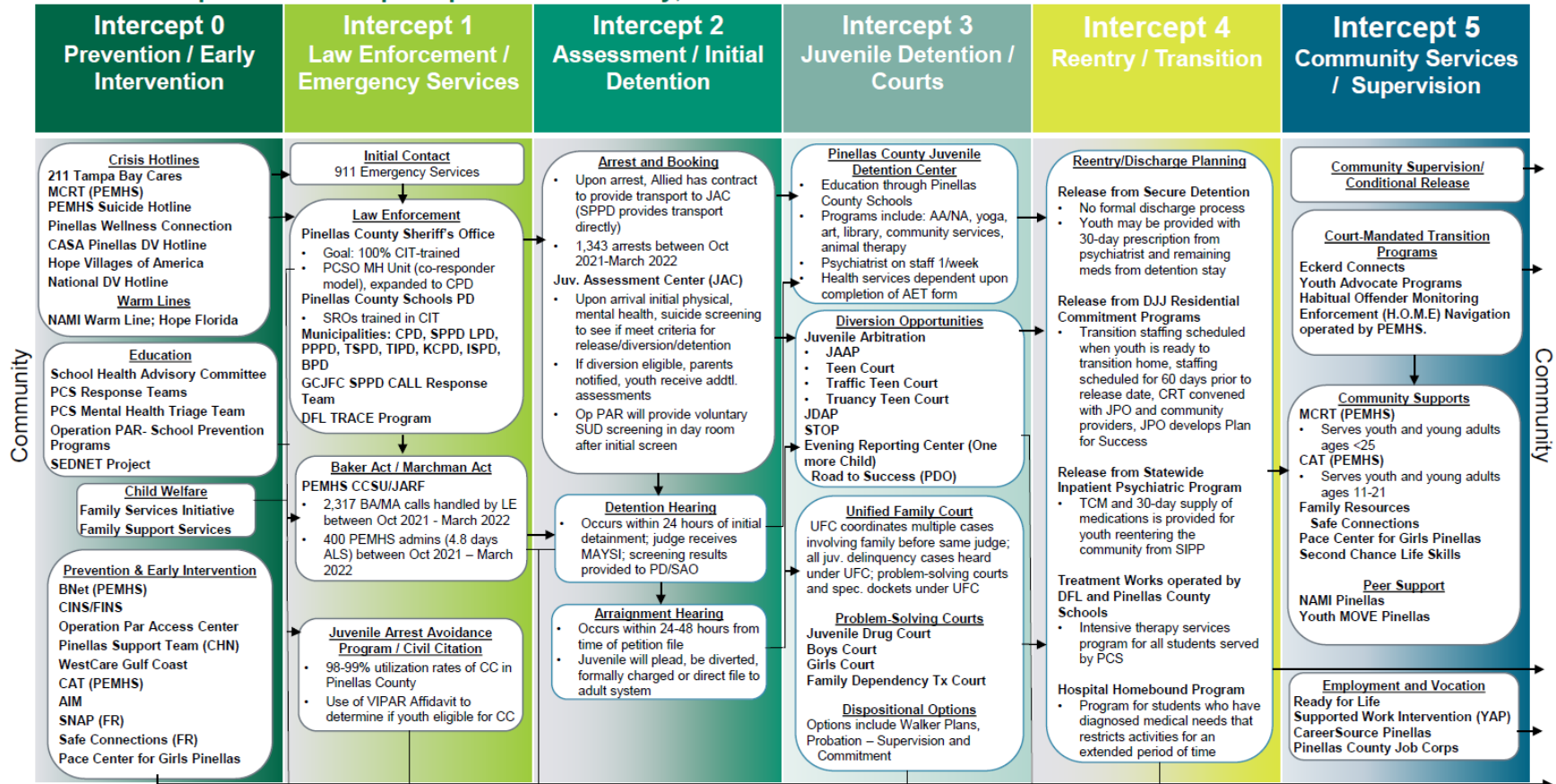
Adult Sequential Intercept Model Mapping, 2022

SEQUENTIAL INTERCEPT MODEL MAP FOR PINELLAS COUNTY, FL



Police Research Associates (PRA), 2022

Juvenile Sequential Intercept Map: Pinellas County, Florida



USF, College of Behavioral & Community Sciences,
Criminal Justice, Mental Health, & Substance Abuse Technical Assistance Center, 2022

PSCC Strategic Plan 2023 -2026

Key Strategy 1: Sequential Intercept Mapping Priorities for Pinellas County Adult Justice System

Define specific steps to address gaps. Priority areas to stimulate long term system changes

Objectives	Tasks	Progress
Goal 1: Improve Access to housing (supportive, temporary, affordable etc.) as part of a continuum.		
<p><i>1.1 Increase awareness and understanding of the housing services continuum in the community</i></p> <p><i>1.2: Address key barriers to housing for justice-involved residents.</i></p> <p><i>1.3: Identify opportunities to expand access to housing for justice-involved residents.</i></p>	<p>1.1.1: Inventory and create a centralized database of all community-based housing providers and eligibility requirements</p> <p>1.1.2: Identify existing meetings that focus on community housing services and addressing consumer-specific priorities.</p> <p>1.1.3: Research successful regional and national housing models.</p> <p>1.1.4: Create CPA central point access with a priority scale for housing.</p> <p>1.2.1: Review existing trends to address potential changes in barriers/priorities.</p> <p>1.2.2: Promote access to pretrial Eviction Mediation Protection services to help tenants prevent eviction proceedings before they begin.</p> <p>1.2.3: Review tenant bill of rights to promote understanding of the barriers/protections for residents with criminal records.</p> <p>1.3.1: Promote access to the Florida Housing Waiver program.</p>	<p><u>Progress to date:</u></p> <p>Initial Adult System map completed in February 2016</p> <p>Refreshed Adult System Map performed in 2022. Identified updated goals and objectives to accomplish local priorities.</p> <p>Workgroups have been established and meeting to move forward on tasks as part of a unified action plan for 2023 through 2026.</p>

	<p>1.3.2: Identify barriers to Treatment Housing and identify opportunities to expand.</p> <p>1.3.3: Review diagnostic crossover with housing/mental health as priority for housing.</p> <p>1.3.4 Emergency Housing customized consumer specific priorities and protections.</p>	
Goal 2. Establish a sustainable High-Fidelity Wraparound (HFW) system available within the community through efforts of system navigators/peer navigators.		
<p><i>1.4 Establish Capacity for HFW Team/Services in the Community</i></p> <p><i>1.5 Develop community knowledgebase regarding HFW services and best practices.</i></p> <p><i>1.6 Build-out HFW system incorporating System navigator/peer navigator roles.</i></p>	<p>1.4.1: Inventory community agencies currently providing HFW.</p> <p>1.4.2: Identify community training needs to increase capacity.</p> <p>1.4.3: Create and conduct inventory of HFW certified trainers within Pinellas County to address training needs.</p> <p>1.5.1: Engage local agencies providing HFW to mentor agencies who would like to begin practicing this model.</p> <p>1.5.2: Create a guide to increase understanding of how an agency can initiate HFW services (staff qualifications, client eligibility criteria, etc.).</p> <p>1.5.3: Conduct outreach to learn about how other areas provide HFW services and how they are funded.</p> <p>1.6.1: Define roles, qualifications (education and experience), and responsibility of a system navigator (SN) and/or Peer Navigator (PN) position(s).</p> <p>1.6.2: Explore training models for system navigator position and create a list of appropriate courses.</p> <p>1.6.3: Define referral process and eligibility criteria for HFW services</p>	

<p><i>1.7 Identify funding source and initiate HFW system and navigator services as needed.</i></p>	<p>1.7.1: Identify a pilot funding source if expansion of services is needed and begin sustainability planning 1.7.2: Take inventory of staff placement accessibility, identify SN/PN home agencies, and begin hiring for SN/PN positions 1.7.3: Implement HFW system with peer/navigator supports.</p>	
<p>Goal 3. Develop formalized reentry processes to prepare recently incarcerated residents for transition into the community</p>		
<p><i>1.8 Increase incarcerated individuals' engagement in reentry services prior to release.</i></p> <p><i>1.9 Develop transition processes for former offenders entering Pinellas County from state correctional facilities.</i></p> <p><i>1.10 Implement a fulltime dedicated Discharge Planner position.</i></p>	<p>1.8.1: Prepare sentenced population for reentry system of care beginning, at minimum, 60 days prior to release. 1.8.2: Identify opportunities to incentivize participation in services and programs prior to release. 1.8.3: Perform focus groups with providers, clients, and other localities regarding what works in Pinellas and what can be improved. 1.8.4: Create standardized transition plans for individuals reentering the community from incarceration that incorporate all basic needs: food, shelter, employment, transportation, etc.</p> <p>1.9.1: Identify state correctional facilities with the highest number of discharged individuals returning to Pinellas County. 1.9.2: Perform outreach to FDC transition specialists at identified facilities and develop notification processes that ensure information about returning citizens is given to service providers at least 60 days prior to release.</p> <p>1.10.1: Define roles, qualifications, and responsibility of the role. 1.10.2: Explore training models for the position and create a list of appropriate courses.</p>	

	1.10.3: Identify home agency(s) and begin hiring.	
--	---	--

PSCC Strategic Plan 2023 -2026		
Key Strategy 2: Sequential Intercept Mapping Priorities for Pinellas County Juvenile Justice System		
Define specific steps to address gaps. Priority areas to stimulate long term system changes		
Objectives	Tasks	Progress
Goal 1: Parent and Family Engagement in Treatment Services & Use of Family Navigator/Boundary Spanners to Navigate Prevention/Early Intervention Services		
Objective 2.1: Increase parent and family engagement through transparent system navigation.	2.1.1: Define roles and responsibility of a system navigator (SN) and/or Peer Navigator (PN) position(s). 2.1.2: Explore training models for system navigator position and create a list of appropriate courses. 2.1.3: Identify SN/PN home agencies and begin hiring for SN/PN positions.	<u>Progress to date:</u> Refreshed Juvenile System Map performed in 2022. Identified updated goals and objectives to accomplish local priorities. Workgroups have been established and meeting to move forward on tasks as part of a unified action plan for 2023 through 2026.
Objective 2.2: Create safe spaces and a process for youth to give feedback on a continuous loop.	2.2.1: Create safe spaces to increase trust and feedback and provide opportunities to offer quarterly feedback from consumers/youth who are receiving care.	
Goal 2: Community & Public Awareness / Family Engagement		
Objective 2.3: Increase awareness and education of prevention and early intervention services.	2.3.1: Empower families to identify/continue with a primary care physician / medical home beyond early years.	

Objective 2.4: Enhance outreach efforts.	<p>2.3.2: Centralize information to include eligibility criteria and process for referring/connecting families to prevention and intervention services</p> <p>2.4.1: Connect with other communities across the state to learn how resources are being shared with specific populations</p>	
Goal 3: Targeted Mapping of all Juvenile Diversion Programs		
Objective 2.5: Organize activities to conduct targeted mapping of Pinellas County Diversion Programs	<p>2.5.1: Survey local law enforcement agencies regarding agency-specific/local diversion programs.</p> <p>2.5.2: Survey community-based providers regarding programs with services/eligibility in alignment with statewide requirements for juvenile pre-arrest diversion programs.</p> <p>2.5.3: Develop stakeholder plan for information sharing regarding diversion options as well as for disseminating information to clients and their families/the community.</p> <p>2.5.4: Create a comprehensive diversion program mapping document for use/distribution by stakeholders and community awareness.</p>	
Goal 4: Increase the capacity for High Fidelity Wraparound (HFW) in Pinellas County.		
Objective 2.6: Interview existing HFW programs to gather lessons	<p>2.6.1: Conduct outreach to learn about to how other areas provide HFW services and how they are funded.</p> <p>2.6.2: Inventory/engage community agencies currently providing HFW to provide mentorship</p>	

Objective 2.7: Conduct inventory of HFW trainers and providers within Pinellas County to identify need for expansion/training.	to agencies who would like to begin practicing this model 2.7.1: Identify need for trainers in the community to increase capacity. 2.7.2: List providers who have capacity to provide HFW services.	
Objective 2.8: Increase understanding of how an agency can initiate HFW services (knowing the steps to start services).	2.8.1: Research Medicaid requirements, need in the county, interested agencies and potential trainees/trainers. 2.8.2: Approach leadership of agencies wanting to start HFW programs and of those doing it already and are wanting to increase capacity.	
Objective 2.9: Determine availability of HFW services for children that do not meet eligibility and/or do not have the “right” insurance.	2.9.1: Gather information on efficacy and need in the community and to present to county, state and national funders. 2.9.2: Explore grant opportunities to support HFW for youth who do not qualify for HFW currently due to eligibility requirements, gaps in funding, and insurance barriers.	

PSCC Strategic Plan 2023 -2026		
Key Strategy 3: Enhance Behavioral Health Solutions for High Need Jail Population		
Align and implement evidence-based solutions to behavioral crossover in the jail. Identify critical service barriers within the community to aid in future service planning and delivery		
Objectives	Tasks	Progress

<p>3.1 Implement Community Based Behavioral Health Access Points and Solutions</p> <p>3.2 Address Barriers</p>	<p>3.1.1 Pilot program funded by the Pinellas Board of County Commissioners to pursue stabilization of 33 high utilizers of the jail and Baker Act. (Now PCET 2.0)</p> <p>3.2.1 Identify and Implement additional behavioral health services and service alignments.</p>	<p><u>Progress to date:</u> Behavioral Health Pilot (PCET) complete. Lessons learned used to implement PCET 2.0; In Progress</p> <p>Mental Health Court established and operational. Seeking opportunities to expand.; In progress</p> <p>Complex Case Reintegration Project; in progress</p> <p>Various Community-Based efforts underway to expand access to behavioral health care for resident. (PICA, HCH MAT services, Wellness Connection, CAM, etc); In progress</p>
--	--	--

PSCC Strategic Plan 2023 -2026

Key Strategy 4: Service Mapping to Identify Existing Programs Serving High Need Population

Identify community based and justice system programs in place

Objectives	Tasks	Progress
<p>4.1 Service mapping of existing programs</p>	<p>4.1.1 Identify linkages and opportunities across programs</p> <p>4.2.1 Identify programs to explorer further</p>	<p><u>Progress to date:</u> Chart initiated in May 2016. Ongoing Updates and tracking of services. Review Annually.</p>

PSCC Strategic Plan 2023 -2026

Key Strategy 5: Expand Data-Driven Justice Initiatives

Ongoing meetings and efforts to expand data sharing and analysis to better plan programs and services for high need individuals crossing the justice system and multiple other systems.

Objectives	Tasks	Progress
5.1 Data Driven Justice Planning	5.1.1 Continue review of service coordination 5.1.2 Continue review of data needs/barriers 5.2.1 Review of best practices from other jurisdictions 5.2.2 Participation in idea exchange	<u>Progress to date:</u> Pinellas Data Collaborative Several Cross System planning efforts leveraging data to better serve residents.

PSCC Strategic Plan 2023 -2026

Key Strategy 6: Public Defender Jail Diversion Program

Program strives to stabilize and divert justice system involved individuals with mental health concerns.

Objective	Tasks	Progress
6.1 Expand use of SOAR with Jail Diversion clients	6.1.1 Coordinate Jail Diversion efforts with the Behavioral Health Pilot	<u>Progress to date:</u> Program continues to serve as a mental health diversion effort through the Public Defender's Office. Ongoing.

Appendix A: System Indicator Statistics:

Jail Population: (Source PCSO)

ADP - Total By Month													
YEAR	AVERAGE	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
2013	2,922	2,850	2,855	2,812	2,911	2,991	2,960	2,928	2,994	3,017	2,957	2,926	2,860
2014	2,903	2,880	2,902	2,911	2,942	2,950	2,987	3,001	3,038	2,987	2,888	2,753	2,598
2015	2,796	2,650	2,667	2,745	2,731	2,768	2,815	2,926	2,885	2,940	2,939	2,815	2,670
2016	2,753	2,634	2,702	2,696	2,756	2,809	2,834	2,882	2,809	2,781	2,787	2,709	2,635
2017	2,882	2,658	2,759	2,767	2,813	2,932	2,930	2,955	2,956	2,993	3,006	2,933	2,887
2018	2,967	2,951	2,937	2,877	2,879	2,889	2,992	2,999	3,061	3,070	3,082	3,022	2,840
2019	3,009	2,915	2,932	2,916	2,955	2,963	3,005	3,075	3,093	3,149	3,110	3,033	2,957
2020	2,476	2,984	3,005	2,757	2,154	2,139	2,195	2,173	2,259	2,360	2,479	2,557	2,653
2021	2,748	2,736	2,698	2,675	2,719	2,691	2,703	2,747	2,786	2,758	2,736	2,865	2,867
2022	2,885	2,931	2,936	2,923	2,870	2,847	2,866	2,850	2,865	2,919	2,896	2,876	2,844
2023	2,869	2,840	2,893	2,861	2,837	2,832	2,869	2,896	2,913	2,878			

Jail Population Breakdown: (Source PCSO)

Jail Population 2022	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Pretrial Felons	1681	1648	1610	1622	1625	1640	1650	1688	1741	1795	1750	1,722
Pretrial Misd	360	341	359	341	333	328	321	331	343	314	321	329
Cty Sentenced Felons	353	378	379	364	359	354	335	321	300	282	295	288
Cty Sentenced Misd	56	86	90	97	111	109	99	104	107	85	86	84
State Sentenced - DOC	100	107	131	98	74	84	95	66	79	71	89	92
Other	381	376	354	348	345	351	350	355	349	349	335	329
ADP	2931	2936	2923	2870	2847	2866	2850	2865	2919	2896	2876	2844

Jail Population 2023	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Pretrial Felons	1758	1772	1804	1798	1772	1775	1784	1772	1818			
Pretrial Misd	318	303	290	262	265	289	312	329	300			
Cty Sentenced Felons	257	273	278	302	309	308	315	311	293			
Cty Sentenced Misd	83	91	77	85	74	83	67	72	70			
State Sentenced - DOC	98	129	106	104	114	94	96	104	85			
Other	326	325	306	286	298	320	322	325	312			
ADP	2840	2893	2861	2837	2832	2869	2896	2913	2878			

VOP Arrests: (Source PCSO)

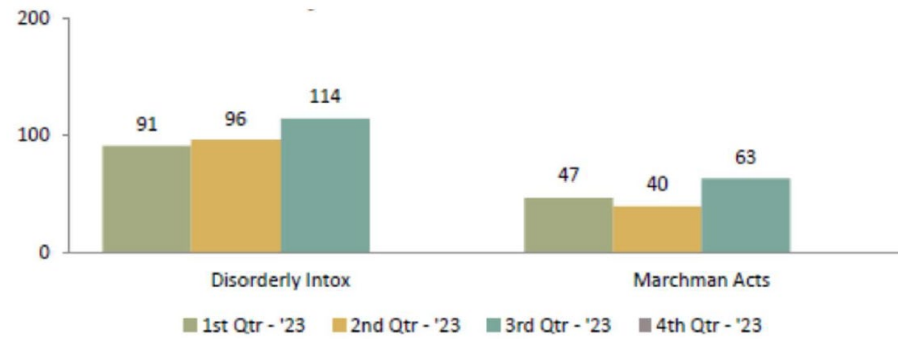
VOP TYPE	1st Qtr		2nd Qtr		3rd Qtr		4th Qtr		Totals		
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	% Chg.
VOP Only	418	464	482	424	408	447	425		1,733	1,335	-23.0%
All VOP	689	741	767	692	687	712	688		2,831	2,145	-24.2%

Juvenile Assessment Center Intakes 2023 (Source PCSO):

Agency	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total YTD
Belleair PD	3	0	1		4
Pinellas Co Schools	21	20	18		59
Clearwater PD	105	62	73		240
FHP	3	1	4		8
FWC	0	0	0		0
Gulfport PD	11	10	3		24
Indian Shores PD	0	3	1		4
Kenneth City PD	1	3	1		5
Largo PD	54	33	37		124
Other Agency	7	16	17		40
Pinellas Park PD	37	38	37		112
Pinellas SO	170	288	234		692
St. Pete PD	236	250	246		732
State Attorney	0	1	1		2
Tarpon Springs PD	10	16	14		40
Treasure Island PD	0	0	0		0
USF	0	0	0		0
Total	658	741	687	0	2,086

Disorderly Intoxication and Marchman Acts (Source PCSO):

Disorderly Intox / Marchman Acts



3.7.10 Tab 10:

Pinellas County - Applicant

Table A: Line-Item Budget - Pinellas County			
	Grant Funds Requested	Matching Funds and Other In-Kind	
		Funding	Source of Funds
Salaries:	\$ 606,571.20	\$ 697,426.14	Pinellas County, PCSO, PEMHS
Fringe Benefits:	\$ 125,485.22		
Equipment			
Staff Travel:	\$ 10,974.00		
Supplies:	\$ 9,460.00		
Building Occupancy:		\$ 5,737.50	PCSO
Consultant Services:			
Consultant Supplies:			
Other (As described in budget narrative)	\$58,427.58	\$ 462,195.00	Pinellas County, PCSO, Boley
Subcontracted Services: (Total ALL subcontract services)	\$ 279,990.00		
Administrative Cost:	\$ 109,092.00	\$ 34,690.86	Boley
Total:	\$ 1,200,000.00	\$ 1,200,049.50	
Total Project Cost:	\$ 2,400,000.00	= Grants Funds Requested + Matching Share	
Match Percentage:	100%	= Match / Total Project Cost	

Subtracted Services: BOLEY

Table B: Line-Item BudgetSubcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind	
		Funding	Source of Funds
Salaries:	\$ 606,571.20		
Fringe Benefits:	\$ 125,485.22		
Equipment			
Staff Travel:	\$ 10,974.00		
Supplies:	\$ 9,460.00		
Building Occupancy:			
Consultant Services:			
Consultant Supplies:			
Other (As described in budget narrative)	\$58,427.58	\$ 264,180.00	Boley
Administrative Cost:	\$ 109,092.00	\$ 34,690.86	Boley
Total:	\$ 920,010.00	\$ 298,870.86	Boley
Total Project Cost:	\$ 1,218,880.86	= Grants Funds Requested + Matching Share	
Match Percentage:		= Match / Total Project Cost	

*Provide a separate line-item budget for EACH proposed subcontracted service provider.

