

Appendix A- Grant Application

SF 424

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Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	<input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text" value="04/28/2023"/>	4. Applicant Identifier: <input type="text" value="DRANDALL1"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text" value="Choose State..."/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Pinellas County Board of County Commissioners"/>

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="596000800"/>	* c. UEI: <input type="text" value="R37RMC63XKG1"/>
---	--

d. Address:

* Street1: <input type="text" value="c/o Office of Management and Budget"/>
Street2: <input type="text" value="14 S. Ft. Harrison Ave, 5th Floor"/>
* City: <input type="text" value="Clearwater"/>
County/Parish: <input type="text"/>
* State: <input type="text" value="FL: Florida"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="33756-5105"/>

e. Organizational Unit:

Department Name: <input type="text" value="Pinellas County Human Services"/>	Division Name: <input type="text"/>
---	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Dominique"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Randall"/>	
Suffix: <input type="text"/>	

Title: <input type="text"/>

Organizational Affiliation: <input type="text"/>

* Telephone Number: <input type="text" value="727-464-6433"/>	Fax Number: <input type="text"/>
---	----------------------------------

* Email: <input type="text" value="drandall@pinellas.gov"/>

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse and Mental Health Services Adminis

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

SM-23-006

* Title:

Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance or Co-Occurring Disorders Experiencing Homelessness Program

13. Competition Identification Number:

SM-23-006

Title:

Treatment for Individuals Experiencing Homelessness Initial Announcement

14. Areas Affected by Project (Cities, Counties, States, etc.):

File Name:

*** 15. Descriptive Title of Applicant's Project:**

Pinellas County Treatment for Individuals Experiencing Homelessness

Attach supporting documents as specified in agency instructions.

File Name:

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="499,999.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="499,999.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

**BUDGET INFORMATION -
Non-Construction Programs**

OMB Approval No. 4040-0006
Expiration Date 02/28/2025

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SM-23-006 Treatment for Individuals Experiencing Homelessness	93.243			\$499,999.00		\$499,999.00
2.						\$0.00
3.						\$0.00
4.						\$0.00
5. Totals		\$0.00	\$0.00	\$499,999.00	\$0.00	\$499,999.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1) SM-23-006 Treatment for Individuals Experiencing Homelessness	(2)	(3)	(4)		
a. Personnel						\$0.00
b. Fringe Benefits						\$0.00
c. Travel						\$0.00
d. Equipment						\$0.00
e. Supplies						\$0.00
f. Contractual		\$499,999.00				\$499,999.00
g. Construction						\$0.00
h. Other						\$0.00
i. Total Direct Charges (sum of 6a-6h)		\$499,999.00				\$499,999.00
j. Indirect Charges						\$0.00
k. TOTALS (sum of 6i and 6j)		\$499,999.00				\$499,999.00
7. Program Income						\$0.00

Standard From 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 . SM-23-006 Treatment for Individuals Experiencing Homelessness	\$0.00	\$0.00	\$0.00	\$0.00	
9 .				\$0.00	
10 .				\$0.00	
11 .				\$0.00	
12. TOTAL (sum of lines 8-11)	\$0.00	\$0.00	\$0.00	\$0.00	
SECTION D - FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$499,999.00	\$125,000.00	\$125,000.00	\$125,000.00	\$124,999.00
14. Non-Federal	\$0.00				
15. TOTAL (sum of lines 13 and 14)	\$499,999.00	\$125,000.00	\$125,000.00	\$125,000.00	\$124,999.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16 . SM-23-006 Treatment for Individuals Experiencing Homelessness	\$499,999.00	\$499,999.00	\$499,999.00	\$499,999.00	
17 .					
18 .					
19 .					
20. TOTAL (sum of lines 16-19)	\$499,999.00	\$499,999.00	\$499,999.00	\$499,999.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
Expiration Date 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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9. Will comply, as applicable, with the provisions of the Davis- Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Completed on submission to Grants.gov	* TITLE County Administrator
* APPLICANT ORGANIZATION Pinellas County Board of County Commissioners	* DATE SUBMITTED 04-28-2023

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Project Abstract Summary

Funding Opportunity Number: SM-23-006

CFDA(s): 93.243

Applicant Name: Pinellas County Board of County Commissioners

Descriptive Title of Applicant's Project:

Pinellas County Treatment for Individuals Experiencing Homelessness

Project Abstract:

Pinellas County, FL is seeking to increase capacity of services, including case management, recovery support services, evidence based mental health and substance use treatment services, and/or housing navigation to 320 individuals over the five-year grant period who have, or are currently, or at-risk of experiencing homelessness, and have serious mental illness, serious emotional disturbance, and/or co-occurring disorder (COD). The County will partner with three (3) organizations including a homeless emergency shelter and behavioral health treatment providers. These providers offer vast experience engaging with individuals experiencing homelessness, connecting individuals to treatment, and assisting clients' entry to housing including permanent supportive housing. Project Name: Pinellas County - Treatment for Individuals Experiencing Homelessness Population Served: The population of focus is primarily male/female adults who are or have experienced homelessness in Pinellas County, Florida, who have a serious mental illness (SMI), serious emotional disturbance (SED), and/or co-occurring disorder (COD). The County is seeking to focus on the population entering the County's largest jail diversion emergency homeless shelter, Pinellas Safe Harbor. The homeless population suffers a variety of ailment and health risks at rates consistently higher, and in some cases dramatically higher, than the housed. Homelessness and Health: What is the Connection Fact Sheet, published by the National Health Care for the Homeless Council in February 2019, showed homeless individuals had depression (49% vs 8%), and substance use disorder (58% vs 16%) when compared to their housed counterparts. The Point in Time study for Pinellas County showed 18.3% of the respondents reported a substance use disorder, and 23% reported having a serious mental health issue. Pinellas Safe Harbor serves on average, 1,385 unique individuals quarterly where 28% self-report having mental illness as a primary need and 14.5% self-report having both alcohol and drug use as a primary need. Project Goals/Measurable Objectives: Goal: Individuals experiencing homelessness are on a path to secure housing, coordinated behavioral health services and to improve their engagement and connection to wraparound services. Pinellas County's objectives are to 1) Reduce the caseload ratio of existing case managers through the hiring of additional staff; 2) Increase the average % of placements into permanent housing; 3) Reduce the # of emergency incidents through connections to medical and behavioral healthcare; and 4) Engage and connect clients to enrollment resources for health insurance, Medicaid/Medicare, and/or mainstream benefits. The County anticipates serving and avg. of 64 clients/year or 320 over the lifetime of the grant. Strategies/Interventions: The TIEH Program will utilize the following evidence-based practices to meet the Program's Goals and Objectives: Critical Time Intervention, Trauma-Informed Care, Stages of Change, Seeking Safety, Motivational Interviewing, and Supportive Housing.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Pinellas Safe Harbor
UEI:
Street1*: 14840 49th Street N
Street2:
City*: Clearwater
County: Pinellas
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 33762-2835
Project/Performance Site Congressional District*: FL-013

Additional Location(s)

File Name:

SECTION A: Population of Focus and Statement of Need

A-1. Geographic Catchment Area: 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 with over 959,000 residents counted in the 2020 census. **Population of Focus:** The homeless population in Pinellas County includes individuals in emergency, transitional, and safe haven shelters as well as unsheltered homeless individuals and those in jail. The total number of homeless individuals, according to data collected by the Pinellas County Continuum of Care (CoC) has declined from 3,480 persons in 2018 to 2,675 in 2022. 451 individuals were identified as chronically homeless in 2022 with 77 veterans. 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 receiving 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. **Coordination with CoC:** Pinellas County Human Services and PCSO have long histories of working with the Pinellas County Continuum of Care (CoC) and serve on the Board and various councils/committees of the CoC. **Demographics:** In 2022, the average daily population of Safe Harbor was 267 with approximately 1,285 unique clients served quarterly. Clients served by Safe Harbor were 27% black/African American and 69% white. Ethnically, 7.5% of Safe Harbor clients were Hispanic/Latino and 92.4% non-Hispanic. Safe Harbor served approximately 71% male clients, 28% female clients, and <1% that identified as "other."

A-2. Extent of Need: The most recent PIT count for Pinellas (2022) indicates that 23% of the adult homeless population self-report challenges associated with serious mental illness and 18.3% 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 267 individuals. Annual figures for 2022 indicate 30.6% of clients (1694/5540) self-report mental illness and 15.8% (875/5540) 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 45% of Safe Harbor clients self-reporting a behavioral health need.

In 2022, the facility saw 44 emergency medical services calls related to overdoses and 18 calls for psychiatric crises needs. Safe Harbor has a licensed mental health counselor (LMHC) working full time at the facility to help clients. In 2022 the LMHC worked with 393 clients and Baker Acted (Florida's involuntary mental health examination) 35 – accounting for time off, this resulted in an average of 34 individuals served and 3 Baker Acts monthly.

Safe Harbor utilizes the local Homeless Management Information System (HMIS) to track the prior living situation reported as 45.1% (2500/5540) place not meant for habitation, 2% (110/5540) psychiatric facility, and 1.9% (106/5540) substance use treatment facility.

Service Gaps: 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 client, this population generally 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.

SECTION B: Proposed Implementation Approach

Number of Unduplicated Individuals to be Served with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total
40	80	80	80	40	320

B-1. Goals and measurable objectives: **Goal #1:** Individuals experiencing homelessness are provided access to services that lead to secure permanent housing. **Objective 1-1:** Reduce the caseload of existing FY23 Safe Harbor Social Workers/Case Managers by 20% by Year 2 (FY25) by hiring additional Social Worker/Case Manager FTEs to support the daily population. **Objective #1-2:** Increase the % who discharge to a permanent housing solution in the community to 5% by 2026 (3.7% in 2022). **Goal #2:** Individuals experiencing homelessness with a self-reported mental health or substance use diagnosis, are engaged in managing their health conditions. **Objective #2-1:** Reduce the # of emergency “notable” incidents by 5% after the five-year project period. **Objective #2-2:** 5% of uninsured program clients enroll in resources for medical care, health insurance, Medicaid/Medicare, and/or mainstream benefits. **Objective #2-3:** TIEH clients

enrolled in the Pinellas County Health Program have a medical visit with a primary care provider within 60 days of intake.

B-2. To carry out the required activities, 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 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 and PEMHS Case Management 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, Functional Assessment Rating Scales (FARS), 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.

o 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.

o 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.

o 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.

o Safe Harbor is currently developing **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. Additional laptops and tablets will be procured by Boley to allow clients choice in their treatment provider while still providing virtual opportunities for treatment engagement.

o 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.

o Pinellas County launched a Coordinated Access Model (CAM) in April of 2023 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, **will 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**.

o 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 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.

o 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.

o 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**.

o 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.

o 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.

o 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, Milieu Therapy Listening Groups, 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.).

o 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.

o 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.

o Pinellas County, for the TIEH Program, will leverage a well-established Quarterly ***Safe Harbor Partner's Meeting to act as the Steering Committee for this project***. Upon award, Pinellas County will review membership (***culturally and linguistically diverse***) and extend invitations to any required representation that is identified as not represented, such as the SAMHSA Government Project Officer.

o The TIEH ***Infrastructure Development included in the budget will consist of staff training***. Additionally, *without cost*, staff will work to develop partnerships with various housing authorities, shelters, and transitional housing program. These partnerships will be incorporated into TIEH Program Policies developed at the initiation of the program. Policies will address staffing structure, client eligibility, referral processes, and grievance procedures.

B-3. In ***Attachment 4***, Pinellas County has provided a realistic ***timeline*** for the five (5) years of the project period showing dates, key activities, and responsible staff.

SECTION C: Proposed Evidence-Based Service/Practice

C-1. 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. ***No modifications have been made to the EBPs for use in this program.***

C-2. The TIEH program ***will monitor and ensure fidelity through the reassessments of clients*** utilizing Functional Assessment Rating Scales (FARS) or DLA Functional Assessment. The 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 to review service effectiveness and

inform the program of the impact of MI, Seeking Safety, and other services provided to TIEH clients throughout their tenure in the program.

SECTION D: Staff and Organizational Experience

D-1. Pinellas County (applicant), through its Human Services Department has been creating solutions for a stronger community by serving those most in need since 1955. With a network of over 105 partner agencies and managing over 200 contracts and \$26 million in federal and state grants, Human Services works with our partners to help County residents meet essential needs and increase their self-sufficiency through a range of community programs covering health, homelessness, consumer protection, veteran services, justice coordination services, financial assistance and more. Pinellas County's Health Care for the Homeless (HCH) program provides primary care, dental, and specialty care *services to over 2,000 homeless residents annually* through the Bayside Health Clinic, a mobile medical unit, a street medicine team, and telehealth.

PCHS will partner through a subaward agreement with ***Boley Centers and Personal Enrichment through Mental Health Services, Inc.***, two local non-profit mental health providers with long histories of providing services to the target population.

Boley will be the lead subrecipient agency with oversight of the TIEH program through Project Director/Performance Management and supporting Case Management/Peer Staff. 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 the Homeless Leadership Alliance of Pinellas: Board of Directors, Data and System Performance Committee, Point in Time, Provider's Council and SOAR.

D.2. Staffing for the project will include: Project Director - 1.0 LOE; Licensed Mental Health Counselor (LMHC) or Licensed Clinical Social Worker (LCSW) – 1.0 LOE; Intensive Case Managers – 2.0 LOE; Peer Specialists – 2.0 LOE; and Evaluator – 0.25 LOE. Job descriptions for each of the positions are attached to this application.

The ***Project Director*** will be responsible for day-to-day operations, ensuring data entry into the SPARS system, and coordinating the team's efforts with Safe Harbor and referral partners. This self-contained clinical team provides treatment, rehabilitation, and support services to clients who have are experiencing homelessness and who have severe and persistent mental illnesses; supervises and evaluates the team in conjunction with appropriate psychiatric support to ensure service excellence to program clients; and also functions as a practicing clinician on the team. Qualifications include master's degree in social work or mental health counseling. LCSW/LMHC preferred. ***Evaluator (0.25 FTE):*** PCHS will contract with an organization/ individual to compile

reports and data summaries to assist and inform the program. Qualifications include Graduate Degree in Public Health, Behavioral Sciences, or similar and at least two years professional experience evaluating programs. **Licensed Mental Health Counselor (LMHC) or Licensed Clinical Social Worker (LCSW) (1.0 FTE):** Provide assessment of mental health needs, case management, and general health education to clients assigned to caseload. They will also collaborate with physician offices and other partners in the clients' care. Qualifications include a master's degree and licensure or at minimum license eligible **Intensive Case Manager (2.0 FTE):** Assesses service and treatment needs of clients residing in or entering permanent supported housing and ensures all needed services are provided. Completes appropriate and necessary reports (including NOMS reporting), records, documents, etc. and files in appropriate records. Qualifications include a bachelor's degree and a 1-3 years' experience working with serious mental illness. **Peer Specialist (2.0 FTE):** Works with the treatment team to provide psycho-social rehabilitation services to consumers. Provides mentoring services to consumers to assist with the achievement of individualized goals. Qualifications include a High School Diploma or GED Equivalency and six months of responsible work experience, preferable involving interactions with the public.

