

PEFORMANCE ACCOUNTABILITY MEASURES - Reporting Period:						
ID	DESCRIPTION	MEASURE	STANDARD	SUPPORTING DOCUMENTATION NEEDED	PERIOD PERFORMANCE	MET Y/N
1	COUNTY SALARIES AND BENEFITS	1. Employee is performing fiscal agent responsibilities. MEASURE 100%.	100%	1. Employee time record.		
2	OUTPATIENT SUBSTANCE ABUSE TREATMENT, meeting Chapter 65D-30, F.A.C. and Chapter 397, F.S.	<p>1. Outpatient services are provided in accordance with Chapter 65D-30, F.A.C. and at level as ordered. MEASURE 100%</p> <p>2. Outpatient and medical services appointments identified as needed in individual treatment plans shall be scheduled within 7 business days of drug team approval of such services. MEASURE 100%</p> <p>3. Provider meets requirements of Performance Standards 2.2.5, 2.2.6, 2.2.7, 2.2.8 and 2.2.9 of Section A, Part 2, of Attachment A to contract. MEASURE 100%</p> <p>4. Provider attends all court sessions for clients. MEASURE 100%</p> <p>5. Client reports submitted through the ETO drug court database. MEASURE 100%</p> <p>6. Provider notifies drug court weekly of treatment slot availability and wait times. MEASURE 100%</p>	100%	<p>1. A copy of provider licenses and Participant treatment status reports.</p> <p>2. Participant treatment status reports and referrals for ancillary services recorded in drug court database.</p> <p>3. Participant treatment status reports filed in drug court database and copies of notifications to Drug Court and DOC for significant disruptions of treatment process.</p> <p>4. Court hearings schedule in drug court database and notifications of any treatment provider absences to or by drug court staff.</p> <p>5. Participant treatment status reports recorded in drug court database.</p> <p>6. Copies of reports on treatment availability and wait lists.</p> <p>7. A copy of the Clients and Services list.</p>		
3	NON-SECURE RESIDENTIAL SUBSTANCE ABUSE TREATMENT meeting requirements of Chapter 65D-30, F.A.C.	<p>1. Residential services are provided in accordance with Chapter 65D-30, F.A.C. and at level as ordered. MEASURE 100%</p> <p>2. Provider meets requirements of Performance Standards 3.2.4, 3.2.5, 3.2.6, 3.2.7 and 3.2.8 of Section A, Part 2, of Attachment A to contract. MEASURE 100%</p> <p>3. Provider attends all court sessions for clients. MEASURE 100%</p> <p>4. Client reports submitted through the ETO drug court database. MEASURE 100%</p> <p>5. Provider notifies drug court weekly of treatment slot availability and wait times. MEASURE 100%</p>	100%	<p>1. A copy of provider licenses and Participant treatment status reports.</p> <p>2. Participant treatment status reports filed in drug court database and copies of notifications to Drug Court and DOC for significant disruptions of treatment process.</p> <p>3. Court hearings schedule in drug court database and notifications of any treatment provider absences to or by drug court staff.</p> <p>4. Participant treatment status reports recorded in drug court database.</p> <p>5. Copies of reports on treatment availability and wait lists.</p> <p>6. A copy of the Clients and Services list.</p>		

4	TRANSITIONAL HOUSING, meeting requirements of Chapter 65E-4.016, F.A.C.	<ol style="list-style-type: none"> <li>1. Transitional Housing meets the standards set in Rule 65E-4.016, F.A.C. MEASURE 100%</li> <li>2. Staff is on-call 24 hours per day, 7 days per week. MEASURE 100%</li> <li>3. Staff is on site and has contact with each resident at least once per week. MEASURE 100%</li> <li>4. Staff will notify the Court of the status of the resident, including any referrals made or recommended through written report at each drug court status hearing. MEASURE 100%</li> <li>5. Provider shall notify the Court of service termination no later than the next drug court status hearing. MEASURE 100%</li> <li>6. Provider shall communicate with Court staff regarding transitional housing bed availability and wait lists on a monthly basis. MEASURE 100%</li> </ol>	100%	<ol style="list-style-type: none"> <li>1. Copy of provider's license.</li> <li>2. Staff record of attempted communications that were not possible for two hours or more.</li> <li>3. Provider reports for judicial status hearings.</li> <li>4. Monthly provider reports of bed availability.</li> </ol>		
5	Substance Abuse/Mental Health Screening Assessments	<ol style="list-style-type: none"> <li>1. Provider had established locations for out-of-custody assessments and possessed secure entry to jail for jail- based assessments. MEASURE 100%</li> <li>2. Assessments provided using an evidence-based tool(s). MEASURE 100%</li> <li>3. Assessments provided by statutorily qualified assessors. MEASURE 100%</li> <li>4. Reports with recommendations submitted within three weeks from the time of referral or seven days before the next scheduled court date, whichever was sooner. MEASURE 100%</li> <li>5. Assessment appointment schedules provided to the courts. MEASURE 100%</li> </ol>	100%	<ol style="list-style-type: none"> <li>1. Locations for assessments.</li> <li>2. Evidence-based tool names and descriptions.</li> <li>3. Qualifications of assessors.</li> <li>4. Lists of Assessment report dates and dates of referral.</li> <li>5. Assessment schedules provided to courts.</li> </ol>		

I understand that the actual performance of the contractor for all of the performance accountability measures above must be 100% in order for the contractor to be eligible for reimbursement under our grant agreement. For each measure that does not meet the minimum standard, a financial consequence will be used to adjust the payment to meet the performance level actually achieved in accordance with penalties specified in Attachment A, Part 2 of this Agreement. I hereby certify that the information regarding the performance accountability measures submitted in support of this claim for reimbursement is a true and accurate representation of the actual performance of the contractor in the delivering the goods and services required under the grant agreement.

\_\_\_\_\_  
Contractor Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trial Court Administrator/Designee's Signature

\_\_\_\_\_  
Date