Subcontract: Personal Enrichment Through Mental Health Services (PEMHS)

Table B: Line-Item BudgetSubcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind	
		Funding	Source of Funds
Salaries:	\$ 606,571.20	\$ 35,887.00	PEMHS
Fringe Benefits:	\$ 125,485.22		
Equipment			
Staff Travel:	\$ 10,974.00		
Supplies:	\$ 9,460.00		
Building Occupancy:			
Consultant Services:			
Consultant Supplies:			
Other (As described in budget narrative)	\$58,427.58		
Administrative Cost:	\$ 109,092.00		
Total:	\$ 920,010.00	\$ 35,887.00	PEMHS
Total Project Cost:	\$ 955,887.00	= Grants Funds Requested + Matching Share	
Match Percentage:		= Match / Total Project Cost	

*Provide a separate line-item budget for EACH proposed subcontracted service provider.

Pinellas County Sheriffs Office

Table B: Line-Item BudgetSubcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind	
		Funding	Source of Funds
Salaries:	\$ 606,571.20	\$ 462,120.00	PCSO
Fringe Benefits:	\$ 125,485.22		
Equipment			
Staff Travel:	\$ 10,974.00		
Supplies:	\$ 9,460.00		
Building Occupancy:			
Consultant Services:			
Consultant Supplies:			
Other (As described in budget narrative)	\$58,427.58	\$ 22,275.00	PCSO
Administrative Cost:	\$ 109,092.00		
Total:	\$ 920,010.00	\$ 484,395.00	PCSO
Total Project Cost:	\$ 1,404,405.00	= Grants Funds Requested + Matching Share	
Match Percentage:		= Match / Total Project Cost	

*Provide a separate line-item budget for EACH proposed subcontracted service provider.

Budget Narrative

Personnel & Benefits

Additional information on personnel qualifications and responsibilities can be found in Section 3.7.6.5.4 of the application.

PINELLAS COUNTY (Applicant)

PERSONNEL & FRINGE	Annual Compensation (Including Benefits)	Level of Effort	Y1 Cost (May include increases for cost of living)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Project Director/Homeless Section Manager	\$19,309.68	15%	\$0	\$0	\$0	\$0	\$57,929.04
Grant Administrator	\$23,238.70	25%	\$0	\$0	\$0	\$0	\$69,716.10
TOTALS:			\$0	\$0	\$0	\$0	\$127,645.14

(In-Kind Match) 0.15 FTE Project Director/Homeless Section Manager: This position will serve as the project lead on the TIEH and will be responsible for day-to-day program oversight and monitoring, team collaboration, data collection, and reporting. The position performs ongoing research and review of complex homeless system issues to aid in the development of plans to mitigate community impacts. Salary includes annual 3% cost of living increase.

(In-Kind Match) 0.25 FTE Grant Administrator: This position will provide oversight of program financial records and compliance and serve as the project liaison with DCF.

BOLEY (Subrecipient)

PERSONNEL & FRINGE	Annual Salary	Level of Effort	Y1 Cost (May include increases for cost of living)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Vice President	\$80,000	25%	\$20,000	\$21,600	\$21,600	\$63,200	
Project Director (PSH)	\$70,000	5%	\$35,000	\$36,400	\$36,400	\$107,800	
Peer (1)	\$33,280	1%	\$33,280	\$33,945.60	\$33,945.60	\$101,171.20	
Intensive Service Case Managers (2)	\$55,000	2%	\$110,000	\$112,200	\$112,200	\$334,400	
Fringe Benefits - @ 22% of FTE	N/A	N/A	\$36,300	\$45,592.61	\$44,592.61	\$125,485.22	
TOTALS:			\$234,580	\$248,738.21	\$248,738.21	\$732,056.42	

0.25 FTE Vice President: The VP of Operations will ensure that the program is implemented as designed and will work with all members of the team to promote success and help as many clients as possible. Salary includes annual 3% cost of living increase.

0.5 FTE Program Manager/Project Director: This position will serve as the project lead on the TIEH and will be responsible for day-to-day program oversight and monitoring, team collaboration, data collection, and reporting. Salary includes annual 3% cost of living increase. This position is currently vacant.

1.0 FTE PEER The Peer Specialist position will work with the treatment team to provide psycho-social rehabilitation services to consumers. They will provide mentoring services to consumers to assist with the achievement of individualized goals.

2.0 FTE Intensive Service Case Managers: These staff positions will assess clients for service and treatment needs upon screening into the TIEH program. They will ensure all needed services are provided to clients assigned to their caseload and complete the appropriate and necessary reports, records, and documents, etc. and files in appropriate records/records management systems services to clients of the TIEH program. Salary includes annual 3% cost of living increase.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. Federally Approved Fringe Rate is 22%.

PCSO (Subrecipient)

PERSONNEL & FRINGE	Annual Compensation (Including Benefits)	Level of Effort	Y1 Cost (May include increases for cost of living)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Social Workers (4)	\$93,989	25%	\$0	\$0	\$0	\$0	\$281,967
Substance Use Counselor	\$60,051	25%	\$0	\$0	\$0	\$0	\$180,153
TOTALS:			\$0	\$0	\$0	\$0	\$462,120

0.25 FTE Social Workers This position will serve program participants with behavioral health needs. This position will assess client needs, design a therapeutic plan to assist the individual in working towards recovery. Efforts will assist clients in overcoming past traumas through counseling services. Salary includes annual 3% cost of living increase.

0.25 FTE Substance Use Counselor This position will serve program participants with behavioral health needs. This position will assess client needs, design a therapeutic plan to assist the individual in working towards recovery. Efforts will assist clients in substance use addiction through counseling services.

PEMHS (Boley Contracted Provider)

PERSONNEL & FRINGE	Annual Salary	Level of Effort	Y1 Cost (May include increases for cost of living)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Chief Clinical Director	\$35,887	5%	\$0	\$0	\$0	\$0	\$107,661
Licensed Mental Health Counselor	\$75,000	1%	\$75,000	\$77,250	\$77,250	\$229,500	\$0
Fringe Benefits - @ 22% of FTE Costs	N/A	N/A	\$16,500	\$16,995	\$16,995	\$50,490	\$0
TOTALS:			\$91,500	\$94,245	\$94,245	\$279,990	\$107,661

0.5 FTE Chief Clinical Director: The Clinical Director is responsible for day-to-day administration of specific tasks including maintaining medical records, hiring staff, and preparing clinical budgets.

2.0 FTE Licensed Mental Health Counselors: The Mental Health Counselors will perform substance abuse and mental health counseling work in individual and group formats. Counselors will provide evaluation, screening, and assessment services for clients.

(In-Kind Match & Grant-Funded) Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. Federally Approved Fringe Rate is 22%.

Staff Travel

The maximum allowable rate for mileage under this grant is \$.445/mile. Rates may not exceed the maximum rates established by the Department of Children and Families or those established in section 112.061, F.S.

BOLEY (Subrecipient)

TRAVEL	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Local Travel	\$0.445/mile	\$3,658	\$3,658	\$3,658	\$10,974	\$0
TOTALS:		\$3,658	\$3,658	\$3,658	\$10,974	\$0

Travel: It is estimated that approximately 9000 miles per month will be required for staff to travel to appropriate sites for clinical services and client follow up. Counselors will meet clients where they are to promote client engagement.

Supplies & Equipment

BOLEY (Subrecipient)

SUPPLIES	Description	Y1 Cost (Categories may be higher in Y1 for start-up)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Computers	4/\$1,135/laptop - Year 1 Only	\$4,540	\$0	\$0	\$4,540	\$0
Office Supplies / Consumables	\$260/month	\$3,120	\$900	\$900	\$4,920	\$0
TOTALS:		\$7,660	\$900	\$900	\$9,460	\$0

Office Supplies/Consumables: Includes copy paper, staplers, pens, pencils, file cabinets, office furniture, and cleaning and sanitation products; as well as client incidentals such as ID, work clothes, shoes, school needs, birth certificates, etc.

Computers: 4 laptops will be purchased for staff utilization, (Year 1 only).

Building Occupancy

PINELLAS COUNTY

BUILDING OCCUPANCY	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Office Space	\$1912.50 annual/ \$159.375/mo. (2 offices)	\$0	\$0	\$0	\$0	\$5,737.50
TOTALS:		\$0	\$0	\$0	\$0	\$5,737.50

Office Space: Two offices will be provided for program staff and clients at Safe Harbor for the duration of the program to support client service needs.

Other

PINELLAS COUNTY (Applicant)

OTHER		Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Healthcare for Homeless (HCH)	\$2,329 per/patient 2022, per 20 patients	\$0	\$0	\$0	\$0	\$139,740

Lift Rental Deposit	10% of 50 annual 4 @ 2,000 for PSH/Boley and 1 @ \$4,000 for community	\$0	\$0	\$0	\$0	\$36,000
TOTALS:		\$0	\$0	\$0	\$0	\$175,740

(In-Kind Match) Healthcare for the Homeless (HCH): Services provided through this program include Clinical Primary Care, Dental Care, Prescription, Substance Abuse and Mental Health treatment, Medication-Assisted Treatment (MAT), and Vision Care. Costs per visit vary greatly depending on services provided. The program serves all homeless patients regardless of their ability to pay. A sliding scale fee discount program is available for individuals under 200% of the Federal Poverty Level.

(In-Kind Match) Lift Rental Deposit/Other Services: PSH/Boley will direct financial assistance to the community to help households rebound from housing insecurities by aiding through Lift. The program provides rental deposit financial assistance to individuals that experience unexpected financial hardship due change/gap in employment, underemployment, lost job, and moving expenses. The program helps individuals and married couples without minor children by providing financial assistance to help prevent evictions, foreclosures, and unhealthy living conditions.

BOLEY (Subrecipient)

OTHER	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Copier Lease	\$75/mo	\$900	\$900	\$900	\$2,700	\$0
Bus Passes	\$11/per 2-3 per client	\$1,650	\$2,250	\$2,250	\$6,150	\$0
Cell Phones/Service	\$60/month per staff, 4 staff	\$2,880	\$2,880	\$2,880	\$8,640	\$0
Staff Training/ Certifications		\$3,000	\$1,000	\$1,000	\$5,000	\$0
Street Outreach	FTE %	\$0	\$0	\$0	\$0	\$75,000
Thrift Store Incidentals	\$100/yr. x 25	\$0	\$0	\$0	\$0	\$7,500
Professional Insurance	\$198,200/yr. @ 3.21%	\$6,808	\$6,364.79	\$6,364.79	\$19,537.58	\$0
Electronic Health Record	\$250/month	\$3,000	\$1,200	\$1,200	\$5,400	
HMIS	Yr. 1/\$450/pp set up annual fee and \$300 annually					\$6,000
IT Support	\$666.67/month	\$8,000	\$1,500	\$1,500	\$11,000	
Housing Vouchers	4/ \$1,220/mo.					\$175,680
TOTALS:		\$15,238	\$13,394.79	\$13,394.79	\$42,027.58	\$264,180

Copier Lease & Maintenance: The copier is used to maintain client files and other required documentation as well as reporting. The maintenance agreement covers the cost of copier toner and general maintenance of the copier.

Client Transportation: includes bus passes, uber ride, etc., so clients can attend meetings and get to their appointments.

Cell Phone/Service: Cell phones will be given to 4 TIEH staff members at a cost of \$60 per month.

Staff Training Costs/Certifications: Each staff member will have access to training classes, or other educational classes leading to certifications, as appropriate with local training providers or education institutions including but not limited to St Petersburg College, Pinellas Technical College, the People of Manufacturing, and others as identified by either CareerSource Pinellas or registered with the Department of Education as an apprenticeship or pre-apprenticeship provider. Grow Smarter industries will be targeted in the City of St. Petersburg, but in demand job lists will be supplied and used County-wide through Employ Florida and CareerSource Pinellas.

Street Outreach: The TIEH Program staff will initiate street outreach and engagement with individuals at Safe Harbor and neighboring locations in Pinellas County to reach the maximum number of homeless clients as possible. Case Managers will work with each individual client to understand their needs regarding services available through TIEH, and behavioral health treatment options.

Professional Insurance: BOLEY will acquire professional insurance for TIEH program staff.

Electronic Health Record: Boley and WestCare Clinical Databased Systems (CDS) enhances the efficiency of data collections and analyzation by using an electronic health record. The Electronic Health Record maintains all records of clients' stay and activity in the program.

HMIS: The Homeless Management Information System is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness.

IT Support: IT support to aid with the implementation of Electronic Health Record (EHR) data base initiative is to be made available to program partners and staff to ensure correct system usage of the data system. The users will be trained to utilize the system and create unique identifying code for the data system. IT support will also train users to capture and report live data to be used for reporting and provide monthly reviews to Pinellas County and partners participating in the program.

(In-Kind Match) Housing Vouchers: Four housing vouchers a month will be donated for the purpose of assisting homeless adults with substance use and/or co-occurring mental health disorders who are on their journey to recovery. The vouchers will facilitate payment of supportive housing initiatives for adults with mental illness who are transitioning into the community.

PCSO (Subrecipient)

OTHER	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Meals	\$1.10 p/clients x 50 clients x 3 meals a day	\$0	\$0	\$0	\$0	\$22,275
TOTALS:						\$22,275

(In Kind Match) Meals: The Pinellas County Sheriff's Office Pinellas Safe Harbor emergency shelter (Safe Harbor), will provide the TIEH program homeless clients with 3 meals a day for 50 clients while in shelter at Safe Harbor.

Administrative Costs

Costs may not exceed 10% of the total grant award. This cap applies to the sum of all administrative costs, including those of the applicant and any intended subgrantees or Subrecipients.

BOLEY (Subrecipient)

ADMINISTRATIVE COSTS		Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Indirect Cost Rate	10% under grant guidelines and indirect cost rate greater than 10% (3.18%)	\$36,364	\$36,364	\$36,364	\$109,092	\$34,690.86
TOTALS:		\$36,364	\$36,364	\$36,364	\$109,092	\$34,690.86

Indirect Cost Rate: This constitutes a 10% administrative rate for expenses that are necessary to the overall operation of the agency, including: grant management; fiscal, personnel, and procurement management; related office services and record keeping, etc.

Pinellas County - DCF TIEH

Proposed Budget

F.	Grant	Cost	Amount	Year 1	Year 2	Year 3	Match	
	Fiscal Year			Grant	Grant	Grant		
	Contract							
	Boley							
	Personnel							
	Vice President	\$ 80,000.00	0.25	\$ 20,000.00	\$ 21,600.00	\$ 21,600.00		
	Director of PSH ICM Team (Vacant - Proj Dir	\$ 70,000.00	0.50	\$ 35,000.00	\$ 36,400.00	\$ 36,400.00	\$ 107,661.00	PEMHS
	Peers (1 part-time)	\$ 33,280.00	1.00	\$ 33,280.00	\$ 33,945.60	\$ 33,945.60	\$ 462,120	PCSO
	Intensive Case Manager(s)	\$ 55,000.00	2.00	\$ 110,000.00	\$ 112,200.00	\$ 112,200.00	\$ 127,645.74	Pinellas
	Total Personnel	# of FTE's	3.00	\$ 198,280.00	\$ 204,145.60	\$ 204,145.60	\$ 697,426.74	
	Fringe	22.00%		\$ 36,300.00	\$ 44,592.61	\$ 44,592.61		
	Local Travel (Max \$.445/mile)	\$ 0.445	8,220	\$ 3,658.00	\$ 3,658.00	\$ 3,658.00		
	Laptops/Computer equipment/cell phones	\$ 1,135.00	4	\$ 4,540.00	\$ -	\$ -		
	Office Supplies (Copy paper, pens, binders, folder, standard office supplies)	\$ 260.00	12	\$ 3,120.00	\$ 900.00	\$ 900.00	\$ 5,736.00	Pinellas/Office space
	EHR (leasing)	\$ 250.00	12	\$ 3,000.00	\$ 1,200.00	\$ 1,200.00	\$ 36,000.00	Lift Rental deposit
	IT Support	\$ 8,000.00	666.67	\$ 8,000.00	\$ 1,500.00	\$ 1,500.00	\$ 75,000.00	Street Outreach/Bol
	Cell Phones Service	\$ 720.00	4	\$ 2,880.00	\$ 2,880.00	\$ 2,880.00	\$ 7,500.00	Thrift store
	Staff Training/Certifications	\$ 3,000.00		\$ 3,000.00	\$ 1,000.00	\$ 1,000.00	\$ 6,000.00	HMIS
	Copier Lease	\$ 75.00	12	\$ 900.00	\$ 900.00	\$ 900.00	\$ 175,632.00	Housing vouchers
	Bus Passes	\$11/per x 2-3 per client		\$ 1,650.00	\$ 2,250.00	\$ 2,250.00	\$ 22,275.00	Meals
	Professional Insurance	\$ 198,280.00	3.21%	\$ 6,808.00	\$ 6,364.79	\$ 6,364.79	\$ 139,740.00	Heathcare Program
	Subcontract - PEMHS							
	Equivalent Position - LMHC - salary	\$ 75,000.00	1	\$ 75,000.00	\$ 77,250.00	\$ 77,250.00		
	Fringe (22%?)	\$ 16,500.00		\$ 16,500.00	\$ 16,995.00	\$ 16,995.00		
	Subtotal Direct Costs			\$ 363,636.00	\$ 363,636.00	\$ 363,636.00		
	Indirect Costs (10%)		10.00%	\$ 36,364.00	\$ 36,364.00	\$ 36,364.00	\$ 34,689.00	
	SubTotal Boley			\$ 400,000.00	\$ 400,000.00	\$ 400,000.00		
	Total Contractual			\$ 400,000.00	\$ 400,000.00	\$ 400,000.00	\$ 1,200,000.00	
G.	Construction							
	Not Applicable							
				\$ -	\$ -	\$ -		
				\$ -	\$ -	\$ -		
H.	Other							
	Not Applicable							
				\$ -	\$ -	\$ -		
				\$ -	\$ -	\$ -		
I.	TOTAL DIRECT CHARGES			\$ 400,000.00	\$ 400,000.00	\$ 400,000.00	\$ 1,200,000.00	
J.	INDIRECT CHARGES							
				\$ 400,000.00	\$ 400,000.00	\$ 400,000.00	\$ 1,200,000.00	
TOTAL:				\$ -				

**STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
STANDARD CONTRACT**

Contract Number: LH887

ALN Number(s):

CSFA Number(s): 60.115

Services: ☒ Client ☐ Non-ClientType: ☒ Subrecipient ☐ ContractorFunds: ☐ Federal ☒ State

THIS CONTRACT is entered into between the State of Florida, **Department of Children and Families, (Department)** and **Pinellas County Board of County Commissioners, (Provider)**. The Department and the Provider agree as follows:

1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT**1.1. Purpose and Contract Amount**

The Department is engaging the Provider to expand a three year Criminal Justice Mental Health Substance Abuse Reinvestment Grant Program, pursuant to 394.656, F.S., as further identified in this Contract, with payment as provided in **Section 3**, in an amount not to exceed **\$1,200,000.00** (Contract Amount).