SECTION E: Data Collection and Performance Measurement

E-1. Pinellas County will leverage the case management staff *to collect the client specific data* for the National Outcome Measures (NOMs) during client interactions at intake, six months, and at discharge. Clients will be provided non-cash incentives for NOMS participation and informed they are not required to complete the NOMS portion of the project to receive services. Further, clients will be assessed via the Functional Assessment Rating Scales (FARS) or DLA Functional Assessment tool at intake to determine eligibility and to direct treatment. These assessments will be done annually, and recorded in the electronic record, during program enrollment to evaluate an individual's progress during service engagement. The Project Director will ensure assessment completion at proper intervals to monitor the clients' clinical functioning and to provide an objective measure of where they are and their success. The Project Director will collect data elements for the required IPP reporting of: # of individuals screened for mental health or related interventions, #/% of individuals receiving mental health or related services after referral, # of communities that enhance health information sharing for provision of services between agencies and programs, and # of organizations collaborating or sharing resources with other organizations as a result of the grant.

Pinellas County Human Services works closely with the Evaluator and TIEH partners, Boley, PEMHS, and PCSO, to manage, monitor, and enhance the program by reviewing utilizing the SPARS data elements, the assessment tools, data collected by PCSO Safe Harbor, and will discuss proposed changes that may better inform the program's evaluation. **E-2. PCHS's Quality Assurance (QA) team** is well versed in data aggregation and has extensive experience developing program dashboards within PowerBI. Data will be requested monthly, reviewed by QA to ensure validity, and populate the dashboard. **Demographic and disparity data elements will be included in the dashboard to identify and close any gaps.** The Quarterly Steering Committee meetings will be leveraged to present the dashboard for partners to review the data, evaluate the programs efforts, and monitor progress towards the program's goals and objectives.

Project Abstract: Pinellas County Board of County Commissioners

Pinellas County Human Services | 440 Court Street, 2nd floor, Clearwater, FL 33756
PinellasCounty.org | FOA No: SM-23-006

Project Summary: Pinellas County, FL is seeking to increase capacity of services, including case management, recovery support services, evidence based mental health and substance abuse treatment services, and/or housing navigation to 320 individuals over the five-year grant period who have, or are currently or are at-risk of experiencing homelessness, and have serious mental illness (SMI), substance abuse disorder (SUD, serious emotional disturbance (SED), and/or co-occurring disorder (COD).

The County will partner with three (3) organizations including a homeless emergency shelter and behavioral health treatment providers. These providers offer vast experience engaging with individuals experiencing homelessness, connecting individuals to behavioral health treatment, and assisting clients' entry to housing including permanent supportive housing.

Project Name: Pinellas County - Treatment for Individuals Experiencing Homelessness

Population Served: The population of focus is primarily male/female adults who are or have experienced homelessness in Pinellas County, Florida, who have a serious mental illness (SMI), serious emotional disturbance (SED), and/or a co-occurring disorder (COD). The County is seeking to focus on the population entering the County's largest jail diversion emergency homeless shelter, Pinellas Safe Harbor.

The homeless population suffers a variety of ailments and health risks at rates consistently higher, and in some cases dramatically higher, than the housed. *Homelessness and Health: What is the Connection Fact Sheet*, published by the National Health Care for the Homeless Council in February 2019, showed homeless individuals had Depression (49% vs. 8%), and substance use disorders (58% vs. 16%) when compared to their housed counterparts. The Point In Time study for Pinellas County showed 18.3% of the respondents reported a Substance Use Disorder, and 23.0% reported having a serious mental health issue. Pinellas Safe Harbor serves, on average, 1,385 unique individuals quarterly where 28% self-report having mental illness as a primary need and 14.5% self-report having both alcohol and drug use as a primary need.

Project Goals/Measurable Objectives: Goal: Individuals experiencing homelessness are on a path to secure housing, coordinated behavioral health services and improve their engagement and connection to wraparound services. Pinellas County's objectives are to 1) Reduce the caseload ratio of existing Case Managers through the hiring of additional staff; 2) Increase the average % of placements into permanent housing; 3) Reduce the # of emergency incidents through connections to medical and behavioral health care; and 4) Engage and connect clients to enrollment resources for health insurance, Medicaid/Medicare, and/or mainstream benefits.

The County anticipates serving an avg. of 64 clients/year or 320 over the lifetime of the grant.

Strategies/Interventions: The TIEH Program will utilize the following Evidence Based Practices to meet the Program's Goals and Objectives:

- Critical Time Intervention
- Trauma-Informed Care
- Stages of Change
- Seeking Safety
- Motivational Interviewing (MI)
- Supportive Housing

Applicant/Recipient Pinellas County dba Board of County Commissioners	Application/Award Number
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Project Title:	Pinellas County Treatment for Individuals Experiencing Homelessness
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	Start Date	End Date	Budget Year
Budget Period:	09/30/2023	09/29/2024	1

For Multi-Year Funded (MYF) awards only
(not applicable to new applications for funding)
Check the box to select the Incremental Period

COST SHARING AND MATCHING

Matching Required: YES NO

A. Personnel

Line Item #	Position	Name	Key Position per the NOFO	Check if Hourly Rate	Calculation					Personnel Cost	FEDERAL REQUEST
					Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)		
1			<input type="checkbox"/>	<input type="checkbox"/>			1			\$0	\$0
TOTAL										\$0	\$0

Line Item #	Personnel Narrative:												
1					Salary		# of Staff	1		LOE		Personnel Cost	\$0

Show In-Kind Personnel Table

In-Kind Personnel

Line Item #	Position	Name	Key Position per the FOA	Check if Hourly Rate	Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)
1	Homeless Services Section Manager	Dominique Randall	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1	\$83,844	50.00%

Line Item #	In-Kind Personnel Narrative:												
1	Homeless Services Section Manager	Dominique Randall	Key Personnel	Salary	\$83,844	# of Staff	1	LOE	50.00%	Personnel Cost	\$41,922	Pinellas County's Homeless Section Manager, Dominique Randall, will act as Project Director while the subrecipient, Boley Centers, seeks to hire a Director for the TIEH project that will fulfill the role of Project Director. Dominique Randall is the Homeless Section Manager for Pinellas County Human Services and collaborates with community stakeholders to coordinate dollars spent on the homeless continuum throughout Pinellas. eRA Commons ID DRANDALL1	

B. Fringe Benefits

Our organization's fringe benefits consist of the components shown below:

Fringe Component	Rate (%)
Total Fringe Rate	

Fringe Benefits Cost

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Fringe Benefits Cost	
1			\$0			\$0	\$0
TOTAL						\$0	\$0

Fringe Benefits Narrative:

C. Travel

Trip #	Purpose	Origin and Destination	Calculation					FEDERAL REQUEST
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	
1								\$0
TOTAL							\$0	\$0

Trip #	Travel Narrative:	Travel Cost	\$0
1			

D. Equipment

Line Item #	Item	Check if Item is a Vehicle	Calculation				FEDERAL REQUEST
			Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project	Equipment Cost	
1		<input type="checkbox"/>				\$0	\$0
TOTAL						\$0	\$0

Line Item #	Equipment Narrative:	Quantity	Purchase or Rental/Lease Cost	% Charged to the Project	Equipment Cost	\$0
1						

E. Supplies

Line Item #	Item	Calculation					FEDERAL REQUEST
		Unit Cost	Basis	Quantity	Duration	Supplies Cost	
1						\$0	\$0
TOTAL						\$0	\$0

Line Item #	Supplies Narrative:					
1	Unit Cost	Basis	Quantity	Duration	Supplies Cost \$0	

F. Contractual

Summary of Contractual Costs

Agreement #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST
1	Boley Centers	Subaward	\$459,999	\$459,999
2	Evaluator - To Be Procured	Contract	\$40,000	\$40,000
TOTAL			\$499,999	\$499,999

Contractual Details for Boley Centers

Agreement #	Services and Deliverables Provided
1	Boley Centers (Boley) will staff and implement the TIEH program in Pinellas County. Boley will leverage their Vice President of Community Services to provide oversight and coordination of the TIEH team's efforts for the Pinellas program. Boley will hire a treatment team to include a lead, two intensive case managers, and two part-time peer specialists, further Boley will leverage their working relationship with PEMHS to hire an LCSW or LMHC to work directly with TIEH program participants.

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Travel | <input checked="" type="checkbox"/> Supplies | <input checked="" type="checkbox"/> Indirect Charges |
| <input checked="" type="checkbox"/> Fringe Benefits | <input type="checkbox"/> Equipment | <input checked="" type="checkbox"/> Other | |

Contractual Personnel Costs for Boley Centers

Line Item #	Position	Name	Key Position per the NOFO	Check if Annual Salary	Calculation						FEDERAL REQUEST
					Hourly Rate	Hours	# of Persons	Annual Salary	% Level of Effort (LOE)	Contractual Personnel Cost	
1	VP Community Services	Rahim Samji, LCSW, MPH	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$85,000	25.00%	\$21,250	\$21,250
2	Director, PSH Intensive Case Management Team	To Be Hired (TBH)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$75,000	75.00%	\$56,250	\$56,250
3	Intensive Case Manager	TBH	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	\$55,000	100.00%	\$110,000	\$110,000
4	Peer Specialist	TBH	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	\$36,000	50.00%	\$36,000	\$36,000
TOTAL										\$223,500	\$223,500

Line Item #	Contractual Personnel Narrative:						
1	VP Community Services	Rahim Samji, LCSW, MPH	Salary \$85,000	# of Persons 1	LOE 25.00%	Personnel Cost \$21,250	
This position is budgeted at 25% for year 1 and will be reduced in subsequent years. This is to provide for time to assist with program implementation and on boarding the Director.							
2	Director, PSH Intensive Case Management Team	To Be Hired (TBH)	Key Personnel	Salary \$75,000	# of Persons 1	LOE 75.00%	Personnel Cost \$56,250
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 budgeted at 75% in year 1 and will be increased in subsequent years. Year 1 is budgeted at 75% as it is anticipated this new hire will require more coordination with the VP of Community Services during program implementation and initial stages.							
3	Intensive Case Manager	TBH	Salary \$55,000	# of Persons 2	LOE 100.00%	Personnel Cost \$110,000	
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. There will be 2 intensive case managers working full time on the TIEH program.							
4	Peer Specialist	TBH	Salary \$36,000	# of Persons 2	LOE 50.00%	Personnel Cost \$36,000	
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. There will be 2 part time peer positions for the TIEH program.							

Contractual Fringe Benefits Costs for [Boley Centers](#)

Contractual fringe benefits consist of the components shown below:

Contractual Fringe Component	Rate (%)
FICA	7.65%
Workers Comp	0.86%
Unemployment Comp	0.81%
403B	3.62%
Health Ins	13.06%
Life Ins & AD&D Ins	0.43%
Total Fringe Rate	26.43%

Contractual Fringe Benefits Costs

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost	
1	VP Community Services	Rahim Samji, LCSW, MPH	\$21,250	21.01%		\$4,465	\$4,465
2	Director, PSH Intensive Case Management Team	To Be Hired (TBH)	\$56,250	22.83%		\$12,842	\$12,842
3	Intensive Case Manager	TBH	\$110,000	26.23%		\$28,853	\$28,853
4	Peer Specialist	TBH	\$36,000	9.04%		\$3,254	\$3,254
TOTAL						\$49,414	\$49,414

Contractual Fringe Benefits Narrative:

Boley's Fringe Rate includes FICA, Workers Comp, Unemployment Comp and 403B, health insurance, and Life, AD&D/LTD - . Part time positions are not eligible for employer sponsored health insurance or Life/AD&D/LTD

Contractual Travel Costs for **Boley Centers**

Trip #	Purpose	Origin and Destination	Calculation					FEDERAL REQUEST	
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons		Contract Travel Cost
1	Local Travel	Pinellas County (FL)	Local Travel (POV Mileage)	\$0.55	Mile	2,860.00	4	\$6,292	\$6,292
TOTAL								\$6,292	\$6,292

Trip #	Contractual Travel Narrative:		Travel Cost
1	Local Travel	Pinellas County (FL)	\$6,292
Local travel is reimbursed to staff at the rate of \$0.55/mile. Local travel will be utilized by TIEH team members to assist with connecting clients with community-based supportive services and to attend any necessary meetings. Mileage is estimated at approximately 238 miles per month per position for intensive case managers and peers.			

Contractual Supplies Costs for **Boley Centers**

Line Item #	Item	Calculation				Contractual Supplies Cost	FEDERAL REQUEST
		Unit Cost	Basis	Quantity	Duration		
1	Office Supplies	\$249.95	monthly	12.00	1.00	\$2,999	\$2,999
2	Position Start Up Supplies	\$2,000.00	per employee	5.00	1.00	\$10,000	\$10,000
3	Bus Passes/Client Support	\$10.00	per client	40.00	3.00	\$1,200	\$1,200
TOTAL						\$14,199	\$14,199

Line Item #	Contractual Supplies Narrative:					
1	Office Supplies	Unit Cost \$249.95	Basis monthly	Quantity 12.00	Duration 1.00	Supplies Cost \$2,999
Office supplies include paper, pens, staples, etc. and are budgeted at \$249.95 per month.						
2	Position Start Up Supplies	Unit Cost \$2,000.00	Basis per employee	Quantity 5.00	Duration 1.00	Supplies Cost \$10,000
The position start up supplies include laptops, computer equipment, cellular phones, and other items for staff start up. These costs are only included in year 1 and are estimated at \$2,000 per position						
3	Bus Passes/Client Support	Unit Cost \$10.00	Basis per client	Quantity 40.00	Duration 3.00	Supplies Cost \$1,200
Bus passes/client support are budgeted at \$10 per item assuming 40 clients in year 1 and a maximum of 3 bus passes or supports per client.						