1.2. Effective and End Date

This Contract shall be effective **02/01/2025** or the last party signature date, whichever is later (Effective Date). The service performance period under this Contract shall commence on **02/01/2025** or the Effective Date of this Contract, whichever is later, and shall end at midnight, **Eastern** time, on **01/31/2028** (End Date), subject to the survival of terms provisions of **7.4**. Any earlier termination of this Contract amends the End Date. This Contract may be renewed in accordance with §§287.057(14) or 287.058(1)(g), Florida Statutes (F.S.).

1.3. Official Payee and Party Representatives

The name, address, telephone number and e-mail address of the Department and the Provider's representatives for this Contract are as follows:

1.3.1. Provider: Official Payee

Name: Pinellas County BOCC
Address: c/o OMB, 14 S. Ft. Harrison Avenue,
5th Floor
City: Clearwater
State: FL Zip: 33756
Phone: 727-464-3596 Ext.:
E-mail: grantscoe@pinellascounty.org

1.3.2. Provider: Financial & Administrative Records

Name: Keri Vizandiou, Director of Business Services
Address: 440 Court Street, 2nd Fl
City: Clearwater
State: FL Zip: 33756
Phone: 727-464-8202 Ext.:
E-mail: kvizandiou@pinellas.gov

1.3.3. Provider: Program Administrator & Primary Point of Contact

Name: Marilyn Quiles, Grants Mgmt Analyst
Address: 440 Court Street, 2nd Fl
City: Clearwater
State: FL Zip: 33756

1.3.4. Department: Contract Manager & Primary Point of Contact

Name: Julia George
Address: 9393 North Florida Ave
City: Tampa
State: FL Zip: 33612

Phone:	727-464-8458	Ext.:		Phone:	813-426-2720	Ext.:	
E-mail:	mquiles@pinellas.gov			E-mail:	Julia.George@myflfamilies.com		

1.3.5. Changes to contact information for persons identified in **1.3** can be by Notice.

1.4. Notices

Unless stated otherwise, Notices between the Provider and the Department regarding this Contract shall be in writing and directed to the Contract Manager or Provider Representative by certified mail, courier service, email, personal delivery, or as identified by the Department. Notices will be deemed received upon actual receipt.

1.5. Contract Document

1.5.1. The headings contained in this Contract are for reference purposes only and shall not affect the meaning of this Contract.

1.5.2. Any telephone numbers and hyperlinks in this Contract are supplied to put the Provider on notice, such telephone numbers and hyperlinks existed at the time of this Contract's entry. It is the Provider's duty to stay abreast of any updates to such telephone numbers and hyperlinks without amending this Contract.

1.5.3. In this Contract "business days" refers to those days that are not weekends, do not fall under §110.117(1) – (2), F.S., or are administrative closures declared by the Governor. "Days," without modification, are calendar days.

1.5.4. The terms and conditions set forth in this Contract that conflict with PUR 1000 constitutes special contract conditions as contemplated by Rule 60A-1.002, Florida Administrative Code (F.A.C.).

1.6. Contract Composition

1.6.1. This Contract is composed of the documents listed in this section. In the event of any conflict between the documents, the documents shall be interpreted in the following order of precedence:

1.6.1.1. Exhibits A through F1;

1.6.1.2. Any documents incorporated into any exhibit by reference, or included as a subset thereof;

1.6.1.3. Part 1 of this Contract, including Standard Contract Definitions, located at: <https://www.myflfamilies.com/general-information/contracted-client-services/library>;

1.6.1.4. Attachments 1 through 1;

1.6.1.5. PUR 1000 Form, located at: https://www.dms.myflorida.com/business_operations/state_purchasing/state_agency_resources/state_purchasing_pur_forms; and

1.6.1.6. Any incorporated attachments submitted by the Provider.

1.6.2. Notwithstanding the order of precedence indicated, for purchases based on a state term contract or an enterprise alternative contract source procured for state agency use by the Department of Management Services, the terms of the underlying state term contract or Department of Management Services enterprise alternative contract source agreement shall prevail over conflicting terms in other documents in the order of precedence, unless by the terms of that underlying state term contract or alternative contract source agreement the "Customer" is explicitly authorized to vary the terms to the State's detriment.

1.7. MyFloridaMarketPlace Transaction Fee

This Contract is **exempt from** the MyFloridaMarketPlace transaction fee.

2. STATEMENT OF WORK

The Provider shall perform all tasks and provide units of deliverables, including reports, findings, and drafts, as specified in this Contract. Unless otherwise provided in the procurement document or governing law, the Department reserves the right to increase or decrease the volume of services and to add tasks incidental or complimentary to the original scope of services. When such increase or decrease occurs, except where the method of payment is prescribed by law, compensation under **Section 3** will be equitably adjusted by the Department to the extent it prescribes a fixed price payment method or does not provide a method of payment for added tasks.

2.1. Scope of Work

The Scope of Work is described in **Exhibit B**.

2.2. Task List

The Provider shall perform all tasks set forth in the Task List, found in **Exhibit C**, in the manner set forth therein.

2.3. Deliverables

The deliverables are described in **Exhibit D**.

2.4. Performance Measures

To avoid contract termination, the Provider's performance must meet the minimum acceptable level of performance set forth in **Exhibit E**, regardless of any other performance measures in this Contract. During any period in which the Provider fails to meet these measures, regardless of any additional time allowed to correct performance deficiencies, the Department may delay or deny payment for deliverables and also apply financial consequences.

3. PAYMENT, INVOICE AND RELATED TERMS

The Department pays for services performed by the Provider during the service performance period of this Contract according to the terms and conditions of this Contract in an amount not to exceed this Contract Amount, subject to the availability of funds and satisfactory performance of all terms by the Provider. Except for advances, if any, provided for in this Contract, payment shall be made only upon written acceptance of all services by the Department per **3.1** and shall remain subject to subsequent audit or review to confirm contract compliance. The State of Florida's performance and obligation to pay under this Contract is contingent upon an annual appropriation by the Legislature. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this Contract.

3.1. Prompt Payment and Vendor Ombudsman

Per §215.422, F.S., the Department has five business days to inspect and approve goods and services, unless the bid specifications, purchase order, or this Contract elsewhere specifies otherwise. The Department determination of acceptable services shall be conclusive. The Department receipt of reports and other submissions by the Provider does not constitute acceptance thereof, which occurs only through a separate and express act of the Contract Manager. For any amount that is authorized for payment but is not available within 40 days, measured from the latter of the date a properly completed invoice is received by the Department or the goods or services are received, inspected, and approved (or within 35 days after the date eligibility for payment of a health care provider is determined), a separate interest penalty as described in §215.422, F.S., will be due and payable in addition to the amount authorized for payment. Interest penalties less than one dollar will not be paid unless the

Provider requests payment. A Vendor Ombudsman has been established within the Department of Financial Services and may be contacted at (850) 413-5516.

3.2. Method of Payment

The Provider shall be paid in accordance with **Exhibit F**.

3.3. Invoices

3.3.1. The Provider shall submit invoices for payment, including any permitted travel expenses in this Contract, in accordance with §287.058(1)(a) – (b), F.S.

3.3.2. The Department will not pay any invoice for payment received more than 30 days after this Contract ends or is terminated. Any payment due may be withheld until performance of services and all reports due from the Provider and necessary adjustments thereto, have been approved by the Department.

3.4. Financial Consequences

If the Provider fails to perform in accordance with this Contract or perform the minimum level of service required by this Contract, the Department will apply, at a minimum, financial consequences under §§287.058(1)(h) and 215.971(1)(c), F.S., as well as those provided for in **6.1**. Other financial consequences directly related to the deliverables under this Contract are defined in **Exhibit F**. The foregoing does not limit the Department's use of additional financial consequences, including refusing to make payment, withholding payments until deficiency is cured, tendering only partial payments, applying payment adjustments for additional financial consequences or for liquidated damages to the extent this Contract so provides, or termination of this Contract per **6.2** and requisition of services from an alternate source. Any payment made in reliance on the Provider's evidence of performance, which evidence is subsequently determined erroneous, is immediately due as an overpayment in accordance with **3.5**, to the extent of such error.

3.5. Overpayments and Offsets

The Provider shall return erroneous payments, overpayments, or payments disallowed by this Contract (including payments made for services subsequently determined by the Department to not be in full compliance with this Contract's requirements) or law, including interest at a rate established per §55.03(1), F.S., within 40 days after discovery by the Provider, audit, or the Department. The State or the Department may recover against such payments by deduction from subsequent payments under this or any other contract with the Provider, or any other lawful method. If this Contract involves federal or state financial assistance, the following applies: The Provider shall return to the Department unused funds, accrued interest earned, and unmatched grant funds, as detailed in the Final Financial Report, within 60 days of the End Date.

3.6. Rural Opportunities

If the Provider is a county or municipality that is a rural community or rural area of opportunity as those terms are defined in §288.0656(2), F.S., the payment of submitted invoices may be issued for verified and eligible performance that has been completed in accordance with the terms and conditions set forth in this Contract to the extent that federal or state law, rule, or other regulation allows such payments. Upon meeting the criteria, the Provider may elect in writing to exercise this provision as defined in §215.971(1)(h), F.S.

4. GENERAL TERMS AND CONDITIONS

4.1. Legal Compliance

4.1.1. The Provider shall comply with, and ensure its subcontractors, subgrantees, and others it arranges to provide deliverables comply with:

4.1.1.1. Applicable laws, rules, codes, ordinances, certifications, licensing requirements, and the Department's Children and Families Operating Procedures (CFOP);

4.1.1.2. Department of Financial Services' (DFS) "Reference Guide for State Expenditures" and active DFS Comptroller or Chief Financial Officer Memoranda. If this Contract is funded by state financial assistance, those funds may only be used for allowable costs between the Effective Date and the End Date. Absent the Department's authorization, unused state financial assistance funds must be returned to the Department;

4.1.1.3. Support for individuals with a disability or with limited English proficiency. The Provider and its subcontractors shall comply with CFOP 60-16, located at: <https://www.myflfamilies.com/resources/policies-procedures/cfop-060-human-resources>, which includes completing the Civil Rights Compliance Checklist, (Form CF 946) within 30 days of the Effective Date and annually by the date specified in CFOP 60-16, thereafter;

4.1.1.4. For Nutritional Programs and Activities funded through the Department's Office of Economic Self-Sufficiency, the Provider and its subcontractors shall also comply with USDA Food & Nutrition Service Instruction FNS-113-1 to ensure civil rights compliance and prohibit discrimination in nutrition programs and activities;

4.1.1.5. Funds provided under this Contract for the purchase of or improvements to real property are contingent upon the Provider granting the State a security interest in the property at least to the amount of the State funds provided for at least five years from the date of purchase or the completion of the improvements or as further required by law. As a condition of receipt of funds for this purpose, if the Provider disposes of the property before the State's interest is vacated, the Provider shall refund the pro-rata share of the State's initial investment $[(\text{initial investment}) \times (\text{length of time from purchase to disposal/the term of the security interest})]$; and

4.1.1.6. If the Provider has one or more contracts for services with the Agency for Persons with Disabilities, or the Departments of Health, Elderly Affairs, or Veteran's Affairs, the Provider shall provide the following by Notice on each of those contracts:

- 4.1.1.6.1.** The name of the issuing state agency and the applicable office or program;
- 4.1.1.6.2.** Identifying name and number;
- 4.1.1.6.3.** Starting and ending date;
- 4.1.1.6.4.** Total dollar amount;
- 4.1.1.6.5.** Purpose and the types of services provided; and
- 4.1.1.6.6.** Name and contact information for the state agencies' Contract Manager.

4.2. Certifications and Attestations

4.2.1. Common Carrier. If the Provider is a common carrier or any of its subcontractors are a common carrier, the Provider and/or its subcontractors must complete an attestation (PUR 1808) as required by §908.111, F.S. and Rule 60A-1.020, F.A.C. A violation of the attestation by the Provider or subcontractor shall be grounds for termination with cause. Extensions, amendments, and renewals are subject to the requirements of §908.111, F.S.

4.2.2. Foreign Countries of Concern Prohibition. If the Provider has access to an individual's Personal Identifying Information as defined in Rule 60A-1.020, F.A.C. and §501.171, F.S. the Provider and/or its subcontractors must complete an attestation (PUR 1355) as required by §287.138, F.S. and Rule 60A-1.020, F.A.C. A violation by the Provider or subcontractor shall be grounds for consequences as provided in §287.138, F.S. Extensions and renewals are subject to the requirements of §287.138, F.S.

4.2.3. Sudan, Iran, Cuba, Syria, and Israel Certifications. Where applicable, in compliance with §287.135(5), F.S., the Provider certifies the Provider is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in Iran Terrorism Sectors List and that it does not have business operations in Cuba or Syria, and is not participating in a boycott of Israel.

4.2.4. Certification Regarding Lobbying. If this Contract contains Federal funding in excess of \$100,000, the Provider certifies clauses **4.2.4.1 – 4.2.4.3**. If an Amendment to this contract causes the Federal funding to exceed \$100,000, the Provider must, prior to amendment execution, complete the Certification Regarding Lobbying form, and return it to the Contract Manager.

4.2.4.1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

4.2.4.2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

4.2.4.3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4.3. Use of Funds for Lobbying Prohibited

Contract funds are not used for lobbying the Legislature, the judicial branch, or a State Agency. §§11.062 and 216.347, F.S.

4.4. Use of Funds for Diversity, Equity, and Inclusion Prohibited

No State funding under this Contract is being provided for, promoting, advocating for, or providing training or education on "Diversity, Equity, and Inclusion" (DEI). DEI is any program, activity, or policy that classifies individuals on the basis of race, color, sex, national origin, gender identity, or sexual orientation and promotes differential or preferential treatment of individuals on the basis of such classification, or promotes the position that a group or an individual's action is inherently, unconsciously, or implicitly biased on the basis of such classification.

4.5. Coercion for Labor or Services Prohibited

In accordance with §787.06(13), F.S., under penalty of perjury, the Provider's duly authorized official and signatory hereof, declares the Provider does not use coercion for labor or services as those terms are defined in §787.06(2), F.S.

4.6. Independent Contractor, Subcontracting and Assignments

4.6.1. In performing its obligations under this Contract, the Provider is an independent contractor

and not an officer, employee, or agent of the State of Florida, except where the Provider is a State agency. The Provider, its agents, employees, subcontractors, or assignees shall not represent to others they are agents of or have the authority to bind by virtue of this Contract, unless specifically authorized in writing to do so. This Contract does not create any right in any individual to State retirement, leave benefits or any other benefits of State employees due to performing the duties or obligations of this Contract.

4.6.2. The Department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the Provider, or its subcontractor or assignee, unless specifically agreed to by the Department in this Contract. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the Provider, the Provider's officers, employees, agents, subcontractors, or assignees are the sole responsibility of the Provider and its subcontractors. No joint employment is intended and regardless of any provision directing the manner of provision of services, the Provider and its subcontractors alone are responsible for the supervision, control, hiring and firing, rates of pay and terms and conditions of employment of their own employees.

4.6.3. The Provider shall not assign its responsibilities under this Contract to another party, in whole or in part, without prior written approval of the Department. Such assignment occurring without prior approval of the Department shall be null and void.

4.6.4. The State of Florida may assign, in whole or part, its rights, duties, or obligations under this Contract to another governmental agency in the State of Florida or to a provider of the Department's selection.

4.6.5. Additional Terms if Subcontracting is Permitted

4.6.5.1. The Provider cannot subcontract for any of the work contemplated under this Contract without the Department's prior written approval. The Provider shall take all actions necessary to ensure each subcontractor of the Provider is an independent contractor and not an officer, employee, or agent of the State of Florida.

4.6.5.2. The Provider is responsible for all work performed and for all commodities produced pursuant to this Contract whether actually furnished by the Provider or by its subcontractors. Any subcontracts shall be evidenced by a written document. The Provider further agrees the Department shall not be liable to the subcontractor in any way or for any reason relating to this Contract.

4.6.5.3. The Provider shall include the substance of all clauses contained in this Contract relevant to subcontractor compliance in all subcontracts and any sub-subcontracts.

4.7. Indemnity

4.7.1. This is the sole term covering indemnification. No other indemnification clause applies to this Contract. The Provider shall indemnify the Department, where indemnification is not limited by law, as follows:

4.7.1.1. Personal Injury and Damage to Real or Tangible Personal Property. The Provider shall be fully liable for, and fully indemnify, defend, and hold harmless the State, the Department, and their officers, agents, and employees, from any suits, actions, damages, attorneys' fees, and costs of every name and description, arising from or relating to personal injury and damage to real or personal tangible property allegedly caused in whole or in part by the Provider, provided however, the Provider need not indemnify, defend and hold harmless the State or the Department for that portion of any loss or damages proximately caused by the negligent act or omission of the State, the Department, and their officers, agents, and employees. However, should conflict arise between the terms of this agreement and §§39.011, 394.9085, and 409.993, F.S., these statutory

provisions control.

4.7.1.2. Intellectual Property Liability. The Provider shall fully indemnify, defend, and hold harmless the State, the Department, and their officers, agents, and employees from any suits, actions, damages, attorney's fees, and costs of every name and description, arising from or relating to violation or infringement of a trademark, copyright, patent, trade dress, trade secret or other intellectual property right. This intellectual property liability indemnification obligation will not apply to the Department's misuse or modification of the Provider's products or the Department's operation or use of the Provider's products in a manner not contemplated by this Contract. If any product is the subject of an infringement suit, or in the Provider's opinion, is likely to become the subject of such a suit, the Provider shall, at its sole expense, procure for the Department the right to continue using the product or to modify it to become non-infringing. If the Provider is not reasonably able to modify or otherwise secure the Department the right to continue using the product, the Provider shall remove the product and refund the Department the amounts paid more than a reasonable rental for past use. The State and the Department will not be liable for any royalties, or licensing fees, not included in this Contract.

4.7.1.3. Actions Related to this Contract. The Provider shall fully indemnify, defend, and hold harmless the State and the Department, and their officers, employees, and agents from any suits, actions, damages, fines, claims, assessments, attorney's fees, and costs of every name and description, arising from or relating to any acts, actions, breaches, neglect, or omissions of the Provider related to this Contract, as well as for any determination arising out of or relating to this Contract that the Provider is not an independent contractor vis-a-vis the Department.

4.7.2. Subcontracts. The Provider shall include in all subcontracts and ensure all resulting contracts include the requirement that such resulting contractors indemnify, defend, and hold harmless the State and the Department, and their officers, agents, and employees, from suits, actions, damages, and costs of every name and description, including any and all attorney's fees, arising from or relating to any alleged act or omission by subcontractors, their officers, employees, agents, partners, subcontractors, assignees, or delegees alleged caused in whole or in part by contracted entities, their agents, employees, partners or subcontractors; provided, however, that contracted entities will not indemnify for that portion of any loss or damages proximately caused by the negligent acts or omissions of the Department. The Provider shall indemnify, defend, and hold harmless the State and the Department from the consequences of such a breach.

4.7.3. The indemnification requirement in 4.7.1 does not apply if the Provider is a governmental entity, prohibited by law, or constrained by lack of legal authority, from indemnifying the State, the Department, or other party. In such instances, the Provider remains liable for the Provider's own actions to the extent such liability exists in the absence of the legally impermissible indemnification.

4.7.4. Nothing in this Contract constitutes a waiver of sovereign immunity or consent by the Department, or the State, or its subdivisions to suit by third parties or an agreement by the Department, the State, or its subdivisions to indemnify any person.

4.8. Insurance

4.8.1. Workers' Compensation Insurance (WCI). To the extent and degree required by law, the Provider shall self-insure or maintain WCI covering its employees connected with the services provided hereby. The Provider shall require subcontractors provide WCI for its employees absent coverage by the Provider's WCI.

4.8.2. General Liability Insurance. The Provider shall secure and maintain, and ensure subcontractors secure and maintain, Commercial General Liability Insurance, including bodily injury, property damage, personal and advertising injury, and products and completed operations. This insurance will provide coverage for all claims that may arise from the services completed under this

Contract, whether such services are by the Provider or anyone employed by it. Such insurance shall include the State as an additional insured for the entire length of this Contract. The Provider shall set the limits of liability necessary to provide reasonable financial protections to the Provider and the State under this Contract.

4.8.3. Cyber/Network Security and Privacy Liability Insurance. The Provider will, for itself if providing Cyber/Network solutions or handling confidential information, secure and maintain, and ensure any subcontractor providing Cyber/Network solutions or handling confidential information, secure and maintain liability insurance, written on an occurrence basis, covering civil, regulatory, and statutory damages; contractual damages; data breach management exposure; and any loss of income or extra expense as a result of actual or alleged breach, violation or infringement of right to privacy, consumer data protection law, confidentiality or other legal protection for personal information with minimum limits. The Provider shall set the limits of liability necessary to provide reasonable financial protections to the Provider and the State under this Contract.

4.8.4. Authorized Insurers and Documentation. All insurance policies will be with insurers authorized, and through insurance agents licensed, to transact business in the State, as required by chapter 624, F.S., or upon approval of the Department with a commercial self-insurance trust fund authorized under §624.462, F.S. The Provider shall provide thirty (30) calendar days written notice of cancellation of any insurance required by 4.8 to the Department. The Provider shall submit certificates of insurance coverage, or other evidence of insurance coverage acceptable to the Department, prior to this Contract execution, and provide the Department 10 days prior Notice of any cancellation or nonrenewal.

4.9. Notice of Legal Actions

The Provider shall Notice the Department within 10 days after becoming aware of potential legal actions or immediately upon notice of actual legal actions against the Provider related to services provided by this Contract, that may impact deliverables or the Department.

4.10. Intellectual Property

4.10.1. Intellectual property rights to all property created or otherwise developed as part of this Contract by the Provider (either directly or through a subcontractor) for the Department as a work made for hire will be owned by the State. The Provider's title to intellectual property not developed as a work made for hire is unaffected. If software is being created as a work for hire the Provider shall deliver to the Department at no additional cost the decompiled source code, data libraries, manuals, documentation, and any other data or material necessary for the software to function as intended and be replicated and modified. If software or other intellectual property is not a work for hire, but is developed through performance of services under this Contract, the State of Florida is granted a perpetual, non-exclusive, non-assignable, royalty-free license to use, copy and modify such intellectual property for state business by any of the State of Florida's departments, subdivisions, or agents.

4.10.2. A thing capable of being trademarked developed in anticipation, or as a result, of this Contract will be trademarked by or on behalf of the Department. Only after the Department declines, by Notice, to hold such trademark, may the Provider trademark such a thing in its own name.

4.10.3. Any website developed in anticipation, or as a result, of this Contract will be placed in a domain of the Department's choice, copyrighted in the Department's name. Only if the Department declines, by Notice, such placement or copyright, may the Provider copyright such a thing in its own name.

4.10.4. Any inventions or discoveries developed during or as a result of services performed under this Contract which are patentable pursuant to 35 U.S.C. §101 are the sole property of the State. The Provider shall inform the Department of any inventions or discoveries developed or made in connection

with this Contract and will be referred to the Florida Department of State for a determination on whether patent protection will be sought for the invention or discovery. The State will be the sole owner of all patents resulting from any invention or discovery made in connection with this Contract.

4.10.5. The Provider shall notify the Department of any intellectual property developed in connection with this Contract.

4.10.6. If the Provider is a member of the State University System, the Department's intellectual property rights under **4.10**, will be a fully paid up, perpetual, royalty-free license, including the ability to modify and access to resources unique to the Provider necessary to modify (for software, a decompiled version of the source code).

4.11. Transition Activities

When services that are the subject of the Contract continue through another provider, or the Department, after the End Date, the Provider shall, without additional compensation, complete all actions necessary to smoothly transition service to the new provider, or the Department. This includes the transfer of relevant data and files, as well as property funded or provided pursuant to this Contract. The Provider shall be required to support an orderly transition to the next provider, or the Department, no later than the End Date and shall support the requirements for transition specified in a Department-approved Transition Plan, which the Provider shall develop in consultation with the Department.

4.12. Publicity

The Provider and its employees, agents, and representatives shall not, without prior written consent of the Department in each instance, use in advertising, publicity or any other promotional endeavor any State mark, the name of the State's mark, the name of the State or any State agency or affiliate or any officer or employee of the State, or any State program or service, or represent, directly or indirectly, that any product or service provided by the Provider has been approved or endorsed by the State, or refer to the existence of this Contract in press releases, advertising or materials distributed to the Provider's prospective customers.

4.13. Sponsorship

As required by §286.25, F.S., if the Provider is a non-governmental organization which sponsors a program financed wholly or in part by State funds, including any funds obtained through this Contract, it shall, in publicizing, advertising, or describing the sponsorship of the program state: "Sponsored by (Provider's name) 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" shall appear in at least the same size letters or type as the name of the organization.

4.14. Employee Gifts

The Provider agrees it shall not offer to give or give any gift to any Department employee during the service performance period of this Contract and for two years thereafter. In addition to any other remedies available to the Department, any violation of this provision will result in referral of the Provider's name and description of the violation of this term to the Department of Management Services for the potential inclusion of the Provider's name on the suspended vendors list for an appropriate period. The Provider shall ensure any subcontractors comply with these provisions.

4.15. Mandatory Reporting Requirements

The Provider and any subcontractor must comply with and inform its employees of the following mandatory reporting requirements. Each employee of the Provider, and of any subcontractor, providing services in connection with this Contract who has any knowledge of a reportable incident shall report such incident as follows:

4.15.1. A reportable incident is defined in CFOP 180-4.

4.15.2. Reportable incidents that may involve an immediate or impending impact on the health or safety of a client shall be immediately reported to the Department's Office of Inspector General and the Contract Manager.

4.15.3. Other reportable incidents shall be reported to the Department's Office of Inspector General within two business days of discovery through the Internet at: <https://www.myflfamilies.com/about/additional-services-offices/office-inspector-general/investigations/inspector-general> or by completing a Notification/Investigation Request (Form CF 1934) and emailing the request to the Office of Inspector General at: IG.Complaints@myflfamilies.com. The Provider and subcontractor shall mail or fax the completed forms to the Office of Inspector General, 2415 North Monroe Street, Suite 400, Tallahassee, Florida, 32303-4190; or (850) 488-1428.

4.16. Employment Screening

4.16.1. As described in CFOP 60-25, Chapter 2 (implementing §110.1127, F.S.), as a condition of initial and continued employment, the Provider shall ensure all staff, whether employees or independent contractors, are screened by the Department in accordance with chapter 435, F.S., are of good moral character and meet the Level 2 Employment Screening standards in §§435.04, 110.1127, and 39.001(2), F.S., including:

4.16.1.1. Employment history checks

4.16.1.2. Fingerprinting for all criminal record checks;

4.16.1.3. Statewide criminal and juvenile delinquency records checks through the Florida Department of Law Enforcement (FDLE);

4.16.1.4. Federal criminal records checks from the Federal Bureau of Investigation via the Florida Department of Law Enforcement;

4.16.1.5. Security background investigation, which may include criminal record checks by local law enforcement agencies; and

4.16.1.6. Attestation by each employee, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to chapter 435, F.S., and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

4.16.2. The Provider shall sign the Florida Department of Children and Families Employment Screening Affidavit each State fiscal year (no two such affidavits will be signed more than 13 months apart) for the term of this Contract stating that all required staff have been screened or the Provider is awaiting the results of screening.

4.16.3. The Department requires the use of the Office of Inspector General's Request for Reference Check (Form CF 774), stating: "As part of the screening of an applicant being considered for appointment to a career service, selected exempt service, senior management, or OPS position with the Department of Children and Families (Department) or employed with a Contract or Subcontract Provider, a check with the Office of Inspector General (OIG) is required to determine if the individual is or has been the subject of an investigation with the OIG. The request will only be made on the individual that is being recommended to be hired for the position, if that individual has previously worked for the Department or a Contract or Subcontract Provider, or if that individual is being promoted, transferred, or demoted within the Department or Contract or Subcontract Provider."

4.17. Human Subject Research

Any human subject research under this Contract within the scope of 45 Code of Federal Regulations (CFR), Part 46, and 42 United States Code (U.S.C.) §289, et seq. may not commence until after review and approval by a duly constituted Institutional Review Board.

5. RECORDS, AUDITS AND DATA SECURITY

5.1. Records, Retention, Audits, Inspections and Investigations

5.1.1. The Provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of funds provided by the Department under this Contract. Upon demand, at no additional cost to the Department, the Provider shall facilitate the duplication and transfer of any records or documents during the term of this Contract and the required retention period in **5.1.2**. These records shall be made available at all reasonable times for inspection, review, copying, or audit by Federal, State, or other personnel duly authorized by the Department.

5.1.2. Retention of all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Contract shall be maintained by the Provider during the term of this Contract and retained for six years after completion of this Contract or longer when required by law. In the event an audit is required under this Contract, records shall be retained for a minimum six years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this Contract, at no additional cost to the Department.

5.1.3. At all reasonable times for as long as records are maintained, persons duly authorized by the Department and Federal auditors, pursuant to 2 CFR §200.337, shall be allowed full access to and the right to examine any of the Provider's contracts and related records and documents, regardless of their form.

5.1.4. A financial and compliance audit shall be provided to the Department as specified in this Contract.

5.1.5. The Provider shall comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by The Office of the Inspector General (§20.055, F.S.).

5.1.6. The Provider shall not withhold any record or attempt to limit the scope of any of the foregoing inspections, reviews, copying, transfers or audits based on any claim that any record is exempt from public inspection or is confidential, proprietary or trade secret in nature; provided, however, that this provision does not limit any exemption to public inspection or copying to any such record.

5.2. The Provider's Confidential Information

5.2.1. By executing this Contract, the Provider acknowledges that, having been provided an opportunity to review all provisions hereof, all provisions of this Contract not specifically identified in writing by the Provider prior to execution hereof as "confidential" will be posted by the Department on the public website maintained by the Department of Financial Services pursuant to §215.985, F.S. The Provider, upon written request of the Department, shall promptly provide a written statement of the basis for the exemption applicable to each provision identified by the Provider as "confidential", including citation to a protection created by statute, and state with particularity the reasons the provision is confidential.

5.2.2. Any claim by the Provider of trade secret confidentiality for any information contained in the Provider's documents (reports, deliverables or workpapers, etc., in paper or electronic form) submitted to the Department in connection with this Contract will be waived, unless the claimed confidential information is submitted in accordance with the following standards:

5.2.2.1. The Provider must clearly label any portion of the documents, data, or records submitted it considers confidential pursuant to Florida's Public Records Law as trade secret. The labeling will include a justification citing specific statutes and facts authorizing exemption of the information from public disclosure. If different statutes or facts are claimed applicable to different portions of the

information, the Provider shall include information correlating the nature of the claims to the particular information.

5.2.2.2. The Department, when required to comply with a public records request including documents submitted by the Provider, may require the Provider expeditiously submit redacted copies of documents marked as trade secret, in accordance with **5.2.2.1**. Accompanying the submission shall be an updated version of the justification under **5.2.2.1**, corresponding specifically to redacted information, either confirming the statutory and factual basis originally asserted remains 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 claimed trade secret. If the Provider fails to promptly submit a redacted copy, the Department is authorized to produce the records sought without any redaction of trade secret information.

5.2.3. The Provider shall be responsible for defending its claims that every portion of the redactions of trade secret information are exempt from inspection and copying under Florida's Public Records Law.

5.3. Health Insurance Portability and Accountability Act (HIPAA)

Should this Contract involve Provider access to protected health information (PHI) the Provider shall be a "Business Associate" limited to the following permissible uses and disclosures. Reference to a section in the HIPAA Rules means the section as in effect or as amended. The Provider shall assist the Department in amending this Contract to maintain compliance with HIPAA Rules and any other applicable law requirements. Any ambiguity in **5.3** will be interpreted to permit compliance with the HIPAA Rules. Within the Department, the Human Resources Manager for Civil Rights has been designated the HIPAA Privacy Officer.

5.3.1. Catch-all Definitions. The following terms as used in **5.3** have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Security Incident, Unsecured Protected Health Information, and Use.

5.3.2. Specific Definitions for 5.3

5.3.2.1. "Business Associate" has the same meaning as the term "business associate" at 45 CFR §160.103.

5.3.2.2. "Covered Entity" has the same meaning as the term "covered entity" at 45 CFR §160.103, and for purposes of this Contract includes the Department.

5.3.2.3. "HIPAA Rules" will mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and 164.

5.3.2.4. "Subcontractor" has the same meaning as the term "subcontractor" at 45 CFR §160.103 and includes individuals to whom a Business Associate delegates a function, activity, or service, other than as a member of the workforce of such Business Associate.

5.3.3. Obligations and Activities of the Provider

The Provider shall:

5.3.3.1. Not use or disclose PHI except as permitted or required in by **5.3** or law;

5.3.3.2. Use the appropriate administrative safeguards in 45 CFR §164.308, physical safeguards in 45 CFR §164.310, and technical safeguards in 45 CFR §164.312; including policies and procedures regarding the protection of PHI in 45 CFR §164.316 and the provisions of training on such policies and procedures to applicable employees, independent providers, and volunteers, that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI Provider

may create, receive, maintain or transmit on the Department's behalf;

5.3.3.3. Acknowledge that the foregoing safeguards, policies and procedures requirements apply to the Provider in the same manner as such requirements apply to the Department; and the Provider and Subcontractors are directly liable under the civil and criminal enforcement provisions of §§13409 and 13410 of the HITECH Act, 45 CFR §§164.500 and 164.502(E) of the Privacy Rule (42 U.S.C. 1320d-5 and 1320d-6), as amended, for failure to comply with the safeguards, policies and procedures requirements and resulting U.S. Health and Human Services (HHS) guidance thereon;

5.3.3.4. Report to the Department any use or disclosure of PHI not permitted by **5.3**, including breaches of unsecured PHI as required at 45 CFR §164.410, and any security incident;

5.3.3.5. Notify the Department's HIPAA Security Officer, HIPAA Privacy Officer, and Contract Manager within 120 hours after finding a breach or potential breach of personal and confidential data of the Department; and

5.3.3.6. Notify the Department's HIPAA Privacy Officer and Contract Manager within 24 hours of HHS notification of any investigations, compliance reviews, or inquiries concerning violations of HIPAA;

5.3.3.7. Provide additional information requested by the Department for investigation of or response to a breach;

5.3.3.8. Provide at no cost: Notice to affected parties within 30 days of determination of any potential breach of personal or confidential data of the Department (§501.171, F.S.); implementation of the Department's prescribed measures to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential data of the Department; and, immediate actions limiting or avoiding recurrence of any breach or potential breach and any actions required by applicable federal and state laws and regulations regardless of the Department's actions;

5.3.3.9. In accord with 45 CFR §§164.502(e)(1)(ii) and 164.308(b)(2), as applicable, ensure all entities creating, receiving, maintaining, or transmitting PHI on the Provider's behalf are bound to the same restrictions, conditions, and requirements as the Provider by written contract or other written agreement meeting the applicable requirements of 45 CFR §164.504(e)(2) that the entity will appropriately safeguard the PHI. For prior contracts or other arrangements, the Provider shall provide written certification its implementation complies with 45 CFR §164.532(d);

5.3.3.10. Make PHI available in a designated record set to the Department as necessary to satisfy the Department's 45 CFR §164.524 obligations;

5.3.3.11. Make any amendment to PHI in a designated record set as directed or agreed to by the Department per 45 CFR §164.526, or take other measures as necessary to satisfy the Department's 45 CFR §164.526 obligations;

5.3.3.12. Maintain and make available the information required to provide an accounting of disclosures to a covered entity as needed to satisfy the Department's 45 CFR §164.528 obligations;

5.3.3.13. To the extent the Provider carries any obligation under 45 CFR Subpart E, comply with the requirements of Subpart E that apply to the Department in the performance of that obligation; and

5.3.3.14. Make internal practices, books, and records available to HHS for determining HIPAA rule compliance.

5.3.4. Provider and its Subcontractors may only use or disclose PHI as listed below:

5.3.4.1. To perform obligations under **5.3**;

5.3.4.2. For archival purposes;

5.3.4.3. If necessary, for (a) proper management and administration or (b) to carry out legal responsibilities;

5.3.4.4. To disclose only if the disclosure is required by law; or (a) reasonable assurances are obtained from the disclosee that PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed, and (b) the disclosee agrees to notify the Provider of any instances in which the confidentiality and security of PHI has been breached;

5.3.4.5. To aggregate with PHI of other covered entities in its possession through its capacity as a Business Associate of such covered entities only to provide Department data analyses relating to Department health care operations (as defined in 45 C.F.R. §164.501);

5.3.4.6. To conform with 45 CFR §164.514(b) in de-identifying PHI; or

5.3.4.7. To follow marketing, fundraising and research guidance in 45 CFR §164.501, 45 CFR §164.508 and 45 CFR §164.514.

5.3.5. Department Notifications Affecting Provider Disclosure of PHI

The Department will notify the Provider, to the extent it may affect Provider's use or disclosure of PHI: of 45 CFR §164.520 limitations in the Notice of Privacy Practices; of changes in, or revocation of, an individual's permission to use or disclose PHI; or of any restriction on the use or disclosure of PHI information the Department has agreed to or is required to abide by under 45 CFR §164.522.