Contractual Other Costs for **Boley Centers**

Line Item #	Item	Check for Minor A&R	Calculation				Contractual Other Cost	FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration		
1	Professional Insurance - Not Included in IDC	<input type="checkbox"/>	\$207,200.00	proportional based on FTEs	0.03	1.00	\$6,216	\$6,216
2	Audit Fees - Not Included in IDC	<input type="checkbox"/>	\$200,000.00	proportional based on FTEs	0.03	1.00	\$6,000	\$6,000

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
3	Copier Lease	<input type="checkbox"/>	\$75.00	monthly	12.00	1.00	\$900	\$900
4	Cell Phone Service	<input type="checkbox"/>	\$60.00	monthly per FTE	12.00	3.00	\$2,160	\$2,160
5	IT Support	<input type="checkbox"/>	\$8,000.00	per program/year	1.00	1.00	\$8,000	\$8,000
6	HMIS	<input type="checkbox"/>	\$250.00	per staff	4.00	1.00	\$1,000	\$1,000
7	Staff Training/Certifications	<input type="checkbox"/>	\$3,500.00	per year	1.00	1.00	\$3,500	\$3,500
8	EHR (leasing)	<input type="checkbox"/>	\$208.33	per month	12.00	1.00	\$2,500	\$2,500
9	Contracted PEMHS LCSW or LMHC	<input type="checkbox"/>	\$90,000.00	per position	1.00	1.00	\$90,000	\$90,000
10	Client Incentives	<input type="checkbox"/>	\$30.00	participant	3.00	50.00	\$4,500	\$4,500
TOTAL							\$124,776	\$124,776

Line Item #	Contractual Other Narrative:										
1	Professional Insurance - Not Included in IDC	Unit Cost/Rate	\$207,200.00	Basis	proportional based on	Quantity	0.03	Duration	1.00	Other Cost	\$6,216
General liability, property and professional liability insurance											
2	Audit Fees - Not Included in IDC	Unit Cost/Rate	\$200,000.00	Basis	proportional based on	Quantity	0.03	Duration	1.00	Other Cost	\$6,000
Single Federal and State Audit fees											
3	Copier Lease	Unit Cost/Rate	\$75.00	Basis	monthly	Quantity	12.00	Duration	1.00	Other Cost	\$900
Budget at \$75 per month assuming one copier to be on-site within the workspace for TIEH staff.											
4	Cell Phone Service	Unit Cost/Rate	\$60.00	Basis	monthly per FTE	Quantity	12.00	Duration	3.00	Other Cost	\$2,160
Cell phone service is based on \$60/month per line per FTE											
5	IT Support	Unit Cost/Rate	\$8,000.00	Basis	per program/year	Quantity	1.00	Duration	1.00	Other Cost	\$8,000
IT/Network Administrator is a contracted solution that provides 100% of the IT network and infrastructure needs on a 24/7 basis. An on-site technician and integrated help-desk is included. The annual cost is estimated at \$1,500 per FTE. 15% of this amount is placed in the operational budget.											
6	HMIS	Unit Cost/Rate	\$250.00	Basis	per staff	Quantity	4.00	Duration	1.00	Other Cost	\$1,000
Licensure requirement for staff access to the Pinellas County Homeless Management Information System (HMIS) which provides access to Pinellas County's Coordinated Entry System.											
7	Staff Training/Certifications	Unit Cost/Rate	\$3,500.00	Basis	per year	Quantity	1.00	Duration	1.00	Other Cost	\$3,500
Training requirements of the staff positions.											
8	EHR (leasing)	Unit Cost/Rate	\$208.33	Basis	per month	Quantity	12.00	Duration	1.00	Other Cost	\$2,500
Software licensure for staff access to the electronic health record.											
9	Contracted PEMHS LCSW or LMHC	Unit Cost/Rate	\$90,000.00	Basis	per position	Quantity	1.00	Duration	1.00	Other Cost	\$90,000
Budget for \$73,770 salary and \$16,229 fringe for 1 FTE - salary costs are based upon recent costs for similar positions within the organization											
10	Client Incentives	Unit Cost/Rate	\$30.00	Basis	participant	Quantity	3.00	Duration	50.00	Other Cost	\$4,500
Client incentives will be non-cash incentives, such as gift cards, and are budgeted at \$30 each for clients and will be provided at the completion of data collection for the required NOMS to encourage client participation in these efforts. The use of incentives is appropriate, judicious, and conservative and do not provide "undue inducement" that would remove the voluntary nature of participation. The incentives will be leveraged as an opportunity to compensate individuals for the additional time required to complete the NOMS tool, beyond treatment related assessments. Clients will be informed they											

Line Item #	Contractual Other Narrative:
	are not required to complete the NOMS portion of the project to receive services.

Contractual Total Direct Charges for **Boley Centers**

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	\$418,181

Contractual Indirect Charges for **Boley Centers**

Calculation			FEDERAL REQUEST
IDC Rate (%)	Base	Contractual IDC	
10.00%	\$418,181	\$41,818	\$41,818
TOTAL			\$41,818

Contractual Indirect Charges Narrative:
Boley has opted to utilize the 10% de minimis indirect cost rate for the TIEH program.

Contractual Total Cost for **Boley Centers**

TOTAL COST	TOTAL FEDERAL REQUEST
\$459,999	\$459,999

Contractual Details for Evaluator - To Be Procured

Agreement #	Services and Deliverables Provided
2	Evaluation to include data collection tool development, review and analysis of NOMS and IPP data, and evaluation report writing for the TIEH program.

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Travel | <input type="checkbox"/> Supplies | <input type="checkbox"/> Indirect Charges |
| <input type="checkbox"/> Fringe Benefits | <input type="checkbox"/> Equipment | <input checked="" type="checkbox"/> Other | |

Contractual Other Costs for **Evaluator - To Be Procured**

Line Item #	Item	Check for Minor A&R	Calculation				Contractual Other Cost	FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration		
1	Evaluation - Procurement Contract	<input type="checkbox"/>	\$40,000.00	agreement year	1.00	1.00	\$40,000	\$40,000
TOTAL							\$40,000	\$40,000

Line Item #	Contractual Other Narrative:										
1	Evaluation - Procurement Contract	Unit Cost/Rate	\$40,000.00	Basis	agreement year	Quantity	1.00	Duration	1.00	Other Cost	\$40,000
	Pinellas County is budgeting \$40,000 for an Evaluator based upon previous procurements for project evaluation. Upon										

Line Item #	Contractual Other Narrative:
	award, Pinellas County will work with the County's Purchasing Department to competitively procure an evaluator for the TIEH program.

Contractual Total Direct Charges for **Evaluator - To Be Procured**

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	\$40,000

Contractual Total Cost for **Evaluator - To Be Procured**

TOTAL COST	TOTAL FEDERAL REQUEST
\$40,000	\$40,000

G. Construction: Not Applicable

H. Other

Line Item #	Item	Check if Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Other Cost	
1		<input type="checkbox"/>					\$0	\$0
TOTAL							\$0	\$0

Line Item #	Other Narrative:						
1		Unit Cost/Rate	Basis	Quantity	Duration	Other Cost	\$0

I. Total Direct Charges

TOTAL DIRECT CHARGES	TOTAL FEDERAL REQUEST
	\$499,999

J. Indirect Charges

Type of IDC Rate / Cost Allocation Plan

We will not charge IDC to the award

Indirect Charges

End Date of Effective Period of Approved IDC Rate Agreement	Calculation			FEDERAL REQUEST
	Approved IDC Rate (%)	Approved Base	IDC	

N/A	0.00%	\$0	\$0	\$0
TOTAL			\$0	\$0

Indirect Charges Narrative:

Pinellas County will not seek IDC for this grant program.

REVIEW OF COST SHARING AND MATCHING

Cost sharing or matching is not required for this grant.

BUDGET SUMMARY: YEAR 1

BUDGET CATEGORY	FEDERAL REQUEST
A. Personnel	\$0
B. Fringe Benefits	\$0
C. Travel	\$0
D. Equipment	\$0
E. Supplies	\$0
F. Contractual	\$499,999
G. Construction (N/A)	\$0
H. Other	\$0
I. Total Direct Charges (sum of A to H)	\$499,999
J. Indirect Charges	\$0
Total Projects Costs (sum of I and J)	\$499,999

BUDGET SUMMARY FOR REQUESTED FUTURE YEARS

	Year 2	Year 3	Year 4	Year 5
Budget Category	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST
A. Personnel				
B. Fringe Benefits				
C. Travel				
D. Equipment				
E. Supplies				
F. Contractual	\$499,999	\$499,999	\$499,999	\$499,999
G. Construction	\$0	\$0	\$0	\$0
H. Other				

I. Total Direct Charges (sum A to H)	\$499,999	\$499,999	\$499,999	\$499,999
J. Indirect Charges				
Total Project Costs (sum of I and J)	\$499,999	\$499,999	\$499,999	\$499,999

Budget Summary Narrative:
Pinellas County anticipates future year costs to be the same/similar to year 1. Items that are start up costs and will not be realized in future years will be offset by increases anticipated in staffing costs - salary and fringe.

FUNDING LIMITATIONS / RESTRICTIONS

Funding Limitation/Restriction
No more than 15 percent of the total award for the budget period may be used for developing the infrastructure necessary for expansion of services.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total for Budget Category
A. Personnel						
B. Fringe Benefits						
C. Travel						
D. Equipment						
E. Supplies						
F. Contractual	\$3,500	\$3,500	\$3,000	\$1,000	\$1,000	\$12,000
H. Other						
I. Total Direct Charges (sum A to H)	\$3,500	\$3,500	\$3,000	\$1,000	\$1,000	\$12,000
J. Indirect Charges						
TOTAL for the Budget Year	\$3,500	\$3,500	\$3,000	\$1,000	\$1,000	\$12,000
Percentage of the Budget	0.700%	0.700%	0.600%	0.200%	0.200%	

Funding Limitation/Restriction Narrative:
Although awards for the provision of services must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 15 percent of the total award for the types of infrastructure development listed below, if necessary, to support the direct service expansion of the project. You must describe in Section B of your Project Narrative the use of funds for infrastructure activities which may include: Developing partnerships with other providers for service delivery and stakeholders serving the population of focus, including those working with underserved and diverse populations. Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues, implement evidence-based practices, or provide effective culturally and linguistically competent services consistent with the purpose of the program. Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the Behavioral Health Guide for the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements)
Pinellas County is leveraging grant dollars for required staff trainings, which aligns with the definition of infrastructure from the

NOFO (verbiage above)

Funding Limitation/Restriction

No more than 15 percent of the total award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total for Budget Category
A. Personnel						
B. Fringe Benefits						
C. Travel						
D. Equipment						
E. Supplies						
F. Contractual	\$44,500	\$49,000	\$49,000	\$49,000	\$43,600	\$235,100
H. Other						
I. Total Direct Charges (sum A to H)	\$44,500	\$49,000	\$49,000	\$49,000	\$43,600	\$235,100
J. Indirect Charges						
TOTAL for the Budget Year	\$44,500	\$49,000	\$49,000	\$49,000	\$43,600	\$235,100
Percentage of the Budget	8.900%	9.800%	9.800%	9.800%	8.720%	

Funding Limitation/Restriction Narrative:

No more than 15 percent of the total award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Pinellas County is leveraging grant dollars for an evaluator and client incentives for the TIEH program - these line item amounts are included in the above table representing the grant funding to be used for data collection, performance measurement, and performance assessment.

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
SM-23-006 Treatment for 1. Individuals Experiencing Homelessness	93.243			\$499,999	\$0	\$499,999
2.						
3.						
4.						
5. Totals				\$499,999	\$0	\$499,999

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY			Total (5)	
	(1)	(2)	(3)		(4)
	SM-23-006 Treatment for Individuals Experiencing Homelessness				
a. Personnel	\$0	\$0			\$0
b. Fringe Benefits	\$0	\$0			\$0
c. Travel	\$0	\$0			\$0
d. Equipment	\$0	\$0			\$0
e. Supplies	\$0	\$0			\$0
f. Contractual	\$499,999	\$0			\$499,999
g. Construction	\$0	\$0	\$0		\$0
h. Other	\$0	\$0			\$0
i. Total Direct Charges (sum of 6a-6h)	\$499,999	\$0			\$499,999
j. Indirect Charges	\$0	\$0			\$0
k. TOTALS (sum of 6i and 6j)	\$499,999	\$0			\$499,999
7. Program Income					

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. SM-23-006 Treatment for Individuals Experiencing Homelessness	\$0	\$0	\$0	\$0
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$0	\$0	\$0	\$0

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$499,999	\$125,000	\$125,000	\$125,000	\$124,999
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$499,999	\$125,000	\$125,000	\$125,000	\$124,999

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. SM-23-006 Treatment for Individuals Experiencing Homelessness	\$499,999	\$499,999	\$499,999	\$499,999
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$499,999	\$499,999	\$499,999	\$499,999

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSURANCE OF COMPLIANCE

Under the Paperwork Reduction Act of 1995, as amended, and 5 C.F.R. § 1320.5(b)(2)(i), persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0945-0008. In lieu of completing this hard copy form and mailing it in, the Applicant may provide this assurance via the U.S. Department of Health and Human Services' Assurance of Compliance online portal at <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>.

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, SECTION 1557 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AND FEDERAL CONSCIENCE AND NONDISCRIMINATION LAWS

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. § 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin (including limited English proficiency) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. § 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of their disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex (including pregnancy, sexual orientation, and gender identity), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin (including limited English proficiency), age, disability, or sex (including pregnancy, sexual orientation, and gender identity) be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

As applicable, the Church Amendments, as amended (codified at 42 U.S.C. § 300a-7), the Coats-Snowe Amendment (codified at 42 U.S.C. § 238n), the Weldon Amendment (*e.g.*, Consolidated Appropriations Act, 2022, Pub. L. No.

117-103, Div. H, Title V § 507(d), 136 Stat 49, 496 (Mar. 15, 2022)) as extended by the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, Pub. L. No. 117-180, Div. A, § 101(8) (Sep. 30, 2022); , Section 1553 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18113), and Section 1303(b)(4) of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18023(b)(4)), and 45 C.F.R. Part 88, to the extent that the rights of conscience are protected and associated discrimination and coercion are prohibited, in any program or activity for which the Applicant receives Federal financial assistance. Consistent with applicable court orders, the version of Part 88 in effect as of [October 20, 2022] is found at 76 Fed. Reg. 9968-9977 (Feb. 23, 2011).

The Applicant agrees that compliance with this assurance constitutes a material condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees, and assignees for the period during which such assistance is provided.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

April 28, 2023

Date



Signature of Authorized Official

Barry A. Burton, County Administrator

Name and Title of Authorized Official (please print or type)

Pinellas County Board of County Commissioners

Name of Agency Receiving/Requesting Funding

c/o Pinellas County OMB, 14 S. Ft. Harrison Ave, 5th Floor

Street Address

Clearwater, FL 33756-5105

City, State, Zip Code

The Applicant may provide this assurance via the U.S. Department of Health and Human Services' Assurance of Compliance online portal at <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf> in lieu of mailing it to the address provided.

Attachment 1

List of All Direct Service Providers that have agreed to partner with Pinellas County Human Services Dept.:

- Pinellas County Sheriff's Office | Safe Harbor Diversion Program/Emergency Shelter
- Boley Centers (*Direct Service Provider*)
- Personal Enrichment through Mental Health Services (PEMHS) (*Direct Service Provider*)

Pinellas County Human Services Dept Certification of Experience & Credentials of Direct Service Providers

Pinellas County Human Services certifies that all participating service provider organizations listed in this application (Boley Centers and PEMHS) meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

Letters of Commitment Attached from the following organizations:

- Pinellas County Sheriff's Office | Safe Harbor Diversion Program/Emergency Shelter
- Boley Centers (*Direct Service Provider*)
- Personal Enrichment through Mental Health Services (PEMHS) (*Direct Service Provider*)



Sheriff Bob Gualtieri

Pinellas County Sheriff's Office

"Leading The Way For A Safer Pinellas"

April 24, 2023

Barry A. Burton
Pinellas County Administrator
315 Court Street
Clearwater, FL 33756

Dear Administrator Burton:

I am pleased to offer this letter of commitment from the Pinellas County Sheriff's Office (PCSO) to partner with Pinellas County Human Services for the ***FY23 SAMHSA Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance, or Co-Occurring Disorders Experiencing Homelessness (TIEH)*** grant opportunity. We have worked as a partner with Pinellas County and numerous homeless service providers at the Pinellas Safe Harbor emergency homeless shelter to serve the chronically homeless, keep them out of the county jail and the criminal justice system, and give them the necessary tools to redirect their lives. This is the target population that will be served by this project.

PCSO supports the grant's goals to 1) engage and connect the population of focus to behavioral health treatment, case management, and recovery support services; 2) assist with identifying sustainable permanent housing by collaborating with homeless services organizations and housing providers, including public housing agencies; and 3) provide case management that includes care coordination/service delivery planning and other strategies that support stability across services and housing transitions.


PCSO commits to supporting the proposed initiatives of this grant program by:

- Participating in the implementation of the program by educating and referring residents of Pinellas Safe Harbor to the services available.
- Providing access and workspace within the facility for contracted partners to conduct targeted case management, integrated behavioral health treatment, peer support, recovery support services, and linkages to sustainable permanent housing for individuals who are experiencing homelessness in Pinellas County.

April 24, 2023
Page 2

PCSO provides full support and partnership in this project to provide additional services for this underserved population. Thank you for your continued efforts to improve access to and delivery of coordinated comprehensive services to the homeless residents of Pinellas County.