5.3.6. Termination Regarding PHI

5.3.6.1. Termination for Cause. Upon the Department's knowledge of a material breach of the Provider's duties under **5.3**, the Department may: (a) Provide the Provider opportunity to cure the breach within the Department's specified timeframe; (b) Immediately terminate Contract or discontinue access to PHI; or (c) If termination or cure are not feasible, the Department will report the breach to the Secretary of HHS.

5.3.6.2. Provider Obligations Upon Termination. Upon termination, the Provider, with respect to PHI received from the Department, or created, maintained, or received on behalf of the Department, will: (a) retain only PHI necessary to continue proper management and administration or to carry out legal responsibilities; (b) return PHI not addressed in (a) to the Department, or its designee; (c) upon the Department's permission, destroy PHI the Provider maintains in any form; (d) continue to use appropriate safeguards and comply with Subpart C of 45 CFR 164 with respect to electronic PHI to prevent use or disclosure of PHI, other than as provided for in (a) for retained PHI; (e) not use or disclose retained PHI other than for purposes for which PHI was retained and subject to the same conditions which applied prior to termination; and (f) comply with (b) and (c) when retained PHI is no longer needed under (a).

5.3.6.3. Obligations under **5.3.6.2** survive termination.

5.4. Information Security

The Provider shall comply, and be responsible for ensuring subcontractors' compliance as if they were the Provider, with the following information security requirements whenever the Provider or its subcontractors have access to the Department's information systems or maintains any client or other confidential information in electronic form.

5.4.1. The Provider shall designate an Information Security Officer competent to liaise with the Department on security matters and maintain an appropriate level of information security for the Department's information systems, or any client or other confidential information the Provider is

collecting or using in the performance of this Contract. An appropriate level of security includes approving and tracking all who request or have access, through the Provider's access, to the Department's information systems or any client or other confidential information. The Information Security Officer will ensure any access to the Department's information systems or any client or other confidential information is removed immediately upon such access no longer being required for the Provider's performance under this Contract.

5.4.2. The Provider shall provide the Department's latest security awareness training to all persons prior to granting access to the Department's information systems or any client or other confidential information. The Provider shall require all persons granted access to comply with, and be provided a copy of CFOP 50-2, and will sign the Department's Security Agreement (Form CF 0112) annually.

5.4.3. The Provider shall prevent unauthorized disclosure or access, from or to the Department's information systems or client or other confidential information. Client or other confidential information on systems and network capable devices will be encrypted per CFOP 50-2.

5.4.4. The Provider shall notify the Contract Manager within 120 hours, following the determination of any potential or actual unauthorized disclosure or access to the Department's information systems or to any client or other confidential information.

5.4.5. The Provider shall, at its own cost, comply with §501.171, F.S. The Provider shall also, at its own cost, implement measures deemed appropriate by the Department to avoid or mitigate potential injury to any person due to potential or actual unauthorized disclosure or access to the Department's information systems or to any client or other confidential information.

5.4.6. The Provider's confidentiality procedures shall be at least as protective as the most recent version of the Department's security policies and comply with any applicable professional confidentiality standards.

5.5. Public Records

5.5.1. The Provider shall allow public access to all documents, papers, letters, or other public records as defined in §119.011(12), F.S., made or received by the Provider in conjunction with this Contract except that public records which are made confidential by law must be protected from disclosure. Should the Provider fail to comply with this provision the Department may unilaterally terminate this Contract.

5.5.2. As required by §119.0701, F.S., to the extent the Provider is acting on behalf of the Department the Provider shall:

5.5.2.1. Maintain public records that ordinarily and necessarily would be required by the Department to perform the service.

5.5.2.2. Upon request from the Department's custodian of public records, provide to the Department a copy of requested records or allow the records inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119, F.S., or as otherwise provided by law.

5.5.2.3. Ensure public records exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law during this Contract term and following completion of this Contract if the Provider does not transfer the records to the Department.

5.5.2.4. Upon completion of this Contract, transfer, at no cost, to the Department all public records in possession of the Provider or keep and maintain public records required by the Department to perform the service. If the Provider transfers all public records to the Department upon completion of this Contract, the Provider shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Provider

keeps and maintains public records upon completion of this Contract, the Provider shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Department, upon request from the Department's custodian of public records, in a format compatible with the information technology systems of the Department.

5.5.3. IF THE PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, F.S., TO THE PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 850-487-1111, OR BY EMAIL AT DCFCustodian@MYFLFAMILIES.COM, OR BY MAIL AT: DEPARTMENT OF CHILDREN AND FAMILIES, 2415 NORTH MONROE STREET, TALLAHASSEE, FL 32303.

6. INSPECTIONS, PENALTIES, AND TERMINATION

6.1. Financial Penalties for Failure to Take Corrective Action

6.1.1. In accordance with the provisions of §402.73(1), F.S., and Rule 65-29.001, F.A.C., should the Department require a corrective action to address noncompliance under this Contract, incremental penalties listed in **6.1.2** through **6.1.3** shall be imposed for the Provider's failure to achieve the corrective action. These penalties are cumulative and may be assessed upon each separate failure to comply with instructions from the Department to complete corrective action, but shall not exceed 10% of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made. These penalties do not limit or restrict the Department's application of any other remedy available to it under law or this Contract.

6.1.2. The increments of penalty imposition that shall apply, unless the Department determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action plan, in accordance with the following standards.

6.1.2.1. Noncompliance that is determined by the Department to have a direct effect on client health and safety shall result in the imposition of a 10% penalty of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made.

6.1.2.2. Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a 5% penalty.

6.1.2.3. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a 2% penalty.

6.1.3. The deadline for payment shall be as stated in the Department order imposing the financial penalties. In the event of nonpayment the Department may deduct the amount of the penalty from invoices submitted by the Provider.

6.2. Termination

6.2.1. The Department may terminate this Contract without cause upon no less than 30 days' Notice in writing to the Provider unless another time is mutually agreed upon in writing.

6.2.2. The Provider may terminate this Contract upon no less than 120 days' Notice to the Department unless another time is mutually agreed upon in writing.

6.2.3. In the event funds for payment pursuant to this Contract become unavailable, the

Department may terminate this Contract upon no less than 24 hours' Notice in writing to the Provider. The Department is the final authority as to the availability and adequacy of funds.

6.2.4. In the event the Provider fails to fully comply with the terms and conditions of this Contract, the Department may terminate this Contract upon no less than 24 hours' Notice to the Provider, excluding Saturday, Sunday, and Holidays. Such Notice may be issued without providing an opportunity for cure if it specifies the nature of the noncompliance and states that provision for cure would adversely affect the interests of the State or is not permitted by law or regulation. Otherwise, Notice of termination will be issued after the Provider's failure to fully cure such noncompliance within the time specified in a Notice of noncompliance issued by the Department specifying the nature of the noncompliance and the actions required to cure such noncompliance. The Department's failure to demand performance of any provision of this Contract shall not be deemed a waiver of such performance. The Department's waiver of any one breach of any provision of this Contract is not a waiver of any other breach and neither event is a modification of the terms and conditions of this Contract. **6.2** does not limit the Department's right to legal or equitable remedies.

6.2.5. Failure to have performed any contractual obligations under any other contract with the Department in a manner satisfactory to the Department will be a sufficient cause for termination. Termination shall be upon no less than 24 hours' Notice to the Provider and only if the Provider:

6.2.5.1. Previously failed to satisfactorily perform in a contract with the Department, was notified by the Department of the unsatisfactory performance, and failed to timely correct the unsatisfactory performance to the satisfaction of the Department; or

6.2.5.2. Had any other contract terminated by the Department for cause.

6.2.6. In the event of termination under **6.2.1** or **6.2.3**, the Provider shall be compensated for any work satisfactorily completed through the date of termination or an earlier date of suspension of work.

6.2.7. If this Contract is for an amount of \$1 million or more, the Department may terminate this Contract at any time the Provider is found to have falsely certified under §287.135, F.S., or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Regardless of the amount of this Contract, the Department may terminate this Contract at any time the Provider is found to have been engaged in business operations in Cuba or Syria, placed on the Scrutinized Companies that Boycott Israel List or engaged in a boycott of Israel.

7. OTHER TERMS

7.1. Governing Law and Venue

This Contract is entered into in the State of Florida and is construed, performed and enforced in all respects in accordance with Florida law, without regard to Florida provisions for conflict of laws. State Courts of competent jurisdiction in Florida have exclusive jurisdiction in any action regarding this Contract and venue is in Leon County, Florida. Unless otherwise provided in any other provision or amendment hereof, any amendment, extension or renewal (when authorized) may be executed in counterparts.

7.2. No Other Terms

There are no provisions, terms, conditions, or obligations other than those contained herein, and this Contract supersedes all previous communications, representations, or agreements, either verbal or written between the parties. This Contract does not include any resulting invoice, website, "click through", online, or other agreement absent specific reference in this Contract and then only the version extant the date of the first Contract signature.

7.3. Interpretation, Severability of Terms

Contract terms are not more strictly construed against any party. If a term is struck by a court, the balance is voidable only by the Department.

7.4. Survival of Terms

Absent a provision expressly stating otherwise, provisions concerning obligations of the Provider and remedies available to the Department survive the End Date. The Provider's performance pursuant to such surviving provisions is without further payment.

7.5. Modifications

Modifications of provisions of this Contract are valid only when they have been reduced to writing and duly signed by both parties. The rate of payment and the total dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the Department's operating budget.

7.6. Anticompetitive Agreements

The Provider shall not offer, enter into nor enforce any formal or informal agreement with any person, firm or entity under which the parties agree to refrain from competing for any future service contract or limit in any manner the ability of either party to obtain employment by or provide services to the Department or a provider of services to the Department.

7.7. Purchases by Other Agencies

The Department of Management Services may approve this Contract as an alternate contract source pursuant to Rule 60A-1.045, F.A.C., if requested by another agency. Other State agencies may purchase from the resulting contract, provided the Department of Management Services has determined this Contract's use is cost-effective and in the best interest of the State. Upon such approval, the Provider may sell these commodities or services to additional agencies, upon the terms and conditions contained herein.

7.8. Unauthorized Aliens

7.8.1. Unauthorized aliens shall not be employed. Employment of unauthorized aliens shall be cause for unilateral cancellation of this Contract by the Department for violation of §274A of the Immigration and Nationality Act. The Provider and its subcontractors will enroll in and use the E-Verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its employees and its subcontractors' employees performing under this Contract. Employees assigned to this Contract means all persons employed or assigned (including subcontractors) by the Provider or a subcontractor during this Contract term to perform work pursuant to this Contract within the United States and its territories.

7.8.2. The Provider represents and warrants that no part of the funding under this Contract will be used in violation of any federal or state law, including, but not limited to, 8 U.S.C. §1324 or 8 U.S.C. §1325, or to aid or abet another in violating federal or state law. The Department may terminate this Contract at any time if the Provider violates, or aids or abets another in violating, any state or federal law.

7.9. Public Entity Crime and Discriminatory Contractors

Pursuant to §§287.133 and 287.134, F.S., the following restrictions are placed on the ability of persons placed on the convicted vendor list or the discriminatory vendor list. When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, or an entity or affiliate has been placed on the discriminatory vendor list, such person, entity or affiliate may not submit a bid,

proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or the repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity; provided, however, the prohibition on persons or affiliates placed on the convicted vendor list is limited to business in excess of the threshold amount provided in §287.017, F.S., for CATEGORY TWO for 36 months from the date of being placed on the convicted vendor list.

7.10. PRIDE

It is expressly understood and agreed that any articles which are the subject of, or required to carry out, this contract shall be purchased from the corporation identified under chapter 946, F.S., in the same manner and under the same procedures set forth in §§946.515(2) and (4), F.S.; and for purposes of this contract the person, firm, or other business entity carrying out the provisions of this contract shall be deemed to be substituted for this agency insofar as dealings with such corporation are concerned.

7.11. Continuing Oversight Teams

The Provider shall comply with the provisions of §287.057(26), F.S., as applicable, establishing and governing conduct of Continuing Oversight Teams for contracts of \$5 million or more.

7.12. Major Disasters and Emergencies

The Stafford Act allows federal assistance for major disasters and emergencies upon a declaration by the President. Upon the declaration, the Department is authorized to apply for federal reimbursement from the Federal Emergency Management Agency (FEMA) to aid in response and recovery from a major disaster. The Provider shall request reimbursement for eligible expenses through the Department with payment subject to FEMA approval and reimbursement.

7.13. Executive Compensation Reporting

7.13.1. Annually on or before May 1 Provider shall complete and return the Executive Compensation Annual Report (Form PCMT-08), located at: <https://www.myflfamilies.com/general-information/contracted-client-services/library>.

7.13.2. In accordance with §216.1366, F.S., if the Provider is a nonprofit as defined in §215.97(2)(m), F.S., the Provider must provide documentation to the Department that indicates the amount of state funds:

7.13.2.1. Allocated to be used during the full term of the contract for remuneration to any member of the board of directors or an officer of the contractor.

7.13.2.2. Allocated under each payment by the public agency to be used for remuneration of any member of the board of directors or an officer of the contractor. The documentation must indicate the amounts and recipients of the remuneration.

7.13.3. If the Provider maintains a website, information provided pursuant to **7.13.2** must be posted on the Provider's website.

7.14. Federal Whistleblower Requirements

Pursuant to §11(c) of the OSH Act of 1970 (29 USC §660(c)) and the subsequent federal laws expanding the act, the Provider is prohibited from discriminating against employees for exercising their rights under the OSH Act. Details of the OSH Act are located at: <http://www.whistleblowers.gov>.

7.15. Post-Award Notice Dissemination

If the Provider receives federal or state financial assistance, the Provider will receive a Post-Award

Notice (PAN) from the Department, which will contain information required to meet the Department's obligations in accordance with 2 CFR Part 200, §215.97 F.S., and Rule 69I-5, F.A.C. Providers with subrecipients receiving federal or state financial assistance are required to derive from the PAN information required by the regulations cited in this clause, and properly disseminate to subrecipients of federal and state financial assistance funds. This requirement follows federal and state financial assistance to subrecipients at every tier.

7.16. Recycled Products

The Provider shall procure any recycled products or materials, which are the subject of or are required to carry out this Contract, in accordance with §403.7065, F.S.

8. FEDERAL FUNDS APPLICABILITY

The following applies if Federal Funds are used to fund this Contract.

8.1. Federal Law

8.1.1. Provider shall comply with Federal law and regulations including 2 CFR, Part 200, and other applicable regulations.

8.1.2. If this Contract contains \$10,000 or more of Federal Funds, the Provider shall comply with Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in 41 CFR, Part 60 if applicable.

8.1.3. If this Contract contains over \$150,000 of Federal Funds, the Provider shall comply with all applicable standards, orders, or regulations issued under §306 of the Clean Air Act, as amended (42 U.S.C. §7401 et seq.), §508 of the Federal Water Pollution Control Act, as amended (33 U.S.C. §1251 et seq.), Executive Order 11738, as amended and where applicable, and Environmental Protection Agency regulations (2 CFR, Part 1500). The Provider shall report any violations of the above to the Department.

8.1.4. If this Contract provides services to children up to age 18, the Provider shall comply with the Pro-Children Act of 1994 (20 U.S.C. §6081 et seq). Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation or the imposition of an administrative compliance order on the responsible entity, or both.

8.1.5. If the Provider is a federal subrecipient or pass-through entity, the Provider 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 implementing 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.

8.1.6. If the Provider is a federal subrecipient or pass-through entity, the Provider and its subcontractors who are federal subrecipients or pass-through entities, must determine if its subcontracts are being awarded to a "contractor" or a "subrecipient," as those terms are defined in 2 CFR, Part 200. If a Provider's subcontractor is determined a subrecipient, the Provider must ensure the subcontractor adheres to all the applicable requirements in 2 CFR, Part 200.

8.1.7. Drug Free Workplace. If the Provider is a subrecipient or pass-through entity of federal funds originating from HHS, the Provider must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of 2 CFR part 382, which adopts the governmentwide implementation (2 CFR Part 182) of sec. 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707).

9. CLIENT SERVICES APPLICABILITY

The following applies if the box for Client Services is checked in the header on page 1.

9.1. Client Risk Prevention

If services to clients are provided under this Contract, the Provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6 in the manner prescribed in CFOP 215-6. The Provider shall immediately report any knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number 1-800-96ABUSE (1-800-962-2873). As required by chapters 39 and 415, F.S., this provision is binding upon both the Provider and its employees.

9.2. Emergency Preparedness Plan

If the tasks performed pursuant to this Contract include the physical care or supervision of clients, the Provider shall, within 30 days of the execution of this Contract, submit to the Contract Manager an emergency preparedness plan which includes provisions for records protection, alternative accommodations for clients in substitute care, supplies, and a recovery plan allowing the Provider to continue functioning in compliance with the executed contract in the event of an actual emergency. For disaster planning, the term "supervision" includes a child who is under the jurisdiction of a dependency court. Children may remain in their homes, be placed in a non-licensed relative/non-relative home, or be placed in a licensed foster care setting. No later than twelve months following the Department's original acceptance of a plan and every 12 months thereafter, the Provider shall submit a written certification it has reviewed its plan, along with any modifications to the plan, or a statement no modifications were found necessary. The Department agrees to respond in writing within 30 days of receipt of the original or updated plan, accepting, rejecting, or requesting modifications. In the event of an emergency, the Department may exercise oversight authority over such Provider to assume implementation of agreed emergency relief provisions.

9.3. Confidential Client and Other Information

The Provider shall maintain the confidentiality of all confidential data, files, and records related to deliverables and comply with all state and federal laws, including, §§471(a)(8) of the Social Security Act, 106(b)(2)(B) of the Child Abuse Prevention and Treatment Act, 7 U.S.C. §2020(e)(8), 42 U.S.C. §602, 2 CFR §200.303, 2 CFR §200.337, 7 CFR §272.1(c), 42 CFR §§2.1-2.3, 42 CFR §§431.300-306, and 45 CFR §205. Summaries of Florida Statutes providing for confidentiality of this and other information are found in Part II of the Attorney General's Government in the Sunshine Manual.

10. PROPERTY

10.1. The following only applies to this Contract if funded by state financial assistance.

10.2. The word "property" in this section means equipment, fixtures, and other property of a nonconsumable and nonexpendable nature, the original acquisition cost or estimated fair market value of which is \$5,000 or more and the normal expected life of which is one year or more. This definition also includes hardback-covered bound books circulated to students or the general public, the original acquisition cost or estimated fair market value of which is \$25 or more, hardback-covered bound books, the cost or value of which is \$250 or more, and all computers. Each item of property which it is practicable to identify by marking will be marked in the manner required by the Auditor General. Each custodian will maintain an adequate record of property in his or her custody, which record will contain such information as will be required by the Auditor General. Once each year, on July 1 or as soon thereafter as is practicable, and whenever there is a change of custodian, each custodian will take an inventory of property in his or her custody. The inventory will be compared with the property record, and all discrepancies will be traced and reconciled. All publicly supported libraries will be exempt from

marking hardback-covered bound books, as required by this section. The catalog and inventory control records maintained by each publicly supported library is the property record of hardback-covered bound books with a value or cost of \$25 or more included in each publicly supported library collection and is a perpetual inventory in lieu of an annual physical inventory. All books identified by these records as missing will be traced and reconciled, and the library inventory shall be adjusted accordingly.