Sincerely,



Sheriff Bob Gualtieri
Pinellas County, Florida

BG/cm

Boley CENTERS

BOARD OF DIRECTORS

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Christa Bruning

CHIEF FINANCIAL OFFICER
Michelle Joseph

PRESIDENT & CEO EMERITUS
Gary MacMath

May 2, 2023

Barry A. Burton
Pinellas County Administrator
315 Court Street
Clearwater, FL 33756

Dear Administrator Burton:

I am pleased to offer this letter of commitment from Boley Centers, Inc. to partner with Pinellas County's Human Services Dept. for the ***FY23 SAMHSA Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance, or Co-Occurring Disorders Experiencing Homelessness (TIEH)*** grant opportunity.

Boley Centers supports the grant's goals to 1) engage and connect the population of focus to behavioral health treatment, case management, and recovery support services; 2) assist with identifying sustainable permanent housing by collaborating with homeless services organizations and housing providers, including public housing agencies; and 3) Provide case management that includes care coordination/service delivery planning and other strategies that support stability across services and housing transitions.

Boley Centers commits to supporting the proposed initiatives of this grant program by:

- Identifying and hiring the 1.0 FTE Project Director responsible for implementation of the Project, Data Collection and Reporting.
- Carrying out the Required & Allowable Activities of the grant program by hiring additional clinical/case management staff responsible for engaging prospective clients in program services offered directly or within the community.
- Working closely with Pinellas County Human Services, Pinellas County Sheriff's Office, PEMHS, and all identified community partners for implementation of the program's goals and objectives.

Further, Boley Centers certifies that the organization meets the two-year mental health experience requirement and applicable licensing, accreditation, and certification requirements. Boley Centers provides full support and partnership in this project to provide additional services for this underserved population. Thank you for your continued efforts to improve access to and delivery of coordinated comprehensive services to the homeless residents of Pinellas County.

Sincerely,



Kevin Marrone
President/CEO



Boley Centers, Inc.
is accredited
by CARF.



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





May 5, 2023

Barry A. Burton
Pinellas County Administrator
315 Court Street
Clearwater, FL 33756

Dear Administrator Burton:

I am pleased to offer this letter of commitment from Personal Enrichment Through Mental Health Services, Inc. (PEMHS) to partner with Pinellas County's Human Services Dept. for the ***FY23 SAMHSA Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance, or Co-Occurring Disorders Experiencing Homelessness (TIEH)*** grant opportunity.

PEMHS supports the grant's goals to 1) engage and connect the population of focus to behavioral health treatment, case management, and recovery support services; 2) assist with identifying sustainable permanent housing by collaborating with homeless services organizations and housing providers, including public housing agencies; and 3) Provide case management that includes care coordination/service delivery planning and other strategies that support stability across services and housing transitions.

PEMHS commits to supporting the proposed initiatives of this grant program by:

- Carrying out the Required & Allowable Activities of the grant program by hiring additional clinical/case management staff responsible for engaging prospective clients in program services offered directly or within the community.
- Working closely with Pinellas County Human Services, Pinellas County Sheriff's Office, Boley Centers, and all identified community partners for implementation of the program's goals and objectives.

Further, PEMHS certifies that the organization meets the two-year mental health experience requirement and applicable licensing, accreditation, and certification requirements. PEMHS provides full support and partnership in this project to provide additional services for this underserved population. Thank you for your continued efforts to improve access to and delivery of coordinated comprehensive services to the homeless residents of Pinellas County.

Sincerely,

Maxine Booker
President/Chief Executive Officer

Personal Enrichment through Mental Health Services, Inc. (PEMHS)

11254 58th Street North, Pinellas Park, FL. 33782-2213

Telephone: (727) 545-6477 Fax: (727) 545-6464

www.pemhs.org

Data Collection Instruments: Pinellas County Board of County Commissioners

Pinellas County Human Services | 440 Court Street, 2nd floor, Clearwater, FL 33756
PinellasCounty.org | FOA No: SM-23-006

- 1) **DLA** http://mtmservicesresources.com/DLA20-Handouts_468wp.html
- 2) **CAGE**
https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CA%20GE%20Substance%20Screening%20Tool.pdf
- 3) **FARS** http://outcomes.fmhi.usf.edu/_assets/docs/FARSUserManual2006.pdf
- 4) **Biopsychosocial** – attachment

Boley Biopsychosocial Assessment

Assessment Date: 05/04/2023

Service Start Time: 10:08 AM

Service End Time: 12:08 PM

Service Duration (IN MINUTES): 120

Service Program: HVRP*

Service Charge Code: 3900

Practitioner: RAHIM SAMJI LCSW

Client Information provided by: Client in Session

Presenting Problems (Brief explanation as to why they have come for treatment, housing and/or services):

Sample

Mental Health History:

Sample

Medical and Physical Health History:

Sample

Social History:

Sample

Spiritual History:

Sample

Family History and Dynamics:

Sample

Cultural Identification and Religious/Spiritual Affiliation:

Sample

Academic and Intellectual History:

Sample

Employment History:

Sample

Housing History (Indicate any history of homelessness and stability of housing):

Sample

Activities of Daily Living (Clients abilities to manage day to day aspects of their lives such as personal hygiene, dress, transportation, time management, grooming :

Sample

Legal History (including Offender issues):

Sample

Draft/Final: Final

Substance Abuse History:

Substance: Tobacco

Amount: 1 pack

Frequency: No use in Last Month

Duration: 1

Age of first use: 18

Last Use: 1 month ago

Trauma

Have you ever been in the military, in a war zone, or had a military combat experience:
No

Have you ever been in a really bad accident (car, at work, or somewhere else) and thought you might be killed or injured: No

Have you ever been in natural disaster (tornado, hurricane, flood or major earthquake) and thought you might be killed or injured: No

Have you had a serious illness, such as cancer, leukemia, AIDS, multiple sclerosis, etc:
No

Did you ever have sexual contact with anyone who was at least 5 years older than you before you reached the age of 13: No

Before you were 18, has anyone ever used pressure or threats to have sexual contact with: No

At any time in your life, whether you were an adult or a child, has anyone used physical force or threat of force to make you have some type of unwanted sexual contact: No

At any time in your life has anyone (including family members or friends) ever attacked you with a gun, knife or some other weapon, regardless of whether you ever reported it: No

At any time in your life has anyone (including family members or friends) ever attacked you without a weapon, but with the intent to kill or seriously injure you: No

Have you ever witnessed someone seriously injured or killed: No

Have you ever experienced any other situation that was not already asked about which was extremely stressful: No

Has a close friend or family member ever been intentionally killed or murdered by another person or killed by a drunk driver: No

Risk Assessment

Risk Factors: Non-compliance with treatment

Suicidal: Yes

Ideations: Yes

Explain ideations:

Thoughts of death

Plans of suicide: yes

Explain plans:

written and verbal expression

Means/Access for suicide: Yes

Explain means/access for suicide:

Access to weapons

Intent: Yes

Explain intent:

physical attempts

Homicidal: No

Medication History

Medication History:

Medication: Prontonix
Ordering Physician: Dr Dan
Dose: shrimp cocktail
Frequency:
Registration Date: 01/05/2017
Reason Prescribed: hungry
Discontinued Date: 01/13/2017

Medication: Theophylline(Theodur)
Ordering Physician: Dr. Hemsath
Dose: 50mg
Frequency:
Registration Date: 01/26/2017
Reason Prescribed: Anxiety
Discontinued Date: 01/26/2017

Medication: Diovan
Ordering Physician: Dr. Hemsath
Dose: 100mg
Frequency:
Registration Date: 01/31/2017
Reason Prescribed: depression
Discontinued Date: 03/01/2017

Medication: Acetic Acid
Ordering Physician: Kevin
Dose: 5mg
Frequency:
Registration Date: 01/31/2017
Reason Prescribed: dont know
Discontinued Date: 02/01/2017

Medication: Acetaminophen(Tylenol, others)
Ordering Physician: Dr. Hemsath
Dose: 100mg
Frequency:
Registration Date: 02/01/2017
Reason Prescribed: headaches
Discontinued Date: 03/01/2017

Medication: Abilify
Ordering Physician: test
Dose: test
Frequency:
Registration Date: 06/25/2020
Reason Prescribed: test
Discontinued Date: 06/25/2020

Medication: Divalproex
Ordering Physician: Dr. Hemsath
Dose: 50mg
Frequency:
Registration Date: 03/01/2017
Reason Prescribed: Mood stabilizer
Discontinued Date: 03/16/2020

Medication: Acetic Acid
Ordering Physician: frak
Dose: 10 mg
Frequency:
Registration Date: 02/15/2019
Reason Prescribed: disease

Discontinued Date: 09/14/2022

Medication: Adderall
Ordering Physician: k
Dose: kk
Frequency:
Registration Date: 03/19/2019
Reason Prescribed: k
Discontinued Date: -

Medication: Nembutal
Ordering Physician: Dude
Dose: .5 mg
Frequency:
Registration Date: 04/29/2019
Reason Prescribed: The Disillusionment
Discontinued Date: -

Medication: Aspirin(AcetylsalicylicAcid)
Ordering Physician: doctor, unknown
Dose: 50 MG
Frequency:
Registration Date: 09/13/2022
Reason Prescribed: chest pain
Discontinued Date: -

Medication: Accupril
Ordering Physician: shgbfgh
Dose: fgnbfgdhd
Frequency: As needed
Registration Date: 10/13/2022
Reason Prescribed:
Discontinued Date: -

Mental Status

Appearance: Casual dress

Attitude: Calm and cooperative

Behavior: No unusual movements or psychomotor changes

Speech: Normal rate/tone/volume w/out pressure

Affect: Reactive and mood congruent

Mood: Euthymic

Thought Processes: Goal-directed and logical

Thought Content: Other

Please describe:

normal

Perception: No hallucinations or delusions during interview

Oriented to: Time, Place, Person, Self

Memory/Concentration: Short term intact, Long term intact

Insight/Judgement: Fair

Diagnostic Impression

Most Recent Diagnosis Record (Display Only):

Principle Diagnosis:

Diagnosing Practitioner: MUHLEISEN, CHRISTOPHER DONALD

Episode: 1

Diagnosis Type: Admission

Diagnosis Date: 08/31/2012

Clinical Search Term: SCHIZOPHRENIA, PARANOID TYPE

Principle Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 2

Diagnosis Type: Admission

Diagnosis Date: 07/25/2016

Clinical Search Term: Schizophrenia, catatonic, subchronic

Principle Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 3

Diagnosis Type: Update

Diagnosis Date: 07/25/2016

Clinical Search Term: Schizophrenia, catatonic, subchronic

Principle Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 1

Diagnosis Type: Update

Diagnosis Date: 07/25/2016

Clinical Search Term: Schizophrenia, catatonic, subchronic

Principle Diagnosis:

Diagnosing Practitioner: FASCIANO, SUZIE

Episode: 2

Diagnosis Type: Update

Diagnosis Date: 07/28/2016

Clinical Search Term: 5P deletion syndrome

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER, OUTSIDE

Episode: 4

Diagnosis Type: Update

Diagnosis Date: 01/11/2017

Clinical Search Term: Schizophrenia, schizoaffective

Principle Diagnosis:

Diagnosing Practitioner: Marrone, Kevin

Episode: 4

Diagnosis Type: Update

Diagnosis Date: 01/11/2017

Clinical Search Term: Schizophrenia of the types described in 295.0-295.9 occurring in children

Principle Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 4

Diagnosis Type: Update

Diagnosis Date: 01/26/2017

Clinical Search Term: Schizophrenia, catatonic, subchronic

Principle Diagnosis:

Diagnosing Practitioner: MORSE, NATALIE

Episode: 5

Diagnosis Type: Update

Diagnosis Date: 04/20/2017

Clinical Search Term: Bipolar 1 disorder

Principle Diagnosis:

Diagnosing Practitioner: BRUNING, CHRISTA

Episode: 6

Diagnosis Type: Admission
Diagnosis Date: 05/23/2017
Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:
Diagnosing Practitioner: FLETCHER, TYLER
Episode: 9
Diagnosis Type: Admission
Diagnosis Date: 11/16/2017
Clinical Search Term: Schizophrenia, catatonic, subchronic

Principle Diagnosis:
Diagnosing Practitioner: FASCIANO, SUZIE
Episode: 5
Diagnosis Type: Update
Diagnosis Date: 01/06/2018
Clinical Search Term: Multiple personality disorder

Principle Diagnosis:
Diagnosing Practitioner: PRACTITIONER, OUTSIDE
Episode: 12
Diagnosis Type: Admission
Diagnosis Date: 08/30/2018
Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:
Diagnosing Practitioner: PRACTITIONER, OUTSIDE
Episode: 11
Diagnosis Type: Admission
Diagnosis Date: 01/10/2019
Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:
Diagnosing Practitioner: PRACTITIONER, OUTSIDE
Episode: 13
Diagnosis Type: Admission
Diagnosis Date: 03/07/2019
Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:
Diagnosing Practitioner: PRACTITIONER, OUTSIDE
Episode: 14
Diagnosis Type: Admission
Diagnosis Date: 05/28/2019
Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 19

Diagnosis Type: Admission

Diagnosis Date: 12/11/2019

Clinical Search Term: Employment problem

Principle Diagnosis:

Diagnosing Practitioner: Hemsath,Randolph

Episode: 20

Diagnosis Type: Admission

Diagnosis Date: 03/03/2020

Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 16

Diagnosis Type: Admission

Diagnosis Date: 05/14/2020

Clinical Search Term: Schizoaffective disorder, bipolar type

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 18

Diagnosis Type: Admission

Diagnosis Date: 05/14/2020

Clinical Search Term: Schizoaffective disorder, bipolar type

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 21

Diagnosis Type: Admission

Diagnosis Date: 06/11/2020

Clinical Search Term: Substance abuse

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 17

Diagnosis Type: Admission

Diagnosis Date: 12/01/2020

Clinical Search Term: Schizophrenia

Principle Diagnosis:

Diagnosing Practitioner: FLETCHER,TYLER

Episode: 23

Diagnosis Type: Admission

Diagnosis Date: 02/10/2021

Clinical Search Term: Schizophrenia, catatonic, subchronic

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 24

Diagnosis Type: Admission

Diagnosis Date: 03/24/2021

Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 25

Diagnosis Type: Admission

Diagnosis Date: 07/26/2021

Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 27

Diagnosis Type: Admission

Diagnosis Date: 09/03/2021

Clinical Search Term: Schizo affective schizophrenia

Principle Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 28

Diagnosis Type: Admission

Diagnosis Date: 09/09/2021

Clinical Search Term: Schizophrenia, catatonic, subchronic

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 31

Diagnosis Type: Admission

Diagnosis Date: 10/06/2021

Clinical Search Term: Bipolar 1 disorder

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 32

Diagnosis Type: Admission

Diagnosis Date: 07/21/2022

Clinical Search Term: Depression

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 28

Diagnosis Type: Update

Diagnosis Date: 09/14/2022

Clinical Search Term: Bipolar 2 disorder

Principle Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 34

Diagnosis Type: Onset

Diagnosis Date: 12/13/2022

Clinical Search Term: Major depressive disorder, single episode, mild

Second Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 2

Diagnosis Type: Admission

Diagnosis Date: 07/25/2016

Clinical Search Term: Opioid abuse

Second Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 3

Diagnosis Type: Update

Diagnosis Date: 07/25/2016

Clinical Search Term: Opioid abuse

Second Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 1

Diagnosis Type: Update

Diagnosis Date: 07/25/2016

Clinical Search Term: Opioid abuse

Second Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 4

Diagnosis Type: Update

Diagnosis Date: 01/11/2017

Clinical Search Term: Cocaine abuse

Second Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 4

Diagnosis Type: Update

Diagnosis Date: 01/26/2017

Clinical Search Term: Opioid abuse

Second Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 9

Diagnosis Type: Admission

Diagnosis Date: 11/16/2017

Clinical Search Term: Opioid abuse

Second Diagnosis:

Diagnosing Practitioner: PRACTITIONER, OUTSIDE

Episode: 14

Diagnosis Type: Admission

Diagnosis Date: 05/28/2019

Clinical Search Term: Substance abuse

Second Diagnosis:

Diagnosing Practitioner: PRACTITIONER, OUTSIDE

Episode: 16

Diagnosis Type: Admission

Diagnosis Date: 05/14/2020

Clinical Search Term: Homeless

Second Diagnosis:

Diagnosing Practitioner: PRACTITIONER, OUTSIDE

Episode: 18

Diagnosis Type: Admission

Diagnosis Date: 05/14/2020

Clinical Search Term: Homeless

Second Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 23

Diagnosis Type: Admission

Diagnosis Date: 02/10/2021

Clinical Search Term: Opioid abuse

Second Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 28

Diagnosis Type: Admission

Diagnosis Date: 09/09/2021

Clinical Search Term: Opioid abuse

Second Diagnosis:

Diagnosing Practitioner: PRACTITIONER, OUTSIDE

Episode: 31

Diagnosis Type: Admission

Diagnosis Date: 10/06/2021

Clinical Search Term: Diabetes

Second Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 32

Diagnosis Type: Admission

Diagnosis Date: 07/21/2022

Clinical Search Term: Bipolar 1 disorder

Second Diagnosis:

Diagnosing Practitioner: FLETCHER, TYLER

Episode: 28

Diagnosis Type: Update

Diagnosis Date: 09/14/2022

Clinical Search Term: Opioid abuse

Third Diagnosis:

Diagnosing Practitioner: Marrone, Kevin

Episode: 4

Diagnosis Type: Update

Diagnosis Date: 01/26/2017

Clinical Search Term: Bipolar 1 disorder

Third Diagnosis:

Diagnosing Practitioner: PRACTITIONER,OUTSIDE

Episode: 23

Diagnosis Type: Admission

Diagnosis Date: 02/10/2021

Clinical Search Term: Major depressive disorder, recurrent

Document Routing

Status: Final

Approvers:

RAHIM SAMJI-Supervisor (Accepted)

PATIENT AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION

Client Name: _____ Date of Birth: ____/____/____ MR#: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

TO BE VALID, THIS FORM MUST BE FILLED OUT COMPLETELY

Pinellas County coordinates health care providers, substance use services, social service agencies, homeless services, and public safety agencies to help clients get the medical treatment and social services they need. By signing this form, you will allow these organizations, and the individuals who are part of them, to share your health and other personal information so that they can provide you with care services. The organizations who will be permitted to receive, use and share your information will include individuals from some or all of the Pinellas County agencies and organizations listed below.

I understand that my health records are protected under the federal and state regulations governing the confidentiality and privacy of medical records and protected alcohol and drug abuse health information under 42 CFR, Part 2 and the Health Insurance Portability and Accountability act of 1996 (HIPAA) 45 CFR parts 160 and 164 and cannot be disclosed without my written authorization unless otherwise provided for by the regulations.

INITIAL HERE TO ALLOW ALL AUTHORIZED PARTIES LISTED BELOW TO SHARE YOUR INFORMATION:

I have written my initials to hereby authorize any of the parties listed below to communicate with one another through disclosure, receipt, and use of my confidential information for purposes of evaluating my need, coordinating, and/or providing services to me.

Client Initials

AUTHORIZED PARTIES:

- 211 Tampa Bay Cares
- Agency for Community Treatment Services (ACTS)
- Bay Pines VA Healthcare System
- Baycare Health System, Inc.
- Boley Centers, Inc.
- Catholic Charities Diocese of St. Petersburg, Inc.
- Central Florida Behavioral Health Network
- Chrysalis Health
- Community Action Stops Abuse, Inc. (CASA)
- Directions for Mental Health dba Directions for Living, Inc.
- Evava Health, Inc.
- Florida Center for Health Information and Transparency, Florida
- Agency for Health Care Administration
- Florida Department of Children and Families
- Florida Department of Health Pinellas County
- Goodwill Industries-Suncoast, Inc.
- Gulfcoast Jewish Family and Community Services
- HCA Health Services of Florida, Inc
- Homeless Emergency Project Inc., dba Homeless Empowerment Program (HEP)
- Homeless Leadership Alliance

- Juvenile Welfare Board
- Louis de la Parte Florida Mental Health Institute
- Mental Health Resource Center
- Metro Inclusive Health Center
- National Alliance on Mental Illness
- Office of Public Defender
- Operation PAR, Inc
- Personal Enrichment through Mental Health Services, Inc.
- Pinellas County Human Services
- Pinellas County Public Schools
- Pinellas County Safety and Emergency Services
- Saint Pete Behavioral Health Center
- Salvation Army
- St Petersburg Housing Authority
- Suncoast Center Inc.
- Tampa Crossroads
- Unite USA, Inc. (Unite Us)
- Vincent House
- WestCare Gulfcoast Florida, Inc.
- Windmoor Healthcare (UHS, Inc.)
- Other: _____

INITIAL HERE TO ALLOW ALL AUTHORIZED PARTIES LISTED BELOW TO SHARE YOUR INFORMATION. I

have written my initials to authorize any of the parties listed in this document to communicate with one another through disclosure, receipt, and use of my confidential information for purposes of evaluating my need, coordinating, and/or providing services to me

Client Initials

LAW ENFORCEMENT AGENCIES:

- Pinellas County Sheriff's Office (Jail & Mental Health Unit)
- Clearwater Police Department
- Florida Department of Corrections
- Florida Department of Juvenile Justice
- St. Petersburg Police Department

Even if listed and initialed above I **DO NOT** authorize the release of information to the entities listed in this section:

The nature and amount of information that may be disclosed, received and/or used by the parties pursuant to this authorization is as follows:

List A – Select all records that apply. If you select from this list DO NOT make selections from LIST B

- All My Substance Use Records (Includes Client Record Summary)
- All My Parenting Records (Includes Client Record Summary)
- All My Mental Health Records
- All My Medical and Treatment Records

List B – DO NOT COMPLETE IF YOU MADE SELECTIONS UNDER LIST A

Select which records you are allowing be disclosed AND select from the list of specified records.

- Alcohol, Drug, or Substance Abuse Records Yes No
- Mental Health/Behavioral Health Records Yes No
- HIV Testing and Results Yes No
- Medical and Treatment Records Yes No

Specified Records List – DO NOT COMPLETE IF YOU MADE SELECTIONS UNDER LIST A.

Select which records may be disclosed, be sure to select the corresponding section in LIST B.

- Psychosocial Assessment
- Medication Administration Records
- My identity as an applicant for, or recipient of treatment services
- Demographic Information to include SSN, DOB, Address, Age, Ph #
- Date and Status of Discharge/Discharge Summary
- Psychiatric Evaluation, Diagnosis, Medication Management Notes
- Progress and Follow Up Notes
- Psychotherapy Progress Notes
- TB Test and Results
- Attendance and Compliance Records
- Other [specify] _____
- Emergency Contact Only
- Treatment Plans
- History & Physical/Nursing Assessments
- Referral and Recommendations
- Continuing Care Plans
- Rx Registration
- Vaccination Records
- Lab Results/Drug Screen Results
- Billing Records and Information
- Imaging/ Radiology Reports
- Other [specify] _____

Purpose for requesting information: Legal Insurance Personal Continuation of Care, Other [specify] _____

Information may be disclosed by the following methods: Electronic upload, Encrypted Email, Verbal, Faxing and Mail unless otherwise specified. Other [specify] _____

By signing this authorization form, I understand that:

- My records are in privileged and confidential status, I am waiving that status for the purpose contained within this authorization.
- Requests for copies of medical records are subject to reproduction fees in accordance with federal/state regulations.
- I have the right to revoke this authorization at any time. Revocation must be made in writing and presented or mailed to the Health Information Management Department at the following address _____
Revocation will not apply to information that has already been disclosed in response to this authorization.
- Unless otherwise revoked, this authorization will expire on the following date/event/condition: _____
If I fail to specify an expiration date/event/condition, this authorization will expire one year from the date signed.
- I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.
- Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.

Client or Authorized Representative Signature: _____ Date: _____

Print Client Name: _____ Relationship to Client (if applicable) _____

(Legal papers must accompany release if patient is unable to sign)

Key Activities	Responsible Organization	Year 1 (months)												
		1	2	3	4	5	6	7	8	9	10	11	12	
Start Up														
Execute Agreement with Boley	PCHS/Boley	x												
Recruit Staff	Boley	x												
Hire Staff	Boley/PEMHS		x											
Staff Onboarding/Training	Boley/PEMHS			x										
MOU	Boley/Safe Harbor	x												
Leverage Safe Harbor Partner Meeting (Steering Committee for TIEH)	Safe Harbor	x			x				x		x			
Implementation														
Outreach/Engagement Homeless Individuals with SMI, SED, or COD	Boley				x	x	x	x	x	x	x	x	x	x
Screen for MH, SUD, or COD	Boley				x	x	x	x	x	x	x	x	x	x
Enroll participants in TIEH	Boley				x	x	x	x	x	x	x	x	x	x
Deliver EBPS	Boley/PEMHS				x	x	x	x	x	x	x	x	x	x
Case Management/Care Coordination/Peer Support	Boley				x	x	x	x	x	x	x	x	x	x
Telehealth connections	Boley/PEMHS				x	x	x	x	x	x	x	x	x	x
Referrals and follow up for ineligible clients	Boley				x	x	x	x	x	x	x	x	x	x
Provide/ensure linkage to recovery support services	Boley				x	x	x	x	x	x	x	x	x	x
Enroll TIEH participants in CoC via HMIS and completing the VISPDAT	Boley				x	x	x	x	x	x	x	x	x	x
Coordinate with crisis and 988 systems	Boley/PEMHS				x	x	x	x	x	x	x	x	x	x
Evaluation/Reporting														
Develop data collection plan	PCHS/Evaluator/Boley		x											
Collect NOMS	Boley				x	x	x	x	x	x	x	x	x	x
Collect IPP data	Boley				x	x	x	x	x	x	x	x	x	x
Develop Disparities Impact Statement (DIS)	PCHS/Boley			x										
Annual Progress Report	PCHS/Boley											x		

Timeline: Pinellas County Board of County Commissioners
Pinellas County Human Services | 440 Court Street, 2nd floor, Clearwater, FL 33756
PinellasCounty.org | FOA No: SM-23-006

	Year 2		Year 3		Year 4		Year 5	
	mos 13-18	mos 19-24	mos 25-30	mos 31-36	mos 37-42	mos 43-48	mos 49-55	mos 56-60
Key Activities								
Start Up								
Execute Agreement with Boley								
Recruit Staff								
Hire Staff								
Staff Onboarding/Training								
MOU								
Leverage Safe Harbor Partner Meeting (Steering Committee for TIEH)	x	x	x	x	x	x	x	x
Implementation								
Outreach/Engagement Homeless Individuals with SMI, SED, or COD	x	x	x	x	x	x	x	x
Screen for MH, SUD, or COD	x	x	x	x	x	x	x	x
Enroll participants in TIEH	x	x	x	x	x	x	x	x
Deliver EBPS	x	x	x	x	x	x	x	x
Case Management/Care Coordination/Peer Support	x	x	x	x	x	x	x	x
Telehealth connections	x	x	x	x	x	x	x	x
Referrals and follow up for ineligible clients	x	x	x	x	x	x	x	x
Provide/ensure linkage to recovery support services	x	x	x	x	x	x	x	x
Enroll TIEH participants in CoC via HMIS and completing the VISPDAT	x	x	x	x	x	x	x	x
Coordinate with crisis and 988 systems	x	x	x	x	x	x	x	x
Evaluation/Reporting								
Develop data collection plan								
Collect NOMS	x	x	x	x	x	x	x	x
Collect IPP data	x	x	x	x	x	x	x	x
Develop Disparities Impact Statement (DIS)								
Annual Progress Report		x		x		x		x

BOLEY CENTERS, INC.

POSITION DESCRIPTION

Title: Director, PSH Intensive Case Management Team Exempt/Nonexempt: Exempt

Reports to: Vice President of Homeless Services Dress Category: 1

Supervises: Intensive Case Managers
Licensed Practical Nurse
Peer Assistant

Summary

Description: Establishes, administers and directs the Permanent Supported Housing Intensive Case Management Team and the wrap around services they provide. This self-contained clinical team provides treatment, rehabilitation, and support services to clients who have been homeless for extended periods and who have severe and persistent mental illnesses; supervises and evaluates the team in conjunction with appropriate psychiatric support to ensure service excellence to program clients; also functions as a practicing clinician on the team.

Duties (Functions):

Primary (Essential):

- Directs the day-to-day clinical operations of the team including scheduling staff hours to assure appropriate coverage for day, evening, weekend, and holiday shifts and on-call hours; leads the daily staff meetings and treatment planning meetings; continuously evaluates the status of clients and does appropriate planning and coordination of treatment activities to ensure immediate attention to their changing needs.
- Acts as Account Manager with the City of St. Petersburg, i.e. is the direct contact with the City staff, completes all reports, handles any complaints or concerns, etc.
- Directs and coordinates the client admission process and treatment, rehabilitation, and support services of the program in coordination with the psychiatrist. Schedules the admissions interview; develops and coordinates the initial assessment and initial treatment plan; assigns the most appropriate staff to the individual treatment team; and provides clinical supervision of the development of the comprehensive assessment and the treatment plan for each client.
- Directs and coordinates, for each client, the comprehensive assessment of psychiatric history, mental status and diagnosis; medical/dental health; use of drugs or alcohol;

education and employment; social development and functioning, activities of daily living; and family structure and relationships.

- Responsible for all aspects of the day-to-day management of staff including, but not limited to, hiring, work assignments and performance management.
- Manages the Consumer Contingency funds.
- Operates own or agency vehicle to transport clients and/or travel between locations.
- Develops and documents performance measures; reports results to Q.I. Committee; assists Director on any corrective action plans when required.
- Supervises medical records management assuring maintenance of records in compliance with Agency policies, Medicaid, and other third-party payment requirements; ensures that staff is trained regarding medical record requirements; regularly reviews client assessments, treatment plans, and progress notes; supervises individual staff for medical records mastery.
- Initiates and maintains relationships, in coordination with other staff, with law enforcement and other human service agencies, hospitals and community resources.
- Conducts clinical assessments and provides direct clinical treatment, rehabilitation, and support services to clients.
- Performs on-call duty for crisis intervention and for staff supervision and consultation.

Secondary:

- Will comply with Compliance Plan and standards of conduct and report any non-compliance to the appropriate official.
- Completes other duties as assigned.
- Will attend all required trainings.
- Completes other duties as assigned.

Qualifications:

Education: Master's Degree in social work or mental health counseling. LCSW/LMHC preferred. Registered counseling intern will be considered if within six months of license and licensure exam has already been passed. Education must be from an accredited school, college, or university. Must be licensed or license eligible.

Experience: Minimum of five years relevant experience with significant experience in administration, case management, staff supervision.

Knowledge: Knowledge of mental illness and related terminology and treatment, clinical Services management and supervision practices preferred.

Skills and Abilities:

Good skills and demonstrated abilities preferred in planning, organizing, directing, staffing, controlling, counseling, Clinical/crisis intervention, communication - verbal and/or written, interpersonal and public relations, staff supervision, coordination/cooperation, problem solving, decision making, self-management, and such others that are usually and customarily considered necessary for the satisfactory completion of essential duties.