10.3. If any property is purchased by the Provider with funds provided by this Contract, the Provider will inventory all nonexpendable property including all computers. A copy of the inventory will be submitted to the Department along with the expenditure report for the period in which it was purchased. At least annually the Provider will submit a complete inventory of all such property to the Department whether new purchases have been made or not.

10.4. The inventory will include: the identification number; year and/or model, a description of the property, its use and condition; current location; the name of the property custodian; class code (use state standard codes for capital assets); if a group, record the number and description of the components making up the group; name, make, or manufacturer; serial number(s), if any, and if an automobile, the Vehicle Identification Number (VIN) and certificate number; acquisition date; original acquisition cost; funding source; and, information needed to calculate the federal and/or state share of its cost.

10.5. The Contract Manager must provide disposition instructions to the Provider prior to the End Date. The Provider cannot dispose of any property reverting to the Department without the Contract Manager's approval. The Provider will furnish a closeout inventory no later than 30 days before the completion or termination of this Contract. The closeout inventory will include all nonexpendable property including all computers purchased by the Provider. The closeout inventory will contain the same information required by the annual inventory.

10.6. The Provider hereby agrees all inventories required by this Contract will be current and accurate and reflect the date of the inventory. If the original acquisition cost of a property item is not available at the time of inventory, an estimated value will be agreed upon by both the Provider and the Department and will be used in place of the original acquisition cost.

10.7. Title (ownership) to and possession of all property purchased by the Provider pursuant to this Contract vests in the Department upon completion or termination of this Contract. During the term of this Contract, the Provider is responsible for insuring all property purchased by or transferred to the Provider is in good working order. The Provider hereby agrees to pay the cost of transferring title to and possession of any property for which ownership is evidenced by a certificate of title. The Provider is responsible for repaying to the Department, the replacement cost of any property inventoried and not transferred to the Department upon completion or termination of this Contract. When property transfers from the Provider to the Department, the Provider is responsible for paying for the title transfer.

10.8. If the Provider replaces or disposes of property purchased by the Provider pursuant to this Contract, the Provider is required to provide accurate and complete information pertaining to replacement or disposition of the property as required on the Provider's annual inventory.

10.9. The Provider will indemnify the Department against any claim or loss arising out of the operation of any motor vehicle purchased by or transferred to the Provider pursuant to this Contract.

10.10. An amendment is required prior to the purchase of any property item not specifically listed in the approved budget.

11. AMENDMENT IMPACT

Any amendment replacing or deleting this page will not affect the below execution.

By signing this Contract, the parties state they have read and agree to the entire Contract, as described in 1.6.

IN WITNESS THEREOF, the parties hereto have caused this Contract executed by their undersigned officials as duly authorized.

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Signature: [Signature]

Signature: Shevaun L. Harris

Name: Brian Scott

Name: Shevaun L. Harris

Title: Chair

Title: Secretary

Date: February 25, 2025.

Date: 2/28/2025 | 1:56 PM EST

Federal Employer Identification Number (FEIN) or Social Security Number (SSN): 59-6000800

Provider Fiscal Year Ending Date: 06/30

ATTEST: KEN BURKE, CLERK

By: [Signature]



REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

APPROVED AS TO FORM

By: Cody J. Ward
Office of the County Attorney

EXHIBIT A – SPECIAL PROVISIONS

The following provisions supplement or modify the provisions of Items 1 through 11 of the Standard Contract, as provided herein:

A.1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT

A.1.1. The last sentence in 1.2. is amended to read:

This contract shall not be renewed.

A.1.2. In addition to the provisions of 1.6.1.3., the following program-specific terms apply to this Contract Agreement.

A.1.2.1. At-Risk

A.1.2.1.1. Adults who are “at-risk” of involvement in the criminal justice system have factors associated with possible criminal behavior, including homelessness and other unstable living situations; history of victimization or abuse; significant transitions such as a recent release from jail, re-entry to the community from prison or release from a forensic facility; or a history of involvement in the criminal justice system.

A.1.2.1.2. Youth who are “at-risk” of involvement in the juvenile justice system have factors associated with possible delinquent behaviors that can lead to involvement in the juvenile justice system, including individual factors, family factors, peer group factors, school-related factors, or community environmental factors.

A.1.2.2. CJMHSA Technical Assistance Center (TAC)

The Center created in §394.659, F.S., that provides information and technical support to counties and agencies implementing the Program.

A.1.2.3. Co-Occurring Disorder

As defined by the DSM-5, the presence of at least one mental disorder and at least one substance use disorder (Diagnostic and Statistical Manual of Mental Disorders; APA, 2013).

A.1.2.4. County Planning Council or Committee

As described in §394.657 F.S., the council or committee designated by the county, meeting the composition requirements established in §394.657(2)(a), F.S.

A.1.2.5. Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant Program, hereinafter referred to as “Program”.

The Program created in §394.658, F.S., that provides funding to counties to plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders, and who are in, or at risk of entering the criminal or juvenile justice systems.

A.1.2.6. Crisis Intervention Team (CIT)

A first responder model that provides law enforcement-based crisis intervention training for assisting individuals with mental illness including those with co-occurring substance use disorders.

A.1.2.7. Diversion Program

A program that seeks to divert individuals with mental illness, substance use disorders or co-occurring disorders from the criminal or juvenile justice system and links them to community-based services and supports in order to address root causes of criminal behavior through effective intervention.

A.1.2.8. Evidence-Based Programs and Practices (EBP)

A program or intervention that complies with the terms of Managing Entity Program Guidance 1 – Evidence Based Guidelines, available at:

<https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities>

A.1.2.9. Fiscally Constrained County

A county that is entirely within a rural area of opportunity as designated by the Governor pursuant to §288.0656, F.S., or a county for which the value of a mill will raise no more than \$5 million in revenue, based on the taxable value certified pursuant to §1011.62(4)(a)1.a. F.S., from the previous July 1, shall be considered a fiscally constrained county (§ 218.67(1), F.S.).

A.1.2.10. Forensic Intervention and Re-Entry Services Team (FIRST)

A multidisciplinary team that offers services and benefits assessment support for consumers in jail and while living in the community.

A.1.2.11. Managing Entity

As defined in §394.9082(2)(e), a corporation selected by and under contract with the department to manage the daily operational delivery of behavioral health services through a coordinated system of care.

A.1.2.12. Not-for-Profit Community Provider

A not-for-profit direct service agency providing mental health services and substance abuse prevention and treatment services as described in chapters 394 or 397, F.S.

A.1.2.13. Recovery Oriented Services

Recovery-oriented services include, but are not limited to, peer recovery coaching, employment assistance, childcare, care coordination and housing support. In a recovery-oriented system of care, recovery-oriented services are offered in conjunction with a menu of traditional treatment services.

A.1.2.14. Sequential Intercept Mapping

A strategic planning process and plan for reviewing a local community's mental health, substance abuse, criminal justice, and related systems and identifying six points of interceptions where interventions may be implemented to prevent an individual with a mental illness or substance use disorder from entering further into the criminal justice system.

A.1.2.15. Strategic Plan

A document that is the result of a formal systemic and stakeholder planning process that documents participation by stakeholders; is data and research driven; establishes a path to the accomplishment of prioritized goals and objectives; and describes an intended outcome and measurable targets of achievement. If the Applicant participated in Sequential Intercept Mapping, the document produced as a result of that mapping can serve as the Strategic Plan for the specific population.

A.1.2.16. Substance Abuse and Mental Health Data System (SAMH Data System)

The Department's web-based data system for reporting substance abuse and mental health services identified by the Department for the reporting of client service data.

A.1.2.17. Supplant or Supplanting

The use of grant funds to displace available funds which, prior to this award, an Applicant used to accomplish the same work as the approved grant funds.

A.1.2.18. Sustainability

The capacity of an Applicant and its partners to maintain the service coverage, developed as a result of this grant, at a level that continues to deliver the intended benefits of the initiative after the financial and technical assistance from the Department is terminated.

A.2. STATEMENT OF WORK

A.2.1. There are no additional provisions to this section of the Standard Contract.

A.3. PAYMENT, INVOICE AND RELATED TERMS

A.3.1. There are no additional provisions to this section of the Standard Contract.

A.4. GENERAL TERMS AND CONDITIONS

A.4.1. There are no additional provisions to this section of the Standard Contract.

A.5. RECORDS, AUDITS AND DATA SECURITY

A.5.1. There are no additional provisions to this section of the Standard Contract.

A.6. INSPECTIONS, PENALTIES, AND TERMINATION

A.6.1. There are no additional provisions to this section of the Standard Contract.

A.7. OTHER TERMS

A.7.1. There are no additional provisions to this section of the Standard Contract.

A.8. FEDERAL FUNDS APPLICABILITY

A.8.1. There are no additional provisions to this section of the Standard Contract.

A.9. CLIENT SERVICES APPLICABILITY

A.9.1. There are no additional provisions to this section of the Standard Contract.

A.10. PROPERTY

A.10.1. There are no additional provisions to this section of the Standard Contract.

A.11. AMENDMENT IMPACT

A.11.1. There are no additional provisions to this section of the Standard Contract.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXHIBIT A1 – SAMH PROGRAMMATIC STATE AND FEDERAL LAWS, RULES, AND REGULATIONS

The Provider and its subcontractors shall comply with all applicable state and federal laws, rules, and regulations, as amended from time to time, that affect the subject areas of the contract. Authorities include but are not limited to the following:

A1.1. FEDERAL AUTHORITY

A1.1.1. Block Grants Regarding Mental Health and Substance Abuse

A1.1.1.1. Block Grants for Community Mental Health Services

42 U.S.C. §§ 300x, et seq.

A1.1.1.2. Block Grants for Prevention and Treatment of Substance Abuse

42 U.S.C. §§ 300x-21 et seq.

45 CFR Part 96, Subpart L

A1.1.2. Department of Health and Human Services, General Administration, Block Grants

45 CFR Part. 96

A1.1.3. Charitable Choice Regulations Applicable to Substance Abuse Block and PATH Grants

42 CFR Part 54

A1.1.4. Confidentiality of Substance Use Disorder Patient Records

42 CFR Part 2

A1.1.5. Security and Privacy

45 CFR Part 164

A1.1.6. Supplemental Security Income for the Aged, Blind and Disabled

20 CFR Part 416

A1.1.7. Temporary Assistance to Needy Families (TANF)

42 U.S.C. §§ 601 - 619

45 CFR, Part 260

A1.1.8. Projects for Assistance in Transition from Homelessness (PATH)

42 U.S.C. §§ 290cc-21 – 290cc-35

A1.1.9. Equal Opportunity for Individuals with Disabilities (Americans with Disabilities Act of 1990)

42 U.S.C. §§ 12101 - 12213

A1.1.10. Prevention of Trafficking (Trafficking Victims Protection Act of 2000)

22 U.S.C. § 7104

2 CFR Part 175

A1.1.11. Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)

2 CFR Part 182

2 CFR Part 382

A1.2. FLORIDA STATUTES

A1.2.1. Child Welfare and Community Based Care

Ch. 39, F.S., Proceedings Relating to Children

Ch. 402, F.S., Health and Human Services: Miscellaneous Provisions

A1.2.2. Substance Abuse and Mental Health Services

Ch. 381, F.S., Public Health: General Provisions

Ch. 386, F.S., Sanitary Nuisances; Florida Clean Air Act Ch. 394, F.S., Mental Health

Ch. 395, F.S., Hospital Licensing and Regulation

Ch. 397, F.S., Substance Abuse Services

Ch. 400, F.S., Nursing Home and Related Health Care Facilities

Ch. 414, F.S., Family Self-Sufficiency

Ch. 458, F.S., Medical Practice

Ch. 464, F.S., Nursing

Ch. 465, F.S., Pharmacy

Ch. 490, F.S., Psychological Services

Ch. 491, F.S., Clinical, Counseling, and Psychotherapy Services

Ch. 499, F.S., Florida Drug and Cosmetic Act

Ch. 553, F.S., Building Construction Standards

Ch. 893, F.S., Drug Abuse Prevention and Control

§ 409.906(8), F.S., Optional Medicaid Services – Community Mental Health Services

A1.2.3. Developmental Disabilities

Ch. 393, F.S., Developmental Disabilities

A1.2.4. Adult Protective Services

Ch. 415, F.S., Adult Protective Services

A1.2.5. Forensics

Ch. 916, F.S., Mentally Ill and Intellectually Disabled Defendants

Ch. 985, F.S., Juvenile Justice; Interstate Compact on Juveniles

§ 985.19, F.S., Incompetency in Juvenile Delinquency Cases

§ 985.24, F.S., Use of detention; prohibitions

A1.2.6. State Administrative Procedures and Services

Ch. 119, F.S., Public Records

Ch. 120, F.S., Administrative Procedures Act

Ch. 287, F.S., Procurement of Personal Property and Services

Ch. 435, F.S., Employment Screening

Ch. 815, F.S., Computer-Related Crimes

Ch. 817, F.S., Fraudulent Practices

§ 112.061, F.S., Per diem and travel expenses of public officers, employees, and authorized persons; statewide travel management system

§ 112.3185, F.S., Additional standards for state agency employees

§ 215.422, F.S., Payments, warrants, and invoices; processing time limits; dispute resolution; agency or judicial branch compliance

§ 216.181(16)(b), F.S., Advanced funds for program startup or contracted services

A1.3. FLORIDA ADMINISTRATIVE CODE

A1.3.1. Child Welfare and Community Based Care

Ch. 65C-45, F.A.C., Levels of Licensure

Ch. 65C-46, F.A.C., Child-Caring Agency Licensing

Ch. 65C-15, F.A.C., Child-Placing Agencies

A1.3.2. Substance Abuse and Mental Health Services

Ch. 65D-30, F.A.C., Substance Abuse Services Office

Ch. 65E-4, F.A.C., Community Mental Health Regulation

Ch. 65E-5, F.A.C., Mental Health Act Regulation

Ch. 65E-11, F.A.C., Behavioral Health Services

Ch. 65E-12, F.A.C., Public Mental Health Crisis Stabilization Units and Short-Term Residential Treatment Programs

Ch. 65E-14, F.A.C., Community Substance Abuse and Mental Health Services - Financial Rules

Ch. 65E-20, F.A.C., Forensic Client Services Act Regulation

Ch. 65E-26, F.A.C., Substance Abuse and Mental Health Priority Populations and Services

A1.3.3. Financial Penalties

Ch. 65-29, F.A.C., Penalties on Service Providers

A1.4. MISCELLANEOUS

A1.4.1. Department of Children and Families Operating Procedures

CFOP 170-18, Services for Children with Mental Health and Any Other Co-Occurring Substance Abuse or Developmental Disability Treatment Needs in Out-of-Home Care Placements

CFOP 155-11, Title XXI Behavioral Health Network

CFOP 155-47, Processing Referrals from the Department of Corrections

CFOP 215-6, Incident Reporting and Analysis System (IRAS)

A1.4.2. Standards applicable to Cost Principles, Audits, Financial Assistance and Administrative Requirements

§ 215.425, F.S., Extra Compensation Claims prohibited; bonuses; severance pay

§ 215.97, F.S., Florida Single Audit Act

§ 215.971, F.S., Agreements funded with federal or state assistance

Ch. 69I-42, F.A.C., Travel Expenses

Ch. 69I-5, F.A.C., State Financial Assistance

CFO Memorandum No. 01, Contract and Grant Reviews and Related Payment Processing Requirements

CFO Memorandum No. 02, Reference Guide for State Expenditures

CFO Memorandum No. 04., Guidance on all Contractual Service Agreements Pursuant to § 215.971, Florida Statutes

CFO Memorandum No. 20., Compliance Requirements for Agreements

2 CFR, Part 180, Office of Management and Budget Guidelines to Agencies on Government Wide Debarment and Suspension (Non-procurement)

2 CFR, Part 200, Office of Management and Budget Guidance - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, available at:

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

2 CFR, Part 300, Department of Health, and Human Services - Office of Management and Budget Guidance - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Adoption of 2 CFR Part 200

45 CFR, Part 75, Uniform Administration Requirements, Cost Principles, and Audit Requirements for HHS Awards

A1.4.3. Data Collection and Reporting Requirements

§ 394.74(3)(e), F.S., Data Submission

§ 394.9082, F.S., Behavioral health managing entities

§ 394.77, F.S., Uniform management information, accounting, and reporting systems for providers

§ 397.321(3)(c), F.S., Data collection and dissemination system

DCF PAM 155-2, Financial and Services Accountability Management System (FASAMS)

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXHIBIT B – SCOPE OF WORK**B.1. SCOPE OF SERVICE**

B.1.1. This is a three-year Contract pursuant to §394.656, F.S. The Provider, Pinellas County Board of County Commissioners, in collaboration with the Pinellas County Public Safety Coordinating Council (PSCC) and Safe Harbor, shall design and implement the Treatment for Individuals Experiencing Homelessness (TIEH) Program. This Program will initiate outreach and engagement with individuals and will provide intake and coordinate screening of clients for mental health, substance use, or co-occurring disorder utilizing several screening tools that will provide a baseline assessment of an individual to inform treatment planning.

B.1.2. The Provider shall conduct all activities supported by this Contract in accordance with the Provider's Application in response to the Department's Request for Applications (DCF RFA 2324 011). The Application, and the Department's Request for Applications are hereby incorporated by reference and shall be maintained in the Provider's and the Department's official files.

B.2. MAJOR CONTRACT GOALS

The primary goal of this Contract is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration in order to decrease recidivism, relapse, and risk factors/behaviors, and improvements in employment, housing stability, and other factors.

B.3. SERVICE AREA/LOCATIONS/TIMES**B.3.1. Service Delivery Location**

B.3.1.1. The Provider's administrative and programmatic offices shall be at the address specified in 1.3.3.

B.3.1.2. The primary service delivery location(s) shall be Pinellas County Sheriff's Office (Safe Harbor), 14840 49th Street North, Clearwater, FL 33762.

B.3.2. Service Times

B.3.2.1. The Provider shall ensure that administrative services are provided between the hours of 8:00 am through 5:00 pm, Monday through Friday, excluding state holidays. Changes in service times and any additional holidays that the Provider wants to observe shall be approved in writing by the Department.

B.3.3. Program Year

For the purposes of this Contract, the Program Years are defined as:

B.3.3.1. Program Year 1: February 01, 2025 – January 31, 2026

B.3.3.2. Program Year 2: February 01, 2026 – January 31, 2027

B.3.3.3. Program Year 3: February 01, 2027 – January 31, 2028

B.4. CLIENTS TO BE SERVED

B.4.1. Individuals to be served, hereinafter referred to as the "target population" are adults who have a mental illness, substance use disorder, or co-occurring disorder and who are in, or at risk of entering, the criminal justice system, with focus on those individuals' experiencing homelessness who are coming through the Pinellas County Sheriff's Office's (PCSO) Pinellas Safe Harbor emergency shelter.

B.5. CLIENT ELIGIBILITY

The Provider is responsible for assessing and determining the eligibility of each individual served.