Performance

Standards: Must comply with all work-related rules and standards including, but not limited to attendance. Must not present a direct threat to the safety and health of self or others.

Working

Conditions: Primarily indoor/office work with some exposure to outdoors when traveling between offices and other facilities/locations. Potential exposure to a physical hazard exists when dealing with unstable or difficult clients.

Physical

Requirements: Exerting up to 30 pounds of force occasionally and/or up to 10 pounds of force frequently and/or a negligible amount of force constantly to move or manipulate objects. Physical activities including, but not necessarily limited to, climbing, kneeling, crouching, reaching - above and/or below waist, standing, walking, fingering, talking, seeing, hearing, handling, sitting, at varying frequency and intensity may be required to satisfactorily accomplish one or more of essential duties.

Machines, Tools, Equipment, and

Materials: May include, but may not necessarily be limited to, standard office supplies/equipment, automobile, telephone, computer, client charts.

Safety

Equipment: Unusual or special circumstances may require use of emergency equipment including, but not necessarily limited to, fire extinguisher and first aid equipment/materials, etc.

Special

Requirements: Valid Florida driver's license, own transportation vehicle, and insurance required.

12/10; 10/12



Signature/Vice President, Human Resources

I have reviewed and received a copy of this job description:

Employee Signature

Date

BOLEY CENTERS, INC.
POSITION DESCRIPTION

Title:	Intensive Case Manager	Exempt/Nonexempt:	Nonexempt
Reports to:	Director, PSH Intensive Case Management Team	Salary Grade:	E
Supervises:	N/A	Dress Category:	2

Summary

Description: Assesses service and treatment needs of clients residing in or entering permanent supported housing and ensures all needed services are provided to all clients assigned to caseload. Completes appropriate and necessary reports, records, documents, etc. and files in appropriate records.

Duties (Function):

Primary (Essential):

- Conducts SPDAT assessment and other needed functional assessments to determine strengths, needs and preferences. Works with clients to develop a comprehensive service plan. Implements service plans for each assigned client; updates plan every six months. May screen/do intakes for program participants.
- Coordinates both in-house and/or community appointments, i.e. medical, dental, therapy.
- Makes and/or receives calls regarding a broad spectrum of client related issues and involving contact with a wide variety of individuals (parents, friends, etc.), social services (Medicaid, Social Security, etc.) and service providers both internal and external to Boley Centers.
- Maintains formal and informal working relationships with local service and treatment providers to ensure client access to services and treatment.
- Schedules and attends necessary or required conferences/meetings with individuals both internal and/or external to Boley Centers regarding routine or special matters pertaining to the clients assigned to the caseload.
- Meets, as necessary, with appropriate individuals both internal and/or external to Boley Centers, to handle client update problems or a situation that may require immediate intervention/action.

- Completes, in an accurate and timely manner, all documentation required to ensure ongoing compliance with all internal and/or external requirements.
- Maintains ongoing awareness of each assigned client's needs by the frequent reading of such documentation as activity reports, progress notes, etc. and by frequent personal meetings with each client.
- Operates own or agency vehicle to transport clients and/or travel between locations.
- Provides and/or arranges for 24 hour crisis intervention.
- Writes memos, letters, statements, etc. regarding client related issues.

Secondary:

- Will comply with Compliance Plan and standards of conduct and report any noncompliance to the appropriate official.
- Will attend all required trainings.
- Completes other duties as assigned.

Qualifications:

Education: Bachelor's degree with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field (a related human services field is one in which major course work includes the study of human behavior and development) and has a minimum of one year of full time or equivalent experience working with adults experiencing serious mental illness; or bachelor's degree and three years full time or equivalent experience working with adults experiencing serious mental illness. Education must be from an accredited school, college, or university.

Experience: Minimum of one to three years experience working with serious mental illness required depending upon type of bachelor's degree.

Knowledge: Knowledge of mental illness and symptoms, mental health system and supports, community social services systems.

Skills and

Abilities: Good skills and demonstrated abilities in verbal and written communications, coordination/cooperation, follow-through, interpersonal relations, attention to detail, use of basic language and math, following verbal and written procedures and instructions, recording information orally and in writing, internal and external public relations, working independently, verbal and physical crisis intervention techniques, planning, problem solving,

negotiating, flexibility to change, decision making, scheduling own and others' work, counseling techniques and evaluation techniques, organizing own and others' work and such others that are usually and customarily considered necessary for satisfactory completion of essential duties.

Performance

Standards: Must comply with all work related rules and standards including, but not limited to attendance. Must not present a direct threat to the safety or health of self or others.

Working

Conditions: Job environment includes indoors, outdoors and office work. May be exposed to such environmental conditions as fumes, odors, dust, gasses, uncomfortable cold/heat, variable temperatures and uncomfortable noise; exposure to a potential hazard may occur when handling household cleaning chemicals; physical hazard may exist when dealing with unstable or difficult client/tenant. Overtime may be required from time to time. May require overnight and/or out of town travel, on-call duty from time to time.

Physical

Requirements: Exerting up to 50 pounds of forces occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. Physical activities including, but not necessarily limited to climbing, stooping, kneeling, crouching, reaching, sitting, standing, walking, feeling, talking, seeing, hearing, driving auto and van at varying frequency and intensity may be required to satisfactorily accomplish one or more of the essential duties.

Machines, Tools, Equipment,

Materials: May include, but may not necessarily be limited to screw driver, stapler, computer, adding machine, telephone, heating & air conditioning units, hammer, drill, vacuum cleaner.

Safety

Equipment: May include but not necessarily limited to seat belt, rubber gloves, weight (lifting) belt. Special or unusual circumstances may require use of emergency safety equipment including but not limited to fire extinguisher and first aid equipment.

Special

Requirements: Valid Florida driver's license, own transportation vehicle and vehicle insurance required.

Approved 1992

Revised 1/94, 12/96, 12/98, 5/06, 9/06

12/07, 3/08, 12/08



Signature/Director, Human Resources

I have reviewed and received a copy of this job description:

Employee Signature

Date

(For Section I of Performance Appraisal)

8 KEY JOB ELEMENTS

for

Resource Coordinator

1. Formulates and implements service plans for each assigned client; updates plan every six months. May screen/do intakes for program participants.
2. Coordinates both in-house and/or community appointments, i.e. medical, dental, therapy.
3. Makes and/or receives calls regarding a broad spectrum of client related issues and involving contact with a wide variety of individuals (parents, friends, etc.), social services (Medicaid, Social Security, etc.) and service providers both internal and external to Boley Centers.
4. Schedules and attends necessary or required conferences/meetings with individuals both internal and/or external to Boley Centers regarding routine or special matters pertaining to the clients assigned to the case load.
5. Meets, as necessary, with appropriate individuals with internal and/or external to Boley Centers, to handle client update problems or a situation that may require immediate intervention/action.
6. Completes, in an accurate and timely manner, all documentation required to ensure ongoing compliance with all internal and/or external requirements.
7. Maintains ongoing awareness of each assigned client's needs by the frequent reading or such documentation as activity reports, progress notes, etc. and by frequent personal meetings with each client.
8. Operates own or agency vehicle to transport clients and/or travel between locations. Provides and/or arranges for 24 hour crisis intervention.

BOLEY CENTERS, INC.

POSITION DESCRIPTION

Title: Peer Specialist Exempt/Nonexempt: Nonexempt

Reports to: Director, PSH Intensive Case Management Team Salary Grade: B

Supervises: N/A Dress Category: 2

Summary

Description: Peer support position working with the treatment team to provide psycho-social rehabilitation services to consumers. Provides mentoring services to consumers to assist with the achievement of individualized goals.

Duties (Functions):

Primary (Essential):

- Assists the treatment team with assessing strengths and needs of individuals in the program by directly observing/teaching skills; housekeeping, shopping, transportation, budgeting, medication management, laundry, planning leisure activities.
- With treatment team, implements treatment plans that seek to restore a person's functioning in key life roles such as work, family and community.
- Builds working relationship and maintains regular contact with consumers. Communicates the consumers' needs to treatment team. Reports as appropriate, all unusual events, activities and incidents to supervisor or appropriate team member.
- Assists consumers in accessing resources in the community such as recreational activities, work, medical, dental, etc. Visits consumers at programs or their residence as scheduled or requested.
- Documents consumer and program activities as required.
- Mentors consumers in role recovery activities such as symptom management, relapse prevention, stress reduction and work readiness.
- Directly transports and teaches public transportation to consumers to support independence.

Secondary:

- Participates in agency-wide meetings as needed and attends required meetings.
- Complies with Compliance Plan and standards of conduct and reports any noncompliance to the appropriate official.
- Attends all required training.
- Performs other duties as assigned.

Qualifications:

Education: High School Diploma/GED equivalency.

Experience: Six months of responsible work experience, preferably involving interactions with the public.

Knowledge: Knowledge of Recovery Model, counseling techniques, verbal crisis intervention and mental health and co-occurring substance use disorders.

Skills and Abilities:

Good skills and demonstrated abilities in communication - verbal and/or written, interpersonal relations, teaching/instructing, counseling, coaching, training, basic math and language, record keeping, evaluating, organizing work, planning, crisis intervention, and such others that are usually and customarily considered necessary for satisfactory completion of essential duties.

Performance

Standards: Must comply with all work rules including, but not limited to, attendance. Must not present a direct threat to the safety or health of the worker or others.

Working

Conditions: Work primarily indoors, however, some exposure to outdoors when traveling between facilities or other locations. May be exposed to such environmental conditions as fumes, odors, dust, variable temperatures; exposure to a potential hazard may occur when handling household cleaning chemicals, physical hazard may exist when dealing with unstable or difficult client/tenant.

Physical

Requirements: Exerting up to 30 pounds of force occasionally and/or up to 20 pounds of force frequently and/or up to 10 pounds of force constantly to move objects. Physical activities including, but not necessarily limited to, climbing, stooping, kneeling, crouching, reaching - above and below waist, standing, walking, fingering, grasping, feeling, talking, seeing, hearing, handling, sitting, lifting, pushing, pulling, driving, etc. at varying frequency and intensity; may be required to satisfactorily accomplish one or more of the essential duties.

Machines,
Tools,
Equipment, and

Materials: May include, but may not necessarily be limited to, standard household appliances, household cleaning materials, standard office supplies and equipment, telephone, automobile/van, food preparation equipment/materials.

Safety

Equipment: May include, but may not necessarily be limited to, standard household appliances, household cleaning materials, standard office supplies and equipment, telephone, automobile/van, food preparation equipment/materials.

Special

Requirements: Valid Florida driver's license required. This position requires meeting the eligibility requirements of the Agency's vehicle insurance carrier when driving an Agency vehicle or a personal vehicle transporting consumers. Own transportation vehicle and insurance preferred. Must be a consumer of mental health services as defined by the Agency.

9/06

Revised 10/06, 2/09, 12/12, 8/16



Signature/Director, Human Resources

I have reviewed and received a copy of this job description:

Employee Signature

Date

(For Section I of Performance Appraisal)

7 KEY JOB ELEMENTS

for

Peer Assistant

- 1) Assists the treatment team with assessing the strengths and needs of individuals in the program by directly observing/teaching skills; housekeeping, shopping, transportation, budgeting, medical management, laundry, planning leisure activities..
- 2) With treatment team, implements treatment plans that seek to restore a person's functioning in key life roles such as work, family and community.
- 3) Builds working relationship and maintains regular contact with consumers. Communicates the consumers' needs to treatment team. Reports, as appropriate, all unusual events, activities and incidents to supervisor or appropriate team member.
- 4) Assists consumers with accessing resources in the community such as recreational activities, work, medical, dental etc. Visits consumers at programs or their residence as scheduled or requested.
- 5) Documents consumer and program activities as required.
- 6) Mentors consumers in role recovery activities such as symptom management, relapse prevention, stress reduction and work readiness.
- 7) Directly transports and teaches public transportation to consumers to support independence.



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MCRT Licensed Weekend Therapist

Part Time
Clinical Staff MA
Pinellas Park, FL, US

30+ days ago
Requisition ID: 1224

Salary Range:
\$35.0000 Hourly Onwards

Part Time Licensed Weekend Therapist (Saturday and Sunday)

SUMMARY

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Mobile Crisis Response Team (MCRT) is a 24–hour resource for mental health and substance use crisis intervention. Our goals are to lessen crisis trauma, divert individuals from Emergency Rooms and traditional court systems, prevent unnecessary psychiatric hospitalizations and help identify a potential crisis in advance and assist with linkage to an outpatient provider.

JOB FUNCTION

Functions as a key member within a multi-agency team in the delivery of crisis intervention services. Provides immediate response to mental health crisis calls for the purpose of evaluation, lethality/risk assessment and mental status examinations and determines necessary level of care to identified clients. Acts as a resource for non-licensed providers on the team, including local law enforcement agencies. Ability to work in crisis situations and make clinical decisions with minimal direction. Capable of navigating telemedicine when indicated.

EDUCATION

Master's Degree required. Human Services or related major preferred.

EXPERIENCE

Preferred: Licensed in the State of Florida as a psychologist, social worker, mental health counselor,

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or marriage and family therapist and/or certification in the field of addictions.

Minimum: May substitute licensure with 2+ years working with individuals and families in crisis.

Demonstrated ability to work independently and utilize sound clinical judgment. Familiar with Florida Baker Act laws.

PHYSICAL REQUIREMENTS

Ability to bend, lift a minimum of 30lbs., stretch, lower and raise self independently from floor. Ability to see and hear in emergency situations. Ability to communicate verbally and in writing. Ability to travel locally.

SPECIAL WORKING CONDITIONS

Exposure to consumers and a variety of program conditions, which may include long, irregular hours, on-call duties, weekend hours, and local travel.

Exposure to a wide range of community environments outside the agency including client homes, school, or other community locations.

Veterans encouraged to apply

PEMHS is a drug-free work place that adheres to federal regulations as it pertains to marijuana use.

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Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

It is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. **All applicants (including those who plan to obtain Institutional Review Board (IRB) approval) must address the elements below.** If some elements are not applicable to the proposed project, explain why the element(s) is not applicable. In addition to addressing these elements, you will need to determine if the section below titled "Protection of Human Subjects Regulations" applies to your project. If so, you must submit the required documentation as described below. There are no page limits for this section.

1. Protect Clients and Staff from Potential Risks

- **Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects participants may be exposed to as a result of the project.**

Psychological stress may occur among some clients when questioned about topics that relate to a recent discussing personal matters. For those participants who show any signs of distress or unwillingness to answer questions on these matters, their privacy will be respected and the program staff will immediately move to another topic and obtain the assistance of a trained therapist if needed for follow-up.

Clients are also informed that there is a potential risk that personal information about them may be inadvertently released. Though this release of information is not intentional or done on purpose, the fact is that personal information about them is being kept on file and in rare instances these events occur. In order to minimize the potential risks and harm to the clients, all staff will receive training in motivational interviewing skills and in discussing potentially sensitive information. The training also will emphasize skills in handling and discussing sensitive information in a supportive, non-threatening, non-judgmental manner. The staff also will receive training in confidentiality (HIPAA and 42CFR Part 2) and ethical behavior. The clients always have the option to refuse to answer questions or discuss information that makes them too uncomfortable. If a client becomes distressed, the client will receive an assessment by a qualified clinician to determine the extent of the effect, and the client will receive additional counseling and/or appropriate referrals/linkages as necessary.

While there are no foreseeable physical or medical risks or adverse effects due either to: a) participation in the project itself, or to b) the evaluation activities, there is the possibility of some legal risk in circumstances in which it is determined that a client poses a danger to herself or others, as well as in the case of suspected child abuse or neglect. In either or both cases, reports to the authorities would have to be made by program or evaluation staff and the potential for legal repercussions exist. In response to such a circumstance, every effort will be made to provide referrals and/or connections to supportive and therapeutic services and other relevant assistance.

- **Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects staff may be exposed to as a result, of the project.**

There are no foreseeable physical or medical, social, or legal risks to staff as a result of this project. Staff may experience psychological effects as a result of this project due to burnout, compassion fatigue, or vicarious trauma. Staff are afforded the opportunity to access employer sponsored health

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and wellness benefits, along with paid time off, and leisure activity discounts. Self-care will be promoted along with mindfulness in the workplace. Staff will be encouraged to seek out support and resources through their immediate supervisor if they feel they are impacted by burnout, compassion fatigue, or vicarious trauma.

- **Describe the procedures you will follow to minimize or protect participants and staff against potential risks, including risks to confidentiality.**

The proposed project will leverage data systems that maintain client information in accordance with regulations governing confidentiality of client records and HIPAA. Treatment service records are maintained in a secure electronic health record and access is restricted to those staff working directly with a particular client. All client files contain properly executed release forms if a release of information is necessary concerning client progress and history. Staff receive training upon hiring and annually regarding confidentiality and HIPAA. Staff members that process requests for information receive training in the application of the confidentiality regulations. These staff members, in particular, understand the importance of protecting client confidentiality and do so with the utmost caution. Any documents released are clearly marked with a prohibition of re-disclosure that instructs the receiver of the information regarding the confidential nature of the information. Every time the program must share information with external systems, the client signs a disclosure form.

All research or evaluation records will be kept separate from treatment records and provided to partners de-identified, to the degree necessary, to protect individuals provided with outreach services. As a covered entity, Pinellas County Human Services maintains a HIPAA Policy outlining protected health information management procedures, including those procedures of outside contractors and vendors.

Clients are advised, by means of Informed Consent, that contracted providers will follow all Federal and State laws regarding confidentiality, but are mandated to report cases of child abuse. Confidentiality may also be broken if there is threatening or harm to contracted staff or its property or cases of medical necessity/emergency. Clients are also informed that because this project is sponsored by SAMHSA, staff from that or other DHHS agencies may review records that identify the client.

- **Identify your plan to provide guidance and assistance in the event there are adverse effects to participants and staff.**

Clients may experience temporary emotional upset during the initial contact or during the assessment process while discussing personal matters. In order to minimize the potential risks and harm to the clients, all staff will receive training in motivational interviewing skills and in discussing potentially sensitive information. The training also will emphasize skills in handling and discussing sensitive information in a supportive, non-threatening, non-judgmental manner. The staff also will receive training in confidentiality (HIPAA and 42CFR Part 2) and ethical behavior. The clients always have the option to refuse to answer questions or discuss information that makes them too uncomfortable. If a client becomes distressed, the client will receive an assessment by a qualified clinician to determine the extent of the effect, and the client will receive additional counseling and/or appropriate referrals/linkages as necessary.

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Intervention, Counseling, and Care Coordination Sessions: As with the initial contact and assessments, clients may become emotionally upset during care coordination and counseling sessions while discussing personal matters. As previously stated, the staff will receive extensive training in interviewing and counseling skills, ethical behavior, and confidentiality. More specifically, the staff will receive training in identifying verbal and nonverbal cues that indicate a client may be becoming frustrated, upset, angry, and/or distraught. The staff also will receive instruction in therapeutic techniques to calm and reassure the client and to conduct de-escalation procedures. In addition, if necessary, the staff will conduct additional screening to determine the extent of the effect. The TIEH Program Director and Licensed Mental Health Counselor (LMHC) or Licensed Clinical Social Worker (LCW) also will be available to the clinical staff for consultation and guidance. If needed, staff will provide the client with referrals for additional services the program does not provide. In the rare event that the client becomes excessively upset, expresses suicidal/homicidal ideation, or experiences psychotic-like symptoms, the program will assist the client in obtaining crisis stabilization services.

A client may become upset, have a worsening of symptoms, or experience a crisis following a session because of discussing sensitive or traumatic information. In this event, program staff will provide clients with program cell phone numbers and instruct the client to call. Trained staff will conduct an on-phone screening and determine the need for additional counseling and/or referrals. In the event that the client becomes excessively upset, experiences feelings of violence, has suicidal/homicidal ideations, or experiences psychotic-like symptoms, program staff will instruct them to call a crisis hotline immediately. Staff will provide this information and crisis hotline numbers to the clients during the initial intake and consenting session.

To address burnout, compassion fatigue, and vicarious trauma, staff are afforded the opportunity to access employer sponsored health and wellness benefits, along with paid time off, and leisure activity discounts. Self-care will be promoted along with mindfulness in the workplace. Staff will be encouraged to seek out support and resources through their immediate supervisor if they feel they are impacted by burnout, compassion fatigue, or vicarious trauma.

2. Fair Selection of Participants

- **Explain how you will recruit and select participants.**

The Director, Team Lead, will work with Safe Harbor staff to identify individuals to assess for participation in the TIEH program. Intensive Case Managers will screen individuals to ensure a significant mental illness (SMI) for inclusion in the program. Individuals without an SMI will be referred to Social Works within Pinellas Safe Harbor, to the Pinellas Continuum of Care for housing resources, or 211 for social service connections.

- **Identify any individuals in the geographic catchment area where services will be delivered who will be excluded from participating in the project and explain the reasons for this exclusion.**

3. Absence of Coercion

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If you plan to compensate participants, state how participants will be awarded incentives (e.g., gift cards, bus passes, gifts, etc.) If you plan to implement a contingency management program, specify the evidence-based model you will use and briefly justify its use with your population(s) of focus. If you have included funding for incentives in your budget, you must address this item

Pinellas County plans to provide non-cash incentives, gift cards, to TIEH clients participating in data collection efforts. Upon completion of a data collection tool, clients will be provided one gift-card with a \$30. Pinellas County is not utilizing a contingency management program, rather leveraging incentives to compensate clients for their time and effort associated with the completion of the data collection tool.

- **Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” that removes the voluntary nature of participation.**

Clients of the are homeless and of limited income. The \$30 value of the incentive for this population is appropriate, judicious, and conservative. It is not of such a great amount that it decreases the client’s ability to rationally participate in the data collection efforts. The purpose and intent are to appropriately compensate a client for the time and effort they’ve spent engaging in data collection efforts above and beyond treatment intakes and assessments.

- **Describe how you will inform participants that they may receive services even if they chose to not participate in or complete the data collection component of the project.**

Participants will be informed during the Informed Consent process that their participation in the data collection is voluntary and that if they choose to not participate in or complete any data collection component of the project, they may still receive services through the TIEH program.

4. Data Collection

- **Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others).**

Data may be collected directly from participants by TIEH programmatic staff, such as Case Managers, and treatment providers. Aggregate data from treatment provides may be utilized for evaluation purposes. Evaluation reports will be developed by the contracted evaluator to evaluate the program’s progress towards obtaining its goals.

- **Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the specimens will be used for purposes other than evaluation.**

Sources of obtaining data may include, but are not limited to: CAGE, DLA, FARS, biopsychosocial, and NOMS. Specimens will not be used for TIEH funded services.

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- In **Attachment 2**, “Data Collection Instruments/Interview Protocols,” you **must** provide copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

Attachment 2 includes data collections instruments and links, with the exception of the NOMS tool, which the project will obtain via SPARS upon award.

5. Privacy and Confidentiality

- **Explain how you will ensure privacy and confidentiality. Describe:**

- **Where data will be stored.**

All participant information will be securely stored in Boley and/or PEMHS electronic health record (EHR) or within the Pinellas Homeless Management Information System (HMIS).

- **Who will have access to the data collected.**

Only specified treatment provider staff will have access to the information, on a need to know basis.

- **How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.**

When necessary, a master list of names of participants with their corresponding project ID number may be kept in a separate location and only specified Research staff (need to know basis) will have access to the master list of participant names and their Project ID number.

All contracted providers agree to maintain the confidentiality of client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II**.

NOTE: Recipients must maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II**.

6. Adequate Consent Procedures

- **Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Attachment 3, “Sample Consent Forms”, of your application. If needed, give English translations.**

Pinellas County will seek consent upon a client’s agreement to receive referrals to community treatment providers. Attachment 3 includes the Pinellas County Human Services’ Universal Release of Information as a sample form.

- **Explain how you will obtain consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?**

Participant Protections: Pinellas County Board of County Commissioners

Pinellas County Human Services | 440 Court Street, 2nd floor, Clearwater, FL 33756
PinellasCounty.org | FOA No: SM-23-006

Upon agreement to connect with referrals to treatment, participants will receive a written Universal Release of Information. Although the project does not anticipate serving youth, participating youth would require the consent of their parent or legal guardian. Participants with primary languages other than English will be offered a multi-lingual assistant and/or a translation service will be offered. For participants with literacy issues will have the option of having the consent read to them. A sample Informed Consent is included in Attachment 3 and signed copies will be offered to the participant to keep.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

7. Risk/Benefit Discussion

- **Discuss why the risks you have identified in element 1. (Protect Clients and Staff from Potential Risks) are reasonable compared to the anticipated benefits to participants involved in the project.**

The risks are reasonable in relation to the anticipated benefits to the participants involved in the TIEH project. Clients are likely to benefit from the case management, peer support, outpatient treatment, and care coordination. Benefits are likely to include improved social and life skills, improved living environments, better healthcare, improved mental functioning and reductions in risk-taking behaviors. Clients may also be eligible to received appropriate referrals and linkages to services to address additional needs to aid clients in obtaining permanent and stable housing. This project does not fall under the Protection of Human Subjects and Regulations (45 CFR 46).

SAMHSA expects that most recipients funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed project may meet the regulation's criteria for research involving human subjects. Although IRB approval is not required at the time of award, you are required to provide the documentation below prior to enrolling participants into your project.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must:

- Describe the process for obtaining IRB approval for your project.
- Provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).
- Provide documentation that IRB approval has been obtained for your project prior to enrolling participants.

General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement compared to the anticipated benefits to participants involved in the project.

Boley Centers Inc.

EIN: 59-1290089 | Pinellas Park, Florida, United States

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions.
Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC [?](#)

Personal Enrichment Through Mental Health Services Inc.

EIN: 59-3153549 | Pinellas Park, Florida, United States

Other Names

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES INC

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC [?](#)

Copies of Returns (990, 990-EZ, 990-PF, 990-T)

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

✓ Tax Year 2021 Form 990

✓ Tax Year 2019 Form 990

✓ Tax Year 2019 Form 990T

✓ Tax Year 2018 Form 990

✓ Tax Year 2018 Form 990T

✓ Tax Year 2017 Form 990

✓ Tax Year 2017 Form 990T

✓ Tax Year 2016 Form 990T

✓ Tax Year 2016 Form 990


**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE County Administrator
APPLICANT ORGANIZATION Pinellas County Board of County Commissioners	DATE SUBMITTED May 5, 2023

Appendix B - Notice of Award



Department of Health and Human Services
 Substance Abuse and Mental Health Services Administration
 Center for Mental Health Services

Notice of Award
 FAIN# H79SM088635
Federal Award Date
 08/07/2024

Recipient Information

1. Recipient Name
 COUNTY OF PINELLAS
 315 COURT ST
 RM 601
 CLEARWATER, FL 33756

2. Congressional District of Recipient
 13

3. Payment System Identifier (ID)
 1596000800A5

4. Employer Identification Number (EIN)
 596000800

5. Data Universal Numbering System (DUNS)
 055200216

6. Recipient's Unique Entity Identifier
 R37RMC63XKG1

7. Project Director or Principal Investigator
 Dominique Randall

 drandall@pinellas.gov
 727-464-6433

8. Authorized Official
 Mr. Barry Burton
 grantscoe@pinellascounty.org
 727-464-3485

Federal Agency Information

9. Awarding Agency Contact Information
 Tomara Baker
 Grants Specialist
 Tomara.Baker@samhsa.hhs.gov
 (240) 276-1407

10. Program Official Contact Information
 Doug Slothouber
 Program Official
 Doug.Slothouber@samhsa.hhs.gov
 240-276-1453

Federal Award Information

11. Award Number
 1H79SM088635-01

12. Unique Federal Award Identification Number (FAIN)
 H79SM088635

13. Statutory Authority
 Section 520A, 42.U.S.C. §290bb-32, as amended.

14. Federal Award Project Title
 Pinellas County Treatment for Individuals Experiencing Homelessness

15. Assistance Listing Number
 93.243

16. Assistance Listing Program Title
 Substance Abuse and Mental Health Services_Projects of Regional and National Significance

17. Award Action Type
 New Competing

18. Is the Award R&D?
 No

Summary Federal Award Financial Information	
19. Budget Period Start Date 09/30/2024 – End Date 09/29/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$499,999
20a. Direct Cost Amount	\$499,999
20b. Indirect Cost Amount	\$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	\$499,999
24. Total Approved Cost Sharing or Matching, where applicable	\$0
25. Total Federal and Non-Federal Approved this Budget Period	\$499,999
26. Project Period Start Date 09/30/2024 – End Date 09/29/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$499,999

28. Authorized Treatment of Program Income
 Additional Costs

29. Grants Management Officer - Signature
 Eileen Bermudez

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



TIEH
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Notice of Award

Issue Date: 08/07/2024

Center for Mental Health Services

Award Number: 1H79SM088635-01
FAIN: H79SM088635
Program Director: Dominique Randall

Project Title: Pinellas County Treatment for Individuals Experiencing Homelessness

Organization Name: COUNTY OF PINELLAS

Authorized Official: Mr. Barry Burton

Authorized Official e-mail address: grantscoe@pinellascounty.org

Budget Period: 09/30/2024 – 09/29/2025

Project Period: 09/30/2024 – 09/29/2029

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$499,999 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PINELLAS in support of the above referenced project. This award is pursuant to the authority of Section 520A, 42.U.S.C. §290bb-32, as amended. and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Eileen Bermudez
Grants Management Officer
Division of Grants Management
eileen.bermudez@samhsa.hhs.gov
See additional information below

SECTION I – AWARD DATA – 1H79SM088635-01

Award Calculation (U.S. Dollars)

Contractual	\$499,999
Direct Cost	\$499,999
Approved Budget	\$499,999
Federal Share	\$499,999
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$499,999

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$499,999
2	\$499,999
3	\$499,999
4	\$499,999
5	\$499,999

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
EIN: 1596000800A5
Document Number: 24SM88635A
Fiscal Year: 2024

IC	CAN	Amount
SM	C96J345	\$499,999

IC	CAN	2024	2025	2026	2027	2028
SM	C96J345	\$499,999	\$499,999	\$499,999	\$499,999	\$499,999

SM Administrative Data:

PCC: TIEH-23 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM088635-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79SM088635-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.

- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 1H79SM088635-01

REMARKS

New Award

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity *SM-23-006* has been selected for funding.

- o This award reflects approval of the budget submitted *May 5, 2023*.

2. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMHSA cannot guarantee the approval of any request for carryover of remaining unobligated funding.

3. All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading Grant Management Reference Materials for Grantees.

4. All Post-Award Amendments must be submitted in eRA Commons for prior approval. Please refer to the SAMHSA website for specific SAMHSA guidance on how to submit a post-award amendment in eRA Commons: <https://www.samhsa.gov/grants/grants-management/post-award-amendments>.