B.6. CLIENT DETERMINATION

The Provider shall not deny services to or discriminate against any person on account of race, religion, color, national origin, gender, age, mental or physical disability, sexual orientation, citizenship, marital status, language spoken, and any other protected class.

B.7. EQUIPMENT

The Provider shall be responsible for supplying all equipment necessary to perform and complete the services described herein including, computers, telephones, copier, and fax machine, supplies, and maintenance.

B.8. CONTRACT LIMITS

The Provider shall conduct all activities under this Contract and shall not exceed **\$1,200,000.00**.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXHIBIT C – TASK LIST

The Provider shall perform all functions necessary for the proper delivery of services including, but not limited to, the following:

C.1. SERVICE TASKS

C.1.1. To support the objective in **B.2.**, within three months of execution of this Contract, the Provider shall establish the programs and diversion initiatives to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the target population. To achieve this outcome, the Provider shall:

C.1.1.1. Establish legally binding agreements with all participating entities to establish programs and diversion initiatives for the target population;

C.1.1.2. Provide an information system to track persons served during their involvement with the Reinvestment Grant Program and for at least six months after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing; and

C.1.1.3. Implement strategies that support the strategic plan for diverting the target population from the criminal or juvenile justice systems.

C.1.1.4. Collaboration by:

C.1.1.4.1. Participating in regular Planning Council or Committee meetings;

C.1.1.4.2. Assessing progress of the Program based on established timelines and review attainment of goals;

C.1.1.4.3. Data sharing;

C.1.1.4.4. Coordination with Managing Entities; and

C.1.1.4.5. Making necessary adjustments to implementation activities, as needed.

C.1.1.5. Adapting existing service capacity and models to better address unique recovery-oriented needs of the target population by increasing case management, peer, and licensed mental health clinician (or equivalent) staff located within Pinellas Safe Harbor to increase the capacity of staff working with the target population.

C.2. ADMINISTRATIVE TASKS**C.2.1. Staffing**

The Provider shall maintain the following full-time equivalent (FTE) as detailed in the response and supported by this Contract:

C.2.1.1. 0.25 FTE (In-Kind Match) Grant Administrator

C.2.1.2. 0.15 FTE (In-Kind Match) Homeless Section Manager – Subject Matter Expert

C.2.1.3. 0.50 FTE Director of Pinellas Safe Harbor Intensive Case Management (PSH ICM) Team – Program Director

C.2.1.4. 0.50 FTE Peer Specialist

C.2.1.5. 1.00 FTE Intensive Case Manager

C.2.1.6. 1.00 FTE Licensed Mental Health Counselor or Equivalent Position

C.2.2. Professional Qualifications

The Provider shall ensure all staff assigned maintain all applicable minimum licensing, accreditation, training, and continuing education requirements required by state and federal laws or regulations for their assigned duties and responsibilities.

C.2.3. Subcontracting

The Provider may subcontract for the services to fulfill the requirements of this Contract.

C.2.4. Technical Assistance Requirements

As defined in A.1.2.2., the TAC at the Louis de la Parte Florida Mental Health Institute at the University of South Florida provides technical assistance, information dissemination, and systemic impact monitoring of all CJMHSA Contract Programs. To collaborate with the TAC the Provider shall:

C.2.4.1. Provide primary contact information for the Provider and each of its subcontracted partners to the TAC within 10 business days after execution of this Contract;

C.2.4.2. Participate in an annual county level technical assistance needs assessments conducted by the TAC at the beginning of each fiscal year;

C.2.4.3. Participate in two on-site technical assistance visits conducted by the TAC within a three-year period;

C.2.4.4. Participate in program-wide conference calls scheduled by the TAC for all Providers under the CJMHSA Program; and

C.2.4.5. Provide data and other information requested by the TAC to enable the TAC to perform statutory duties established in the authorizing legislation.

C.3. RECORDS AND DOCUMENTATION

Unless otherwise specified, all correspondence, reports, records, and documentation shall be maintained and provided to the Department electronically.

C.3.1. Reports (programmatic and to support payment)

In addition to the invoice required by **Exhibit F**, the Provider shall submit the following reports as specified in **Table 1**.

Table 1 – Reporting Schedule		
Report Type	Report Due Date(s)	Report Recipient
Program Status Report	15th day of the month following the quarter of program services.	Contract Manager specified in 1.3.4.
Expenditure Report		
Final Program Status Report	15th day of the month following the quarter of program services for Program Year and 45 days after contract expiration for final report.	
Final Expenditure Report		

C.3.1.1. Program Status Report

A quarterly summary of the activities conducted during the previous three months of service delivery, as detailed in **C.1.** The final report for the Program year shall be submitted as an annual report of activities conducted during the Program year.

C.3.1.2. Expenditure Report

A quarterly report documenting the expenditure of funds provided by this Contract, using a customized template to be provided by the Department.

C.4. ADDITIONAL REPORTING REQUIREMENTS

The Provider shall provide additional reporting pertaining to the services and activities rendered should the Department determine this to be necessary.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXHIBIT D – DELIVERABLES**D.1. SERVICE UNITS**

A service unit is one quarter, three calendar months of bundled Program services specified in **C.1.** provided to the minimum number of individuals specified in **D.2.**

D.2. SERVICE TARGETS AND DELIVERABLES

The Provider must achieve the Minimum Acceptable Performance per Service Unit and substantially achieve the Annual Target Number as specified in **Table 2.**

Table 2 – Service Targets					
Contract Term		Program Year 1	Program Year 2	Program Year 3	Program Lifetime
February 01, 2025 – January 31, 2028		02/01/25-01/31/26	02/01/26 – 01/31/27	02/01/27 – 01/31/28	02/01/25 – 01/31/28
Target Population					
Individuals Screened	Annual Target Number	50	50	50	150
	Minimum Acceptable Performance per Service Unit	10	10	10	120
Target Population – Subset Population Intensive Clinical and Support Services					
Individuals Screened	Annual Target Number	30	30	30	90
	Minimum Acceptable Performance per Service Unit	6	6	6	72

D.3. DELIVERABLES

In addition to performance under D.2., the Provider shall document that performance through submission of quarterly and annual data in the Quarterly Program Status Report specified in **C.3.1.1**

D.4. PERFORMANCE MEASURES FOR ACCEPTANCE OF DELIVERABLES

D.4.1. During each program year, the Provider shall meet the Minimal Acceptable Performance per Service Unit each quarter, with the exception of the first quarter of Program Year One.

D.4.1.1. 20% of the program year targets by the end of the first quarter;

D.4.1.2. 40% of the program year targets by the end of the second quarter;

D.4.1.3. 60% of the program year targets by the end of the third quarter; and

D.4.1.4. 80% of the program year targets by the end of the fourth quarter.

D.4.2. In the event the Provider fails to achieve the measures in **Exhibits D** or **E**, the Department shall apply the provisions of **F.3**.

EXHIBIT E – MINIMUM PERFORMANCE MEASURES**E.1. MINIMUM PERFORMANCE MEASURES**

The following minimum qualitative performance measures are established pursuant to 2.4. and shall be maintained during the term of this Contract:

E.1.1. A maximum of 25% of Program participants will be arrested or rearrested while receiving services.

E.1.2. A minimum of 90% of Program participants will be assisted in applying for Social Security or other benefits for which they may be eligible but were not receiving at Program admission.

E.1.3. A minimum of 25% of Program participants shall be diverted from admission to a State Mental Health Treatment Facility.

E.1.4. A minimum of 80% of Program participants will complete Program Services.

E.1.5. A maximum of 50% Program participants will be arrested or rearrested within 180 days following Program discharge.

E.1.6. A minimum of 75% of Program participants not residing in stable housing at Program admission will report living in stable housing within 180 days following Program discharge.

E.2. PERFORMANCE EVALUATION METHODOLOGY

The Department will monitor the Provider's performance in achieving the standards in E.1. according to the following methodology:

E.2.1. For the measure in E.1.1.,

Total number of Program participant arrests or rearrests while receiving services	\leq	25%
Total number of Program participants		

E.2.2. For the measure in E.1.2.,

Total number of Program participants assisted in applying for Social Security or other benefits	\geq	90%
Total number of Program participants		

E.2.3. For the measure in E.1.3.,

Total number of Program participants diverted from a State Mental Health Treatment Facility.	\geq	25%
Total number of Program participants		

E.2.4. For the measure in E.1.4.,

Total number of Program participants that complete Program services	\geq	80%
Total number of Program participants		

For the measure in Section **E.1.5.**,

Total number of Program participants not arrested or rearrested within 180 days following Program discharge.	\leq	50%
Total number of Program participants		

E.2.5. For the measure in Section **E.1.6.**,

Total number of Program participants who reside in a stable housing environment within 180 days following Program discharge.	\geq	75%
Total number of Program participants		

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXHIBIT F – METHOD OF PAYMENT**F.1. MINIMUM FINANCIAL SPECIFICATIONS**

This is a fixed price (fixed fee) Contract. The Department will pay the Provider for the delivery of service units provided in accordance with the terms and conditions of this Contract, subject to the availability of funds, as specified in **Table 3**.

Table 3. Schedule of Payments		
Month of Services	Invoice Due Date	Fixed Payment Amount
02/01/25 – 04/30/25	05/15/25	\$100,000
05/01/25 – 07/31/25	08/15/25	\$100,000
08/01/25 – 10/31/25	11/15/25	\$100,000
11/01/25 – 01/31/26	02/15/26	\$100,000
Program Year 1 Total:		\$400,000
02/01/26 – 04/30/26	05/15/26	\$100,000
05/01/26 – 07/31/26	08/15/26	\$100,000
08/01/26 – 10/31/26	11/15/26	\$100,000
11/01/26 – 01/31/27	02/15/27	\$100,000
Program Year 2 Total:		\$400,000
02/01/27 – 04/30/27	05/15/27	\$100,000
05/01/27 – 07/31/27	08/15/27	\$100,000
08/01/27 – 10/31/27	11/15/27	\$100,000
11/01/27 – 01/31/28	02/15/28	\$100,000
Program Year 3 Total:		\$400,000
Total Program Amount:		\$1,200,000

F.2. REQUIREMENTS

F.2.1. The Provider shall request payment through submission of a properly completed and signed invoice using the template in **Exhibit F1**. Invoices and all supporting documentation are due no later than the 15th day of the month following each service period, unless otherwise approved by the Department. The Provider shall submit the Program Status Report specified in **C.3.1.1.** as supporting documentation for each invoice.

F.2.2. The Provider shall submit a Final Invoice and the Final Expenditure Report for payment no later than 45 days after the expiration of this Contract or after this Contract is terminated. Failure to do so will result in a forfeiture of all right to payment and the Department shall not honor any requests submitted after the aforesaid time-period. Any payment due under the terms of this Contract may be withheld until the Final Program Status Report and Final Expenditure Report are submitted and have been approved by the Department.

F.2.3. The Department will approve the Final Invoice payment in an amount not to exceed the Provider's actual direct costs attested to in the Final Expenditure Report.

F.2.3.1. In the event the Final Invoice amount requested exceeds the Final Expenditure Report amount, the Department shall reduce the approved payment to reconcile to the Final Expenditure Report amount.

F.2.3.2. In the event the Final Invoice reduction is insufficient to reconcile total payment under this Contract to the actual direct costs attested to in the Final Expenditure Report, the Department shall

withhold payment for the Final Invoice and shall request prompt return of the overpayment balance pursuant to **3.5**.

F.3. FINANCIAL CONSEQUENCES

The following financial consequences apply in addition to the Financial Consequences provided in **6.1** of this Contract.

F.3.1. If the Provider does not meet minimum performance measures for the acceptance of deliverables specified in **Exhibits D and E**, the Department will reduce the payment due for that invoice period by one percent for each missed measure up to five percent of the invoice amount.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXHIBIT F1

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES SUBSTANCE ABUSE AND MENTAL HEALTH					
INVOICE PAYMENT REQUEST					
Provider Name:				Grant/Contract #:	
Address:				Invoice #:	
Service Period:	From:		To:		Federal ID #:
Service Unit Description		# of Units	Rate	Amount Requested	
TOTAL:					
CERTIFICATION & APPROVAL					
<i>I certify the above to be accurate and in agreement with this agency's records and with the terms of this Contract with the Department. Additionally, I certify that the reports accompanying this invoice are a true and correct reflection of this period's activities, as stipulated by the Contract.</i>					
Authorized Name (Print):			Title:		
Authorized Name (Signature):			Date Submitted:		
DCF CONTRACT MANAGER USE ONLY					
Date Invoice Received:					
Date Goods & Services Received:					
Date Goods & Services Approved:					
Contract Manager Name:					
Contract Manager Signature:					
Financial Consequences Applied:		Reduction Amount:			
Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Description of Consequences:			
Org Code	BE	CAT	EO	OCA	Amount Approved for Payment

ATTACHMENT 1**FINANCIAL COMPLIANCE**

The administration of resources awarded by the Department to the Provider may be subject to audits as described in this Attachment.

1. MONITORING

1.1. In addition to reviews of audits conducted in accordance with 2 CFR §§200.500- 200.521 and §215.97, F.S., as revised, the Department may monitor or conduct oversight reviews to evaluate compliance with contract, management, and programmatic requirements. Monitoring or oversight reviews include on-site visits by Department staff, agreed-upon-procedures engagements as described in 2 CFR §200.425, or other procedures. By entering into this agreement, the Provider shall comply and cooperate with any monitoring or oversight reviews deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the Provider is appropriate, the Provider shall comply with any additional instructions provided by the Department regarding such audit. The Provider shall comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Department's Inspector General, the state's Chief Financial Officer or the Auditor General.

2. AUDITS**2.1. Part I: Federal Requirements**

2.1.1. This part is applicable if the Provider is a state or local government, or a nonprofit organization as defined in 2 CFR §§200.500-200.521.

2.1.2. In the event the Provider expends \$750,000 (\$1,000,000 for fiscal years beginning on or after October 1, 2024) or more in federal awards during its fiscal year, the Provider must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR §§200.500-200.521. The Provider shall provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the Provider expends less than \$750,000 (\$1,000,000 for fiscal years beginning on or after October 1, 2024) in federal awards during its fiscal year, the Provider shall provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. If the Provider elects to have an audit that is not required by these provisions, the cost of the audit must be paid from non-federal resources. In determining the federal awards expended during its fiscal year, the Provider shall consider all sources of federal awards, including federal resources received from the Department of Children & Families, federal government (direct), other state agencies, and other non-state entities. The determination of amounts of federal awards expended shall be in accordance with guidelines established by 2 CFR §§200.500-200.521. An audit of the Provider conducted by the Auditor General in accordance with the provisions of 2 CFR Part 200 §§200.500-200.521 will meet the requirements of this part. In connection with the above audit requirements, the Provider shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR §200.508.

2.1.3. The audit's schedule of expenditures shall disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The audit's financial statements shall disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

2.2. Part II: State Requirements

2.2.1. This part is applicable if the Provider is a non-state entity as defined by §215.97(2), F.S.

2.2.2. In the event the Provider expends \$750,000 or more in state financial assistance during its fiscal year, the Provider must have a state single or project-specific audit conducted in accordance with §215.97, F.S.; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. The Provider shall provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the Provider expends less than \$750,000 in state financial assistance during its fiscal year, the Provider shall provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. If the Provider elects to have an audit that is not required by these provisions, the cost of the audit must be paid from non-state resources. In determining the state financial assistance expended during its fiscal year, the Provider shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other non-state entities. State financial assistance does not include federal direct or pass-through awards and resources received by a non-state entity for federal program matching requirements.

2.2.3. In connection with the audit requirements addressed in the preceding paragraph, the Provider shall ensure that the audit complies with the requirements of §215.97(8), F.S. This includes submission of a financial reporting package as defined by §215.97(2), F.S., and Chapters 10.550 or 10.650, Rules of the Auditor General.

2.2.4. The audit's schedule of expenditures shall disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The audit's financial statements shall disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

2.3. Part III: Report Submission

2.3.1. Audit reporting packages (including management letters, if issued) required pursuant to this agreement shall be submitted to the Department within 30 (federal) or 45 (state) days of the Provider's receipt of the audit report or within nine months after the end of the Provider's audit period, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

2.3.1.1. The Contract Manager.

2.3.1.2. Department of Children & Families, Office of the Inspector General, Single Audit Unit
HQW.IG.Single.Audit@myflfamilies.com.

2.3.1.3. Reporting packages required by **Part I** of this attachment shall be submitted, when required by 2 CFR §200.512 (d), by or on behalf of the Provider directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System, located at: <https://www.fac.gov/>, and other federal agencies and pass-through entities in accordance with 2 CFR §200.512.

2.3.1.4. Reporting packages required by **Part II** of this agreement shall be submitted by or on behalf of the Provider directly to the state Auditor General (one paper copy and one electronic copy) at:

Auditor General
Local Government Audits/251
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450
flaudgen_localgovt@aud.state.fl.us.

The Auditor General's website (<https://flauditor.gov>) provides instructions for filing an electronic copy of a financial reporting package.

2.3.2. When submitting reporting packages to the Department for audits done in accordance with 2 CFR §§200.500-200.521, or Chapters 10.550 (local governmental entities), or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, the Provider shall include correspondence from the auditor indicating the date the audit report package was delivered to the Provider. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the Provider must be indicated in correspondence submitted to the Department in accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

2.3.3. Certifications that audits were not required shall be submitted within 90 days of the end of the Provider's audit period.

2.3.4. Any other reports and information required to be submitted to the Department pursuant to this attachment shall be done so timely.

2.4. Record Retention

The Provider shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the Department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The Provider shall ensure that audit working papers are made available to the Department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the Department.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

APPENDIX C

CONTRACT PROVISIONS FOR CONTRACTS UNDER FEDERAL AWARDS

This solicitation is either fully or partially grant-funded. In addition to other terms and conditions required by Pinellas County and the applicable federal agency, all contracts awarded to the qualified bidder are subject to the following provisions, as applicable to the services provided.

Equal Employment Opportunity: Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”

If this contract meets the definition of a “federally assisted construction contract”, during the performance of this contract, the Contractor agrees as follows:

- (1) The CONTRACTOR will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The CONTRACTOR will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- (2) The CONTRACTOR will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
- (3) The CONTRACTOR will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant with another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not

otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.

- (4) The CONTRACTOR will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (5) The CONTRACTOR will comply with all provisions of Executive Order 11246 of September 24, 1965, and with the rules, regulations, and relevant orders of the Secretary of Labor.
- (6) The CONTRACTOR will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (7) In the event of the CONTRACTOR's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the CONTRACTOR may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (8) The CONTRACTOR will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (7) in every subcontract unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The CONTRACTOR will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance.

Davis-Bacon Act as amended (40 U.S.C. 3141-3148): When required by federal program legislation, for all prime construction contracts awarded in excess of \$2,000, Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, Contractors must be required to pay wages not less than once a week. If the applicable grant award contains Davis-Bacon provisions, the County will place a copy of

the current prevailing wage determination issued by the Department of Labor in the solicitation document. The decision to award a contract shall be conditioned upon the acceptance of the wage determination [Appendix II to 2 CFR Part 200].

Copeland Anti Kick Back Act: If Davis-Bacon is applicable, CONTRACTOR shall also comply with all the requirements of 29 CFR Part 3 which are incorporated by reference to this contract. Contractors are prohibited from inducing by any means any person employed in the construction, completion or repair of public work to give up any part of the compensation to which he or she is otherwise entitled [Appendix II to 2 CFR Part 200].

Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence [Appendix II to 2 CFR Part 200].

Rights to Inventions Made Under a Contract or Agreement. If the Federal award meets the definition of “funding agreement” under 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency [Appendix II to 2 CFR Part 200].

Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387): As amended—The CONTRACTOR agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA) [Appendix II to 2 CFR Part 200].

Debarment and Suspension (Executive Orders 12549 and 12689): A contract award (see 2 CFR 180.220) will not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “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. If applicable, the CONTRACTOR must verify that none of their subcontractors (for contracts expected to equal or exceed \$25,000), appear on the federal government’s Excluded Parties List. The Excluded Parties List is accessible at <https://uscontractorregistration.com/> [Appendix II to 2 CFR Part 200].

Byrd Anti-Lobbying Amendment (31 U.S.C. 1352): CONTRACTORs that apply or bid for an award **exceeding \$100,000** must submit a completed “Disclosure of Lobbying Activities” [Form SF-LLL]. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with *non-federal funds* that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier up to the non-federal award. [Appendix II to 2 CFR Part 200]. **The bidder shall complete Form SF-LLL and submit with bid. Bidders may be deemed non-responsive for failure to submit this certification.**

Conflict of Interest [2 CFR §200.112]: The CONTRACTOR must disclose in writing any potential conflict of interest to the Federal awarding agency or COUNTY in accordance with applicable Federal awarding agency policy.

Mandatory Disclosures [2 CFR §200.113]: The CONTRACTOR must disclose in writing all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338 Remedies for noncompliance, including suspension or debarment.

Protected Personally Identifiable Information (Protected PII) [CFR §200.303(e)]: The CONTRACTOR must take reasonable measures to safeguard protected personally identifiable information and other information the federal awarding agency or COUNTY designates as sensitive or the County considers sensitive consistent with other applicable federal, state, and local laws regarding privacy and obligations of confidentiality. Per CFR § 200.82, Protected PII means an individual's first name or first initial and last name in combination with any one or more types of information, including, but not limited to, social security number, passport number, credit card numbers, clearances, bank numbers, biometrics, date and place of birth, mother's maiden name, criminal, medical and financial records, and/or educational transcripts. This does not include PII that is required by law to be disclosed.

Prohibition on utilization of time and material type contracts [2 CFR §200.318 (j) (1)]: The COUNTY will not award contracts based on a time and material basis if the contract contains federal funding.

Contracting with Small and Minority Businesses, Women's Business Enterprises, and Labor Surplus Area Firms [2 CFR § 200.321]: If using subcontractors, the CONTRACTOR must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps must include:

(1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;

(2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;

(3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;

(4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

(5) Affirmative Action Requirements per 41 CFR60-4.1 Goals for Women and Minorities in Construction (for contracts in excess of \$10,000): Goals and timetables for minority and female utilization may be set which shall be based on appropriate workforce, demographic or other relevant data and which shall cover construction projects or construction contracts performed in specific geographical areas. The goals, which shall be applicable to each construction trade in a covered Contractor's or subcontractor's entire workforce which is working in the area covered by the goals and timetables, shall be published as notices in the Federal Register, and shall be inserted by the contracting officers and applicants, as applicable, in the Notice required by 41 CFR 60-4.2. Covered construction Contractors performing construction work in geographical areas where they do not have a federal or federally assisted construction contract shall apply the minority and female goals established for the geographical area where the work is being performed.

Information regarding certified M/WBE firms can be obtained from:

- Florida Department of Management Services (Office of Supplier Diversity);
- Florida Department of Transportation;
- Minority Business Development Center in most large cities; and
- Local Government M/DBE programs in many large counties and cities

Procurement of Recovered Materials [2 CFR §200.322]: CONTRACTOR must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Prohibition on utilization of cost plus a percentage of cost contracts [2 CFR §200.323 (d)]: The COUNTY will not award contracts containing federal funding on a cost plus percentage of cost basis.

Retention of Records [2 CFR 200.333]: Financial records, supporting documents, statistical records, and all other records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or invoice.

Access to Records [2 CFR 200 § 200.336]: The County, Pass-through agency or Federal awarding agency must have the right of timely and unrestricted access to any documents, papers or other records, including electronic records, of the Contractor in order to make audits, investigations, examinations, excerpts, transcripts, and copies of such documents. This right also includes timely and reasonable access to the recipient purpose of interview and discussion related to such documents. This right of access shall continue as long as records are required to be retained.

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input checked="" type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

4. Name and Address of Reporting Entity:

☐ Prime ☒ SubAwardee Tier if known:

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

6. * Federal Department/Agency: <input style="background-color: yellow;" type="text"/>	7. * Federal Program Name/Description: <input type="text"/> CFDA Number, if applicable: <input type="text"/>
--	---

8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
--	--

10. a. Name and Address of Lobbying Registrant:

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Street 1: Street 2:

* City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Street 1: Street 2:

* City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Title: Telephone No.: Date:



APPENDIX D

TIEH Logic Model

Project or Program: Treatment for Individuals Experiencing Homelessness-TIEH – (SAMSHA & DCF)					
Goal: Expands access to mental and substance use disorders treatment for people experiencing homelessness along with a serious mental illness, serious emotional disturbance, or co-occurring disorders.					
INPUTS	ACTIVITIES		Data Elements	PROGRAM OPERATIONS	OUTCOMES
Grants	What we do	Who we reach	Information Collected	Monthly Metrics	Metrics
<p>DCF: Funding - \$400,000x3 years= \$1,200,000 In-Kind Match- \$400,000X3 years= \$1,200,000</p> <p>SAMHSA: Funding - \$499,999x5 years= \$2,499,995</p>	<p>The first step in providing screening and assessments, community information and supportive services to individuals and families.</p>	<p>Target population: Individuals' experiencing homelessness who are coming through the Pinellas County Sheriff's Office's (PCSO) Pinellas Safe Harbor emergency shelter (Safe Harbor) who are:</p> <ul style="list-style-type: none"> Adults aged 18 or over. Who are in, or at risk of entering, the criminal justice system. <p>Have a mental illness, substance use disorder, or co-occurring disorder. Chronically homeless have</p>	<p>Provider Agency Client Name (Last, First) Client SSN Client DOB Was the client diverted from a state health facility in the past 3 months? (<i>Clients with 32 = diversion</i>)</p> <p>Demographics: # by Race/Ethnicity # by Age/Gender # by Gender # Veteran Status # Disability condition # Receiving SSI Monthly Income</p> <p>Services: Date of Referral Referral Source Date Screened Referral Outcome Funding Source (DCF/SAMHSA) Case Manager Name</p>	<p>Basic Demographics (HUD UDEs & myAvatar):</p> <p>Unique individuals served (by funding source) by month and YTD:</p> <p>DCF: "90 individuals with more intensive clinical and support services throughout the life the grant (average 30 per year receiving services for 30 or more days)."</p> <p>SAMHSA: Total Screened –</p>	<p>Clients served: 20% of clients will successfully complete program services (Required DCF, will also include in dashboard for SAMHSA)</p> <p>75% of clients who reside in a stable housing environment will remain in stable housing six months following their Program End Date (Required DCF, will also include in dashboard for SAMHSA)</p> <p>Less than 25% of clients enrolled in the program will be arrested or rearrested while receiving services. (Required DCF, will also include in dashboard for SAMHSA)</p> <p>Less than 50% will be arrested or rearrested for a new charge within six months following successful completion of program services (Required DCF, will also include in dashboard for SAMHSA)</p> <p>25% of clients will be those diverted from a State Mental Health Facility in the past 3 months (Clients with 32 = diversion)</p>



TIEH Logic Model

		<p>been identified as most in need.</p>	<p>Project Start Date (admission/enrollment) Treatment Housing Plan Date # of Referrals (# screened - unique individuals monthly and total to date – by funding source) # new enrolled this month # total currently enrolled</p> <p>Project End Date (discharge/exit) Exit destination Discharge/Exit type Housing type at discharge VISPDAT score Assisted with SSI/SSDI application Type of medical insurance at intake Date enrolled in resources for medical care Medical Insurance received post intake (type) # exited # of unique incarcerations during enrollment? # of persons helped with applying for benefits: - Medical - BH - Income</p>	<p>Y 1&5 -100, Y2-4 - 160 Total Enrolled- 320 Y1 & Y5 – 40, Y2-4 – 80;</p> <p># Clients currently active by program and overall.</p> <p># Clients engaged 30+ days by program and overall.</p>	<p>90% of clients will be assisted in applying for any benefits for which they may be eligible but were not receiving at their program start date (Required DCF, will also include in dashboard for SAMHSA)</p> <p>25% of clients, who are eligible but not currently receiving social security at time of enrollment, will be assisted with an application assistance for social security. (Required DCF, will also include in dashboard for SAMHSA)</p> <p>Goal #1: Individuals experiencing homelessness are provided access to services that lead to secure permanent housing.</p> <ul style="list-style-type: none"> Reduce the caseload of existing FY23 Safe Harbor Social Workers/Case Managers by 20% by Year 2 (FY26) by hiring additional Social Worker/Case Manager FTEs to support the daily population. (Required SAMSHA) Will be impacted by overall project. Increase the % who discharge to a permanent housing solution in the community to 5% by year 3 (3.7% in 2022). (SAMSHA Measure DCF included on Dashboard)
--	--	---	--	--	--



TIEH Logic Model

			<ul style="list-style-type: none"> - Non-Cash Benefits - SSI/SSDI - Other <p># of clients who acquire and maintain benefits:</p> <ul style="list-style-type: none"> - Income - SSI/SSDI - Non-Cash Benefits <p>(Date of Service Initiation)</p> <p>Average VISPDAT score (HMIS shelter data collection)</p> <p>Range VISPDAT score</p> <p># with "housing plan" (confirm language)</p> <p>NOMS – SAMHSA Only: Date completed (w/in 7 days) Date completed (6 months after enrollment) Date completed (at Exit)</p> <p>Follow Up date 6 months post exit: #clients stably housed post exit # of arrests (for new charge) within 6 months post exit</p> <p>PCHS – cross reference date of client medical encounter (PCHP/HCH new clients only).</p>		<p>Goal #2: Individuals experiencing homelessness with a self-reported mental health or substance use diagnosis, are engaged in managing their health conditions</p> <ul style="list-style-type: none"> • Reduce the # of emergency "notable" incidents by 5% after the five-year project period. • 5% of uninsured program clients enroll in resources for medical care, health insurance, Medicaid/Medicare, and/or mainstream benefits. (SAMSHA Required, DCF Included on Dashboard) • TIEH clients enrolled in the Pinellas County Health Program have a medical visit with a primary care provider within 60 days of intake. (SAMSHA Required, DCF Included on Dashboard)
--	--	--	--	--	--



TIEH Logic Model

			<p>Safe Harbor Quarterly Report: Average caseload of Safe Harbor Social Workers each quarter # of emergency “notable” incidents per quarter.</p> <p>ODS Elements (Optimal Data Set)</p>		
--	--	--	--	--	--

Updated: JMG 5/5/25

**Attachment 1:
Optimal Data Set
Provider Tracking Tool**

C. Key Performance Indicators (KPIs)

KPIs below will be calculated by the **COUNTY** utilizing the available ODS elements listed above, as submitted by the **AGENCY**.

Optimal Data Set Key Performance Indicator Calculations			
Indicator	Indicator ID	Indicator	Calculation
Access	A01	Wait time from referral to first point of contact / initial screening	date of referral sent (-) date of first point of contact
Access	A02	Wait time from first point of contact / screening to assessment	date of assessment in calendar days(-)date of first point of contact
Access	A03	Wait time from assessment to case management program referral	date of case management program referral in calendar days(-)date of assessment
Access	A04	Wait time from case management program referral to case management service initiation.	date of case management service initiation(-)date of case management program referral
Access	A05	Percentage of unique clients seen within 48 hours for an urgent referral	$[(\text{Sum Total clients if date of service initiation}(-)\text{date of referral is } < \text{ than 48 hours and marked "urgent"}) / (\text{Total "urgent" clients})] * 100$
Access	A06	Percentage of unique clients assessed for case management services within 14 days from referral	$[(\text{Sum Total clients if date of assessment}(-)\text{date of referral is } < \text{ than 14 days}) / (\text{Total clients referred})] * 100$
Access	A07	Percentage of unique clients waiting more than two weeks for case management service initiation	$[(\text{Sum Total clients if date of case management program referral}(-)\text{date of case management service initiation is } > \text{ than 14 days}) / (\text{Total clients referred})] * 100$
Access	A08	Number of individuals waiting for access to case management service	Sum of total clients if referral status is: awaiting contact, awaiting screening/assessment, awaiting service initiation; and clients declined for service

**Attachment 1:
Optimal Data Set
Provider Tracking Tool**

			where reason is “program at capacity, no wait list”
Access	A09	Percentage of clients seen for services within 7-days after hospitalization for Mental Illness and/ or addictions who are receiving case management	[(Sum Total clients if receiving case management services who are seen <= 7 days post hospitalization) / (Total clients receiving case management services who are hospitalized for mental illness and/or addictions)] *100
Access	A10	Number of clients declined for service, (Includes: Reason client would be declined for service)	Total number of clients that have been declined for case management service
Outputs	O01	Number of clients referred	Sum of clients where “Referral Source” is any value
Capacity	C01	Number of case managers by FTE	Sum of case manager FTEs providing case management services
Capacity	C02	Caseload per case manager	Sum of clients receiving case management services / total sum of case manager FTEs
Capacity	C03	Site Caseload	Total active number of case managers (by FTE) providing case management services (*) program’s case manager to client ratio
Quality	Q01	Percent of adults with severe and persistent mental illness who live in a stable housing environment	[(Sum if total clients are "housed") / (distinct count of clients)] *100
Quality	Q02	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	[(Sum if total clients are "housed") / (distinct count of clients)] *100

**Attachment 1:
Optimal Data Set
Provider Tracking Tool**

Quality	Q03	Average length of time (days) experiencing homelessness (individual/ family) from admission to case management program	[(Sum of: date case management services initiated(-)date client housed) / (total clients where resident status at initiation is "homeless")]
Quality	Q04	Percent of individuals discharged who will not be readmitted to a crisis stabilization unit within 90 days of discharge.	[(Sum if clients who have a history of admission to the CSU who are not re-admitted within 90 days) / (Total number of clients who have a history of admission to the CSU)] *100
Quality	Q05	28 Day Readmission Rate to Acute Mental Health and Addiction Services Inpatient Unit(s) for consumers in active Case Management Services	[(Total number of clients engaged in case management re-admitted to acute mental health and addiction services inpatient units <= 28 days of discharge from inpatient unit) / (Total number of clients discharged from acute mental health and addiction services inpatient who are in active case management)] *100
Quality	Q06	Decrease in Baker Act exams for those engaged in Case Management Services	Sum of clients where "Client Baker Act status" is "Yes" while engaged in a case management program in a specified time period
Quality	Q07	Percentage of clients in Case Management Services that attend a 4th or 5th session	[(Total sum of clients attending a 4th and 5th case management session) / (Total sum clients where 4th and 5th case management session dates have elapsed)] *100
Quality	Q08	Average rating on the Social Connectedness Domain	[(Total sum of ratings on the Social Connectedness Domain) / (Total number of clients responding to survey)]
Quality	Q09	Discharge Type (how many Successful, how many negative, how many admin and how many neutral dc's)	Successful Discharge: Sum("Successfully completed treatment/services") Negative Discharge: Sum("Did not complete treatment - Voluntary/Involuntary", "Incarcerated", "Transferred to State Mental Health Treatment Facility") Administrative Discharge: Sum("Did not complete treatment, service non-adherence") Neutral Discharge: Sum("Client moved out of the service area")

**Attachment 1:
Optimal Data Set
Provider Tracking Tool**

Quality	Q10	Improvement in client functioning (FARS scale)	Subtract total score for most recent update or discharge FARS from the ADMISSION total score[E.g., Admission = 100, current = 75. 100 – 75 = 25 = improvement] [(number of persons where the result is greater than zero) / (number of persons evaluated)] *100[paired t test]
Quality	Q11	Satisfaction Surveys (DCF)	Sum of clients reporting “Yes” to completing the DCF Satisfaction Survey
Quality	Q12	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	(number of clients with arrests following discharge (-) number with arrests prior to admission) / (number of clients with arrests prior to admission) * 100
Quality	Q13	Percentage change in clients who are employed from admission to discharge	[(distinct count of persons served when the employment status is (active military, USA; full time, unpaid family workers, part time) / (distinct count of persons served when the employment status is (active military, USA; full time, unpaid family workers, part time, unemployed))] * 100
Quality	Q14	Percent increase in those reporting a reduction (frequency, amount, or types) of alcohol and substance use from admission to discharge.	[(Total number of clients where scoring on the Substance Use/Disorder domain is lower at discharge than admission) / (Total number of clients reporting alcohol and substance use at admission)] * 100
Quality	Q15	Average number of hours spent in face-to-face or direct telephone contact with an individual receiving services or a collateral contact per client	[(Sum of the total hours spent in face-to-face contact or direct telephone or video conference with clients (or collateral contact) enrolled in case management services in a specified reporting period) / (Total number of clients enrolled in a case management program)

Attachment agreed upon both PARTIES:

Recipient:
Pinellas County Human Services

Provider:
AGENCY NAME

By: _____
Karen Yatchum, Director

By: _____

Name: _____

Attachment 3**Agreement Modification Request**
Human Services and Justice Coordination*For budget reallocation or minor agreement language modifications.*

Authorized Official:	Date of Request:
Agency Name:	Effective Date:
Program Name:	Modification Number:

A. REQUESTED MODIFICATION: Why is this change needed and what will be impacted by this change (staff, supplies, operations)? Please reference appropriate agreement section.

--

B. BUDGET MODIFICATION: Use chart as applicable and complete the Revised Annual Budget Form documenting the new revised budget.

Program Budget Category:	Original Contract Amount:	Amount Modified – Increase & Decrease	New Budget Amount:	Amount Expended as of Effective Date:	Modified Budget Balance:
Contract Total:					

Agency Authorized Signature:		Date:
Name & Title:		

PINELLAS COUNTY HUMAN SERVICES – OFFICE USE ONLY		
PROJECT MANAGER certifies this modification is line with the Contract Scope and Budget:		Date
Approval GRANT/CONTACT MANAGER		Date
Approval CONTRACTS DIVISION DIRECTOR		Date
Approval HUMAN SERVICES DEPARTMENT DIRECTOR		Date

Attachment 3**Agreement Modification Request**
Human Services and Justice Coordination*For budget reallocation or minor agreement language modifications.*

Authorized Official:	Date of Request:
Agency Name:	Effective Date:
Program Name:	Modification Number:

A. REQUESTED MODIFICATION: Why is this change needed and what will be impacted by this change (staff, supplies, operations)? Please reference appropriate agreement section.

--

B. BUDGET MODIFICATION: Use chart as applicable and complete the Revised Annual Budget Form documenting the new revised budget.

Program Budget Category:	Original Contract Amount:	Amount Modified – Increase & Decrease	New Budget Amount:	Amount Expended as of Effective Date:	Modified Budget Balance:
Contract Total:					

Agency Authorized Signature:		Date:
Name & Title:		

PINELLAS COUNTY HUMAN SERVICES – OFFICE USE ONLY		
PROJECT MANAGER certifies this modification is line with the Contract Scope and Budget:		Date
Approval GRANT/CONTACT MANAGER		Date
Approval CONTRACTS DIVISION DIRECTOR		Date
Approval HUMAN SERVICES DEPARTMENT DIRECTOR		Date