Prior approval is required for, but is not limited to: a change in key personnel and level of effort, a budget revision, a change in scope, a formal carryover request, and a no cost extension. Reference the full prior approval term on the SAMHSA

website under Standard Terms and Conditions at:

<https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

Technical questions regarding the submission of a post-award amendment in eRA Commons should be directed to the eRA Service Desk: <http://grants.nih.gov/support>

5. Register Program Director/Project Director (PD) in eRA Commons: If you have not already done so, you must register the PD in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional guidance on Managing eRA User Accounts at <https://www.samhsa.gov/grants/grants-training-materials/managing-user-accounts>

6. Key Personnel

Key Personnel are listed below:

- o *Dominique Randall, Acting Project Director @ 50% level of effort*
- o *TBD, Project Director @ 75% level of effort*
- o *TBD, Evaluator @ Unspecified level of effort*

Organizations receiving Federal Funds may not exceed 100% level of effort for any program staff member (Key Personnel or otherwise) across all federally funded sources.

Any changes to Key Personnel including level of effort involving separation from the project for any continuous period of three months or longer, or a reduction in time dedicated to the project of 25% or more requires prior approval and must be submitted as a post-award amendment in eRA Commons.

Note: If an organization is awarded a grant and chooses to move forward with hiring an individual for a Key Personnel position before receiving SAMHSA's formal approval, this will be done at the organization's own risk.

For additional information on post-award amendment requirements, please visit the SAMHSA website: <https://www.samhsa.gov/grants/grants-management/post-award-amendments>.

SPECIAL TERMS

Disparity Impact Statement (DIS)

By **November 29, 2024**, submit via eRA Commons a completed **Disparity Impact Statement**.

SAMHSA's Behavioral Health Disparity Impact Statement (DIS) is a data-driven, quality improvement approach to advance behavioral health equity for all. The DIS is a grant requirement that helps grantees identify racial, ethnic, sexual, and gender minority groups at the highest risk of experiencing behavioral health disparities within their grant projects and implement a disparity reduction action plan with a quality improvement process to address and close the identified gap(s).

The DIS should be consistent with the Population of Focus and Statement of Need identified in the grant application and include the components as described below. Please refer to the DIS worksheet, examples, and other resources on the SAMHSA website at: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

The main components of the DIS are:

- o Identify and describe the behavioral health disparity within the population of focus of the grant project that experience disparate access, use, and outcomes.
- o Provide a demographic table of the proposed number of individuals to be served, reached, or trained in the grant project that covers the entire grant period. Identify the data sources used to support the rationale for how the determination of the disparity was made.
- o Identify the social determinants of health (SDOH) domains and the Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards that the grantee organization will work to address and improve for the identified population(s) of focus.
- o Develop a disparity reduction quality improvement action plan to address behavioral health disparities based on the available data on access, use, and outcomes.

In accordance with the reporting requirements outlined in the Notice of Funding Opportunity (NOFO), the grantee is required to provide an update on the project's progress towards addressing quality care of underserved populations related to the Disparity Impact Statement (DIS), barriers encountered, including challenges serving populations of focus, efforts to overcome these barriers; evaluation activities for tracking DIS efforts; and a revised quality improvement plan if the DIS does not meet the quality of care requirements as stated in the DIS.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions in the Notice of Award.**

Risk Assessment

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management systems, policies, procedures and records. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with [45 CFR 75/2 CFR 200](#), as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

SPARS

All SAMHSA grant recipients are required to collect and report certain data so that SAMHSA can meet its obligation under the Government Performance and Results Act (GPRA) Modernization Act of 2010. These data are gathered using SAMHSA's Performance and Accountability Reporting System (SPARS).

TIEH recipients are required to collect and report in SAMHSAs Performance and Reporting System (SPARS) two types of data: one data set [Infrastructure Development, Prevention, and Mental Health Promotion (IPP)] are reported on a quarterly basis; the second data set is for the National Outcome Measures (NOMs) and data are collected and reported at baseline (i.e., upon entry of each client into the project), at six month follow-up and at discharge. TIEH recipients are required to do the following: (1) Complete SPARS Annual Goals training and enter IPP and NOMS annual goals data into SPARS by December 30, 2024; (2) Begin collecting and entering IPP data into SPARS in the second quarter (January - March 2025); (3) Begin entering NOMS baseline interview data into SPARS within 7 days after completion of each intake interview; (4) conduct a NOMs reassessment interview six months following the intake interview and every 6 months thereafter and enter these data into SPARS; and (5) conduct a Clinical Discharge NOMS interview at the time of client discharge and enter these data into SPARS

SPARS training and technical assistance will be provided post award.

SPECIAL CONDITIONS

Participant Protection Concern

By ***October 30, 2024***, submit via eRA Commons documentation to address **Participant Protection Concern(s)**.

The submitted application did not fully address SAMHSA s Confidentiality and Participant Protection/Human Subjects Guidelines listed in Section C.1 of the [SAMHSA NOFO Application Guide](#). Submit a response that adequately addresses each of the following concern(s):

- o Fair Selection of Participants: You did not explain the reasons for including or excluding participants.

You cannot use grant funds for project activities that are related to any or all Participant Protection components until the participant response has been reviewed by the CMHS Participant Protection Officer. The funds restriction will be lifted by DGM when your participant protection response has been approved.

Grant funds must not be be used for project activities that are related to any or all Participant Protection components until the participant protection response has been reviewed by the Participant Protection Officer. The fund restriction will be lifted by a revised Notice of Award when the participant protection response has been approved.

All responses to award terms and conditions must be submitted as PDF documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading ***How to Respond to Terms and Conditions***.

STANDARD TERMS AND CONDITIONS

Annual Programmatic Progress Report

By ***December 28, 2025***, submit via eRA Commons: **Annual Programmatic Progress Report**.

The Programmatic Progress Report (PPR) is required on an annual basis and must be submitted no later than 90 days after the end of each 12-month budget period/incremental period.

The Annual PPR must, at a minimum, include the following information:

- o Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- o A summary of key program accomplishments to-date.
- o Description of the changes, if any, that were made to the project that differ from the application for this budget period.
- o Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to overcome barriers or difficulties.

Please contact your Government Program Official (GPO) for program specific submission information. Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires SAMHSA to report evaluation data to ensure the effectiveness and efficiency of its programs.

The response to this term must be submitted as PDF documents in eRA Commons under the *View Terms Tracking Details* page. For more information on how to respond to tracked terms and conditions, refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading *How to Respond to Terms and Conditions*.

Additional information on reporting requirements is available at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Annual Federal Financial Report (FFR or SF-425)

All financial reporting for recipients of Health and Human Services (HHS) grants and cooperative agreements has been consolidated through a single point of entry, which has been identified as the Payment Management System (PMS). The Federal Financial Report (FFR or SF-425) initiative ensures all financial data is reported consistently through one source; shares reconciled financial data to the HHS grants management systems; assists with the timely financial monitoring and grant closeout; and reduces expired award payments.

The FFR is required on an annual basis and must be submitted **no later than 90 days after the end of each incremental period/budget period**. The FFR should reflect cumulative amounts. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

SAMHSA reserves the right to request more frequent submissions of FFRs. If so, the additional submission dates will be shown below.

Your organization is required to submit an FFR for this grant funding as follows:

- By **December 28, 2025**, submit the Federal Financial Report (FFR)/(SF-425).
- The grant recipient staff member(s) responsible for FFR preparation,

certification and submission of the FFR must either submit a request for New User Access or Update User Access to the FFR Module as applicable. Refer to the PMS User Access website <https://pms.psc.gov/grant-recipients/user-access.html> for information on how to submit a New User Access, Update User Access or Deactivate User Access. You can also view PMS Video on how to request new user access @ <https://youtu.be/kdoqaXfiuI0> and PDF resource with instructions on Requesting Access @ https://pms.psc.gov/forms/New-User-Request_Granttee.pdf

- Instructions on **how to submit a FFR via PMS** are available at <https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html> (The user must be logged in to PMS to access the link). Updates to the FFR instructions effective 4/1/2022 are also available @ <https://pms.psc.gov/grant-recipients/ffr-updates.html>
- While recipients must submit the FFR in PMS, the FFR can also be accessed by connecting seamlessly from the eRA Commons to PMS by clicking the Manage FFR link on the Search for Federal Financial Report (FFR) page in eRA Commons, which will redirect to PMS. SAMHSA will not accept FFRs submitted by email or uploaded as an attachment into eRA. To access the Manage FFR link in eRA Commons, the individual must be registered in eRA Commons and assigned the Financial Status Reporter (FSR) role for their organization. The individual assigned the FSR role is responsible for reporting the statement of grant expenditures for their organization. Refer to the page [Managing eRA User Accounts](#) on SAMHSA's website for instructions on how to assign a the FSR role.

If you have questions about how to set up a PMS account for your organization, please contact the PMS Help Desk at PMSSupport@psc.hhs.gov or 1-877-614-5533. Note: While recipients will use PMS to report all financial expenditures as well as to drawdown funds, recipients will continue to use eRA Commons for all other grant-related matters, including submitting progress reports, requesting post award amendments, and accessing grant documents such as the Notice of Award.

Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on your Notice of Award. SAMHSA's Terms and Conditions webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

Standards for Financial Management

Recipients and subrecipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75 Subpart D. The financial systems must enable the recipient and subrecipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient and subrecipient to compare actual expenditures or outlays with the approved budget for the award. SAMHSA funds must retain their specific identity – they may not be commingled with non-federal funds or other federal funds. “Commingling funds” typically means depositing or recording funds in a general account without the ability to identify

each specific source of funds with related expenditures.

Reasonable Costs for consideration

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to “Reasonable Costs” consideration per 2 CFR § 200.404 and the “Factors affecting allowability of costs” per 2 CFR § 200.403. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Consistent Treatment of Costs

Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. Recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. Examples of indirect costs include (administrative salaries, rent, accounting fees, utilities, office supplies, etc.). If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA’s understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of [45 CFR 75.364](#), [45 CFR 75.371](#), [45 CFR 75.386](#) and [45 CFR Part 75, Subpart E](#), Audit Requirements.

Compliance with Award Terms and Conditions

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH [45 CFR 75.371](#), REMEDIES FOR NON-COMPLIANCE AND [45 CFR 75.372](#) TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

Staff Contacts:

Doug Slothouber, Program Official

Phone: 240-276-1453 **Email:** Doug.Slothouber@samhsa.hhs.gov

Tomara Baker, Grants Specialist

Phone: (240) 276-1407 **Email:** Tomara.Baker@samhsa.hhs.gov

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.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
4040-0013

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
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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 type="text"/>	7. * Federal Program Name/Description: <input type="text"/> CFDA Number, if applicable: <input type="text"/>
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8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
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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:

**Attachment 1
Optimal Data Set
Provider Tracking Tool**

A. Optimal Data Set (ODS) Individual Elements

COUNTY will work with **AGENCY** to onboard reporting and identify available ODS elements in **Provider's** current file/record keeping system in a collaborative process. All elements shall be collected in compliance with HIPAA and 42 C.F.R. Part 2. Items with an asterisk (*) are recognized to be system issues that may not be reportable by the **AGENCY**. **AGENCY** will not be required to regularly report on ODS elements for compliance purposes until mutually agreed upon herein.

Optimal Data Set Element	Currently Available	Work in Progress	Not Applicable at this Time
1. ID number associated with each Provider			
2. Name of each Provider			
3. Month and Year of data collection			
4. The number of active case managers (by FTE) available to provide case management service for the reporting periods			
5. The number of clients (range) the staffing pattern can support at any given time			
6. ID number associated with each patient and/or ID number as deidentified for ODS submission			
7. Sex of patient			
8. Date of birth of patient and/or age range, birth year, or age, as appropriate			
9. Age of patient and/or age, as appropriate and in compliance with HIPAA			
10. Housing status of patient			
11. Zip code of patient, as appropriate and in compliance with HIPAA			
12. Race of patient			
13. Language preference of patient			
14. Employment type of patient			
15. Military veteran status of patient			
16. ID number associated with a referral of a patient			

**Attachment 1:
Optimal Data Set
Provider Tracking Tool**

17. Date of referral of patient			
18. ID number associated with each patient and/or ID number as deidentified for ODS submission			
19. Current Status of patient's referral			
20. Person or place in which the referral of the patient originated			
21. The level of emergency needed for the patient			
22. ID number associated with each Provider as assigned by COUNTY			
23. Is the patient known to the crisis stabilization unit (CSU)?*			
24. Date of last CSU interaction of the patient*			
25. Has the patient been readmitted to a CSU within 90 days of discharge from a CSU*			
26. Does the patient have an arrest history prior to service initiation?*			
27. Name of the case manager for the patient			
28. Date client's referral is closed(not admitted).			
29. Date of first point of contact (FPOC) with patient			
30. Days elapsed between the assessment date and the FPOC date			
31. Hours elapsed between the assessment date and the FPOC date			
32. Date of assessment for patient			
33. Days elapsed between the assessment date and the referral date			
34. Status of patient if declined or not declined			

**Attachment 1:
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35. Does the patient have a history of substance use?*			
36. Does the patient have a history of mental illness?*			
37. Was the patient court ordered to seek treatment?			
38. Functional Assessment Rating Scale (FARS) Score of patient at initial assessment			
39. What functioning tool was used for the patient; FARS or Global Appraisal of Individual Needs Short Screener (GAIN-SS)?			
40. Date of initial FARS assessment of patient			
41. Substance use score of patient at admission			
42. Date of service initiation for the patient			
43. Total amount of service days that client receives			
44. Correlated ICD10 code for patient			
45. Date that patient was housed			
46. Has the patient received a Baker Act prior to treatment?*			
47. Date of the 5th case management session that the patient attended			
48. Number of hours spent in face-to-face contact or direct telephone or video conference with an individual receiving services or a collateral contact per client.			
49. Does the patient have a readmission within 28 days to acute mental health and addiction services inpatient unit(s) for clients engaged in case management services?*			

**Attachment 1:
Optimal Data Set
Provider Tracking Tool**

50. Date of last release from inpatient services*			
51. Date of patient's last entrance into hospitalization*			
52. Date of patient's last discharge from hospitalization*			
53. FARS Score of patient at discharge			
54. Date of FARS exam at discharge			
55. Reason for patient discharge			
56. Patient's housing status at discharge			
57. Patient's employment status at discharge			
58. Did the patient complete a Department of Children and Families (DCF) survey? Patient's DCF Survey Score and/or equivalent survey as identified by AGENCY and approved by COUNTY *			
59. Patient's substance use score at discharge			
60. Did the patient acquire any arrest history between service initiation and discharge?*			
TOTAL:			
	Reportable	In progress	Nonreportable

B. ODS Reporting Timeline

Upon execution of this document, **AGENCY** agrees to initiate reporting on the elements noted as "reportable" for the programs and services listed in the box below. The first official report submission for compliance purposes shall occur no later than 30 days following the end of the first full month of service following the execution of this document.

Programs/services included:

**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	$[(\text{Sum Total clients i date of service initiation}(-)\text{date of referral is } < \text{ than 48 hours and marked "urgent"}) / (\text{Total "urgent" clients})] * 100$
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	$[(\text{Sum Total clients if receiving case management services who are seen } \leq 7 \text{ days post hospitalization}) / (\text{Total clients receiving case management services who are hospitalized for mental illness and/or addictions})] * 100$
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	$[(\text{Sum if total clients are "housed"}) / (\text{distinct count of clients})] * 100$
Quality	Q02	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	$[(\text{Sum if total clients are "housed"}) / (\text{distinct count of clients})] * 100$

**Attachment 1:
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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:
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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